



# Evaluator's Responsibilities

## YOUR ROLE AS AN EVALUATOR

The suggestion you evaluate represents a person's sincere interest in improving Government operations and services. Please keep this in mind when you are reviewing and evaluating this suggestion.

How you conduct and write the evaluation will have an impact not only on the suggester, but also on the integrity of your organization and the Ideas Program. If you display a positive attitude, this will encourage others to not only take their jobs as evaluator seriously, but also to submit quality ideas.

Try to look for reasons to adopt the suggestion or for ways to modify the idea so that it will work. Do not look for reasons to reject the suggestion. Be objective and thorough. Your evaluations can make a difference.

-- Read the suggestion carefully. Is it clear? If you need additional information, contact the ASP Coordinator for assistance in getting more information.

-- Talk with others in your organization or in other offices that might be affected by the suggestion.

-- Analyze the idea carefully and thoroughly. Research and evaluate each of the suggester's points. Test the suggested solution to make sure that it will.

-- **Remember that you cannot reject an idea because it is contrary to regulations, rules, or practices.** You must be able to explain why the idea is not workable, effective, or practical. If the idea has merit but regulations are in the way, the ASP Coordinator will forward the idea to higher headquarters for review.

-- Is the idea already in use? Be sure to describe the action(s) that was taken and the date(s), or dates when incomplete actions are forecasted for completion.

-- Keep the evaluation objective. Give details to clearly explain your decision. What will the idea accomplish? What impact will it have on costs, safety, morale, or service? If the idea is not beneficial, explain why. Attach all calculations and describe how they were done. Stick to the facts. **Avoid personal comments about the suggester, the idea, or the eligibility of the idea.**

When you have finished writing the evaluation, read it as if the idea was yours. Would you be satisfied with the evaluation? If not, then you should revise the evaluation.

You should have received a system email message from the Army Suggestion Program automated information system with a link embedded in the email. The email provides a copy of the suggestion. Click on the link and logon using your Army Knowledge Online (AKO) logon ID and password. The system will open an automated DA Form 2440 for you to complete your evaluation.

Complete the automated DA Form 2440 via the [Army Suggestion Program](#) website in clear language; avoid jargons, acronyms, and abbreviations. Provide a clear, concise reason for your analysis.

Once you have evaluated the proposal, take one of the following courses of action.

**Approved for Adoption (Totally Item 3a) / Partially or with modification (Item 3a):**

Explain in detail who, what, when, where and how in item 4 of the DA Form 2440 on how the suggestion will be placed into operation. The Approving Official will take all necessary actions for implementation including submitting a work order, preparing a memorandum.

Provide a detailed cost analysis of the old process versus the new process, including any cost involved in implementing the suggestion in item five. Benefits realized should be computed for a **Full Year**. If the benefits are intangible, include an explanation of the type and importance of the benefits. **A Combination of Both Tangible and Intangible Benefits May Be Used In Determining the Amount of the Award.** For either Tangible or Intangible awards explain the factors selected in item 5a. (Tangible) or Item 5b. (Intangible) (1) and (2) for item 5b(3). Use the following information to determine the cash award recommended.

**Tangible Benefits:**

Up to \$10,000 - 10% of benefits  
 \$10,001 - \$100,000 - \$1,000 for the first \$10,000 plus 3% of benefits > \$10,000  
 \$100,001 or > - \$3,700 for first \$100,000 plus .five% of benefits > 100,000

**Intangible Benefits:**

**Extent Of Applications**

Value of Benefit	Limited General	Extended	Broad
Moderate	\$25 - 100	\$100 - 250	\$250 - 500
	\$500 - 1000		
Substantial	\$100 - 250	\$250 - 500	\$500 - 1000
	\$1000 - 2500		
High	\$250 - 500	\$500 - 1000	\$1000 - 2500
	\$2500 - 5000		
Exceptional	\$500 - 1000	\$1000 - 2500	\$2500 - 5000
	\$5000 - 10000		

Definitions for Intangible Benefits:

Limited - Affects functions of **One** installation or element of a headquarters.

Extended - Affects functions of **Several** installations.

Broad - Affects functions of an **Entire Regional** area of command.

General - Affects functions of **Several Regional** areas or commands, or an **Entire** department.

Moderate - Improvement of rather limited value.

Substantial - Improvement that is important.

High - Complete revision of a **Basic** procedure.

Exceptional - Initiation of a **New** procedure.

**Legend:**

Limited - Installation

Extended - MACOM

Broad - Army

General - DoD or Wider

**Already in use or Under Consideration (Item 3b):**

Complete item 4, stating under what circumstances and what time the idea was or is being considered. Specify if the suggestion was or was not influential in the decision process.

**Not Approved for Adoption (Item 3c):**

Explain in detail why the suggestion is impractical to adopt in items 4. **It is not sufficient to state that the Idea does not Conform with a Current Regulation.** Include a statement that expresses your appreciation for the suggester's time and commitment to reducing or changing processes in the government. If you recommend disapproval, the suggestion coordinator will be required to perform further off line coordinator with your supervisor to confirm the disapproval.

