

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 1	
1. TITLE OF REPORT (if a fill-in report include Form No.) OPERATING PROGRAM					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/>	STATISTICAL	
					<input checked="" type="checkbox"/>	NARRATIVE	
					<input type="checkbox"/>	MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		X Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
15		Annual			15		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		YES IF YES GIVE ADP PROCESSING NO.			25X1		
		NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) All Directorate Components				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$172,281.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Program Call							
*The introduction of Country Base Programming in FY 1971 may entail additional expenditures costing \$40,800.00 beyond the above figure. After the initial cycle in which it will become a part of the integrated Operating Program net savings over the current system are an expectation.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
						DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 2	
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT		STATISTICAL	
OTHER DIRECTORATE FOREIGN TDY TRAVEL				<input checked="" type="checkbox"/>		NARRATIVE	
				<input type="checkbox"/>		MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
12		Semi-annual		6			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memo		<input type="checkbox"/> YES <input type="checkbox"/> NO		C/DDP			
IF YES GIVE ADP PROCESSING NO.							
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
25X1 SSA 				S & T, S, and I Directorates			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							\$3,200.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$3,200.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
Oct 19710							

SECRET

SECRET
CLASSIFICATION

REPORTS INVENTORY						CONTROL NO. DDP - 3		
PREPARE IN DUPLICATE								
1. TITLE OF REPORT (if a fill-in report include Form No.) COS PERFORMANCE REPORT					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	ADMIN. GENERAL			
		LOGISTICS		SECURITY	OTHER (specify)			
		MEDICAL		FINANCE	Operations			
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 2			
7. FORMAT (memorandum, form, computer print-out, etc.) Memo		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT				
		YES	IF YES GIVE ADP PROCESSING NO.		DDP/DCI/NSC			
		NO						
10. PREPARING COMPONENT (include lowest level contributing information to report) O/ADDP				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) by Chiefs of Mission, U.S. diplomatic posts				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR	
							\$56.00	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR						\$56.00		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. * CIA costs only.								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)			MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE							
<input type="checkbox"/>	DISCONTINUE							
16. DATE OF INVENTORY Oct 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION	

25X1

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 4	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
PROGRAM REVIEW PANEL DATA						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE	X	Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
5		Annual			8		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> YES <input type="checkbox"/> NO			DDP		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
MPS/PRG, Staffs and Operating Divisions as appropriate							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$19,150.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$19,150.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
DD/P 7-5220 dated December 8, 1967							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DOP - 5	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
WORLD TRENDS, ASSUMPTIONS & IMPLICATIONS						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
16		Annual			16 (review)		
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			C/Dir		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
ONE							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1,386.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Basic Planning Document							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 6	
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT		STATISTICAL	
PFIAB Report				<input checked="" type="checkbox"/>		NARRATIVE	
<input type="checkbox"/>				<input type="checkbox"/>		MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL			
		LOGISTICS	SECURITY	OTHER (specify)			
		MEDICAL	FINANCE	Operations			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
2		Annual		9			
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memo		<input type="checkbox"/> YES <input type="checkbox"/> NO		PFIAB			
10. PREPARING COMPONENT (include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
		Divisions and Staffs					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$613.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 7	
1. TITLE OF REPORT (if a fill-in report include Form No.) OMB CIRCULAR A-44 RESPONSE					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/>	STATISTICAL	
					<input checked="" type="checkbox"/>	NARRATIVE	
					<input type="checkbox"/>	MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		XX ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.		OMB	
		<input type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) All Directorate Components & sub elements				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$4,452.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. OMB Circular A-44 Revised							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) Preparation of this report in future years will probably cost more than any savings it may suggest. <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 8	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
MONTHLY PROGRESS REPORT (Operations)						STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL			
		LOGISTICS	SECURITY	OTHER (specify) Operations			
		MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
14		Monthly		7 Reporting Components			
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		YES	IF YES GIVE ADP PROCESSING NO.		Component Chiefs		
		NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
MPS, CI, CA, FE, <input type="checkbox"/> , TSD & DO							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$43,605.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		* One FE report to be discontinued		MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE						288	\$1,728.00
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

SECRET

REPORTS INVENTORY				CONTROL NO. DDP - 9	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (if a fill-in report include Form No.) FAN DATA SHEETS				2. TYPE OF REPORT	
				<input checked="" type="checkbox"/> STATISTICAL	
				<input type="checkbox"/> NARRATIVE	
				<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	
		LOGISTICS		SECURITY	
		MEDICAL	<input checked="" type="checkbox"/>	FINANCE	
				ADMIN. GENERAL	
				OTHER (specify)	
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) As needed & screened annually		6. DISTRIBUTION (No. of components not number of copies) 3	
7. FORMAT (memorandum, form computer print-out, etc) Form 2210		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES		OPPB	
		<input type="checkbox"/> NO			
10. PREPARING COMPONENT (include lowest level contributing information to report) MPS/BG		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$880.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.



