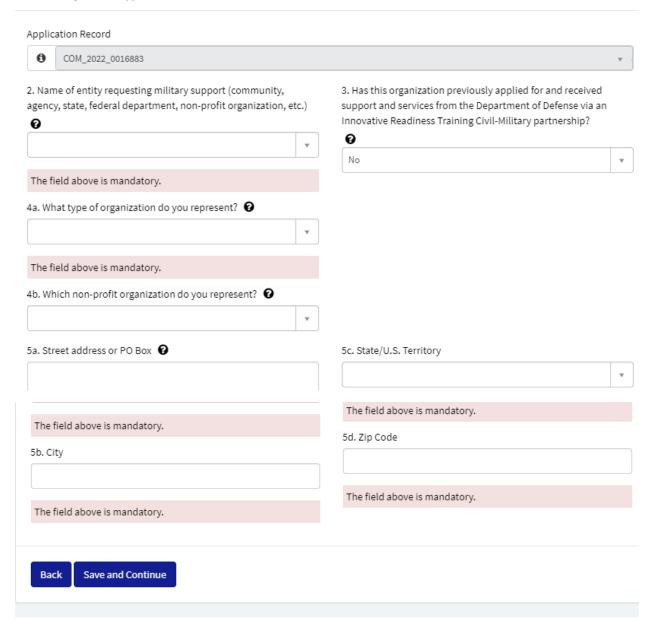
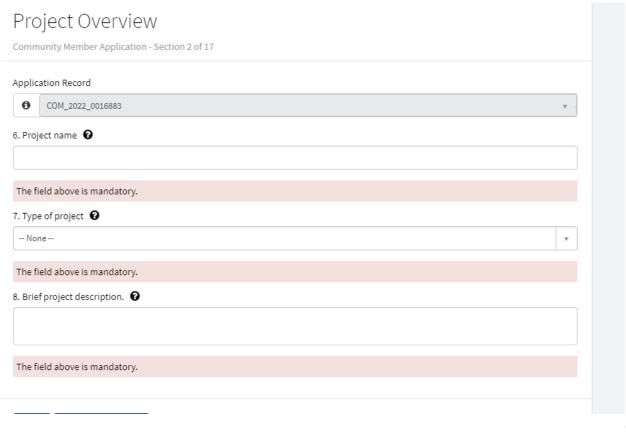
OMB CONTROL NUMBER: 0704-0583 OMB EXPIRATION DATE: XX/XX/XXXX

The public reporting burden for this collection of information, 0704-0583, is estimated to average 330 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Requesting Organization Information

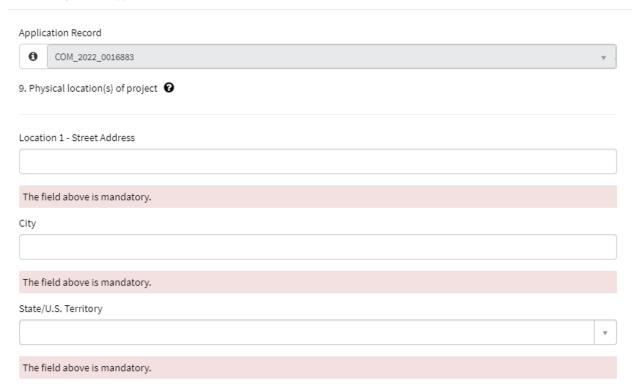
Community Member Application - Section 1 of 17





Project Location(s)

