**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.

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, p.7-10), engineering (Attachment B, p. 11-12), and transportation and dive (Attachment C, p. 13) 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. Any request for support that will exceed one year must submit an annual request for military participation with all supporting documentation.

Please include copies of documents listed below with this application:

1. 501 C3 letter- required for non-profit organization request, must not be more than 10 years old
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 FedBizOpps or contract ads. Ad must be published annually for the length of the project.
5. Affidavit of publication (annual requirement for the length of the project)
6. Environmental study if appropriate
7. Statement of non-competition (Attachment D, p. 14)
8. Release of liability (Attachment E, p. 15)

**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:

|  |
| --- |
|  |

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. Provide a short description of the request for your project. Medical projects require Attachment A; engineering/construction projects require Attachment B and transportation/dive projects require Attachment C.

|  |
| --- |
|  |

3a. 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 (describe all phases)?

|  |
| --- |
|  |

12. Federal, state, city **engineering** **projects** - has this project been listed on the federal/state/county/city websites for engineering projects and advertised according to federal/state/county/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 \_\_\_\_\_

A negative response means there are no contractors or companies in the area/community of the project that conduct this type of business.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Projected   
 case load 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 form 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_