CONTRIBUTION INVESTIGATION REPORT

CONTRIBUTER(S) (Name Last, First, MI)	CONTRIBUTION (Number and Title) DATE RECEIVED
POSITION TITLE, AND GRADE, RANK OR RATE	ACTIVITY OF CONTRIBUTER(S) (Name and Location)

ORGANIZATIONAL CODE AND TITLE

TO	DATE FORWARDED	DUE DATE

A complete evaluation of this contribution is necessary and all questions that apply should be answered. Although you may not have authority to implement the contribution, you are requested to give your opinion on its value. Do not merely state that authority to adopt the contribution is under the cognizance of GSA, VA, Treasury, etc.

YOUR REPLY MAY BE USED VERBATIM IN NOTIFYING THE CONTRIBUTOR(S) OF THE RESULTS.

SIGNATURE OF Idea Champion	ACTIVITY AND LOCATION

INVESTIGATION REPORT	YES	NO
1. WILL CONTRIBUTION BE ADOPTED LOCALLY? (If "NO" give reason for nonadoption in space 4 and answer questions 5 and 6 only)	☐	☐
2. IS CONTRIBUTION IN OPERATION? (Complete items below)	☐	☐

IF "YES" GIVE DATE INSTALLED _____

IF "NO" INDICATE BELOW THE ACTION TAKEN TOWARD ADOPTION:

☐ COMMITMENT TO ADOPT HAS BEEN MADE ☐ PROJECT OR JOB ORDER HAS BEEN ISSUED ☐ EXPERIMENTAL WORK OR TRIAL SETS IS UNDER WAY ☐ APPROVAL HAS BEEN REQUESTED

3. ESTIMATE OF BENEFITS

A. INTANGIBLE BENEFITS:

Value	☐ Moderate	☐ Substantial	☐ High	☐ Exceptional
Extent of Application	☐ Limited	☐ Extended	☐ Broad	☐ General

B. TANGIBLE BENEFITS: In table below, compute labor savings at actual cost.

ITEM	LABOR			MATERIAL			TOTAL (Labor and Materials)
	HOURS PER	DOLLARS PER HOUR	TOTAL	UNITS PER	COST PER UNIT	TOTAL	
FORMER METHOD							
NEW METHOD							
SAVINGS							

4. ADDITIONAL INFORMATION AND COMMENTS (If more space is needed use reverse side starting with this end of the paper up). ↓

NOTE: The suggester will be furnished a copy of this report, it should be typed if possible; otherwise, write or print your response clearly. LEGEND SHOWN ON NEXT PAGE.

5. IS PATENT INVESTIGATION RECOMMENDED? ☐ YES ☐ NO	SIGNATURE OF INVESTIGATOR	DATE
6. IF CONTRIBUTION CAN BE USED ELSEWHERE, INDICATE WHERE	Print Name (Last, Fiirst, MI) and Title	
SIGNATURE OF DEPARTMENTAL NUCLEAR MANAGER (Required only if nuclear)	ACTIVITY AND LOCATION OF INVESTIGATOR (Include code and telephone number)	
Print Name (Last, First, MI) and code	SIGNATURE OF APPROVING OFFICIAL	DATE
	Print Name (Last, First, MI) and Title	

LEGEND

1 Will Contribution Be Adopted Locally? Check the appropriate block. This information and the supporting evaluation is required even in instances when the suggestion requires review and approval by an authority outside the activity

2. Is Contribution In Operation? Check the appropriate block. If implemented, furnish date installed. If suggestion will be delayed in the implementation stage, the approving official should complete a written commitment to implement (see attachment E of this enclosure).

3. Estimate of Benefits

a. Intangible Benefits Only "limited" and "extended" extent of application may be used for locally approved awards. Use of "extended" must be supported in the justification by description of how suggestion will benefit two or more ships or activities during the first 12 months of use. Use of the suggester contribution on all ships/activities identified must be within the decision-making authority of approving official. Any intangible benefits of a safety nature will be determined by the Occupational Safety, Health and Environment Office, code 106, and should not be included in the initial determination.

b. Tangible Benefits In determining net savings, only savings involving labor, materials, or cost of services are included, not predetermined or prorated overhead costs. In the event there is a comparison of in-house versus commercial purchase, however, predetermined or prorated overhead costs are to be included. The representative hourly rate (step 4 for General Schedule Employees, step 2 for Wage Grade Employees), to which is added an acceleration factor, of the employee(s) responsible for performing the work is to be used in computing labor costs. The current acceleration rate is 40 percent. Notice will be given if an appreciable change occurs in this rate. Documentation/validation in support of tangible benefits must be included in the suggestion file when forwarded to the Idea Champion. Attachment D of this enclosure provides additional guidance for documenting tangible benefits.

4. Additional Information and Comments

Suggestions Adopted The suggester will receive a copy of the evaluation report; therefore, all the information should be presented in a clear and legible manner. Include in this section a description of how the suggested method is an improvement over the former method or how it is an innovative new concept. Additionally, this description should identify the changes in operating procedures, methods, or policies which will result from the adopted suggestion. A description of the intangible benefits must be included if an award is based on a combination of both tangible and intangible benefits. If neither the evaluator nor the approving official is in a supervisory position over the suggested, the adopted suggestion will be sent to the cognizant individual for a job expectancy determination. A full or prorated cash award may only be granted if the contribution is either (1) outside the suggested normal job expectancy, or (2) within normal job expectancy but results are significantly above normal expectations as to warrant award consideration. A non-monetary award may be granted for adopted suggestions within normal job expectancy.

Suggestions Not Adopted Include in this section the basis for nonadoption. Address only the concepts of the suggestion and not the duties and responsibilities of the suggester.