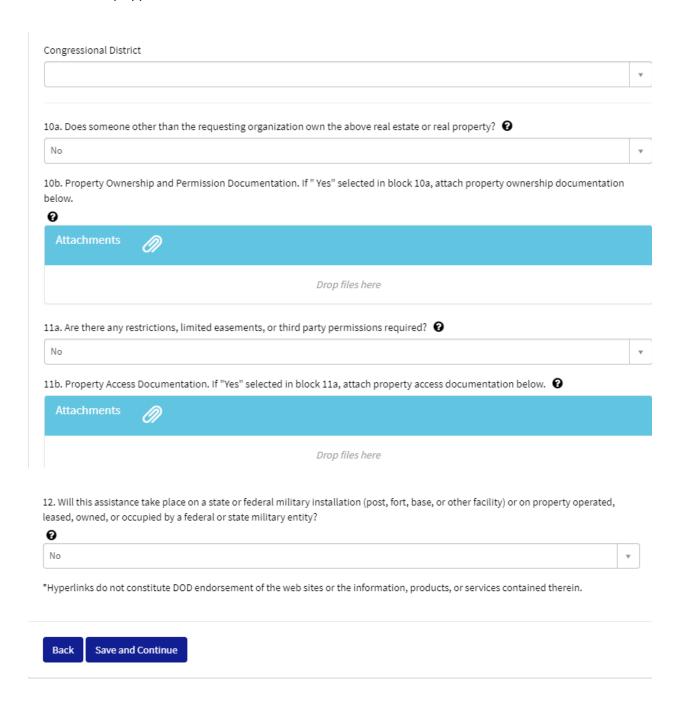
Community Member Application - Section 3 of 17

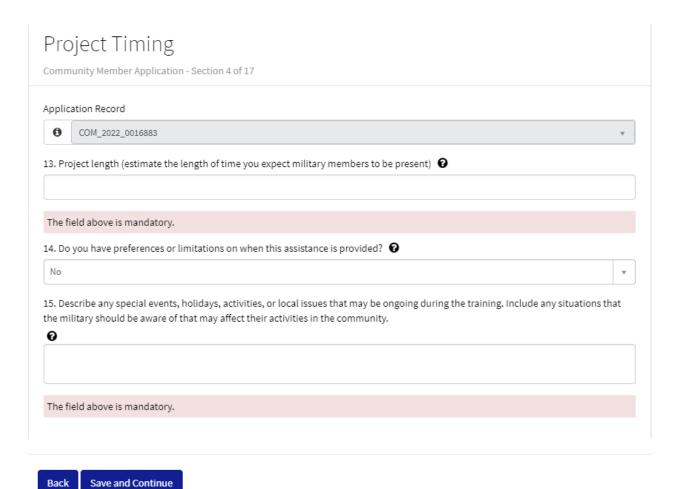


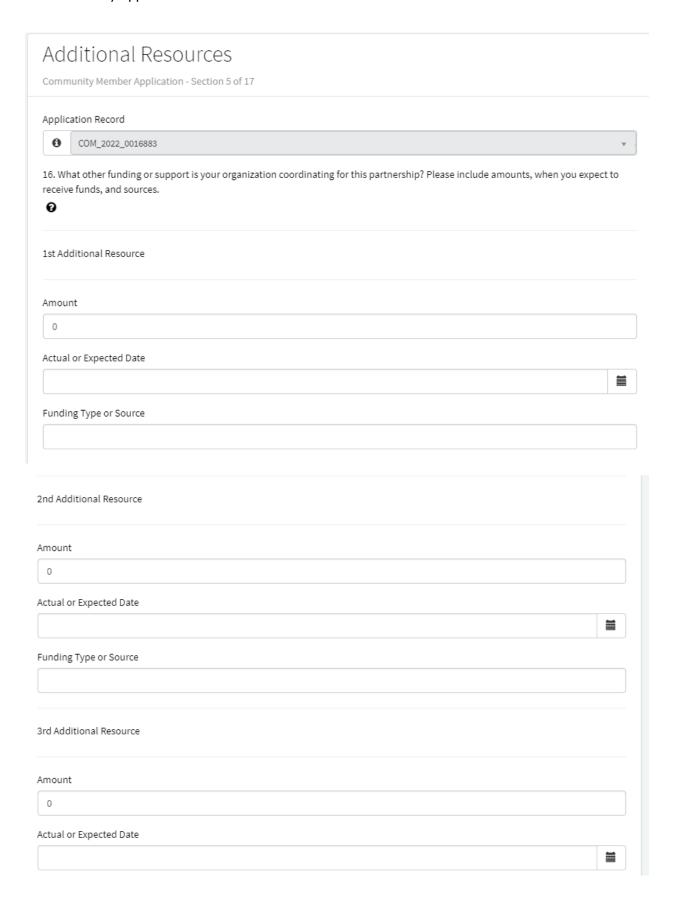
Zip Code	
The field above is mandatory.	
Congressional District	
	•
The field above is mandatory.	
Other Mission Locations - Optional	
Location 2 - Street Address	
City	
State/U.S. Territory	
	*

Zip Code		
Congressional District		
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Location 3 - Street Address		
City		
State/U.S. Territory		
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Congressional District		
Congressional district		v
Location 4 - Street Address		
City		
State/U.S. Territory		
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Congressional District	Ψ	7
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Location 5 - Street Address		
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City		1

State/U.S. Territory	
	•
Zip Code	
Congressional District	
	▼
Location 6 - Street Address	
City	
State/U.S. Territory	
	▼
Zip Code	







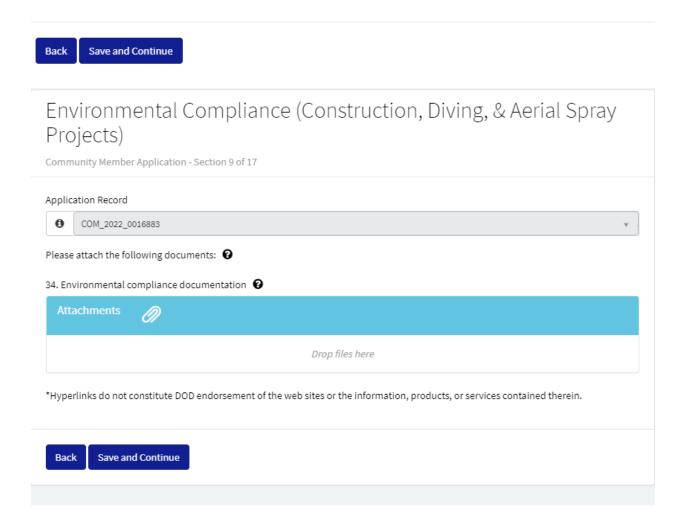
Funding Type or Source	
17a. List any facilities available at no expense for use by the military during the assistance	
The field above is mandatory.	
17b. I have the necessary permission(s) to use the community facilities listed above	
Yes	▼
18. List any other contributions or resources that you or your network of partners may provide ②	
The field above is mandatory.	
Back Save and Continue	

