

MEMORANDUM THRU :

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

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

- Enclosures: (a) Attachment A from Service IRT Application (Pay and Allowance)
(b) Attachment B/B.1 from Service IRT Application (Operations and Maintenance)
(c) Attachment C from Service IRT Application (METL List)
(d) Equipment/Inventory List

1. Project:

| | |
|------------------------|--|
| Project Name | |
| Location (City, State) | |
| Project Dates | |

2. Project Summary Data:

| Executed Funds Summary | | | |
|------------------------|-----------|-----|-----|
| | Component | P&A | O&M |
| IRT-Funded | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Returned to IRT | | | |
| Sub-Total | | | |
| Component-Funded | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Sub-Total | | | |
| Total | | | |

| Medical/Dental/Optical/Veterinary Project Summary | | | |
|--|---------------|----------------------|----------------------------|
| | Patients Seen | Procedures Performed | Estimated Commercial Value |
| Medical | | | |
| Dental | | | |
| Optical | | | |
| Glasses Fabricated (list under "Procedures Performed") | | | |
| Mental Health/Other Services | | | |
| Veterinary | | | |
| Totals | | | |

| Engineering Project Summary | |
|--|--|
| Cubic Feet of Cut/Fill | |
| Cubic Yards of Concrete Poured | |
| Square Feet of Site Preparation | |
| Square Feet of Buildings Constructed | |
| Number of Buildings Constructed | |
| Square Feet of Buildings Demolished | |
| Number of Buildings Demolished | |
| Lineal Feet of Trails Built | |
| Miles of Road Prepped/Built | |
| Lineal Feet of Bridges Built | |
| Lineal Feet of Culverts/Drainage Built | |
| Total Hours of Heavy Equipment Time | |
| Total Training Hours | |
| Other Metrics: | |
| | |
| | |
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| | |

| Logistics Project Summary | |
|----------------------------|--|
| Total Miles Driven | |
| Total Flight Hours | |
| Total Tonnage Delivered | |
| Total Passengers Delivered | |

| Other Project Metrics | |
|-----------------------|--|
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3. How was training evaluated? Were certificates or other documentation provided to service member for personnel record input?

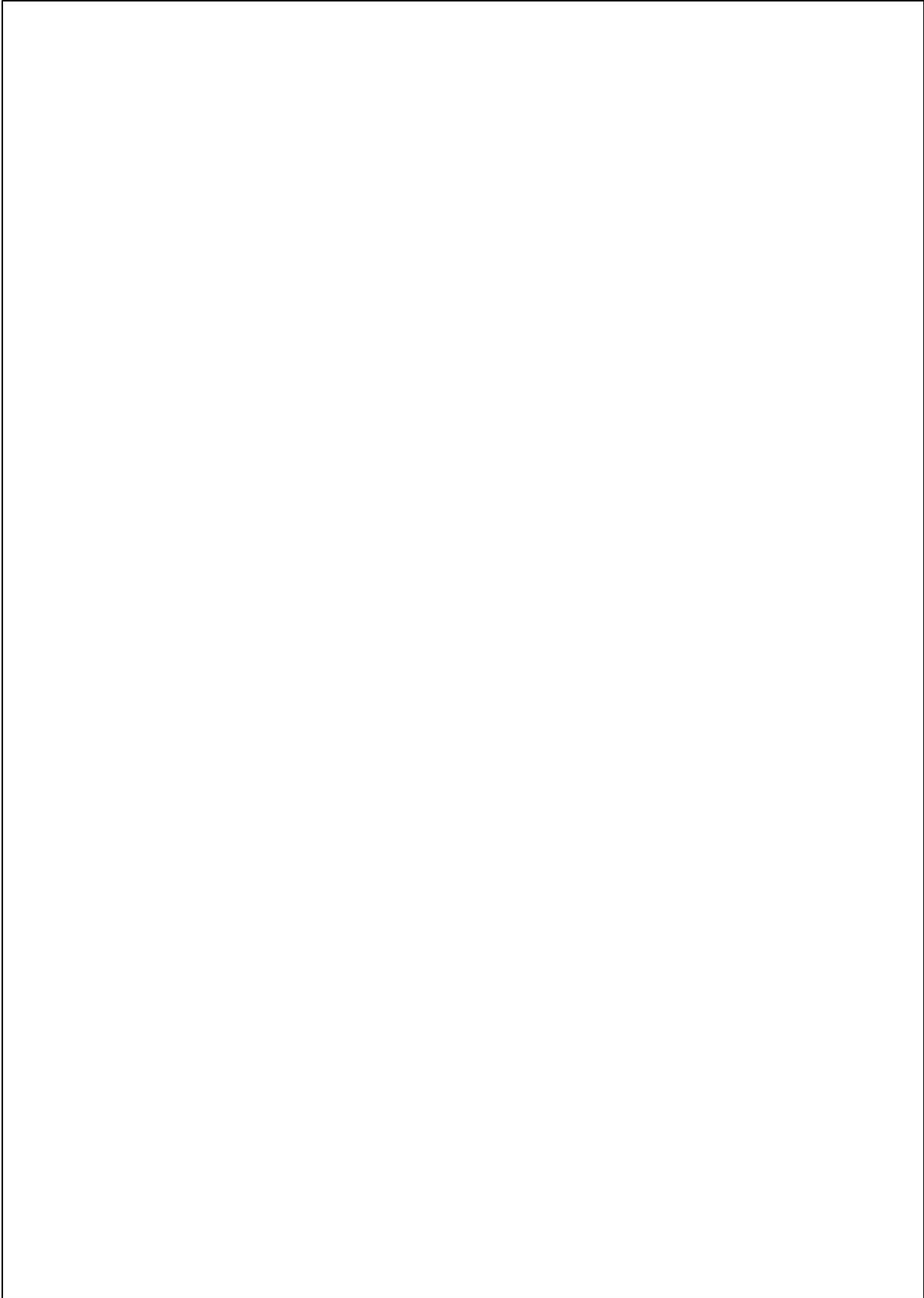
4. Describe media participation. Was the media plan in the initial application executed? Include copies of print media, website info, pictures (CD/DVD).

5. 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.

6. Unit Commander's Comments: Provide a brief assessment of this project. Was the quality of training better/worse than your unit's normal exercise training program? Do you feel your unit is better/worse prepared for its wartime mission as a result of this training event?

7. 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.) This information will assist future project planners. Continue on next page if necessary.

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

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

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10. On site Project Manager:

| | |
|-------------------|-----------------------------|
| Rank/Name | |
| Service/Component | |
| Email address | |
| Office Address | |
| Telephone Numbers | Commercial: DSN: Fax: |

11. IRT Service Program Manager:

| | |
|-------------------|-----------------------------|
| Rank/Name | |
| Digital Signature | |
| | |
| Email address | |
| Office Address | |
| Telephone Numbers | Commercial: DSN: Fax: |

12. IRT Service Responsible Officer:

| | | |
|-------------------|-----------------------------|--|
| Rank/Name | | |
| Digital Signature | | |
| | | |
| Email address | | |
| Office Address | | |
| Telephone Numbers | Commercial: DSN: Fax: | |

13. 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 | | |
| Digital Signature | | |
| | | |
| Office Address | | |
| Telephone Numbers | Commercial: DSN: Fax: | |

Digital Signature of Submitter

Contact Phone Number

Printed Name of Submitter

Component