MEMORANDUM FOR THE ADMINISTRATOR

FROM: NAME

 DEPUTY/ASSOCIATE ADMINISTRATOR

 FOR

SUBJECT: Intent to Cancel NNSA Directive

**ISSUE:** Approve cancellation of *(enter directive number and title).*

**BACKGROUND:** *(completed by OPI; same information used for cancellation review & approval memo)*

*Insert brief paragraph which includes the original intent and revision history of the directive.*

**DISCUSSION***:*

*Part 1, completed by OPI. Provide short paragraphs which address the following:*

1. *Justification: explain why it is necessary to cancel the directive and if applicable, requirements that are no longer needed, conflicting requirements, or why the directive is not being replaced by another directive.*
2. *Impact: cancellation’s effect on the OPI organization and/or the NNSA complex, any cost savings to Feds and contractors, etc.*

*(Part 2, completed by NA-1.1. “*The *(directive)* was circulated throughout the NNSA complex for a cancellation review.No major comments were received, or issues identified.”

1. *Completed by OPI: “(insert number) major comments were received and resolved:*
* *Summarize major comment #1. include submitting office and short description of resolution reached.*
* *Summarize major comment #2: include submitting office and short description of resolution reached*
* *etc.*

**SENSITIVITIES:** *Include concerns and sensitivities expressed by the public, the press, stakeholders, and other Government institutions.*

**POLICY IMPACT:** *State whether this action will impact current Department or Administration policy. If no impact, state “None.”*

**URGENCY:** *There are occasions when action documents must be signed by a specified date. Use this designation to fully explain the urgency and why this document is being expedited through the system. If there is no urgency, state “None.”*

**RECOMMENDATION**: Approve the cancellation of *(enter directive number and title)*.

APPROVE: \_\_\_\_ DISAPPROVE: \_\_\_\_ NEEDS DISCUSSION: \_\_\_ DATE: \_\_\_\_\_\_\_