SECTION 1

The following supply and services complete FMS case is submitted to the FMS Case Closure Executive Committee (EXCOM) for final approval and disposition instructions.

ltem	Information (entry required for all fields)
Case Identifier	
(Country/IA/Designator XX-X-XXX)	
Supply/Services Completion Date (MM/YYYY format)	
Responsible Implementing Agency (Organization Name)	
	POC Name:
Responsible IA Point of Contact Information	DSN Phone:
Contact information	Office Code:
Date Request Submitted to EXCOM: (MM/DD/YYYY)	
EACC Closure Suspense date (if applicable): (MM/YYYY)	

SECTION 2

The purpose of this request is to: (Check or Mark all that apply)

Approve Discontinued Research
Assign Case Closure Value
Other (elaborate with remarks here)

SECTION 3

The EXCOM is to be used only in extreme situations, i.e., exhaustive research was conducted with no satisfactory conclusion and/or resolution on the case closure value is not otherwise feasible through normal channels. This certifies that the following efforts were undertaken but did not result in a successful resolution of the issue, thus requiring EXCOM intervention for this FMS case: (Check or Mark all that apply, and annotate Tab numbers associated with supporting documentation. While Tabs are not required for all items below, the package is strengthened by providing the

Figure A7.C6.F1. Request for Discontinued Research Approval and Case Closure Resolution

documentation that addresses each item. Omitting documentation for any item may result in EXCOM approval delay.)

	All research requirements as prescribed in the DOD FMR, Volume 3, Chapter 11 were conducted				
A	See Tab				
	Tab Not applicable				
	This case qualifies for discontinued research endorsement as noted in the DOD FMR, Volume 3, Chapter 11.				
В	See Tab				
	Tab Not applicable				
	The un-reconciled amounts exceed the write-off thresholds allowed in the DOD FMR, Volume 3, Chapter 11 and DOD FMR, Volume 15, Chapter 3 or write-off procedures do not apply.				
С	See Tab				
	Tab Not applicable				
D	The DOD FMR and Security Assistance Management Manual were thoroughly researched, yet those policies were insufficient to allow for timely closure of this case. (This item must be checked after verification of its accuracy.)				
	Tab is a brief description of where the policies were determined to be insufficient.				
_	The nature of the un-reconciled and/or unresolved amounts is documented in Tab . (Note: Tab required for this item. This documents the core problem the EXCOM is being requested to address.)				
E					
F	Documentation for the following systems at a minimum are provided at Tab : DIFS, IA legacy system, IA accounting system(s).				
	(Note: Tab required for this item, unless it is included in the Tab for item E. above.)				
	Documentation evidencing efforts to resolve with DCMA and DCAA are attached at				
G	See Tab				
	Not applicable (i.e., contractual issues not contributing to reconciliation problems)				
Н	Other extenuating circumstances that helped obstruct resolution of this case are documented at Tab .				
I	The financial closeout of contracts policy described in Chapter 4 of the RCG, Appendix 7 of DSCA 5105.38-M, does / does not resolve the issues impeding closure of this case. (Note: this item must be completed.) The reasons this policy does / does not resolve problems concerning this case/line are the following: (list separately here)				

SECTION 4

The following actions/decisions are recommended by the proponent IA to the EXCOM

ltem	Information (entry required for all fields)
Further research efforts	
Adjusted net case closure value (excludes CAS, LSC, Admin, Accessorials)	
CAS value – entire case	
LSC value – entire case	
Admin value – entire case	
Accessorials value – entire case	
Total case closure value – entire case	
ULO value (ACCP only) – entire case	
I certify the above information to be accurate and co	rect, to the best of my knowledge.
Signature	
Signature Name and Title of Authorizing Official (Typed)	Date
	Date
Name and Title of Authorizing Official (Typed)	Date
Name and Title of Authorizing Official (Typed)	Date

TO BE COMPLETED BY EXCOM ONLY

SECTION 6

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Agree with all IA recommendations.
Agree with intent to resolve; but IA recommendations modified as shown below: (Provide table depicting EXCOM differences from recommendations identified above).
Returned to IA for further action for the following reason(s): identify those here.

SECTION 7	
EXCOM Signatures:	
DSCA (DBO/FPA):	
OUSD (C):	
DFAS:	
ARMY:	
NAVY:	
AIR FORCE:	
Date of EXCOM Decision:	
Date of Expected Case Closure (if applicable):	