

**Office of the Assistant Secretary of Defense
Reserve Affairs
1500 Defense Pentagon
Washington, DC 20301-1500**

**INNOVATIVE READINESS TRAINING
REQUEST FOR MILITARY ASSISTANCE**

This application is to be used by all civil organizations or governmental agencies requesting Civil-Military Innovative Readiness Training (IRT) support as authorized by section 2012 of Title 10, United States Code. Applications are to be mailed to:

OASD/Reserve Affairs
Attn: IRT Director
1500 Defense, Pentagon
Room 2E573
Washington, DC 20301-1500

All IRT applications for support will be reviewed for completeness and eligibility. The applications will be forwarded to the Service IRT Program Managers and the Services will review the projects for unit and individual training opportunities. The Services will forward a request to support the project to the Office of the Assistant Secretary of Defense for Reserve Affairs (OASD/RA) for final review and approval. It is imperative that the information provided by the requesting official(s) be accurate and complete. A requesting official is an individual who submits the request and can sign contracts or commit funds and resources on behalf of the requesting organization. Specific information related to medical (Attachment A), engineering (Attachment B), and transportation and dive (Attachment C) projects must be included with this application. Complete the additional documents as appropriate for the project. Any additional letters, documents, maps that would provide more information or details to the proposed project also should be attached to the application as appropriate.

Please include copies of documents listed below with this application:

1. 501 C3 letter- required for non-profit organization request
2. Articles of Incorporation
3. By-laws
4. Copy of newspaper ads which were published twice on two separate dates. State/Federal/local government entity to use their required process to advertise for this project; ie: advertisement in FEDBIZ or contract ads.
5. Affidavit of publication
6. Environmental study if appropriate
7. Statement of non-competition (Attachment D)
8. Release of liability (Attachment E)

The execution of any approved IRT project is contingent upon the availability of funding and DoD resources.

1. Name of community, agency, State or Federal entity requesting military support:

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1a. Is the requesting agency/organization a military entity, either State or Federal, active, reserve or Guard?

Yes _____ No _____

1b. Is the requester a non-profit organization or entity other than city, state, federal entity?

Yes _____ No _____

If the answer is yes, attach a copy of the articles of incorporation, 501C3 letter, and organization by-laws with this application.

2. Address of requesting organization:

City	State	Zip

3. Will this project take place at a location different from the address listed above?

Yes _____ No _____ If yes, include address in block below.

City	State	Zip

4. Will this project take place on a state or federal military installation, post, fort, base or other facility or property operated/leased/owned by or housing a federal or state military service or component?

Yes _____ No _____

5. Information for requesting official submitting request for support:

Name:
Title:
Phone number:
Email address:
I have authority to enter into a binding agreement/MOU/MOA on behalf of the agency I represent: Yes _____ No _____
I have authority to commit resources or funds on behalf of the agency I represent: Yes _____ No _____

6. Check which community facilities are available (at no expense) for use by military during the project.

Guard armory	city hall offices	community center	airfield hangar	clinic	school	office trailers
Other:						

7. What contributions or resources will be provided by the requesting organization to assist this proposed IRT project? Place an "x" next to each that applies.

Lodging	Computer/internet access	transportation
Meals	Telephone access	Construction supplies
Office space	Fax machine	Building materials

7a. Other assistance/financial/facilities provided by the requesting agency/community:

8. What other funding/support is being contributed to this project?

Fed/State/Local/Private	Department	Amount of funding Requested	Amount of actual appropriated funds/date appropriated
Example- Federal	Dept of Transportation	\$1,000,000	\$500,000 1 Oct 2008

9. Specify and explain three prioritized time frames for the requested IRT support.

TIME FRAME	REASON FOR SPECIFIC TIME PERIOD

10. Describe any special events/holidays/activities/ or local issues that may be ongoing during the project period. Include any situations that the military should be aware of that may impact their activities in the community.

11. What is the projected length of time needed to complete this project?

12. Federal, state, city **engineering projects** - has this project been listed on the federal websites for engineering projects, state sites, or city sites and advertised according to federal/state/city contract law or the contract bid process? Yes ___ No ___
If no, please attach an explanation to why this process was not completed.

