

MEMORANDUM FOR Office of the Assistant Secretary of Defense for Reserve Affairs (ASD/RA), 1500 Defense, Pentagon, Washington, DC 20301-1500

SUBJECT: REQUEST FOR APPROVAL OF ADDITIONAL FUNDS TO CONDUCT CIVIL-MILITARY INNOVATIVE READINESS TRAINING FY _____
PROJECT: _____

References:

- a. 10 U.S.C. §2012 Support and Services for Eligible Organizations and Activities Outside Department of Defense
- b. DoD Directive 1100.20 dated January 30, 1997, Subject: Support and Services for Eligible Organizations and Activities Outside the Department of Defense

1. I have reviewed this request under the references and find that it satisfies all requirements.

2. I certify that:

- (a) Funds will not be utilized to augment non-IRT related staff functions.
- (b) That no significant increase in training costs results from this project.
- (c) This IRT project will not use the armed forces for civilian law enforcement purposes or for response to natural or manmade disaster.
- (d) This project will not transfer OASD/RA programmed Pay and Allowances (P&A) and Operations and Maintenance (O&M) funding from one Service/Component to another, permitting OASD/RA to program the correct source at the start of the fiscal year.
- (e) This IRT project will not transfer programmed P&A or O&M from this approved project to another approved or non-approved project within this Service unless approved in advance and in writing by OASD/RA.
- (f) That if a medical project, will comply with paragraph C4.2 of DoD 6025.13-R, June 11,2004.
- (g) METLs support individual/unit/command missions and training requirements of all military personnel involved.
- (h) Fiscal accountability is in accordance with comptroller directives.
- (i) I have approved this request tentatively, due to insufficient funds.

3. Request your approval of the specified additional funds necessary for this project.

Flag Officer/ General Officer Signature

Printed Name

Command

4. Attachments:

- (a) Service Request for Supplemental P&A
- (b) Service Request for Supplemental O&M
- (c) Service Identified METL
- (d) Project timeline/FY goals
- (e) Civilian Evacuation Plan
- (f) Media Plan
- (g) Community/Agency Project Application (if applicable)
- (h) Land Use Agreement (if applicable)
- (i) Environmental Assessment/Survey (if applicable)

5. DoD Civil-Military Innovative Readiness Training (IRT) Program Category:

a. Engineering/Infrastructure	
b. Medical/Healthcare/Dental and Human Services	
c. Transportation/Dive/Other/or Combined	

6. Name, Description, Location and Dates of Project: (attach additional sheet if necessary)

Name of Project	
Description	
Location	
Dates	Advance party arrives: 1 st unit arrives: Last unit arrives: Rear party arrives: Anticipated completion date of total project:

6 a. Does this project or any part of it take place on/at a state or DoD military facility, base, fort, post, installation or property or leased space housing military offices of the armed services, active, reserve or guard component or government agency?

Yes ____ No ____

If yes, explain in detail.

7. Participating Services: Are you the lead service: Yes _____ No _____

If yes then identify all DoD Service/Component Personnel Participating:

Army		Navy		Air Force		Marine Corps
Army National Guard				Air Force Reserve		Marine Corps Reserve
Army Reserve				Air National Guard		

8. Participating Community, Business, Federal or State Government entity and the civilian official requesting Military Assistance/Support:

Organization	
Type Entity	
Civilian Official/title	
Address	
City/State/Zip	
Telephone number	
Fax number	
Email	

9. Military healthcare/medical personnel participating in the project:

- a. How many will participate _____
- b. Military healthcare personnel will provide medical care to _____
What duties will they perform?

10. Service Contributed Funding:

- a. Service/Component Contribution: Provide a breakdown of all O&M and P&A contributed by the service. (attach additional sheet if necessary)

Service	Command	Officer	Enlisted	P&A	O&M

- b. Identify all Comptroller/Resource Manager and Fiscal POCs to receive funding.

O&M Comptroller/Resource Manager

Organization	
Name/title	
PBAS Code	
Address	
City/State/Zip	
Telephone number	
Fax Number	
Email	
Amount O&M to distribute	

P&A Comptroller/Resource Manager

Organization	
Name/title	
PBAS Code	
Address	
City/State/Zip	
Telephone number	
Fax Number	
Email	
Amount P&A to distribute	

11. On site Project Manager: (Lead Service officer in charge)

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

12. Participating Service Point of Contact (an individual from the submitting Service application who can be contacted for questions regarding this application - not applicable if this is the lead service package):

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

13. IRT Service Program Manager: (for Service submitting this application)

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

14. IRT Service Responsible Officer: (for Service submitting this application)

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

13. Service/Component Coordination

<p>a. General Counsel Legal Review</p>	<p>Name: Organization: Telephone number: Email: Signature: Date:</p>
<p>b. Federal Budget Officer/USPFO- <i>Fiscal accountability is in accordance with comptroller directives.</i></p>	<p>Name: Organization: Telephone number: Email: Signature: Date:</p>
<p>c. Operations and Training Officer <i>I certify that METLs support unit/command mission.</i></p>	<p>Name: Organization: Telephone number: Email: Signature: Date:</p>
<p>d. Medical Corps Officer (if applicable)</p>	<p>Name: Organization: Telephone number: Email: Signature: Date:</p>
<p>e. Public Affairs Officer</p>	<p>Name: Organization: Telephone number: Email: Signature: Date:</p>
<p>f. State Adjutant General (if applicable)</p>	<p>Name: Organization: Telephone number: Email: Signature: Date:</p>

**ATTACHMENT D:
Project:**

Timeline/FY Goals

I. Project Planning Schedule

- a. Initial Site Survey date: _____ Location: _____
- b. Initial Planning Conference date: _____ Location: _____
- c. Main Planning Conference date: _____ Location: _____
- d. Final Planning Conference date: _____ Location: _____
- e. Other meetings/VIP visits date: _____ Location: _____

II. Administration

a. Duration Staff:

Name	
Rank	
Service	
Current Assigned Unit	
Phone number	
Email	
Assigned Duty Location	
Duty location if other than above for project execution	
Supervisor's name	
Supervisor's phone number	
Job Description	
Justification	
Report date/end date of orders	

**ATTACHMENT D:
Project:**

Timeline/FY Goals

Use this for additional duration staff

Name	
Rank	
Service	
Current Assigned Unit	
Phone number	
Email	
Assigned Duty Location	
Duty location if other than above for project execution	
Supervisor's name	
Supervisor's phone number	
Job Description	
Justification	
Report date/end date of orders	

**ATTACHMENT D:
Project:**

Timeline/FY Goals

III. Project Rotations

Unit/Service	Date of Arrival	Date of Departure

IV. FY Goals

- Examples: Vertical construction: provide details to the number of buildings to be built
- Horizontal construction: provide cubic feet of dirt to be moved, road to be built, runway length
- Medical/Dental: anticipated number of patients to be seen by specialty
- Transportation: number of people, pounds of equipment transported
- Dive: number of tires raised, diving hours