25X1

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT			ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	Target section unused	MAN-HOURS	DOLLARS
<input checked="" type="checkbox"/> CHANGE				
<input type="checkbox"/> DISCONTINUE				

16. DATE OF INVENTORY October 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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Classification

REPORTS INVENTORY					CONTROL NO. DDP - 10	
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.) FI/INT MONTHLY ACTIVITIES REPORT					2. TYPE OF REPORT	
					<input checked="" type="checkbox"/>	STATISTICAL
					<input checked="" type="checkbox"/>	NARRATIVE
					<input type="checkbox"/>	MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/>
		LOGISTICS		SECURITY		
		MEDICAL		FINANCE		
ADMIN. GENERAL		OTHER (specify)				
4. NO. OF COPIES PREPARED 6		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly			6. DISTRIBUTION (No. of components not number of copies) 3	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.		C/FI and C/FI/INT
		<input type="checkbox"/>	NO			
10. PREPARING COMPONENT (include lowest level contributing information to report) FI/INT				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>
				=	TIMES PREPARED	=
						\$3,276.00
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$3,276.00
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report dates from 1952. It is a necessary management tool for C/FI, DC/FI, and C/FI/INT-- providing a current overview of CS positive intelligence reporting and the diverse activities of FI/INT components in processing and monitoring that CS product. The report covers the activities of the Intelligence Watch, the includes monthly summary statistical information on the receipt, dissemination, and utilization of all CS intelligence information reports. a125X1						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS
<input type="checkbox"/>	CHANGE					
<input type="checkbox"/>	DISCONTINUE					
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION

SECRET

Classification

REPORTS INVENTORY						CONTROL NO. DDP - 11	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) ANNUAL FI/INT REVIEWS: PROJECTS OVER \$15,000					2. TYPE OF REPORT		STATISTICAL
					<input checked="" type="checkbox"/>		NARRATIVE
							MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	<input checked="" type="checkbox"/>		
		LOGISTICS		SECURITY	ADMIN. GENERAL		
		MEDICAL		FINANCE	OTHER (specify)		
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 3		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		DDP Instructions per CSI 1-5, Para 8.6		
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) FI/INT				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Customer Evaluations - Form 11-60.39, about 800 received per year.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$99,019.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report offers an evaluation of a specific foreign intelligence collection activity in terms of whether collection objectives were met, responsiveness of the product to collection obligations accepted by the Clandestine Service (CS), and usefulness of the product to the CS intelligence audience. This aspect of centralized review of FI operations has been practiced since 1945 and was formalized in 1952.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 12	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		STATISTICAL
ANNUAL FI/INT REVIEWS: PROJECTS UNDER \$15,000					<input checked="" type="checkbox"/>		NARRATIVE
							MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	<input checked="" type="checkbox"/>		
		LOGISTICS		SECURITY	ADMIN. GENERAL		
		MEDICAL		FINANCE	OTHER (specify)		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
2		Annual			1		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	DDP Instructions per <input type="text" value="25X1"/>		
		<input checked="" type="checkbox"/>	NO		Para 8.6		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
FI/INT				Customer Evaluations - Form 11-60.39, about 800 received per year.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$10,731.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
This report offers an evaluation of a specific foreign intelligence collection activity in terms of whether collection objectives were met, responsiveness of the product to collection obligations accepted by the Clandestine Service (CS), and usefulness of the product to the CS intelligence audience. This aspect of centralized review of FI operations has been practiced since 1945 and was formalized in 1952.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)		MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO. DDP - 13	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) FIELD REPORTING STATISTICS						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify) 25X1	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly				6. DISTRIBUTION (No. of components not number of copies)	
						1. FI/INT/ <input type="checkbox"/>	
						2. Sep. parts to Area Divs	
7. FORMAT (memorandum, form computer print-out, etc) Computer printout		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			FI		
10. PREPARING COMPONENT (include lowest level contributing information to report) FI/INT <input type="checkbox"/>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$78,455.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report is the computerized continuation of the statistical record maintained on the disposition of all CS field intelligence information reports since the founding of CIA. It makes possible the retrieval of information reports by station of origin, individual source, subject country, and customer to whom disseminated. It also serves as a data source for analyses of the CS positive intelligence collection effort.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) 1970 programming costs of \$25,921 reflect a switch- <input type="checkbox"/> CHANGE over to a new machine and readout format. <input type="checkbox"/> DISCONTINUE This figure should be reduced by \$20,000 next yr.						MAN-HOURS DOLLARS \$20,000	
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 14	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	STATISTICAL	
FI MONTHLY REPORT						X	NARRATIVE
							MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		X	Operations
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
2		Monthly			3		
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT DDP Instructions		
		YES	IF YES GIVE ADP PROCESSING NO.				
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
FI/OPS				6 Contributing Components			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$16,776.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT XX RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970		SECRET					

REPORT

REPORTS INVENTORY					CONTROL NO.				
PREPARE IN DUPLICATE					DDP - 15				
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT					
PROJECT REVIEWS				<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING					
3. FUNCTIONAL AREA		PERSONNEL		TRAINING					
		LOGISTICS		SECURITY					
		MEDICAL		FINANCE					
				ADMIN. GENERAL OTHER (specify) <input checked="" type="checkbox"/> Operations					
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)					
10		Annual		10					
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT					
Memo		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO. CSI 1-5 DDP					
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)						
CI, CA, FI & SR									
12. COST FACTORS									
A. MANUAL PREPARATION AND REVIEW COSTS									
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS									
TOTAL COSTS PER YEAR							\$156,733.00		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.									
14. FUTURE GOALS									
GOAL PROPOSED BY COMPONENT FOR THIS REPORT							ESTIMATED SAVINGS		
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)							MAN-HOURS DOLLARS		
<input checked="" type="checkbox"/> CHANGE Biennial review of certain projects may reduce									
<input type="checkbox"/> DISCONTINUE annual review by about half							\$75,000.00		
16. DATE OF INVENTORY			17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION		
October 1970									

