

MEMORANDUM THRU : Command
Service IRT Program Manager/Service Responsible Officer

FOR: Office of the Assistant Secretary of Defense (Reserve Affairs), ATTN: Director, Innovative Readiness Training,
Room 2E573, The Pentagon, Washington, DC 70301-1500

SUBJECT: Civil-Military Innovative Readiness Training (C-MIRT) Project After-Action Report

- Enclosures: (a) Attachment A from Service IRT Application (Pay and Allowance)
(b) Attachment B from Service IRT Application (Operations and Maintenance)
(c) Attachment C from Service IRT Application (METL List)

Project Name: _____

1. a. Start date:
b. Completion date:
c. Total number of days:
2. Project location: (City and County)
3. Project type: (eng/med/trans)
4. Project Data

Type of Service	Numerical Data
(Flight hours/patients seen/cubic feet of dirt moved)	

5. How was training evaluated? Provide a copy of the evaluation form or guidelines.
 - a. Were certificates or other documentation provided to service member for service record input?

6. Media Participation:
 - a. Was the media plan in the initial application executed? ____ yes ____ no
 - b. Source of media:
Include copies of print media, website info, pictures (CD/DVD)

7. Community/state/Congressional interest shown during project: include any discussion on events that occurred during the project time frame. List any special events or incidents that occurred during project.

8. Service Commander's Comments: please provide comments on how this project assisted with your Service's training or other discussion items.

9. Provide discussion in the format listed as examples below. (This is to assist in providing guidance and best practice information for future exercise participation. An example would be to provide an issue from each area, S-1, S-3, S-4, etc.)
No limit to the number of issues discussed. This information will assist future project planners.
 Issue:
 Discussion:
 Recommendation:

10. Ongoing Operations: Provide details of current and/or continued operations and close- out activities.

11. Should this project be considered for funding in future years? ____ yes ____ no If no, please explain.

12. On site Project Manager:

Rank/ Name	
Service/Component	
Email address	
Office/ address	
Telephone number	Commercial: DSN: Fax:

13. IRT Service Program Manager:

Rank/ Name	
Signature	
Service/Component	
Email address	
Office/ address	
Telephone number	Commercial: DSN: Fax:

14. IRT Service Responsible Officer:

Rank/ Name	
Signature	
Service/Component	
Email address	
Office/ address	
Telephone number	Commercial: DSN: Fax:

15. Fiscal Officer: I certify that the expenditure of IRT funds (both P&A and O&M) was in accordance with 10 USC 2012 and DoD 1100.20.

Rank/ Name	
Signature	
Service/Component	
Office/ address	
Telephone number	Commercial:
	DSN:
	Fax:

Signature of Service directed individual

Command

Printed Name

Date