All projects- Please include the public notice ads that were placed in the newspaper for the minimum state required time for public notices.

Attach a copy of the ads and notarized affidavit stating the ads were published and what was the response to the ads.

12a.

Place of advertisement	Date advertised

13. Is the requested support available from a commercial entity? Yes ____ No ____

13a. If services are available from a commercial entity, has the official submitting this request received a "certificate of non-competition" from the commercial entity that would otherwise provide such services? Yes ____ No ____

If applicable, attach a copy of the "certification of non-competition".

14. Has this project been presented to any of the following entities: provide name beneath title if applicable.

US Senator	Governor	State Senator	City Mayor
US Congressman	State TAG	State Representative	other

15. Remarks (attach additional sheet if necessary)

Printed name of requesting official/civil authority

Signature of requesting official/civil authority

Date: _____

Mail application to:
OASD/Reserve Affairs
Attn: IRT Director
1500 Defense, Pentagon
Room 2E573
Washington, DC 20301-1500

Attachment A

Medical Support Request

The Civilian Health Organization (CHO) or community/city/state/federal entity shall conform to all applicable federal, state, and local laws that regulate healthcare delivery within the state or territory, and all state laws and regulations specific to the non-DoD healthcare professionals participating.

1. Identify the CHO supervisor overseeing the medical project:

Name: _____
 Title: _____
 Email: _____
 Phone: _____

2. The CHO/community/city/state/federal entity verifies and documents who will be the responsible individual at each location as follows:

Medical waste handling and disposal	Name: Email:
Clinical Laboratory Improvement Act (CLIA)	Name; Email:
Credentialing or privileging or military health care providers to include basic life support, and if applicable, advance trauma/cardiac requirements (strictest requirement applies)	Name: Email:
Initial emergency evacuation plan for a "real life incident"	Name; Email:
Follow-up care plan for patients for continuity of care	Name; Email:
Plan for handling of patients' records for continuity of care and privacy act issues	Name: Email:

3. List the communities in which this project is expected to take place. Additional space is provided at the end of this attachment.

Community	Nearest City	State	Population	Most needed medical support (dental, medical, optometry, veterinary, behavioral health) Use initials D, M, O, V, B for each need in the community.
a.				
b.				
c.				
d.				
e.				
f.				

4. Closest medical treatment facility with trauma/emergency room:
Name/location: _____

5. The CHO shall certify that this medical project:
a. Accommodates an identified underserved healthcare need that is not being met by current public or private sector assistance. Please provide a description of the criteria used to identify the medically underserved community.

6. Please place an "X" beside each specialty service that is requested: this is a preliminary request that can be updated at the initial project planning conference. Blank space for other specialties not listed.

	Projected case load		Projected case load
General dentistry		Rheumatology	
Oral surgery		Family practice	
Pediatric dentistry		Ob-Gyn	
Endodontist		Physician Assistants	
Periodontist		Nurse practitioners	
Dental hygienist		Physical therapists	
Endocrine		Nutritionists	
General dentistry		Behavior health	
Oral surgery		Ob-Gyn	
Family practice		Physician Assistants	
Pediatrics		Optometry	
Internists		Eye glasses	
Surgeons		Veterinary	
Anesthesiology		CPR certification	
Colonoscopy		Drug demand reduction	
Colposcopy			

7. Have any of the communities stated in the previous section ever received past medical support from the military? If so, state which community, what type of support, when it occurred and the length of time the military was in the community.

M= medical D= dental V= veterinary O= optometry B= behavioral health

Community	Type of support	Dates of medical support	Length of time in the community
a.			
b.			
c.			
d.			
e.			

8. Additional Comments or medical support requests:

9. The CHO shall certify that this medical project is provided in a manner that does not compete with private sector medical/dental/healthcare assistance in the underserved area.

Signature: _____

Title: _____

Email: _____

Phone: _____

Attachment B Engineering Projects:

1.

Location:	
Type of engineering project: Vertical (buildings)	Horizontal (roads)
Description of project:	

2. Project specifics: other items already completed should be added to the list or attached as addendums to this application.