REPORTS INVENTORY						CONTROL NO. DDP - 16	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) [] OPERATIONS SURVEY						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies)	
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> YES <input type="checkbox"/> NO			DDP		
10. PREPARING COMPONENT (include lowest level contributing information to report) FI/Plans				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) AF, EUR, FE, NE, SE <input type="checkbox"/>			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$5,302.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
The costs of [] operations comprise a significant portion of the CS operational budget. This review is necessary as a management tool to evaluate the effectiveness of the [] program as a collection method.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

Page Denied

Classification
SECRET

REPORTS INVENTORY						CONTROL NO. DDP - 18	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) RECORDS INVENTORY						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 24		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 9		
7. FORMAT (memorandum, form computer print-out, etc) Memo & Stat		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT DDP		
		YES IF YES GIVE ADP PROCESSING NO. NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) DDP/RMO				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) All components and sub-elements			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$20,584.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. CSI 70 - 7 DDP Records Management Staff Memo 70/88 dated 6 July 1970							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET

CLASSIFICATION

REPORTS INVENTORY				CONTROL NO. DDP - 19	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (if a fill-in report include Form No.) NON STAFF PERSONNEL REPORT				2. TYPE OF REPORT	
				<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	X ADMIN. GENERAL	
		LOGISTICS	SECURITY	OTHER (specify)	
		MEDICAL	FINANCE		
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly		6. DISTRIBUTION (No. of components not number of copies) 3	
7. FORMAT (memorandum, form computer print-out, etc.) Memo		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		DDP/NSP	
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) CA, FI, OPSER, AF, EUR, FE, NE, SE, WH, <input type="checkbox"/> TSD, DO 25X1		

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR	\$1,129.00
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13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Memorandum from Ex Dir Comptroller to DDs dated 16 April 1969.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE			
<input type="checkbox"/> DISCONTINUE			

16. DATE OF INVENTORY October 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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SECRET

Classification

REPORTS INVENTORY						CONTROL NO.		
PREPARE IN DUPLICATE						DDP - 20		
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		STATISTICAL	
<input type="checkbox"/> STATUS OF STAFF EMPLOYEES							<input checked="" type="checkbox"/> NARRATIVE	MACHINE-NAME LISTING
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL		TRAINING	ADMIN. GENERAL OTHER (specify)			
		LOGISTICS		SECURITY				
		MEDICAL		FINANCE				
4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)				
40	Quarterly			2				
7. FORMAT (memorandum, form, computer print-out, etc) Memo	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT C/ <input type="checkbox"/> 25X1				
		YES	IF YES GIVE ADP PROCESSING NO.					
		NO						
10. PREPARING COMPONENT (include lowest level contributing information to report) All Directorate Components				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR						\$721.00		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.								
Directed <input type="checkbox"/> dating from 1957								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/>	OTHER (explain)		MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE							
<input type="checkbox"/>	DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION		
October 1970		SECRET						

25X1

25X1

CLASSIFICATION

REPORTS INVENTORY	CONTROL NO. DDP - 21
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25X1

1. TITLE OF REPORT (if a fill-in report include Form No.) STATUS, CONTRACT PERSONNEL	2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATISTICAL</td></tr> <tr><td><input checked="" type="checkbox"/> NARRATIVE</td></tr> <tr><td>MACHINE-NAME LISTING</td></tr> </table>	STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE	MACHINE-NAME LISTING
STATISTICAL				
<input checked="" type="checkbox"/> NARRATIVE				
MACHINE-NAME LISTING				

3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL		TRAINING		ADMIN. GENERAL
		LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED 24	5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly	6. DISTRIBUTION (No. of components not number of copies) 2
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7. FORMAT (memorandum, form, computer print-out, etc) Memo	8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES	IF YES GIVE ADP PROCESSING NO.	<input type="checkbox"/>		NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT DDP <input type="checkbox"/> 25X1
YES	IF YES GIVE ADP PROCESSING NO.							
<input type="checkbox"/>								
NO								

10. PREPARING COMPONENT (include lowest level contributing information to report) All components except O/DDP, MPS & CI	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
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12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR \$912.00

25X1

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Memorandum from DDP dated 10 August 1970.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE	ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">MAN-HOURS</th> <th style="width: 50%;">DOLLARS</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	MAN-HOURS	DOLLARS		
MAN-HOURS	DOLLARS				

16. DATE OF INVENTORY October 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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SECRET

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 22	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
BUDGET ESTIMATES						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
6		Annual				3	
7. FORMAT (memorandum, form computer print-out, etc) Preprinted forms		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OPPB		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
MPS/BG				All Directorate Components			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$21,227.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Required by Office of Management and Budget							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970		CREDIT					

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 23	
1. TITLE OF REPORT (if a fill-in report include Form No.) <p style="text-align: center;">CONGRESSIONAL BUDGET SUBMISSION</p>				2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL		
	LOGISTICS		SECURITY		OTHER (specify)		
	MEDICAL		<input checked="" type="checkbox"/> FINANCE		<input checked="" type="checkbox"/> Program		
4. NO. OF COPIES PREPARED <p style="text-align: center;">75</p>	5. FREQUENCY (weekly, monthly, quarterly, etc.) <p style="text-align: center;">Annual</p>			6. DISTRIBUTION (No. of components not number of copies) <p style="text-align: center;">3</p>			
7. FORMAT (memorandum, form computer print-out, etc) Preprinted Forms	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT			
	YES	IF YES GIVE ADP PROCESSING NO.		OPPR			
	NO						
10. PREPARING COMPONENT (include lowest level contributing information to report) <p style="text-align: center;">MPS/BG</p>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) <p style="text-align: center;">All Directorate Components</p>			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$10,641.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. <p style="text-align: center;">Required by Office of Management and Budget and the Congress</p>							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
15. DATE OF INVENTORY <p style="text-align: center;">October 1970</p>	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION	

Classification

REPORTS INVENTORY						CONTROL NO. DDP - 24	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) DDI/IRS ANNUAL EVALUATION OF [REDACTED] END PRODUCT					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/> STATISTICAL	-25X1	
					<input checked="" type="checkbox"/> NARRATIVE		
					<input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	<input checked="" type="checkbox"/>	ADMIN. GENERAL		
		LOGISTICS	SECURITY		OTHER (specify)		
		MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
--		Annual		2 (FI <input type="checkbox"/> and Area Divisic			
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	FI <input type="checkbox"/> Memo Request			
		<input checked="" type="checkbox"/> NO		25X1			
10. PREPARING COMPONENT (include lowest level contributing information to report) DDI/IRS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$1,102.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1,102.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
25X1 The annual evaluation of the CS [REDACTED] product is required 25X1 in assessing collection and processing of intelligence obtained through [REDACTED] efforts.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS						MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

Classification

REPORTS INVENTORY						CONTROL NO. DDP - 25	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) NATIONAL SECURITY AGENCY ANNUAL EVALUATION OF [] SIGINT COLLECTION						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		X ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED --		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies) 2 (FI [] and Area Divisi	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Memorandum request to NSA		
10. PREPARING COMPONENT (include lowest level contributing information to report) NSA []				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$1,102.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1,102.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
This report is required by the Clandestine Service in assessing the CS SIGINT collection program []							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET

25X1

Page Denied

25X1

CLASSIFIED

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 28	
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
T-KH BILLET REQUIREMENTS							
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		<input checked="" type="checkbox"/> SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
3		Annually		1			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO. USIB-D-46.2/13 Dated 6 March 1970			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Special Control Office/DDP				IBM Monthly Listing of Special Clearances			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							\$6.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$6.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
This report becomes a part of the Agency's annual statement to the White House in respect to special clearances.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		MAN-HOURS		DOLLARS
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

SECRET
CLASSIFICATION

REPORTS INVENTORY						CONTROL NO. DDP - 29	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) MEMORANDA FOR RECORD ON TRAINING MATTERS					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL	<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE	<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)			
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) About one per week on the average			6. DISTRIBUTION (No. of components not number of copies) 3 (average)		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES GIVE ADP PROCESSING NO.	C/CI Staff			
10. PREPARING COMPONENT (include lowest level contributing information to report) CI/R&A CI/ <input type="text"/>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$189.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$189.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
These memoranda keep supervisors and other interested persons informed of activities and progress in the CI Staff support of the OTR and Agency training effort and create an indispensable record of events, argumentation, etc.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

25X1

~~SECRET~~

REPORTS INVENTORY						CONTROL NO. DDP - 30	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) CI STAFF INSTRUCTOR SUPPORT TO OTR					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	<input checked="" type="checkbox"/>	ADMIN. GENERAL		
		LOGISTICS	SECURITY		OTHER (specify)		
		MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly input, annual output			6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form computer print-out, etc.) Chart		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		YES	IF YES GIVE ADP PROCESSING NO.				
		<input checked="" type="checkbox"/> NO		Chief, CI/R&A and Chief, CI			
10. PREPARING COMPONENT (include lowest level contributing information to report) CI/R&A				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Verbal or memos from 7 components.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$150.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$150.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
<p>This report permits us to keep track of the number of manhours devoted to the support of the OTR training effort through the services of individual officer-instructors as lecturers, consultants, etc.</p>							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

~~SECRET~~

SECRET
CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 31	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
NAMECHECKS APROAD FOR U.S. AGENCIES						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	<input checked="" type="checkbox"/>	ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
7		Annual (FY Basis)			3		
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES GIVE ADP PROCESSING NO.		C/CI Staff		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
CI/R&A				OPSER, AF, EUR, FE, NE, WH			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$3,578.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION	
October 1970							

SECRET

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 32	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
STATUS OF GENERAL INFORMATION COLLATION SYSTEMS						STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL OTHER (specify)			
		LOGISTICS	SECURITY				
		MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
50		Every Six Weeks		18			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		IF YES GIVE ADP PROCESSING NO.		C/CI Staff			
		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO				
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
CI Staff			Oral reports from various CS components.				
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							\$932.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$932.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Serves to inform participating components on machine programs.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
						DISCONTINUE	
						DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

SECRET

REPORTS INVENTORY						CONTROL NO.							
PREPARE IN DUPLICATE						DDP - 33							
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT								
NIS PROGRAM					<input checked="" type="checkbox"/> STATISTICAL								
					<input type="checkbox"/> NARRATIVE								
					<input type="checkbox"/> MACHINE-NAME LISTING								
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)							
		LOGISTICS		SECURITY									
		MEDICAL		FINANCE									
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)								
1		Semi-Annually & Annual - Cal. year basis			2								
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT								
Memorandum		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C/CI Staff				
					YES	IF YES GIVE ADP PROCESSING NO.							
<input checked="" type="checkbox"/>	<input type="checkbox"/>												
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)									
CI/R&A/NIS													
12. COST FACTORS													
A. MANUAL PREPARATION AND REVIEW COSTS													
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR						
							\$146.00						
B. COSTS OF COMPUTER PRODUCED REPORTS													
TOTAL COSTS PER YEAR						\$146.00							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.													
<p>Above reports provide scheduling, progress and annual achievements. When we lend out schedules to components of DDP once a year - we make about fifty copies.</p>													
14. FUTURE GOALS													
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input checked="" type="checkbox"/> RETAIN AS IS</td> <td style="width:50%;"><input type="checkbox"/> OTHER (explain)</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DISCONTINUE</td> <td></td> </tr> </table>						<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	<input type="checkbox"/> CHANGE		<input type="checkbox"/> DISCONTINUE		MAN-HOURS	DOLLARS
						<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)						
						<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE													
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION							
October 1970													

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 34	
1. TITLE OF REPORT (if a fill-in report include Form No.) ANNUAL REPORT OF MEASURES BEING TAKEN BY MEMBERS OF INTELL COM TO ENHANCE NATION'S CI POSTURE					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	<input checked="" type="checkbox"/>	ADMIN. GENERAL		
		LOGISTICS	SECURITY		OTHER (specify)		
		MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
1		Annual - Cal. year basis			2		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	Dir, Office of Security			
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
CI Staff			Memos from 4 components coordinated by CI/R&A.				
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							\$204.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$204.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
See #9.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

Classification

REPORTS INVENTORY				CONTROL NO. DDP - 35	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (If a full report include Form No.)				2. TYPE OF REPORT	
				<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL	
		LOGISTICS	<input checked="" type="checkbox"/> SECURITY	OTHER (specify)	
		MEDICAL	FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)	
10		Semi-Annually		7	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Memorandum		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES GIVE ADP PROCESSING NO.	DDS/65/0667, 10 Feb 1965	
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
CI/OA					

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

--	--	--	--	--	--

TOTAL COSTS PER YEAR

\$127.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Action Memorandum #A-351, 24 January 1964, authorized the DDS to establish such a report within the Office of Security. DDS/65/0667, 10 February 1965, approved by the DDCI, transferred the responsibility for maintaining the report to the DDP.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT			ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE				
<input type="checkbox"/> DISCONTINUE				

16. DATE OF INVENTORY October 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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Classification

REPORTS INVENTORY						CONTROL NO. DDP - 36	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) MONTHLY PRODUCTION REPORT				2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	X		ADMIN. GENERAL	
		LOGISTICS	SECURITY			OTHER (specify)	
		MEDICAL	FINANCE				
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly		6. DISTRIBUTION (No. of components not number of copies) 1			
7. FORMAT (memorandum, form computer print-out, etc) Form		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		YES	IF YES GIVE ADP PROCESSING NO.				
		X NO			Chief, CI Staff		
10. PREPARING COMPONENT (include lowest level contributing information to report) CI/OA Processing Unit			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$708.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$708.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		MAN-HOURS		DOLLARS
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 37	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
ANNUAL PRODUCTION REPORT						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		X ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
2		Annual				1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Chief, CI Staff		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Chief, CI/OA							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
							\$10.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$10.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

SECRET
CLASSIFICATION

REPORTS INVENTORY					CONTROL NO.		
PREPARE IN DUPLICATE					DDP - 38		
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/>	STATISTICAL	
					<input checked="" type="checkbox"/>	NARRATIVE 25X1	
					<input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL			
		LOGISTICS	SECURITY	OTHER (specify)			
		MEDICAL	FINANCE	<input checked="" type="checkbox"/> Operational summary			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
15		Monthly		1			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		YES		White House (Dr. Kissinger)			
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
CA <input type="text"/>		A. Clips from field sources					
		B. Reports from 6 geog. divisions					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	
				=		TIMES PREPARED	
						=	
						COST PER YEAR	
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$5,632.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Oral request to DCI by Dr. Henry Kissinger on 27 March 1970. First report dated 24 April.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS		
<input type="checkbox"/>	RETAIN AS IS	<input checked="" type="checkbox"/>	OTHER (explain)	Value determined by White House			
<input type="checkbox"/>	CHANGE					MAN-HOURS	
<input type="checkbox"/>	DISCONTINUE					DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970		SECRET					

