

# REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

Community Member Application - Start

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Washington, DC 20301-1155.

**PLEASE DO NOT RETURN THIS FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORMS ELECTRONICALLY USING THE SUBMIT BUTTON AT THE END OF THIS APPLICATION.**

**PURPOSE:** This form is to be used by civil organizations or non-military government agencies requesting a civil-military Innovative Readiness Training civil-military partnership authorized by 10 U.S.C. 2012. This form may also be used for similar requests under other authorities. Requests are contingent on military training needs and DOD resources.

Request expiration date

2020-09-30

Fiscal Year being applied for

2020

Save and Continue

# REQUESTING ORGANIZATION INFORMATION

Community Member Application - Section 1 of 17

\* Name of entity requesting military support (community, agency, state, federal department, non-profit organization, etc.)

\* What type of organization do you represent?



Government (Federal, State, Local or Regional)



\* Street address or PO Box

\* City

Has this organization previously applied for and received support and services from the Department of Defense via an Innovative Readiness Training Civil-Military partnership?



State

Zip Code

Back

Save and Continue

# PROJECT OVERVIEW

Community Member Application - Section 2 of 17

\* Project name

\* Type of project

\* Brief project description

Back

Save and Continue

# PROJECT LOCATION(S)

Community Member Application - Section 3 of 17

## Physical location(s) of project

### Location 1 - Street Address

### City

### State

### Zip Code

### Congressional District Number

### Location 2 - Street Address

### City

### State

### Zip Code

### Congressional District Number

\* Does someone other than the requesting organization own the above real estate or real property?

Yes



\* The property is titled to

test

\* Are there any restrictions, limited easements, or third party permissions required?

Yes



\* Please explain

test

\* Will this assistance take place on a state or federal military installation (post, fort, base, or other facility) or on property operated, leased, owned, or occupied by a federal or state military entity?

Yes



\* Please explain

test

Please attach the following documents:

Property Ownership and Permission Documentation

Attachments 

*There are no attachments*

Property Access Documentation

Attachments 

*There are no attachments*

Back

Save and Continue

# PROJECT TIMING

Community Member Application - Section 4 of 17

Project length (estimate the length of time you expect military members to be present)

Do you have preferences or limitations on when this assistance is provided?

\* Please explain your preferences or limitations (provide start dates, end dates, and reasons)

Describe any special events, holidays, activities, or local issues that may be ongoing during the training. Include any situations that the military should be aware of that may affect their activities in the community

[Back](#)[Save and Continue](#)

## ADDITIONAL RESOURCES

Community Member Application - Section 5 of 17

What other funding or support is your organization coordinating for this partnership? Please includes amounts, actual or expected dates, and sources

test

List any facilities available at no expense for use by the military during the assistance

test

I have the necessary permission(s) to use the community facilities listed above

Yes

List any other contributions or resources that you or your network of partners may provide

test

Back

Save and Continue

# PROJECT SIGNIFICANCE

Community Member Application - Section 6 of 17

\* Describe how this project contributes to a long-term or broader vision

test

\* Describe the beneficiaries of this project and when they will begin to benefit

test

\* Describe the local, regional, state, or tribal government support for this project

test

\* Describe the network of partnerships and stakeholders to be engaged to carry out this project

test

\* Describe the capacity to sustain the tangible value created by this project

test

Is the project in an economically distressed area?

Yes, unemployment rate above national rate during the last 24 months

\* Describe the potential of this project to create positive civil-military relationships

test

Back

Save and Continue



# MEDICAL PROJECTS

Community Member Application - Section 7 of 17

Civilian health organization supervisor overseeing the medical training

\* Title

\* First name

\* Last name

\* Work phone

\* Email address

List the communities where the training will take place (include community or city names, states, and estimated patient load)

Prioritize the services to be provided (1 is the highest priority and 5 is the lowest priority)

Family practice

Dental

Optometry

Behavioral health

Veterinary

Please attach the following documents:

