TRADOC

Initial Capabilities Document (ICD)

Writer's Guide

CDTM & JCIDS Policy January 2012 Compliant

Version 2.31

23 May 2012

The proponent for this administrative guide is the Army Capabilities Integration Center (ARCIC) Operations, Plans and Policy Division, (ATFC-O). This guide is one of a series of web-based publications available at https://www.us.army.mil/suite/kc/5232873 and the ARCIC Portal at https://cac.arcicportal.army.mil/ext/jcids/default.aspx. Users are encouraged to send comments using MS Word Track Changes approved by a COL or equivalent to stephen.dwyer@us.army.mil. Updates will be uploaded as changes become necessary.

Summary of Changes

Version 2.2 (2 Mar 12)
- Addresses areas where CDTM is inconsistent with current JCIDS policy.
- Addresses the 2 tables that are required in paragraph 3 & 4.
    - The old table generated by CDTM moves to paragraph 3 after deleting the column labeled "Priority." Prioritizing gaps is no longer required.
    - Table for paragraph 4 takes the "Capability Requirement, Metric, and Minimum value columns from the table in paragraph 3 and adds two columns where you compare the capability requirement with current capabilities.

Version 2.1 (02 Feb 12)

- Eliminated requirement for fifth mandatory appendix, the Cost-Benefit Analysis (C-BA).
- Compliant with CJCSI 3170.01H and JCIDS Manual (adding Information System (IS) ICD)

Version 2.0 (5 Aug 11)

- Added Capability Development Tracking and Management (CDTM) guidance
- **Changed guidance on Scientific versus Alpha-Numeric Paragraph Numbering**
- ICDs must be developed in the CDTM environment/database.
- There are 5 mandatory appendices for all ICDs.
- New guidance on Appendix D – Glossary.
- New guidance for "Other Appendices – Attached"
- New guidance on Draft Version Numbering in CDTM

Version 1.7 (01 Jun 11)

- Added a Table of Contents
- Added a Table of Inserts
- Added a Table of Tables
- Updated the ICD Template with new C-BA guidance.
- Added guidance on the placement of the C-BA within a separate Supporting Documents File.

Version 1.6 (1 Jul 10)

- Revised Cost-Benefit Analysis instructions based on the 25 Jun 10 memo signed by the Director ARCIC that provides interim implementing guidance for the conduct of C-BAs in support of Joint Capabilities Integration and Development System (JCIDS).

Table of Contents

Table of Inserts

Table of Tables

I   Capability Development Tracking and Management (CDTM) Tool

a. In 2010 the Vice Chairman Joint Chiefs of Staff (VCJCS) directed the transformation of Joint Capabilities Integration and Development System (JCIDS) capabilities document creation from a "document-centric process" to a "data-centric process" to enable data sharing and system interoperability. To accomplish this, the VCJCS directed the development of the Capability Development Tracking and Management (CDTM) web-based tool.

b. On 06 June 2011, the Joint Staff J8 directed that by 30 June 2011, all capability documents (including ICDs) entering into the Knowledge Management/Decision Support (KM/DS) database would be developed in the CDTM environment.

c. CDTM is a tool used by authors, editors and reviewers of capability documents. CDTM presents a series of "wizard" screens that guide the user through capability document creation, step-by-step. It enables customized workflow and access control for documents in work, and does not allow users access to the data until the document owner grants permission. At any time, the software will automatically create a formatted Microsoft Word version of the capability document for review purposes.

d. Using CDTM, these are no longer just documents, but structured information that can be aggregated, tabulated, and searched. What was once a document is now information broken down into field-level data that is stored in the CDTM database. The data can be reassembled into a document at any time, but is workable in pieces, by any number of users.

e. CDTM is only a development environment. The ARCIC JCIDS Portal, Capabilities and AROC Knowledge Management System (CAMS) and Knowledge Management/Decision Support (KMDS) tool remain the authoritative databases where all staffing occurs. Capability documents submitted to ARCIC for validation, HQDA for staffing (CAMS), or Joint Staffing necessitate exporting data from CDTM to a Microsoft Word document for submission and staffing.

f. CDTM is accessed through a web browser using the Non-secure Internet Protocol Router Network (NIPRNET) or SECRET Internet Protocol Router Network (SIPRNET) addresses:
NIPRNet: https://cdtm.js.mil (will prompt you for a CAC)
SIPRNet: https://cdtm.js.smil.mil

(1) New CDTM users can request an account from the ***Request New Account*** link. **Note:** If you are a KM/DS user, you should not request a new CDTM account from CDTM. Instead, request a CDTM account from the KM/DS profile page. Doing this will link your CDTM and KM/DS accounts, eliminating the need to remember another password and will provide a more seamless user experience.

(2) Follow these steps to request your account *if you are not currently a KM/DS user*:
- Navigate to ***CDTM Home Page***
- Click ***Request Account*** link

- Fill out all fields in the ***Request New Account*** page
- Your password must be at least 14 characters, and must contain 2 upper case letters, 2 lower case letters, 2 special characters and 2 numeric characters
- Press ***Submit for Approval*** button

(3) An approval request is sent automatically to the CDTM administrator. Your CDTM administrator will review and approve the request. Once approved, an email will be sent to you with your username. You will be able to log into CDTM once your account is approved.

g. An ICD documents one or more new capability requirements and associated capability gaps. The ICD also documents the intent to partially or wholly address identified capability gap(s) with a non-materiel solution, materiel solution, or some combination of the two. The ICD is the most common starting point for new capability requirements.

h. Within CDTM's ICD wizard, an additional "Navigation" bar appears on the left side of the screen. The wizard side navigation bar appears as a slim bar/button and expands when the user hovers their mouse over it. This action reveals menu content useful for navigating quickly around the wizard. Once the curser is over the Navigation Bar a drop down menu will pop out to allow the user to view and select direct menu access of designated wizard options.

Capability Development Tracking and Management - Windows Internet Explorer

://cdtm.js.mil/ICD/Wizard/ICD-JCA.aspx

NEVER HIT THE BACK BUTTON ON YOUR INTERNET EXPLORER UNLESS YOU WANT TO LOOSE ALL YOUR WORK!

- (1) General
- (2) Points of Contact
- (3) CONOPS
- (4) JCA
- (5) Required Capability
- (6) Capability Gaps
- (7) Threats and Operational Environment
- (8) DOTMLPF Analysis
- (9) Final Recommendations
- (10) Executive Summary
- (11) Appendices and Annexes
- (12) Finish
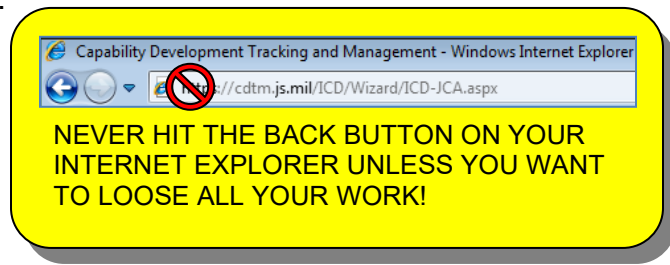
i. CDTM WikiLink:
https://www.intelink.gov/wiki/Capabilities_Development_Tracking_and_Management_(CDTM)

j. CDTM environment: https://cdtm.js.mil/Default.aspx

k. Creation of information system (IS) ICDs. Efforts identifying capability requirements for IS should use the existing DOD Information Enterprise Architecture and related solution architectures in accordance with DOD CIO, August 2010, "DOD Architecture Framework (DODAF), Version 2.02." The use of CDTM for drafting and submission of IS ICDs is recommended. CDTM is in the process of being updated to