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 39	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
PROJECT ACTIONS						STATISTICAL	
3. FUNCTIONAL AREA						<input checked="" type="checkbox"/> NARRATIVE	
PERSONNEL						MACHINE-NAME LISTING	
LOGISTICS						ADMIN. GENERAL	
TRAINING						OTHER (specify)	
SECURITY						<input checked="" type="checkbox"/> Operations	
MEDICAL						FINANCE	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
5		Annually			5		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		YES IF YES GIVE ADP PROCESSING NO.			DDP		
NO							
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
All Components except O/DDP, MPS, OPSER and TSD							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$244,029.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/>						MAN-HOURS	
<input checked="" type="checkbox"/> CHANGE Changes are in progress to place a large segment of						DOLLARS	
DISCONTINUE projects on a two year submission cycle - Tentative saving:						\$100,000.00	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

SECRET

25X1

CLASSIFICATION

REPORTS INVENTORY	CONTROL NO. DDP - 40
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PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.) PROJECT PUBLICATIONS REVIEW	2. TYPE OF REPORT	<input checked="" type="checkbox"/>	STATISTICAL
			NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA	PERSONNEL	TRAINING	<input checked="" type="checkbox"/>	ADMIN. GENERAL
	LOGISTICS	SECURITY		OTHER (specify)
	MEDICAL	FINANCE		

4. NO. OF COPIES PREPARED Approx. 4	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies) 1
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7. FORMAT (memorandum, form computer print-out, etc) Memorandum	8. ADP PROCESSING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	9. DIRECTIVE AUTHORITY REQUIRING REPORT DD/P
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10. PREPARING COMPONENT (include lowest level contributing information to report) <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px 0;"></div>	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) <p style="text-align: center;">--</p>
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12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$540.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Supplemental study and review of media projects.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT	ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE	<input checked="" type="checkbox"/> OTHER (explain)	A judgment of higher authority.
	MAN-HOURS	DOLLARS

16. DATE OF INVENTORY October 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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SECRET

Classification

REPORTS INVENTORY						CONTROL NO. DDP - 41		
PREPARE IN DUPLICATE								
1. TITLE OF REPORT (if a fill-in report include Form No.) TOP SECRET MATERIALS INVENTORY				2. TYPE OF REPORT		STATISTICAL NARRATIVE MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL		
		LOGISTICS		SECURITY		OTHER (specify)		
		MEDICAL		FINANCE		Records Management		
4. NO. OF COPIES PREPARED 30		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 15			
7. FORMAT (memorandum, form computer print-out, etc) IEM Lists		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO. OMTX			9. DIRECTIVE AUTHORITY REQUIRING REPORT Forthcoming CSI to replace CSI 10-11			
10. PREPARING COMPONENT (include lowest level contributing information to report) All components				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR						\$8,849.00		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Initiated by RID/TS								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)			MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE							
<input type="checkbox"/>	DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION		

CLASSIFICATION

25X1

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 42	
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT		STATISTICAL	
Reports				<input checked="" type="checkbox"/>		NARRATIVE	
				<input type="checkbox"/>		MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
15		Monthly		11			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memo		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White House			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
CA and Foreign Divisions							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$35,488.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
White House Memorandum dated 14 April 1970. First report 13 May 1970.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) Value determined by White House						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

CLASSIFICATION

REPORTS INVENTORY				CONTROL NO.	
PREPARE IN DUPLICATE				DDP - 43	
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT	
FUNCTIONAL ASSIGNMENT ROSTER				STATISTICAL	
				NARRATIVE	
				MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	ADMIN. GENERAL	
		<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY	OTHER (specify)	
		<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)	
4		Monthly		4	
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Memo		<input type="checkbox"/> YES <input type="checkbox"/> NO		SSA/DDS	
		IF YES GIVE ADP PROCESSING NO.			
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
CA, AF, EUR, WE					

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$712.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

SSA/DDS dated 24 March 1970

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT			ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE				
<input type="checkbox"/> DISCONTINUE				

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
October 1970		

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 44	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		
QUARTERLY OPERATIONAL STATUS REPORT					<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
30		Quarterly			1		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			CSI-F 50-17		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
CA, AF, EUR, FE, NE, SB, WH, TSD, DO				Station & field reports			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$285,127.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Current directive on Quarterly Operational Reporting and Evaluation is dated 4 March 1970.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						<input type="checkbox"/> MAN-HOURS <input type="checkbox"/> DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 45	
1. TITLE OF REPORT (if a fill-in report include Form No.) 40 COMMITTEE PAPERS					2. TYPE OF REPORT	<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL			
		LOGISTICS	SECURITY	OTHER (specify)			
		MEDICAL	FINANCE	Operations		X	
4. NO. OF COPIES PREPARED 16		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies) 14 Copies distributed by Special Group Officer			
7. FORMAT (memorandum, form, computer print-out, etc.) Memo		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		YES	IF YES GIVE ADP PROCESSING NO.				
		NO		DCI and CSI 50-20			
10. PREPARING COMPONENT (include lowest level contributing information to report) Participating Components: CA, AF, FE, NE and WH			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$16,481.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Justification by 40 Committee. Current reports system established by CSI 50-20 dated 24 March 1970.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 46	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		STATISTICAL
CLERICAL VACANCY REPORT					<input checked="" type="checkbox"/>		NARRATIVE
					<input type="checkbox"/>		MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/>	PERSONNEL		TRAINING	ADMIN. GENERAL	
			LOGISTICS		SECURITY	OTHER (specify)	
			MEDICAL		FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
25		Monthly			2		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		<input type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.		CSPS	
<input type="checkbox"/> NO							
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Components							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1,081.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/> OTHER (explain)				MAN-HOURS	DOLLARS
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

