



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE MATERIEL COMMAND
WRIGHT-PATTERSON AIR FORCE BASE OHIO

MEMORANDUM FOR SEE DISTRIBUTION

11 SEP 2002

FROM: HQ AFMC/LG
4375 Chidlaw Road, Room A135
Wright-Patterson AFB OH 45433-5006

SUBJECT: Source of Repair Assignment Process (SORAP) Execution For Modification Installations.

1. It has come to our attention through various discussions with program office personnel, program **managers**, etc., that the requirement to exercise the SORAP for modification installations is not entirely understood. Both AFI 63-107 and the AFMC/CC Memo, 24 Jan 02, Management of Air Force Depot Maintenance Workload Distribution, address this policy. The requirement is not new. Since the late 1970s it has been Air Force policy to use a decision logic process (currently, the SORAP) for the posturing of modification installations that are not conducted by the assigned source of repair during regularly scheduled maintenance. The policy applies to the modification of any system we manage.
2. While the process must be followed in order to make a corporate decision regarding the installation source, not all of the data elements displayed in the AFI 63-107 data template are required. We have developed a modification installation data package format which may be substituted for that template. It is attached to this correspondence and is available for immediate use.
3. If you have any questions regarding this issue, our point of contact is Mr. Ron Hathaway, HQ AFMC/LGPW, DSN.674-0175.

DEBRA K. WALKER
Deputy Director for Depot Maintenance
Directorate of Logistics

Attachment:
Modification Installation Format

Distribution:

AAC/WM

AFMC/DR

AFSPC SMC/AX

ASC/SY

CPSG/RM

ESC/CCZ

OC-ALC/XP

OO-ALC/XP

WR-ALC/XP

**THE AIR FORCE DEPOT MAINTENANCE
SOURCE OF REPAIR ASSIGNMENT PROCESS
MODIFICATION INSTALLATION DATA PACKAGE**

Following is the **modification installation** SORAP Data Package format and elements, to include a brief description of those that require explanation. Also indicated are those data elements required (must include) and requested (helpful if included) when submitting a request for a candidate depot, a core assessment, or a 50/50 assessment.

THIS SORAP IS PROVIDED FOR A MODIFICATION INSTALLATION

CRITERIA

A. NAME OF MODIFICATION EFFORT

What is the common name used to refer to the installation.

This element is required for a candidate depot request, a core assessment request and a 50/50 assessment request.

B. SYSTEM DESCRIPTION:

What is the system being modified and how will the modification effort affect the system performance/capability?

This element is required for a candidate depot request, a core assessment request and a 50/50 assessment request.

C. END ITEM APPLICATION:

If not an aircraft, what is the modified item used on or associated with?

This element is required for a candidate depot request and a core assessment request.

D. TECHNOLOGY ASSESSMENT:

What technology or technologies are used to accomplish the modification? Describe the technologies in terms of the Air Force technology repair center workload groupings.

This element is requested for a candidate depot request and a core assessment request.

E. WORKLOAD DESCRIPTION:

Describe, in general terms, the depot maintenance activities that will be used to accomplish the modification. Include a listing of the subsystems to be modified, added, or replaced.

This element is requested for a candidate depot request and a core assessment request.

F. CANDIDATE ORGANIC DEPOT:

Enter the candidate organic depot as provided by HQ AFMC/LGPW.

Attach notification.

G. DEPOT FACILITIES REQUIREMENTS:

Facility space, alterations, construction, etc. and estimated cost.

This element is requested for a core assessment request.

**THE AIR FORCE DEPOT MAINTENANCE
SOURCE OF REPAIR ASSIGNMENT PROCESS
MODIFICATION INSTALLATION DATA PACKAGE**

H. DEPOT SUPPORT EQUIPMENT REQUIREMENTS:

List common and peculiar support equipment needs, to include needed alterations. Include cost where applicable.

This element is requested for a core assessment request.

I. DATA AVAILABILITY:

Does the Air Force have access to the data necessary to accomplish this installation? If not, why?

J. SYSTEM INVENTORY:

Number of aircraft to be modified.

K. PLANNED MODIFICATION INSTALLATION SCHEDULE:

What is the projected installation schedule, numbers of aircraft per fiscal year.

FYXX FYXX FYXX FYXX FYXX.....FYCompletion

L. DEPOT PEACETIME WORKLOAD HOURS:

What is the projected annual workload for the installation effort, by fiscal year?

FYXX FYXX FYXX FYXX FYXX.....FYCompletion

M. SYSTEM EXPECTED/PLANNED LIFE: (FYXX - FYZZ):

First and final year of planned usage.

This element is requested for a core assessment request.

N. ESTIMATED ANNUAL INSTALLATION COST FOR THE RECOMMEND SOURCE:

Estimated recurring modification install cost only.

This element is required for a 50/50 assessment request.

FYXX FYXX FYXX FYXX FYXX.....FYCompletion

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STATUTORY CONSIDERATIONS

A. CORE ASSESSMENT – COULD THIS WORKLOAD BE USED TO SATISFY A CORE CAPABILITY REQUIREMENT?

Enter yes or no (provided by HQ AFMC/LGPW, attach notification).

B. 50/50 ASSESSMENT – IS THIS A POTENTIAL 10 USC 2466 VIOLATION?

Enter yes or no, (provided by HQ AFMC/LGPW, attach notification).

COST CONSIDERATIONS

A. COST ASSESSMENT/COST BENEFIT ANALYSIS -- IS THE RECOMMENDED SOURCE OF REPAIR THE BEST VALUE ALTERNATIVE?

Enter yes or no (attach documentation and rationale for the determination).

RECOMMENDATION

A. WHAT IS THE RECOMMENDED INSTALLATION SOURCE?

Enter contract or organic repair. If organic, at what location?

B. WHAT IS THE RATIONALE FOR THE RECOMMENDATION?

For what reasons is the install posture recommended. Include discussion regarding core and 50/50 impact.

REQUIRED ATTACHMENTS

A. CANDIDATE DEPOT DESIGNATION DOCUMENT

B. 10 USC 2464 (CORE) ASSESSMENT DOCUMENT

C. 10 USC SECTION 2466 (50/50) ASSESSMENT DOCUMENT

**D. COST BENEFIT ANALYSIS OR OTHER DOCUMENTATION AS APPLICABLE
(Private partnership proposal/Applicable cost drivers)**

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MODIFICATION INSTALLATION DATA PACKAGE**

COORDINATION/APPROVAL

This information must be on one sheet of paper.

FOR _____ INSTALLATION
Contract/Organic (if organic, where?)

OF _____ WORKLOAD
Name of Study Subject

SIGNATURE

DATE

SINGLE MANAGER

Printed Name

Office Symbol

CANDIDATE DEPOT BDC

Printed Name

Office Symbol

CENTER CC

Printed Name

Office Symbol

HQ AFMC/LG

Printed Name

ASP CHAIRPERSON
(If an ASP is conducted)
Printed Name

Office Symbol