Descriptive requirements	Completed by requesting entity- on file and submitted with this request	Date completed	Date to be completed	Not applicable
Environmental study				
Land use permits				
Blue prints/design				
City building permits				
Right of way permits				
Project timeline				

3. Please place an “X” beside each service that is anticipated to be needed in completing this project: this is an initial estimate of the work to be done. The military will assess the project and make assignments as needed at the initial planning conference.

Electricians	Project management	Water purification
Plumbers	Truck drivers	Fuel farm
Carpenters	Steelworkers	Maintenance facility
Brick layers	Welders	Other:
Heavy Equipment operators	Warehousemen	

4. Has your organization ever received past engineering support from the military? If so, state which community, what type of support, when it occurred and the length of time the military was in the community.

Community	Type of support – brief project description	Dates of engineering support	Length of time in the community
a.			
b.			
c.			

5.

Additional Comments:

Attachment C Transportation/Dive Projects

1. General transportation or diving requests: Describe the transportation or diving request. Additional comments can be attached to this document.

2. Diving projects: annotate availability of the below items:

Mooring permits	Pier permits
Access to fuel from pier	Is USCG aware of project? Yes ___ No ___
City/community permits	Equipment storage facility
Parking	Source of power/electricity
Potable water source	Meeting room/office space

3. Describe any other transportation or diving issues not addressed in the previous two questions.

Attachment D

Statement of Non-Competition

The Innovative Readiness Training (IRT) Project _____

(name of project) located in _____ (city)
_____ (state) for Fiscal Year 20_____, would not compete with the services offered by civilian companies/vendors/entities or private providers. For the reasons set forth below the requested IRT assistance is not reasonably available from a commercial entity.

On two occasions, (date)_____ and (date)_____ an advertisement for the services/project to be performed by the military has been advertised in (name of publication) _____ consistent with the requirements of the IRT Program and the rules, if any, of the requesting organization. Copies of each advertisement are attached to the application.

No responses have been received by the designated deadline specified in the advertisements, and this organization has received no objection to the military participation in this project.

Printed Name: _____

Signature: _____

Title: _____

Organization: _____

Phone: _____

Date: _____

Attachment E

RELEASE AND HOLD HARMLESS AGREEMENT

The _____ (name of requesting organization) located in _____ (city/state) agrees that its request that DoD military personnel conduct an Innovative Readiness Training (IRT) mission in support of _____ (organization) during fiscal year 20 ____ is subject to the following conditions:

1. The DoD IRT military support will be limited to that which is approved by the Department of Defense. Support that has not been previously approved will not be provided; IRT mission personnel may not perform activities beyond those previously approved.
2. Support shall be limited to providing personnel and equipment only.
3. All DoD military personnel and equipment will remain under the control and supervision of the officer or noncommissioned officer responsible for the military unit tasked to provide the IRT support.

The _____ (name of the requesting organization), in exchange for the DoD IRT military support, also agrees, on behalf of itself and its agents, to:

1. Release the DoD, its subordinate units, its officers, military personnel, employees, agents, and servants from any claim, demand, action, liability, or suit of any nature whatsoever for or on account of any injury, loss, or damage to the requesting organization and its agents arising from or in any way connected with the DoD military personnel support, excluding, however, any injury, loss, or damage arising solely from the intentional torts or gross negligence of the DoD military personnel or its agents.
2. Hold harmless the DoD, its subordinate units, officers, military personnel, employees, agents, and servants from any claim, demand, action, liability, or suit of any nature whatsoever for or on account of any injury, loss, or damage to any third person or third person's property arising from or in any way connected with the DoD IRT military support, excluding, however, those arising solely from the intentional torts or gross negligence of the DoD military personnel or its agents.

With full understanding of the conditions and agreements state above, the undersigned representative, who is authorized to execute this document which is binding on his organization and all assigns, heirs, executors, beneficiaries, and derivative claimants, hereby executes this release of liability and hold harmless agreement.

Printed name: _____ Date: _____

Signature: _____

Title: _____ Organization: _____