Classification

REPORTS INVENTORY						CONTROL NO. DDP - 47	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) OPRED QUARTERLY STRENGTH REPORT						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 18		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly				6. DISTRIBUTION (No. of components not number of copies) 7	
7. FORMAT (memorandum, form computer print-out, etc) Stat Tables		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES GIVE ADP PROCESSING NO. CCS		
10. PREPARING COMPONENT (include lowest level contributing information to report) Foreign Divisions and OPSER (CCS)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Station tabulations, approx 100			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$446.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Reporting initiated to monitor White House directed OPRED exercise							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 48	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
ADP ACCOMPLISHMENTS						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
1		Semiannual				1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>			BOB A-79		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
DDP/SG				--			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							\$200.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$200.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
--							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

Classification

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 49	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL	
ADP MIS						<input type="checkbox"/> NARRATIVE	<input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		<input checked="" type="checkbox"/>	ADMIN. GENERAL	
	LOGISTICS		SECURITY			OTHER (specify)	
	MEDICAL		FINANCE				
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
1		Yearly			1		
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Form		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		BOB		
		<input type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
DDP/SG				--			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							\$500.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$500.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
BOB Circular No. A-83, April 20, 1967.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)		MAN-HOURS	DOLLARS	
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

Classification

REPORTS INVENTORY						CONTROL NO.									
PREPARE IN DUPLICATE						DDP - 50									
1. TITLE OF REPORT (If a fill-in report include Form No.)				2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING									
JOB ANALYSIS															
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)									
		LOGISTICS		SECURITY											
		MEDICAL		FINANCE											
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)											
4		Yearly		2											
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT										
Computer print		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		--										
		<input type="checkbox"/> NO													
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)											
RID/ <input type="text"/>															
12. COST FACTORS															
A. MANUAL PREPARATION AND REVIEW COSTS															
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR								
B. COSTS OF COMPUTER PRODUCED REPORTS															
TOTAL COSTS PER YEAR						\$13,232.00									
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.															
Required by RID & SG management to account for computer and personnel expenditures by job.															
14. FUTURE GOALS															
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS									
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS		DOLLARS							
						<input type="checkbox"/> CHANGE									
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION									
October 1970															

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Next 1 Page(s) In Document Denied

Classification

25X1

REPORTS INVENTORY						CONTROL NO. DDP - 53	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		STATISTICAL
							NARRATIVE
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/>	PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)
		<input type="checkbox"/>	LOGISTICS		SECURITY		
		<input type="checkbox"/>	MEDICAL		FINANCE		
4. NO. OF COPIES PREPARED 58		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly			6. DISTRIBUTION (No. of components not number of copies) 9		
7. FORMAT (memorandum, form computer print-out, etc) Computer Print-Out		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO. 192			
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$35,130.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
25X1 This report is a working tool needed by recipients to conduct daily business. Report started 1 January 1955.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/>	OTHER (explain)		MAN-HOURS	DOLLARS
<input type="checkbox"/>	CHANGE		<input type="checkbox"/>				
<input type="checkbox"/>	DISCONTINUE		<input type="checkbox"/>				
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

CLASSIFICATION

25X1

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 54	
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		
					<input checked="" type="checkbox"/> STATISTICAL		
					<input type="checkbox"/> NARRATIVE		
					<input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		TRAINING	ADMIN. GENERAL		
		LOGISTICS		SECURITY	OTHER (specify)		
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
13		Quarterly			15		
7. FORMAT (memorandum, form, computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Computer print-out		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.				
		<input type="checkbox"/> NO	193				
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OCS							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$3,890.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
This report is a working tool needed by recipients to conduct daily business. Report started circa 1956.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)			MAN-HOURS	DOLLARS
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

25X1

SECRET

CLASSIFICATION

25X1

REPORTS INVENTORY						CONTROL NO. DDP - 55		
PREPARE IN DUPLICATE								
1. TITLE OF REPORT (if a fill-in report include Form No.) 					2. TYPE OF REPORT			
					<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING			
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		<input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)		
4. NO. OF COPIES PREPARED 19		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly			6. DISTRIBUTION (No. of components not number of copies) 52			
7. FORMAT (memorandum, form computer print-out, etc) Computer Print-Out		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES GIVE ADP PROCESSING NO. 195			
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR						\$7,529.00		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.								
This report is a working tool needed by recipients to conduct daily business. Report started circa 1956.								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)		
						MAN-HOURS	DOLLARS	
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION	

25X1

25X1

REPORTS INVENTORY						CONTROL NO. DDP - 56	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) 						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 6		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly		6. DISTRIBUTION (No. of components not number of copies) 34			
7. FORMAT (memorandum, form computer print-out, etc.) Computer Print-Out		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO. 198			
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$2,232.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in Item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
This report is a working tool needed by recipients to conduct daily business. Report started circa 1962.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						MAN-HOURS DOLLARS	
<input type="checkbox"/> OTHER (explain)							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

25X1

Classification

25X1

REPORTS INVENTORY						CONTROL NO. DDP - 57	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL	<input type="checkbox"/> NARRATIVE
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 9		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly			6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form, computer print-out, etc) Computer Print-Out		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO. 196				
		<input type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$885.00
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
This report is a working tool needed by recipients to conduct daily business. Report started circa 1960.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