97   allow for IS ICD-specific formatting. Until full functionality for IS ICDs is obtained, add
98   IS equity using the ICD document option in CDTM.
99
100   (1) The IS ICD is applicable for Joint Requirements Oversight Council (JROC)
101   Interest and Joint Capabilities Board (JCB) Interest documents drafted after 19 Jan
102   2012. IS ICDs are used to document capability requirements and associated capability
103   gaps where the intended solution approach involves research, development, and
104   acquisition of applications system software, and the projected software development
105   costs exceed $15 million. IS with development costs less than $15 million are not
106   subject to JCIDS process.
107
108   (2) IS ICDs implement the "IT Box" model. The "IT Box" model calls for fewer
109   iterations of validating documents through the JCIDS process by describing the overall
110   IS program in the IS ICD, and delegating validation of detailed follow-on requirement
111   and solution oversight to a flag-level organization other than the JROC or JCB.
112
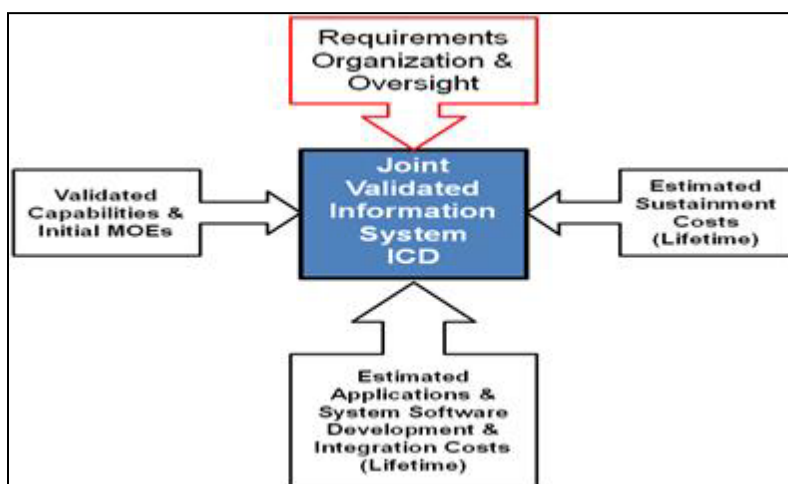
113
114   Components of the "IT Box" model in IS ICDs
115
116   I. Defense Business Systems (DBS) – Business Case Documents. Regardless of
117   cost, IS that are not part of weapon systems or directly involved in the fulfillment of
118   military or intelligence missions, are DBS and are validated by the Defense Business
119   Systems Management Committee (DBSMC). These systems will employ a business
120   case document using the Business Capability Lifecycle (BCL) process in lieu of an
121   ICD/CDD to document the capability requirements and associated capability solutions.
122   Business case documents will be uploaded to the KM/DS system for visibility and to
123   enable review of Joint equities. In those cases where the JCIDS Gatekeeper, on the
124   advice of the appropriate FCB, determines that joint oversight of the DBS is required,
125   the business case document will be used in lieu of the typical JCIDS documents during
126   staffing and validation.
127
128
129   II   Considerations
130
131   a. Resource Informed. In today's resource-constrained environment, the Army must
132   exercise wise stewardship of every dollar it manages. A key element of that

133 stewardship is to develop and use sound business practices throughout all requirement
134 and resourcing processes. Adequate resources must be available to execute the
135 DoDI 5000.02 Materiel Solution Analysis (MSA) Phase that determines the best
136 approach(es) for addressing the performance requirements and recommendations
137 envisioned in the ICD.
138
139   (1) A Concept of Operations (CONOPS) must be endorsed by the JROC, a
140 Combatant Command (CCMD), a Service, or a defense agency. These documents
141 form the basis for validating capability requirements and associated gaps and risks, and
142 support any recommendations for development and deployment of new or improved
143 capability solutions. Results of a capabilities-based assessment (CBA) or other study
144 provide the source material for one or more ICDs, or other JCIDS documents in certain
145 cases when an ICD not required.
146
147   (2) At this point in time, there is no materiel concept, only a materiel approach.
148 Materiel solutions will be explored and compared during the MSA phase of the Defense
149 Acquisition Management System. However, the recommended DOTMLPF solution
150 approaches (RSA) you explored during the FSA should have compared numerous
151 combinations of non-materiel and materiel approaches, then selected this ICD approach
152 as the optimal solution based upon factors such as operational and technical risk,
153 supportability, feasibility, affordability, and potential DOTMLPF implications.
154
155   (3) If it is unclear whether the capability requirement should be satisfied through
156 a non-materiel approach, materiel approach, or both, generate an ICD for validation in
157 JCIDS. Analyses following ICD validation, such as an analysis of alternatives (AoA),
158 additional DOTmLPF-P analysis, or other study, will determine which successor
159 documents – Joint DCRs for non-materiel solutions and/or CDDs/CPDs for materiel
160 solutions – should be generated and submitted to JCIDS to support follow-on efforts.
161
162   (4) An ICD does not initiate a new acquisition program so the resources required
163 for MSA execution are generally limited. However, be prepared to discuss resource
164 trades within your capability portfolio.
165
166   b. Considering and Conducting Trades.
167
168   (1) The Army is operating in an environment where we cannot afford, nor is it
169 necessary to obtain every capability desired to fully mitigate every gap. Capability
170 developers must accept that some incremental increases in warfighting capability are
171 not always necessary since the gap may be within an acceptable level of risk. Because
172 of these realities, capability developers must make risk assessments and trades in
173 capability at every step of the capabilities development and acquisition process, from
174 the CBA to production. Often times the capability developer will not even realize the
175 decisions they make are actually trades. Trades are considered to ensure proposals
176 are resource informed to achieve optimal warfighting capabilities and integrated
177 DOTMLPF and/or system performance attributes (outcomes) within relevant constraints
178 and with acceptable operational risk.
179
180   (2) The magnitude of effort required to accomplish beneficial and sound trades
181 must not be minimized. The most difficult thing for the capability developer to do is to

182 understand all the things they should consider when making effective trades (refer to
183 the ICD Trades Considerations Checklist for examples of some of those
184 considerations). Trades should be evaluated across the DOTMLPF domains to
185 determine the tactical, operational, and strategic impacts of any trades in a holistic
186 fashion. The effect of a change in one domain on another domain must be considered
187 as well as the second and third order effects on other domains, other interdependent
188 systems, and other warfighting organizations, both Army and Joint. Review the
189 information from the most current Capabilities Needs Analysis (e.g., the prioritized
190 Capability Gaps and trades information in particular) for this portion of the ICD. Trades
191 also provide a means to propose alternative paths to close or mitigate gaps. Those
192 trades must be analytically based, analytically sound and risk informed. Additionally,
193 they must consider the integration of joint and other service capabilities.

194

195   (3) Overarching trades considerations include; Organizational Impacts,
196 Functional Impacts, Operational Risk (Internal – that is, Army dependence on its own
197 Service capabilities; External – that is, Joint Integration and dependence on external
198 (Joint, Intergovernmental, Interagency and Multinational) capabilities), Level of
199 Integrated Capability, Resource Availability (dollars, personnel, etc.), Technical
200 Feasibility (technical readiness), Performance, Cost, and Schedule.

