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

THRU:

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

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 training event.
   - (c) This IRT training event will not use the armed forces for civilian law enforcement purposes or for response to natural or manmade disaster.
   - (d) This training event 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 training event will not transfer programmed P&A or O&M from this approved training event to another approved or non-approved training event within this Service unless approved in advance and in writing by OASD/RA.
   - (f) That if a medical training event, 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) After action reports are due to OSD/RA NLT 60 days after completion of the project in each fiscal year.
   - (i) I have approved this request tentatively, due to insufficient funds.

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

_____
Flag Officer Digital 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) Training event timeline/FY goals
   (e) Civilian Evacuation Plan
   (f) Media Plan
   (g) Community/Agency Event 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/Human Services
   c. Transportation/Dive/Other

6. Name, description, location and dates of training event: (attach additional sheet if necessary)

Event Name	
Description	
Location(s)	
Dates	Advance Party Arrives:
	First Unit Arrives:
	Last Unit Arrives:
	Rear Party Arrives:
	Anticipated completion date of training event:

6a. Does this training event 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.

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

Organization	
Type Entity	
Civilian Official/Title	
Address	
Telephone number	
Fax number	
Email	

9. Military healthcare/medical personnel participating in the training event:
   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
				$ 0.00	$ 0.00

11. Service Requested Funding: Include Attachments A and B as justification for requested amount.

a. Identify all Comptroller/Resource Manager and Fiscal POCs to receive additional P&A and O&M funding for this training event submission.

P&A Comptroller/Resource Manager

Organization	
Name/Title	
PBAS Code	
Address	
Commercial Telephone	
DSN	
Fax	
Email	
P&A Distribution Amount	

This amount should match funding listed in **Attachment A**

O&M Comptroller/Resource Manager

Organization	
Name/Title	
PBAS Code	
Address	
Commercial Telephone	
DSN	
Fax	
Email	
O&M Distribution Amount	

This amount should match funding listed in **Attachment B**

12. On-site training event manager: (Lead Service Officer-In-Charge)

Rank/Name	
Service/Component	
Office Mailing Address	
Email	
Telephone Numbers	Commercial:
	DSN:
	FAX:

13. 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	
Telephone Number	Commercial:
	DSN:
	Fax:

14. IRT Service Program Manager: (Service level manager for Service submitting this application)

Rank/ Name	
Service/Component	
Office Mailing Address	
Email	
Telephone Number	Commercial:
	DSN:
	Fax:

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

Rank/ Name	
Service/Component	
Office Mailing Address	
Email	
Telephone Number	Commercial:
	DSN:
	Fax:

16. Service/Component Coordination

a. General Counsel Legal Review	Name:
	Organization:
	Commercial Telephone:
	DSN:
	E-Mail:
	Digital Signature:
	Date:
b. Federal Budget Officer/USPFO- *Fiscal accountability is in accordance with comptroller directives.*	Name:
	Organization:
	Commercial Telephone:
	DSN:
	E-Mail:
	Digital Signature:
	Date:
c. Operations and Training Officer *I certify that METLs support unit/command mission.*	Name:
	Organization:
	Commercial Telephone:
	DSN:
	Email:
	Digital Signature:
	Date:

d. Medical Corps Officer (if applicable) Military personnel shall follow the military regulations specific to the healthcare professionals participating, however, if there is a difference between the state practice acts and military regulations, the strictest application shall apply to the military healthcare personnel participating. All participating military personnel in direct contact with a patient population will use universal precautions as developed by the CDC and OSHA, have completed required immunizations to include Hepatitis Be series, and have a current negative HIV test. Other requirements may be applied as IAW their Service regulations.	Name:
	Organization:
	Commercial Telephone:
	DSN:
	Email:
	Digital Signature:
	Date:
e. Public Affairs Officer	Name:
	Organization:
	Commercial Telephone:
	DSN:
	Email:
	Digital Signature:
	Date: