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| This block is to be completed by DITCO<br><b>DITCO Control Number: PS -FY26-</b><br>Note: PSXX (DITCO Office Symbol); FY26-XXX (Sequential #) | PSD Published Cut-Off Date:<br>See End of Year Cutoff Memorandum at:<br><a href="https://www.ditco.disa.mil/Contracts/ItInstruct">https://www.ditco.disa.mil/Contracts/ItInstruct</a> |
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**MISSION PARTNER (MP) REQUEST FOR PROCUREMENT SERVICES DIRECTORATE (PSD)  
ACCEPTANCE OF REQUIREMENT AFTER PUBLISHED CUT-OFF DATES**

UFR Number:

|                                                                                                                               |                       |                        |               |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|---------------|
| Agency:                                                                                                                       |                       | GT&C Number:           |               |
| Organization (DISA Only):                                                                                                     |                       |                        |               |
| Funding Document Number(s):                                                                                                   | FAMIS Project Number: | Estimated Value:       | Funding Type: |
| Title of Requirement:                                                                                                         |                       | Contract PoP:          |               |
| Brief Description of Requirement:                                                                                             |                       |                        |               |
| Technical Point of Contact:                                                                                                   |                       | Email:                 |               |
| After Hours Contact Name:                                                                                                     |                       | After Hours Contact #: |               |
| Acquisition Strategy:                                                                                                         |                       |                        |               |
| New Requirement Proposed Evaluation Method:                                                                                   |                       |                        |               |
| New Requirement Proposed Vehicle:                                                                                             |                       |                        |               |
| Modification Type:                                                                                                            |                       |                        |               |
| Contract / Order #:                                                                                                           |                       |                        |               |
| Mission Impact / Urgency (Severity of Impact and Scope/Reach of Impact):                                                      |                       |                        |               |
| Reason for Package Submission after Published Cut-off Date:                                                                   |                       |                        |               |
| Reason Narrative:                                                                                                             |                       |                        |               |
| MP Approval (DISA: Executives, Chief of Staff, or Civilian/Military Deputy / Non-DISA: Directorate/ Division Chief or higher) |                       |                        |               |
| Name, Title,<br>Grade/Rank:                                                                                                   |                       | Signature:             |               |

**Fields Below are Reserved for PSD Coordination  
(Manual Processing ONLY)**

|                                                                               |                                  |                |
|-------------------------------------------------------------------------------|----------------------------------|----------------|
| DITCO Contracting Officer:                                                    | Org Code:                        | Phone Number:  |
| PSD/DITCO Recommendation to Approving Official:                               |                                  | Risk Category: |
| Package Received:                                                             | If no, Final Package Receipt by: |                |
| Comments/Reason for Disapproval:                                              |                                  |                |
| Recommended by (for DISA Appropriated Disapproval or Non-Executable the HCO): |                                  |                |
| Signature:                                                                    |                                  |                |
| PSE / Deputy Director / CoCO Decision:                                        |                                  |                |
| Approve                                                                       | Disapprove                       | Signature:     |

Approver Comments: