

**COVER SHEET***(Prescribing Directive is DMNA Reg 1-1, Proponent Office is MNAG)*

SUBJECT:	OFFICE SYMBOL:
ACTION REQUIRED:	DATE:
MEMORANDUM FOR RECORD. (Describe briefly the requirement, background and action taken or recommended. Description must be sufficiently detailed to identify action without recourse to other sources.) (Continue Memorandum or Coordination on reverse as needed.)	

1. Summary:
2. Required Action:
3. POC:
4. Completed 1077s to be returned to:
5. Additional Information:

COORDINATIONS					REVIEW	SIGNATURE	DATE
OFFICE	NAME	DATE	CONCUR	NON CONCUR	INITIAL REVIEW		
					FINAL REVIEW		
					MNAG-XO		
					APPROVALS		
					MNAG-COS (ST)		
					MNAF-DOS		
					MNAR-COS		
					MNAG-DJS		
					MNAG-AAG (AF)		
					MNAG-AAG (AR)		
					MNAG-TAG		

ACTION OFFICER (Name, grade, phone and signature)

Print name and ext.

Action officer signature

**DMNA FORM 1077-Electronic** (22 September 2021) Previous editions of this form are obsolete and will no longer be used.

