# MILCON CONTINGENCY FUNDS USE FUNDS REQUEST FORM

**PART I – PM VALIDATION REQUEST**

<table>
<thead>
<tr>
<th>1. WITHIN CONTRACT SCOPE</th>
<th>2. COST</th>
<th>3. SIOH COST / PERCENTAGE</th>
<th>4. TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES O</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>NO O</td>
<td>$</td>
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</tr>
</tbody>
</table>

5. Contingency Funds are needed for the following reasons:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

PM (SIGNATURE / DATE):


# PART II – NSW FAC. ENGR. VALIDATION / RESERVATION OF FUNDS

FROM: NSW COMPONENT FAC. ENG.  TO: EXECUTING COMMAND PM

6. The request for use of contingency funds in the amount of $ _________________, including SIOH, is hereby authorized.

7. In accordance with USSOCON Directive 415-1, the category for use of these funds is determined to be:

   O To correct design errors or unforeseen field conditions.

   O To correct fire, safety, health, or environmental deficiencies.

   O To correct deficiencies caused by mission changes.

NSW Component Fac. Engr.: _______________________/___________________

(SIGNATURE)                          (DATE)

# PART III – NSWC CONCURRENCE / APPROVAL

FROM: NSWC MILCON PROGRAM MANAGER  TO: COMPONENT FAC. ENGR AND EXECUTING PM

COPY TO: SOCOM FACILITY ENGINEER

8. The use of contingency funds exceeding $25,000 is hereby authorized in the amount of $ _________________, including SIOH.

NSWC MILCON Program Manager (SIGNATURE / DATE):


NAME – PHONE NUMBER