**Recommend Adoption, but Approval not Within the Jurisdiction of this Office (Item 3d): Explain in detail in item #4.**

**Other (Item 3e): Explain in detail in item #4.**

Received suggestion for review and determined your organization is not the appropriate Functional Proponent for the suggestion. In block 4 of the DA Form 2440, provide specific reasons for forwarding the request to another agency.

**Block 6** of the DA Form 2440 – input date of evaluation.

**Block 7** of the DA Form 2440 – input Name, Title, DSN telephone number, AKO email address of yourself (the evaluator)

**Block 8** of the DA Form 2440 – input Name, Title, DSN telephone number, AKO email address of the Responsible Official who serves as your supervisor) or it will be returned as an incomplete evaluation. Return the evaluation through the automated website.

For advice or assistance, call the IMCOM West Suggestion Coordinator, 210-295-2121.

## SUGGESTION EVALUATION

For use of this form, see AR 5-17; the proponent agency is OCSA

<b>TO:</b> ABELINA MARTINEZ 1125 NW Couch St suite 500 Portland, OR 97208	<b>FROM:</b> <b>EVALUATOR NAME</b> 2450 STANLEY ROAD SUITE101, BUILDING 1000 FORT SAM HOUSTON, TX 78234-7517 PHONE: 210-295-XXXX
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<b>1. SUGGESTION TITLE</b> MWR Screen Saver Marketing Idea	<b>2. SUGGESTION NUMBER</b> NWCN07010C
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**3. ACTION TAKEN OR RECOMMENDED**

3a. **APPROVED FOR ADOPTION:**  TOTALLY  PARTIALLY OR WITH MODIFICATION (EXPLAIN IN ITEM 4.)

DATE SUGGESTION WAS OR WILL BE PUT INTO EFFECT:  ALSO RECOMMEND CONSIDERATION FOR WIDER APPLICATION AS INDICATED IN ITEM 4.

3b.  ALREADY IN USE OR UNDER CONSIDERATION (Explain in Item 4, indicating whether this suggestion contributed to the action in any way.)

3c.  NOT APPROVED FOR ADOPTION FOR REASONS SHOWN IN ITEM 4.

3d.  RECOMMENDED ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE. (Explain in Item 4.)

3e.  OTHER (Specify in Item 4.)

**4. REASONS FOR ACTION TAKEN OR RECOMMENDED.**

This suggestion is one that will benefit many Soldiers, family members, retirees and civilians. MWR Marketing departments spend money on advertising the many, many programs and event on Garrisons. By implementing this suggestion would enhance the advertising efforts of marketing departments throughout the Army as well as boosting attendance at events and promote awareness of MWR programs which are designed to help current and potential users (Soldiers, family members, retirees, etc.). Approval is not within the jurisdiction of this office. Recommend contacting FMWRC Marketing & Advertising department for further approvals and exploration if suggestion would be cost effective.

**5. BENEFITS** (Complete for all suggestions adopted or recommended for adoption.)

5a.  TANGIBLE (Show actual or estimated dollar savings, including the cost of conversion and first year savings.)

(1) FACTORS	LABOR			MATERIEL			TOTAL COST OF LABOR AND MATERIEL
	MANHOURS INVOLVED	COST PER MANHOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METHOD	0	0.00	0.00	0	0.00	0.00	0.00
NEW METHOD	0	0.00	0.00	0	0.00	0.00	0.00
						TOTAL DOLLAR BENEFITS:	0.00

(2) COST OF CONVERTING TO NEW METHOD: LABOR: \$ 0.00 MATERIEL: \$ 0.00 TOTAL: \$ 0.00 <input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATED	(3) TOTAL FIRST YEAR NET DOLLAR BENEFITS (Labor and materiel savings less cost of conversion.)  \$ 0 - \$ 0 = \$ 0
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<b>5b. <input type="checkbox"/> INTANGIBLE</b> (Describe effect on operations, health, safety, welfare, or morale; and number of people and specific organizations affected. Based on criteria in paragraph 2-8, AR 672-20, indicate the value of the benefit and the extent of application.)		
<b>(1) VALUE OF BENEFIT IS:</b> <input type="checkbox"/> MODERATE <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> HIGH <input type="checkbox"/> EXCEPTIONAL		<b>(2) EXTENT OF APPLICATION:</b> <input type="checkbox"/> LIMITED <input type="checkbox"/> EXTENDED <input type="checkbox"/> BROAD <input type="checkbox"/> GENERAL
<b>(3) EXPLAIN THE FACTORS SELECTED IN (1) AND (2)</b>  INDICATE AMOUNT OF AWARD RECOMMENDED (Tangible + Intangible) Monetary: \$ 0            Non-Monetary Award: NONE		
<b>6. DATE:</b>  02/23/2009	<b>7. NAME, TITLE, TELEPHONE OF EVALUATOR:</b>  Evaluator Name, Evaluator Title, DSN Phone Number 821-XXXX, ako.email@us.army.mil	<b>8. SIGNATURE &amp; TITLE OF RESPONSIBLE OFFICIAL</b>  Supervisor of Name, Title, DSN Phone Number 821-XXXX, ako.email@us.army.mil

DA FORM OCT 83 2440

EDITION OF 1 JUN 72 WILL BE USED.

USAPPC V1.10

**Continuation For Item 4:**  
NONE

**Continuation For Item 5b(3):**  
NONE