201

202   (4) ICD Trades Considerations Checklist. This checklist is not intended to be a
203 step by step guide for developing and documenting trades, there are too many variables
204 to adequately cover all possible situations. The purpose of this checklist is to provide
205 capability developers an illustrative list of things they should consider during the JCIDS
206 process.
207

ICD Trades
Considerations Check

208
209 **Insert 1: ICD Trade Considerations Checklist**
210
211
212 **III   ICD Preparation**
213 The bodies of an ICD and IS ICD – consisting of the seven primary sections and
214 Appendix A – shall be no more than **10 pages long**. The ICD format described below
215 and in the JCIDS Manual is mandatory for all Army-developed ICDs. Annotations for
216 each entry describe the information the ICD must contain, the source of information,
217 and how the information is developed in analyses. The Chairman of the Joint Chiefs of
218 Staff Instruction (CJCSI) 3170.01H stipulates a certain format for the ICD that requires
219 presentation of data elements in a specified order. The wizard may deviate from the
220 required order to facilitate logical groupings of related information. This will not affect
221 CDTM's ability to create the document output in the required order.
222
223   a. Each subparagraph should be numbered to facilitate correlation, traceability, and
224 ease of identifying issues during staffing. **Use scientific paragraph numbering. The
225 use of conventional alpha-numeric numbering is not CDTM compliant**. Portion
226 mark each created subparagraph with the security classification of its contents.

> **Special Note:** **Sub-Paragraph Numbering within the CDTM Wizard**.
>
> Within the CDTM Wizard environment, the system will automatically number each "paragraph" for your document. However, it will **NOT** number each sub-paragraph after the second level. You must MANUALLY number each sub-paragraph (Level 3 and below) when you type in the narrative.

227
228   b. ICDs must be **developed in <u>CDTM</u> and <u>exported</u> to Microsoft Word (97-2003**
229   **compliant) for staffing**.
230
231   c. When the document has been exported to Microsoft Word for staffing, all
232   architecture products shall be embedded into the MS-Word file as CDTM attachments
233   are not exported. All exported and embedded file formats must be Microsoft Office 97-
234   2003 compliant.
235
236   d. All ICDs must be clearly labeled with draft version number, date, and include any
237   caveats regarding releasability, even if UNCLASSIFIED. The intent is to share ICDs
238   with allies and industry whenever possible. Paragraphs that contain non-releasable
239   information (allies or industry) will be indicated.
240
241   e. ICDs do NOT require a Weapon Safety Endorsement since there's not enough
242   definition of the eventual materiel solution at this stage.
243
244   f. **Begin working with CDTM**. To start the CDTM application, open a web browser
245   such as Internet Explorer and enter the following web address and log in:
246
247   • NIPRNet: https://cdtm.js.mil (will prompt you for a CAC)
248   • SIPRNet: https://cdtm.js.smil.mil
249
250   To start a new blank ICD document within CDTM, click the ***"New"*** menu and choose
251   the document type (ICD). Then click the ***"Begin Wizard"*** button to begin the document
252   creation process. (In addition to creating an ICD from scratch with none of the
253   information filled in, you have the option of importing an existing ICD in CDTM and
254   editing the document to fit your particular project or program. To start a new document
255   using the Import process, click the ***"New"*** menu, select the document type, then click
256   the ***"Import"*** button. Enter search criteria (the document number, or all or part of the
257   title, and/or document type) to find the document to import. Click ***"Search"***. Then click
258   the ***"Import"*** link next to the document you want to import. CDTM will then present you
259   a list of sections for import. All sections are checked by default. If you do NOT want to
260   import certain sections, uncheck them. Click ***"Import"***. CDTM then launches the
261   appropriate document wizard for the type of document you selected, all filled in with the
262   selected data sections. This is a completely new copy of the data that you may edit.
263   The original source document will remain unchanged.)
264
265
266

267   **IV   ICD Wizard – General Information** (Page 1 of 2).   (1st Wizard module)

268

269

270

271   a.   **Initial Capability Document Title** – Create a definitive title for the ICD starting
272 with the phrase "Initial Capabilities Document for…". (For example, Initial Capabilities
273 Document for JCIDS Data Centricity Follow-On). For an IS ICD begin with the phrase
274 "Information Systems Initial Capabilities Document for…"

275

276   b.   **Document Short Name or Acronym** – Provide a short title or acronym that will
277 provide a common reference for the ICD (i.e., JCIDS-DCFO).

278

279   c.   **Validation Authority** – The Validation Authority is dependent upon the Joint
280 Staffing Designator (JSD) or former Joint Potential Designator (JPD) assigned by the
281 Joint Staff Gatekeeper during staffing. For a description of each designation see ***CJCSI***
282 ***3170.01H, Joint Capabilities Integration and Development System.*** Appropriate
283 validation authority entries correspond to JSD entries below:

284   •   <u>JROC Interest</u> – **"JROC"** is the validation authority.

285   •   <u>JCB Interest</u> – **"Joint Capabilities Board"** is the validation authority.

286   •   <u>Joint Integration</u> – **"US Army"** is the validation authority.

287   •   <u>Joint Information</u> – **"US Army"** is the validation authority.

288   •   <u>Independent</u> – **"US Army"** is the validation authority.

289

290   d.   **Approval Authority** – the approval authority for the ICD depends on JSD
291 assigned. Fill in if known or leave blank until determined by the Joint Staff. For
292 additional information on approval authority see CJCSI 3170.01H. Once the approval
293 authority is determined, insert one of the following in the space provided:

294

295   •   **"JROC"** – for capabilities designated as JROC Interest.

296   • **"Joint Capabilities Board"** – for capabilities designated as JCB Interest.

297   • **"US Army"** – for capabilities that are not JROC or JCB Interest Programs.

298

299   e. **Joint Staffing Designator (JSD) –** Select the JSD as determined by the
300 Gatekeeper from the drop-down list. The JSD is a designation assigned by the J8
301 Gatekeeper to specify JCIDS validation, approval and interoperability expectations.

302

303   • **"JROC Interest"** designation will apply to all potential ACAT I/IA programs,
304   Joint DCRs, and those that have a potentially significant impact on
305   interoperability in interagency, allied/partner nation, and coalition operations.
306   All documents will be evaluated for Joint Staff endorsements during staffing.
307   These documents will receive all applicable certifications and are staffed
308   through the JROC for validation and approval. JROCM 130-08 directs that a
309   designation of JROC Interest will be presumed for all ICDs within the
310   following portfolios (regardless of ACAT): Battlespace Awareness, Command
311   & Control, Logistics, and Net-Centric.

312   • **"JCB Interest"** designation will apply to all potential ACAT II and below
313   programs that have a potentially significant impact on interoperability
314   (Interagency/Allied/partner nation, coalition, etc.). JCB Interest is the
315   minimum JSD for any documents where (a) the Sponsor is a CCMD, or (b)
316   the document is an IS ICD. All documents will be evaluated for Joint Staff
317   endorsements during staffing. FCBs will review for Interagency/Allied/partner
318   nation equity and perform Joint prioritization of the new capability
319   requirements. The document will be made available via KM/DS staffing for
320   comment. Comment adjudication for comments unrelated to joint
321   endorsements or certifications must be completed to the satisfaction of the
322   validation authority. Comments adjudication related to joint endorsements
323   and certifications must be completed to the satisfaction of the endorsing or
324   certifying organization. The JCB is the validation authority for JCB Interest
325   documents.

326   • **"Joint Integration"** designation will apply to potential ACAT II and below
327   programs, which require one or more joint endorsements or certifications, but
328   are below the level of JCB Interest. All weapons and munitions will be
329   designated Joint Integration as a minimum. All documents will be evaluated
330   for joint endorsements and certifications. FCBs will review for
331   Interagency/Allied/partner nation equity and perform Joint prioritization of the
332   new capability requirements. The document will be made available via
333   KM/DS staffing for comment. Comment adjudication is at the discretion of the
334   Sponsor for comments unrelated to joint endorsements or certifications.
335   Comments adjudication related to joint endorsements and certifications must
336   be completed to the satisfaction of the endorsing or certifying organization.
337   The Sponsor organization is the validation authority for Joint Integration
338   documents.

339   • **"Joint Information"** designation applies to all documents describing ACAT II
340   and below programs, which do not need Joint Staff endorsements, and are
341   below the level of JCB Interest. FCBs will review for Interagency/Allied/

342	partner nation equity and perform Joint prioritization of the new capability
343	requirements. The document will be made available via KM/DS staffing for
344	comment. Comment adjudication is at the discretion of the Sponsor. The
345	Sponsor organization is the validation authority for Joint Information
346	documents.
347	• **"Independent"** is not valid for an ICD. This designation is applied to
348	documents describing all other programs. The documents are not staffed
349	through the Joint community for comment, but FCBs will update Joint
350	prioritization for any new capability requirements within their JCA portfolios.
351	As Independent documents are not staffed to external organizations for
352	comment, no comment adjudication is required. The Sponsor organization is
353	the validation authority for Independent documents. The ICD defines needed
354	capabilities in operational, non system-specific terms that show clearly how
355	and why the recommended approach(s) best provides the capabilities and
356	attributes needed to execute approved warfighting concepts. This construct
357	makes it applicable across the joint forces and not specific to a single DOD
358	component.
359	
360	f. **Sponsoring Agency** – Select **"Army"** as the sponsoring agency.
361	
362	g. **Prepared for** – Check the Materiel Development Decision (MDD) if this capability
363	document supports the MDD or enter the type of acquisition decision point this
364	capability document addresses.
365	
366	h. **Milestone Decision Authority** – Select the Milestone Decision Authority (MDA)
367	from the drop-down list.
368	
369	• PEO Ammunition (AMMO)
370	• PEO Intelligence, Electronic Warfare and Sensors (IEWS)
371	• US Army PEO-Simulation, Training & Instrumentation (STRI)
372	• US Army Program Executive Office – Aviation (AVN)
373	• PEO Combat Support and Combat Service Support (CS&CSS)
374	• JPEO Chemical and Biological Defense (CBD)
375	• PEO Command, Control, and Communications Tactical (C3T)
376	• **US Army** if the specific PEO is not listed or **PEO AAE**
377	

> **Special Note:** Impact of JSD on the Proposed MDA.
>
> Given the wide applicability of an ICD, it generally carries a JSD of JROC or JCB Interest. The Proposed MDA would then be commensurate with the level of oversight by the Joint Staff and milestone decision authority would not be delegated but reside with the Army Acquisition Executive. In CDTM the listing, although not technically correct is PEO AAE. Select PEO AAE and after exporting from CDTM, delete PEO and leaving the Proposed MDA as AAE.

| 378 | |
| 379 | |

V   ICD Wizard – General Information (Page 2 of 2)

381

382   ◄ General   Reference   Acronym   Glossary   Attachment   General POC ►

383

384   a. **Suspense Date**. Enter the date that that this document must be completed.

385

386   b. **Predecessor Document Type**. Select the document type from which this ICD is
387   derived from the drop-down list. (In the case of an ICD it will be **"Capability Based
388   Assessment"** or **"Other"** in the case of other underlying analysis versus a CBA.) Then
389   click the **[Add Predecessor Document]** to select a predecessor document. Only the
390   CDTM-resident documents of the type selected will be visible to choose. You must
391   repeat the procedure if other document types are identified as predecessor documents.

Special Note: Draft Version Number in CDTM.

Every document automatically receives a unique identifier or "Version Number" in CDTM. You do not have to manually input this number. Use the unique number to identify your file name.

392

393

394 **VI   ICD Wizard – Points of Contact** (2nd Wizard module)

395
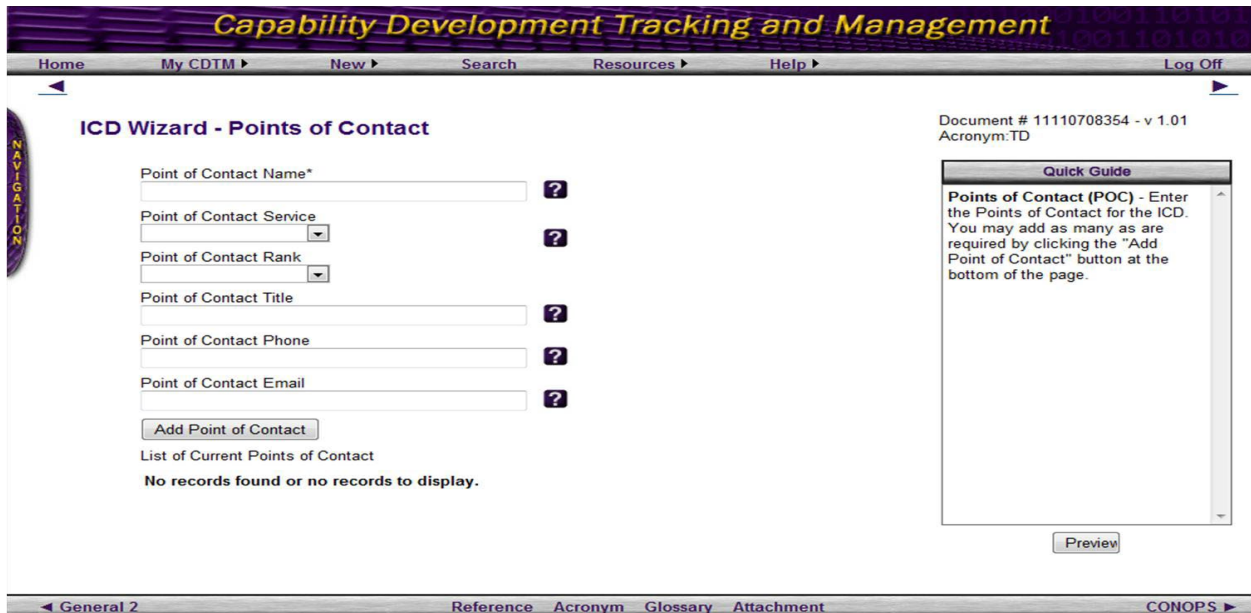
396   ◄ General 2   Reference   Acronym   Glossary   Attachment   CONOPS ►
397

398   a. Enter the Points of Contact for the ICD. You may add as many as are required
399   by clicking the "Add Point of Contact" button at the bottom of the page.

400

401   b. Each POC must be added individually. There is no mass "cut and paste" option.

402

403   c. Include both NIPRNET and SIPRNET addressees for POCs. There are sufficient
404   character spaces to add e-mail addresses as shown below:
405   • NIPR: username@us.army.mil
406   • SIPR: username@us.army.smil.mil.

407

408   **VII   Concept of Operations Summary** (3rd Wizard module)
409   Describe the relevant parts fo the Joint Concepts, CONOPS, and/or Unified Command
410   Plan (UCP)-assigned mission to which the capability requirements identified in the ICD
411   contribute; Army Operational Concepts (AOCs), Army Functional Concepts (AFCs), and
412   Concept Capability Plans (CCPs) this capability contributes to; what operational
413   outcomes it provides; what effects it must produce to achieve those outcomes; how it
414   complements the integrated joint/multinational warfighting force; and what enabling
415   capabilities are required to achieve its desired operational outcomes. The structure of
416   this paragraph can be adjusted to meet the needs of the ICD.

417

> **Special Note:** **Sub-Paragraph numbering within paragraph** 1.
>
> The CDTM wizard only numbers the CONOPS paragraph down to the **first** level. Any
> further sub-paragraphs MUST BE manually inputted in the Narrative box.

418

419   a. **Operaional Environment**. Click the appropriate check box(es) as to whether
420 this concept of operations pertains to air, land, sea, and/or space.
421

422   ◄ Points of Contact   Reference   Acronym   Glossary   Attachment   JCA ►
423
424   b. Describe how the capabilities identified in this ICD contribute to the assigned
425 missions identified in the Concepts, CONOPS, and/or UCP-assigned mission.
426
427   c. Describe operational outcomes the capabilities provide.
428
429   d. Describe effects the capabilities must produce to achieve those outcomes.
430
431   e. Describe how the capabilities complement the integrated joint /multinational
432 warfighting force.
433
434   f. Describe the enabling capabilities required to achieve the desired operational
435 outcomes.
436
437   g. If the ICD is not based on a previously approved CONOPS, include it in appendix
438 E or include the CONOPS created in its entirety as an appendix F.
439
440

441 **VIII Joint Capability Area (JCA)** (4th Wizard module)
442

443 ◄ CONOPS   Reference   Acronym   Glossary   Attachment   Required Capabilities ►
444

445   a. **Applicable Areas**. Cite the applicable Tier I and II joint capability areas (JCAs)
446 from PDUSD(P)/DJS memorandum to VCJCS, 8 April 2011, "*Joint Capability Area*
447 *(JCA) 2010 Refinement*" and the range of military operations being addressed, that
448 apply for this capability document.
449

450   b. **Range of Military Operations**. Cite the range of military operations that this
451 capability encompasses.
452

453   c. **Timeframe and Justification**. Identify the timeframe under consideration for
454 initial operational capability (IOC) based on input from the supporting/supported
455 combatant commands (CCMDs) and the acquisition community.
456

457   d.   **Defense Planning Scenarios** (now Integrated Security Constructs
458 (ISCs)). ISCs are developed as part of the DoD Analytic Baseline in accordance with
459 DoDD 8260.05 and DoDI 8260.2. ISCs contain scenarios for major combat operations.
460 Military objectives of the ISCs provide a source for developing the list of required
461 capabilities.
462

463 Note: we anticipate the wizard being updated to reflect changes in CJSCI 3170 and
464 terminology. Identify the relevant OSD ISCs, if any, which apply to this capability
465 document. (Within the CBA, the ISCs must be chosen in such a way that the full
466 spectrum of operational situations relevant to the defense strategy will be examined,
467 including interagency, allied/partner nation, and coalition activities.)
468

469 **IX Required Capabilities** (5th Wizard module)

470

471 ◄ JCA   Reference   Acronym   Glossary   Attachment   Capability Gaps ►

472

473   a. **Required Capabilities**. Describe the required capabilities as identified during
474 the CBA or other study. This discussion should also relate required capabilities to the
475 Concept, CONOPS, or UCP assigned mission.

476

477   (1)   Define capability requirements in the lexicon established for the JCAs, the
478 tasks, standards, and conditions from the applicable Universal Joint Tasks or DOD
479 Component equivalents, the relevant range of military operations, and the timeframe
480 under consideration.

481

482   *(2)   Describe capability requirements in terms of the required operational*
483 *attributes with appropriate quantitative parameters and metrics, e.g., outcomes, time,*
484 *distance, effect (including scale), obstacles to be overcome, and supportability. Indicate*
485 *the minimum value below which the capability will no longer be effective. "TBD" values*
486 *are not allowed. Appendix A to Enclosure B of the JCIDS Manual provides examples of*
487 *appropriate attributes which should be used where applicable, although other attributes*
488 *may be identified and used when those in Appendix A to Enclosure B of the JCIDS*
489 Manual *are not appropriate.*

490

491   (3)   Capability requirements should be general enough so as not to prejudice
492 decisions in favor of a particular capability solution but specific enough to evaluate
493 alternative approaches to achieve the capability.

494

495   (4)   Capability requirements shown in this section need only be those
496 requirements which have associated gaps or overlaps/redundancies discussed in the
497 next section. The difference between the capability requirements in this section and the

current force capabilities are the basis for defining the capability gaps. This does not
preclude the inclusion of capability requirements which are currently satisfied by
capability solutions and do not have associated capability gaps, if inclusion of such
capability requirements provides necessary context or serves other purposes. (i.e. – a
capability requirement might be satisfied by a fielded capability solution, but the
proponent proposes a much more cost effective capability solution or a consolidation of
multiple independent solutions into a single common capability solution.)

(5)   Provide a summary of the relationship between the JCAs, capability
requirements and relevant attributes, and their associated metrics and minimum values
in a table as shown below. *(This table is currently an output of the next section of
CDTM ICD Wizard. After completing the Wizard, you will have to move the table in your
output to this section – deleting the "Priority" and "Title" columns. And then you can use
that table to build the left side of the Capability Gap Table required in the next section.)*

Tier 1 & Tier 2 JCAs	Capability Requirements	Metrics	Minimum Value
	Capability 1		
	Attribute 1.1	Description	Value (no TBDs)
	Attribute 1.n	Description	Value (no TBDs)
	Capability 2		
	Attribute 2.1	Description	Value (no TBDs)
	Attribute 2.n	Description	Value (no TBDs)
	Capability n		
	Attribute n.n	Description	Value (no TBDs)

Table 1: Example Capability Requirement Table

**If desired, the Capability Requirement Table and Capability Gap Table may be
combined into a single table in ICD Section/Paragraph 4. HOWEVER, the
narrative in Section 3 must clearly articulate the capability requirements being
proposed, and the narrative in Section 4 must clearly articulate the difference
between the capability requirements in Section 3 and current or programmed
capabilities of the Joint Force as a basis for defining the gaps/redundancies.**

b. **Military Objective Achieved**. (Wizard says: "Achieves Military Objective")
Explain why the required capabilities are essential to the joint force commander to
achieve assigned goals and objectives.

c. **Pertinent Directive Compliance**. (Wizard says: "Directive Compliance")
Address the need for the capability to comply with applicable DOD, joint, national, and
international policies and regulations.

d. **Prioritized Capability Requirements**. Identify the relevant prioritized capability
attributes as identified by the CCMDs through the Senior Warfighters' Forum (SWarF)
process for operational awareness, command and control, logistics and net-centric
capabilities.

535 **X   Capability Gaps and Overlaps or Redundancies** (6th Wizard module).
536 The overall intent of the capability gap section is to assess the magnitude of the change
537 of the proposed new capability requirements, and to inform cost/performance/schedule
538 tradeoff discussions as well as to facilitate the generation of AoA guidance. Two issues
539 to consider:
540
541   ---- When describing "current capabilities" in the narrative paragraphs in order to
542 assess the gap between the proposed capability requirements and current state of the
543 art, one must consider all programs of record and rapidly fielded capability solutions in
544 the joint force. One cannot exclude viable capability solutions from the comparison
545 because they are not the preferred solution of the authoring organization, or because
546 they are developed and operated by another DOD Component.
547
548   ---- When describing a recapitalization (or "next generation") situation, the "current
549 capabilities" must consider the capability solution being replaced (as well as other
550 solutions as noted above) even though the plan may be to retire the older solution as
551 the new solution becomes available. Life extension or continuing/restarting production
552 of the existing capability solution, or possibly leveraging portions of existing capability
553 solutions, may be part of tradeoff discussions and/or follow-on AoA activities.
554
555 *(NOTE: This is the one section of the ICD body that differs for an IS ICD. Modification*
556 *instructions for this section in an IS ICD are provided at the bottom of this paragraph.)*
557

558
559
560
561   a. **ICD Wizard – Capability Gap**. Click "Add New Capability Gap" button centered
562 at the top of the window.
563
564

ICD Wizard - Capability Gap

Title   Priority

Quick Guide

Capability Gap - Use this template to enter the capability gaps that this ICD addresses.

☐N/A Operational Description *(U)*

☐N/A Attributes and Outcomes *(U)*

☐N/A Overlaps and Redundancies *(U)*

Chosen JCA(s):

Choose JCA

Attributes
Description   Metrics   Minimum/Maximum

No records found or no records to display.

Save   Reset

▲ Capability Gap List   Reference   Acronym   Glossary   Attachment   Capability Gap List ▲

565
566
567

568   (1) **Gap #: Title.** Optional, as this column is no longer required in this Capability
569 Gap Table.
570
571   (2) **Gap #: Priority.** *Disregard this block in the CDTM Wizard, as the Functional*
572 *Capability Boards are now responsible for prioritizing the gaps.*
573
574   (3) **Gap #: Operational Description.** Describe the capability gaps or overlaps
575 in terms of the difference between the capability requirements enumerated in the
576 previous section and the performance levels of current and projected force capabilities.
577 Include considerations of capabilities in other DOD Components, Interagency, and
578 Allied/Partner nations. Describe, in operational terms, the missions, tasks, and
579 functions that cannot be performed or are unacceptably limited or when and how they
580 will become unacceptably limited. Identify whether the capability gap is due to lack of
581 proficiency in existing capability (cannot accomplish the mission to the level expected),
582 or due to lack of sufficient capability (do not have enough of an effective capability), or
583 the capability does not exist, or the capability needs to be replaced.
584
585   (4) **Gap #: Attributes and Outcomes**. Specify the focus for each identified
586 capability gap, in terms of proficiency in existing capability (cannot accomplish the
587 mission to the level expected), or sufficiency in existing capability (do not have enough
588 capability to be effective). Describe the attributes of the desired capabilities in terms of
589 desired outcomes. Broad descriptions of desired outcomes help ensure that the
590 required capabilities are addressed without constraining the solution space to a specific,
591 and possibly limited, materiel system.
592
593   (5) **Gap #: Overlaps and Redundancies**. Identify those capabilities for which
594 there exist overlaps or redundancies. This discussion should also provide the linkage

17

595 between the required capabilities and the Concept, CONOPS, or UCP assigned
596 mission. For those capabilities where overlaps or redundancies exist, assess whether
597 the overlap is operationally acceptable, or if excessive overmatch exists and the overlap
598 should be evaluated as part of the trade-offs to satisfy capability gaps. In addition to
599 identifying gaps, we must identify those required capabilities (from the FAA) having
600 excessive overlaps or redundancies. We must assess whether the overlap is
601 operationally required or whether it is excessive given prudent risk acceptance. If
602 excessive capability exists for the satisfaction of a required capability, the redundant
603 capability should be evaluated as part of the trades' process. Note – The Army cannot
604 afford nor will it fund excess capabilities. You will be asked to identify a bill payer at
605 some point; you should start thinking about this now.
606
607   (6) **Gap #: Chosen JCA(s):** Select the relevant JCAs that this KPP addresses.
608 Select to the lowest tier level of the JCA that applies. *Writers must correlate the gaps to*
609 *Tier 1 & 2 JCAs. Only include JCAs that are directly influenced by the gap. Keep it to a*
610 *minimum as it causes unnatural growth in the size of the table and leads to difficulty*
611 *hitting the 10 page maximum for the main body & Appendix A.*
612
613   (7) **Gap #: Attributes:** Add the attribute description for the titled capability
614 gap. Where appropriate, use the CCMD prioritized list of capability attributes and
615 associated metrics. Indicate the method and standards of measurement. Indicate the
616 minimum value below which the capability will no longer be effective. If there are
617 multiple attributes measurable for this attribute, you may add additional attributes by
618 clicking the "Add" button.
619
620   b. **Capability Gap Table**. Summarize capability gaps as shown in Table 2. **Again,**
621 **the table automatically built by the CDTM Wizard will have to be moved outside of**
622 **CDTM to the previous section**. And then the following Capability Gap Table will have
623 to be built upon the Capability Requirements Table.
624

Capability Requirements			Current Capabilities (If applicable)	
Capability Requirements	**Metrics**	**Minimum Value**	**Metrics**	**Value**
Capability 1				
Attribute 1.1	Description	Value (no TBDs)	Description	Value (no TBDs)
Attribute 1.n	Description	Value (no TBDs)	Description	Value (no TBDs)
Capability 2				
Attribute 2.1	Description	Value (no TBDs)	Description	Value (no TBDs)
Attribute 2.n	Description	Value (no TBDs)	Description	Value (no TBDs)
Capability n				
Attribute n.n	Description	Value (no TBDs)	Description	Value (no TBDs)

625 <div align="center">**Table 2: Capability Gap Table**</div>

626
627   c. **The body of an IS ICD differs only in this one section** (Capability Gaps and
628 Overlaps or Redundancies). For an IS ICD:
629

630   (1) Identify the flag-level oversight body, the chair of that body, and the
631 organizations represented on the body being proposed to receive delegated
632 requirements oversight duties – other than the JROC or JCB.
633
634   (2) Define the proposed capability requirements and initial minimum levels in
635 terms of measures of effectiveness (MOEs) instead of thresholds/objectives. Also
636 define capability gaps in terms of the difference between the proposed capability
637 requirements and similar existing capabilities, if any.
638
639   (3) Show estimated sustainment costs over the life cycle of the program. Break
640 out costs into annual estimates.
641
642   (4) Estimate development and integration costs for the lifetime of the program.
643 Break out costs into annual estimates
644
645   d. **Cost Summary Table.**
646

	FY xx (e.g. 12)	FY xx (e.g. 13)	FY xx (e.g. 14)	FY xx (e.g. 15)	FY xx (e.g. 16)	FY xx (e.g. 17)	FYDP Total	Life Cycle Cost
Development & Integration Costs								
Sustainment Costs								

647   **Table 3: Cost Summary Table for IS ICDs**

648
649 **XI   Threat and Operational Environment** (7th Wizard module)
650

651
652

653   a. **Operational Environment**. Describe in general terms the operational
654 environment, including joint operational environments, in which the capability must be
655 exercised and the manner in which the capability will be employed. Reference the
656 current DIA-validated threat documents and DOD Component intelligence production
657 center-approved products or data used to support the CBA or other study/analysis
658 identifying capability requirements and associated capability gaps. Identify studies,
659 organizations, and analytic agencies providing the content summarized in this
660 paragraph. Summarize the organizational resources that provided threat support to
661 (kinetic and non-kinetic) capability development efforts.

662

663   b. **Threat Summary**. Summarize the current and projected threat capabilities
664 (lethal and non-lethal) to be countered by the required capability.

665

666

667 **XII   Ideas for Non-Materiel Approaches** (DOTMLPF Analysis) (8th Wizard)
668 The purpose of this subparagraph is to *summarize* the changes to DOTmLPF-P
669 considered during the CBA or other analysis that would satisfy the capability gap(s) in
670 part or in whole. Include consideration of capabilities in Allied/partner nations, the
671 interagency, and other DOD Components. The full exploration will be captured in your
672 **RSA Worksheet**.

673

674

675

676

677

678   a. **DOTMLPF Analysis Summary**. (Wizard says: "Summary") Summarize
679 alternative approaches to providing capabilities that do not require developing new
680 materiel. This should not be a sequential examination of changes to doctrine, then
681 organization, then training, and so on, in isolation from one another. It should
682 demonstrate an honest attempt to provide the needed capability by altering the mix of
683 DOTMLPF factors. Although examined as a mix, summarize the DOTMLPF analysis in
684 separate subparagraphs (i.e., one or more for each domain). If non-materiel

20

685 approaches are not adequate, describe why such non-materiel changes cannot close
686 the gap to an acceptable level of risk. It is unacceptable to state there weren't any
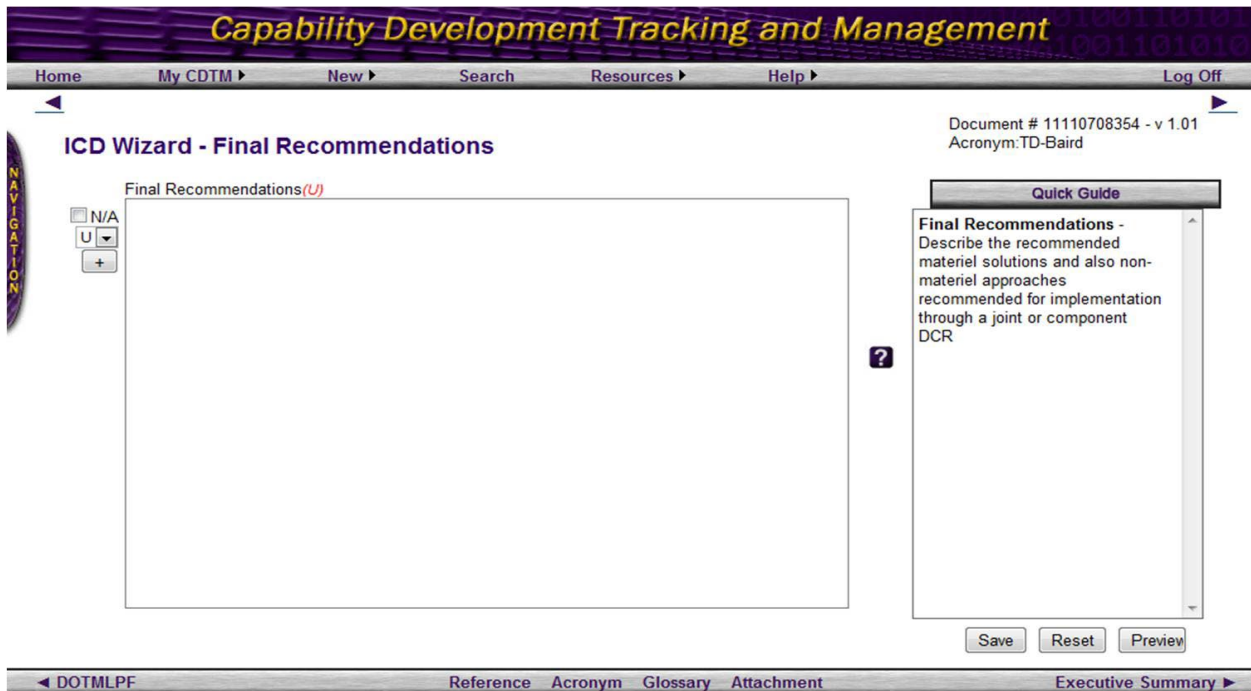687 proposed domain solutions without an explanation as to why.
688
689   b. **Joint DOTMLPF Changes Summary**. Discuss any additional DOTMLPF and
690 policy implications associated with fielding the system that have not already been
691 addressed in the ICD, to include those approaches that would impact CONOPS or plans
692 within a combatant command's area of responsibility. Highlight the status (timing and
693 funding) of the other DOTMLPF and/or policy considerations. Describe implications for
694 likely changes to any aspect of DOTMLPF or policy, such as organizational structure,
695 training and training ranges, storage and repair facilities. Discuss human systems
696 integration (HSI)/Manpower and Personnel Integration (MANPRINT) considerations that
697 have a major impact on system effectiveness, suitability, and affordability. Describe, at
698 an appropriate level of detail, the key logistics criteria, such as system reliability,
699 maintainability, transportability, and supportability that will help minimize the system's
700 logistics footprint, enhance mobility, and reduce the total ownership cost. Detail any
701 basing needs (forward and main operating bases, institutional training base, and depot
702 requirements). Specify facility, shelter, supporting infrastructure, anti-tamper and ESOH
703 asset requirements, and the associated costs and availability milestone schedule that
704 support the capability. Describe how the system(s) will be moved either to or within the
705 theater. Identify any lift constraints. DOTMLPF and policy changes should be
706 considered from two perspectives:
707
708   (1) DOTMLPF-P recommendations that supports the implementation, operations
709 and support of the specific system;
710
711   (2) DOTMLPF-P recommendations that must be changed to support integration
712 of this system with existing capabilities.
713
714   c. **Sponsor DOTMLPF Changes Summary**. Describe any non-materiel
715 recommendations that should be considered for implementation through a sponsor's
716 internal DOTMLPF change process. Use the same construct as described above for
717 the Joint DOTMLPF Change Summary.
718
719
720 **XIII Final Recommendations** (9th Wizard module)
721
722

Home   My CDTM ▶   New ▶   Search   Resources ▶   Help ▶   Log Off

◀   Document # 11110708354 - v 1.01
                                                                                                Acronym:TD-Baird   ▶

ICD Wizard - Final Recommendations

Final Recommendations*(U)*

☐ N/A
U ▾
[+]

Quick Guide

Final Recommendations -
Describe the recommended
materiel solutions and also non-
materiel approaches
recommended for implementation
through a joint or component
DCR

❓

[Save] [Reset] [Preview]

723   ◀ DOTMLPF   Reference   Acronym   Glossary   Attachment   Executive Summary ▶
724
725   a.   Identify DOTmLPF-P recommendations to be considered as part of a materiel
726   solution.
727
728   b.   Identify DOTmLPF-P recommendations to be considered independent of a
729   materiel solution.
730
731   c.   For all capability requirements that cannot be met using nonmaterial approaches,
732   make specific recommendations on the type of materiel approach preferred to close
733   each capability gap, which may be used by the MDA to adjust the scope of the AoA:
734
735   (1)   **Enhancement of an Existing System**. Enhancing an existing system
736   includes development and fielding of IS, development of similar technologies to address
737   high obsolescence rates, or evolution of the system through significant capability
738   improvements.
739
740   (2)   **Replacement or Recapitalization of an Existing System**. ICDs will
741   describe a plan to retire (sunset) an existing system as the new capability or version of
742   legacy system is brought into service, and whether quantities should be reduced based
743   on the increase in capability for the new system.
744
745   (3)   **Development of a New Capability Solution**. New capability solutions
746   differ significantly in form, function, and operation from existing capability solutions.
747   They may address gaps associated with a new mission, or describe breakout
748   capabilities that offer significant improvement over current capabilities, possibly
749   transforming how we accomplish an existing mission.
750
751
752   **XIV Executive Summary** (10th Wizard module)
753

754 Although the CDTM Wizard indicates that the Executive Summary is optional, it is not
755 an optional part of the ICD. An executive summary, not to exceed 1 page, shall follow
756 the cover page and precede the body of the ICD.
757
758   a. This is an unnumbered paragraph that follows the cover page and precedes the
759 body of the ICD.
760
761   b. **Limit the executive summary of regular ICDs to one page**, even though the
762 CDTM edit field provides space for 20k characters or about 5 pages. With the
763 additional content required to describe the IT Box construct, the executive summary for
764 an IS ICD may be two pages in length.
765
766
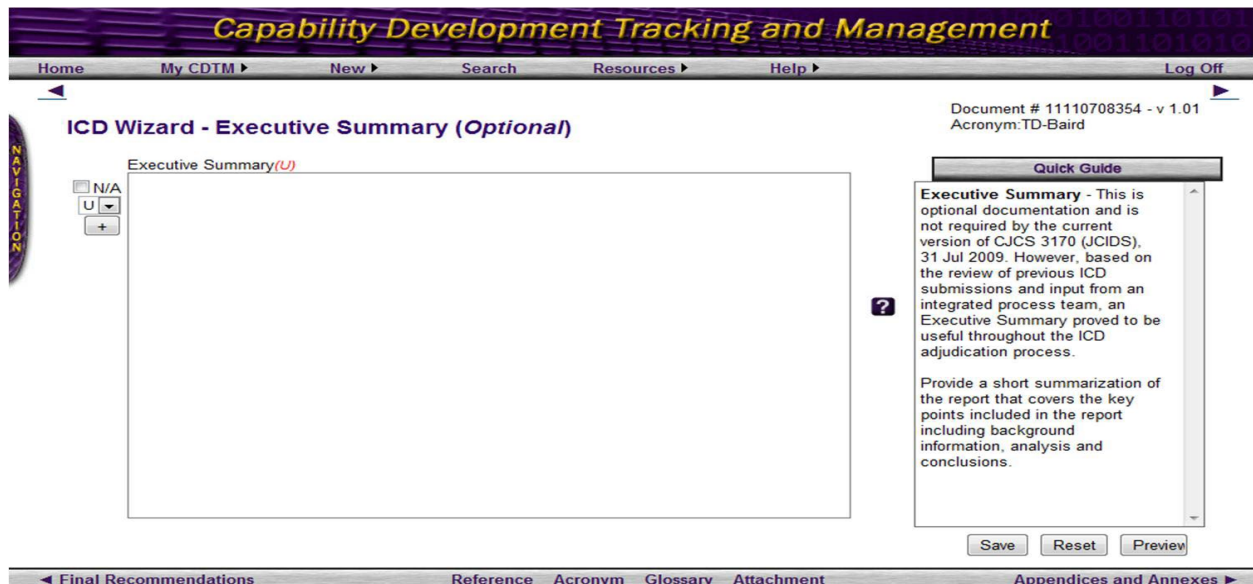
767
768
769   c. Provide a short summarization of the report that covers the key points included in
770 the report including background information, analysis and conclusions. For IS ICDs,
771 identify the ICD within the executive summary as an IS ICD. Briefly discuss the four
772 sides of the IT Box, naming the oversight body, the proposed capability requirements
773 being sought, and the total estimated costs.
774
775
776 **XV   Appendices and Annexes** (11th Wizard module)
777 The mandatory appendices for an IS ICD are the same four appendices as for a regular
778 ICD.
779

780
781
782

783   a. **Appendix A - Architecture Data**. The required architecture data is specified the
784   JCIDS Manual (Table B-F-3) in accordance with DOD Architecture Framework
785   (DODAF), (Version 2.02, Aug 2010). *Do not Include a web link to the required*
786   *architecture data as part of Appendix A to the ICD unless the repository is on*
787   *SIPRNET*. *The Army and Joint reviews occur on SIPRNET and the architecture*
788   *data is expected to be available to reviewers without the need to hop across*
789   *domains*. The OV-1 is mandatory. Other than the OV-1, do not include the diagrams
790   themselves unless specifically referenced for illustration purposes elsewhere in the
791   body of the ICD. (Attach the OV-1 Graphic and other Architecture Data as a separate
792   file in the "Appendix A: Graphics and Attachments" section of the CDTM Appendices
793   and Annexes page. Use the browse feature to navigate to the file you wish to attach as
794   Appendix A.).
795

OV-1 xxxxx
capability.jpg

Appendix A
Architecture Data ICD
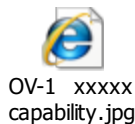
796
797 **Guidance in the JCIDS Manual is not consistent with the CJCSI 6212.01F, NR-**
798 **KPP, 21 Mar 12. The minimum set of required views is: OV-1, OV-2, OV-4, OV-5a.!**
799
800   b. **Appendix B – References**. This is not a laundry list. Any reference cited should
801   be correlated to the capability you are discussing. When listing publications, include:
802   the number, title, and date of the publication.
803

804
805   c. **Appendix C – Acronym List.** List all acronyms used in the ICD. Use only
806 approved acronyms and spell them out the first time they appear in the ICD. Refer to
807 Joint Publication 1 -02, *Department of Defense Dictionary of Military and Associated*
808 *Terms*, 8 Nov 2010 as amended through 15 Nov 2011, for approved DOD acronyms
809 and the U.S. Army Records Management and Declassification Agency, URL:
810 https://www.rmda.army.mil/abbreviation/MainMenu.asp) for approved Army acronyms.
811

812
813   d. **Appendix D – Glossary.** Appendix D provides a pick-list of glossary terms and
814 definitions that have been added to this document. You may edit the term and/or the
815 definition by clicking the "Edit" hyperlink proceeding the glossary term. You may
816 remove this term from the glossary by clicking the "Remove" hyperlink.
817
818   e. **Other Appendices: Attachments and Annexes.** No other appendices are
819 required by regulation.
820
821
822 **XVI Finish** (12th Wizard module)
823

824
825
826   a. This section is used to create the final draft version of the ICD in either Microsoft
827 Word, HTML, or PDF format. Once the document is created, submit the ICD through

828 the local staffing adjudication process by clicking the "Submit for Local Staffing
829 (Review)" button. Once the document is submitted, the current version is locked and no
830 further editing can be accomplished without opening a new version of the document.
831
832   b. Select the type of document that you desire to create.
833
834   c. For staffing always create the "Word" version.
835
836   d. After you select Microsoft Word, click the "View Document" button. You will
837 receive an on-screen acknowledgment of a successful document creation and a
838 hyperlink to view the document.
839
840   e. Click the hyperlink and select "save" or "open" to view in Microsoft Word.
841
842   f. Conduct a technical edit of the Microsoft Word output. Compare the Rich Text
843 boxes in the CDTM Wizard and adjust the document in Wizard mode to effect change to
844 the output Word document. This is the most critical step as all formal staffing occurs
845 outside the CDTM environment via the ARCIC JCIDS portal site for validation, CAMS
846 for ARSTAF staffing and KMDS for joint staffing.
847
848   g. **Submit for Local Staffing (Review)**. *Do not use this function. Submitting for*
849 *local staffing "locks" the version and no further editing can be done. ARCIC Gatekeeper*
850 *will not accept ICDs for validation staffing that are "locked."*
851
852 **XVII Assignment**
853 CDTM allows you as the owner of the document to give other CDTM users access to
854 your document. The CDTM Assign link in *Products I Created* section allows the
855 document owner to view current permissions (who has what access to the document),
856 as well as the ability to add permissions —Gatekeeper, Owner, Editor, or Reviewer.
857 When submitting an ICD to ARCIC, ensure that the ARCIC gatekeepers have been
858 assigned as *editors* so that minor changes can be made without having to return the
859 document for minor corrections.
860
861 **XVIII   Final Editing**
862 Once you have completed development of your ICD, go to the "Finish" in the Wizard
863 and view your document as a Microsoft Word document. Open the Word file once
864 generated and begin a technical edit of the document in its entirety.
865
866   a. Begin your edit by reviewing the Executive Summary and delete any unneeded
867 line spacing to conform with standard writing practices. Do not exceed one page for an
868 ICD or two pages for an IS ICD.
869
870   b. Move to the Table of Contents (TOC). Right click your mouse on the TOC,
871 then select update field/update page numbers only. The TOC will now reflect the page
872 count of the ICD. *The page value on Appendix A must be 10 or less or you have*
873 *exceeded the limit for an ICD.*
874
875   c. Move to the Point of Contact List (POC). Ensure you have at least two POCs
876 listed that have valid SIPRNET addresses. In the e-mail block, POCs should list both

877 their NIPRNET & SIPRNET addresses. List the NIPRNET address first, then SIPRNET
878 as shown below:
879   NIPR: XXXXX.XXXX@us.army.mil; SIPR: xxxxxxx.xxxxx@us.army.smil.mil
880
881   d. Next, edit the main body and appendices of the ICD eliminating all unnecessary
882 line spacing that CDTM may generate.
883