Description of the credentialing and privileging process and timelines your organization will use for military medical professionals who are not licensed in the state where the partnership will take place

Attachments



*There are no attachments*

Back

Save and Continue

# NON-PROFIT ORGANIZATIONS NOT LISTED IN 32 USC § 508 ONLY

Community Member Application - Section 10 of 17

Please attach the following documents:

Organization 501(C)3 letter from the IRS

Attachments 

*There are no attachments*

Organization articles of Incorporation

Attachments 

*There are no attachments*

Organization by-laws

Attachments 

*There are no attachments*

Back

Save and Continue

# CERTAIN FEDERAL, REGIONAL, STATE, OR LOCAL GOVERNMENT ORGANIZATIONS ONLY

Community Member Application - Section 11 of 17

Please attach the following documents:

Charter of founding law to clarify organization qualification as a government entity

Attachments



*There are no attachments*

Back

Save and Continue

# INDIAN TRIBAL ENTITIES OR ALASKA NATIVE GOVERNMENTS ONLY

Community Member Application - Section 12 of 17

My entity is listed in the federal registry as eligible to receive services from the US Bureau of Indian Affairs

Yes

Date

2018-08-14

Back

Save and Continue

# NON-COMPETITION REQUIREMENTS

Community Member Application - Section 13 of 17

## Type of public notice

Community Bulletin ▼

## Date #1

2018-08-06 📅

## Date #2

2018-08-07 📅

I certify that I have listed this construction project on the federal, state, county, and/or city registers for construction projects according to federal, state, county, and/or city contract law or contract bid processes

Yes ▼

## Date

2018-08-06 📅

Were there responses or inquiries related to the non-competition public notice requirements?

Yes ▼

Explain how these were adjudicated

test

\* I certify that this assistance is not reasonably available from a commercial entity or (if so available) the commercial entity that would otherwise provide such services has agreed to the provision of such services by the Armed Forces

Yes ▼

Please attach the following documents:

Copies of the listed non-competition public notices

Attachments   
*There are no attachments*

Affidavit of publication for the listed public notices

Attachments   
*There are no attachments*

Back

Save and Continue

# AGREEMENTS AND CERTIFICATIONS

Community Member Application - Section 14 of 17

Please certify the following:

- I certify that I have authority to enter into binding agreements on behalf of my organization
- I certify that I have authority to commit resources or funds on behalf of my organization
- I agree to the following release and hold harmless agreement

This request for assistance is subject to the following conditions:

1. Military support will be limited to that which is preapproved by the Department of Defense (DOD).
2. Support is limited to personnel and equipment only.
3. All military personnel and equipment will remain under the control and supervision of the military unit providing the support and services.

I agree on behalf of my organization 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 military personnel support, excluding, however, any injury, loss, or damage arising solely from the intentional torts or gross negligence of the military personnel or its agents.
2. Indemnify, defend, and 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 IRT military support, excluding, however, those arising solely from the intentional torts or gross negligence of the military personnel or its agents.

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

Back

Save and Continue

# REQUESTING OFFICIAL

Community Member Application - Section 15 of 17

I am acting on behalf of the sponsoring organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that the representatives and personnel from the Military Services volunteer for projects based on military training value. Service Members may contact me to better understand the requirement, to discuss potential plans, or to inform me of their inability to support this request. I also understand this request is subject to military training funds availability and that military operational commitments must take priority and can preclude partnership participation at any time during the process.

\* Title

test

\* First name

test

\* Last name

test

\* Job title

test

\* Work phone

test

Cell phone

test

\* Email address

test

Date

2018-07-30



Back

Save and Continue

# ADDITIONAL POINT OF CONTACT INFORMATION

Community Member Application - Section 16 of 17

## Additional Point of Contact

Title

First name

Last name

Work phone

Cell phone

Email address



Back

Save and Continue



# OTHER

Community Member Application - Section 17 of 17

## Other information

Attach any additional documentation here

Attachments



*There are no attachments*

Back

Save and Finalze