CLASSIFICATION//HANDLING//DISSEMINATION

# Classify appropriately when filled in

**Agency/ Company Letterhead**

*[Day Month Year]*

To: *[Agency]* SAPCO *[SAPCO name]*

(U) SUBJECT: LETTER OF COMPELLING NEED (LOCN)

References: (a) (U) 5205.07, Volume 1 June 18, 2015 Incorporating Change 2, Effective September 30, 2020

 (b) (U) 5205.07, Volume 2, November 24, 2015, Incorporating Change 2, Effective October 30, 2020

**(U//FOUQ) JUSTIFICATION:** *[Mr. / Ms. nominee name] [(SSN: XXX-XX-XXXX}J will* provide support to *[program] [contract numher]* as a *[insert nominee position]* representing *[nominee home agency/org]*. *[Insert statement that articulates how the nominee will materially contribute to the relevant effort].*

**(U//FOUQ) CLEARANCE INFQRMATIQN:** *[insert clearance/investigation information from database of record].*

**(U//FOUQ) PRE -SCRE ENING QUESTIONNAIRE:** *[Summarize PSQ submission, associated PSQ templates and derogatory findings].*

**(U//FOUQ) SUMMARY/RECOMMENDATION:** *[Insert statement that articulates how the*

*program will be negatively impacted if nominee is not read in].*

*[Requestor name] [Requestor position], [Requestor phone]*

Signature Authority: *[PM name], [program]* PM

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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