25X1

SECRET

REPORTS INVENTORY						CONTROL NO. DDP - 58	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) PROJECT OBLIGATIONS & EXPENDITURES						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		X ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form, computer print-out, etc) Form		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.		Component Chief	
10. PREPARING COMPONENT (include lowest level contributing information to report) AF and DO				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$677.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Internal component management tool to advise element levels of current financial status of funds allocated to their several activities.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

REPORTS INVENTORY						CONTROL NO.		
PREPARE IN DUPLICATE						DDP - 59		
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT		
PERSONNEL STRENGTH REPORT						<input checked="" type="checkbox"/> STATISTICAL		
						<input type="checkbox"/> NARRATIVE		
						<input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/>	PERSONNEL		TRAINING	ADMIN. GENERAL		
			LOGISTICS		SECURITY	OTHER (specify)		
			MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)			
3		Monthly			2			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Form		<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.		Component Chief		
		<input checked="" type="checkbox"/>	NO					
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
Personnel & Training Branch				None				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR						\$422.00		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.								
To advise the Chief of the distribution, assignment, and career status of division personnel.								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)		MAN-HOURS	DOLLARS		
<input type="checkbox"/>	CHANGE							
<input type="checkbox"/>	DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION		
October 1970								

REPORTS INVENTORY						CONTROL NO. DDP - 60	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) SPECIAL OPERATIONAL EXPENSES						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.		DDP	
10. PREPARING COMPONENT (include lowest level contributing information to report) Budget and Fiscal Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$37.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. To submit an annual accounting of the funds expended for Special Operational Expenses. Established by the DDP 18 July 1967.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

SECRET
CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 61	
1. TITLE OF REPORT (if a fill-in report include Form No.) SPECIAL CLEARANCE SURVEY					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL		TRAINING	ADMIN. GENERAL		
		LOGISTICS	X	SECURITY	OTHER (specify)		
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly			6. DISTRIBUTION (No. of components not number of copies) Requesting Office Only		
7. FORMAT (memorandum, form computer print-out, etc) Machine Run		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		YES	IF YES GIVE ADP PROCESSING NO.		FI/D		
		NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) Security <input type="checkbox"/>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$624.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
To update listing of those personnel holding Special Intelligence Clearance.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS		
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) to changing to quarterly or semi-annually.					MAN-HOURS		DOLLARS
<input checked="" type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

25X1

SECRET
CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 62	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
RELATIONSHIPS WITH ACADEMIC COMMUNITY						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		Operations	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
18		Annual			2		
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memo		<input type="checkbox"/> YES <input type="checkbox"/> NO			DDP		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
All components except OPSER, CI, MPS, DDP, and TSD							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$373.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
DDP 8-4929 dated 5 December 1968							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
October 1970							

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SECRET
CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 63	
1. TITLE OF REPORT (if a fill-in report include Form No.) Quarterly Review of Soviet Bloc Operations					2. TYPE OF REPORT		
					<input type="checkbox"/>	STATISTICAL	
					<input checked="" type="checkbox"/>	NARRATIVE	
					<input type="checkbox"/>	MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		Operations	
4. NO. OF COPIES PREPARED 16		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly			6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form, computer print-out, etc.) Memo		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.		SB Division	
		<input type="checkbox"/>	NO				
10. PREPARING COMPONENT (include lowest level contributing information to report) EUR, NE, SB, DO				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$113,757.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
<p>Required by C/SB as a quarterly check on progress being made against priority SB targets in certain stations and bases where SB targets are a major element of station's activities.</p>							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/>	OTHER (explain)			MAN-HOURS
<input type="checkbox"/>	CHANGE						DOLLARS
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

CLASSIFICATION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDP - 64	
1. TITLE OF REPORT (if a fill-in report include Form No.) SEMI-ANNUAL NON-SOVIET/SATELLITE TARGET STATUS REPORT					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		X	ADMIN. GENERAL	
	LOGISTICS		SECURITY			OTHER (specify)	
	MEDICAL		FINANCE				
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Semi-Annually			6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.			Component Chief
10. PREPARING COMPONENT (include lowest level contributing information to report) Bases				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1,920.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report was directed by C/DO and intended to be used as a benchmark for the purpose of measuring accomplishments against the targets specified. It has been determined that this review can be conducted at the time the annual Operational Directives are being reviewed. It will therefore, be discontinued.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT (Hours Saved 121 - Estimated Savings \$1,920.00)						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> DISCONTINUE		<input type="checkbox"/> OTHER (explain)				MAN-HOURS 121	DOLLARS \$1,920.00
16. DATE OF INVENTORY October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	

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SECRET

CLASSIFICATION

REPORTS INVENTORY				CONTROL NO. DDP - 65	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (if a fill-in report include Form No.) COMPONENT MANNING TABLE				2. TYPE OF REPORT	
				<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
		LOGISTICS	SECURITY		
		MEDICAL	FINANCE		
4. NO. OF COPIES PREPARED 25		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly		6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Listing		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		Component Chief	
10. PREPARING COMPONENT (include lowest level contributing information to report) AF, EUR and SB			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$2,299.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE			
<input type="checkbox"/> DISCONTINUE			

16. DATE OF INVENTORY October 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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