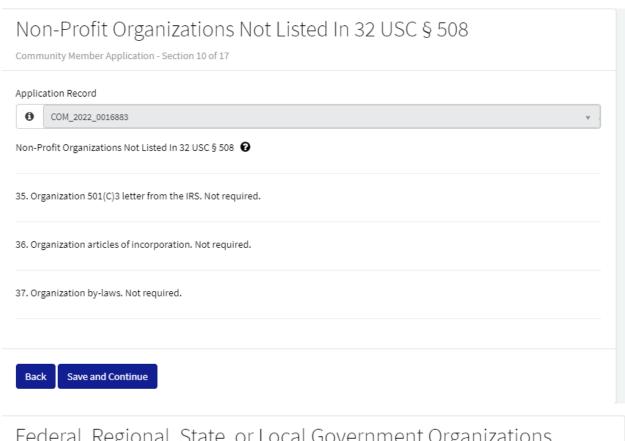
Project Significance

Community Member Application - Section 6 of 17

Community Nember Application - Section 6 of 17
Application Record
❸ COM_2022_0016883 ▼
19. Describe how this project contributes to a long-term or broader vision
The field above is mandatory.
20. Describe the beneficiaries of this project and when they will begin to benefit 🔞
The field above is mandatory.
21. Describe the local, regional, state, or tribal government support for this project
The field above is mandatory.
22. Describe the network of partnerships and stakeholders to be engaged to carry out this project
The field above is mandatory.
23. Describe the capacity to sustain the tangible value created by this project 23. Describe the capacity to sustain the tangible value created by this project 24. Describe the capacity to sustain the tangible value created by this project 25. Describe the capacity to sustain the tangible value created by this project
The field above is mandatory.
24. Is the project in an economically distressed area?
No v
25. Describe the potential of this project to create positive civil-military relationships ②
The field above is mandatory.
*Hyperlinks do not constitute DOD endorsement of the web sites or the information, products, or services contained therein.

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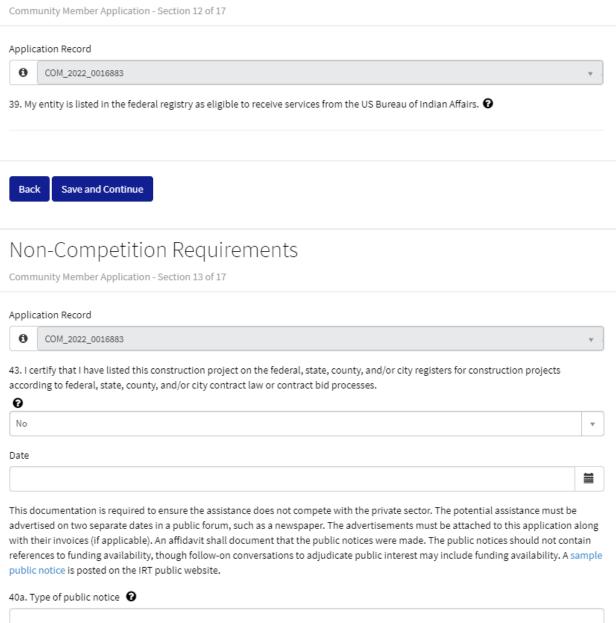


Federal, Regional, State, or Local Government Organizations

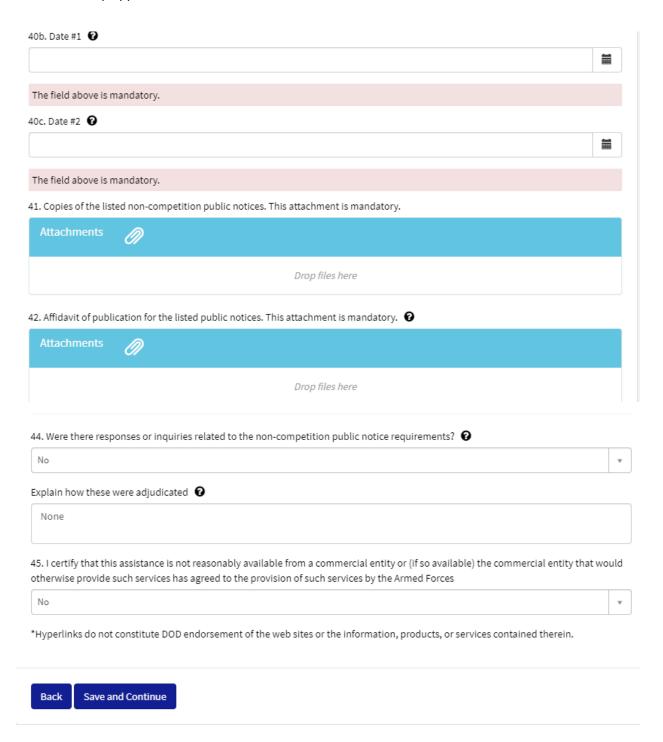
Community Member Application - Section 11 of 17



Indian Tribal Entities or Alaska Native Governments



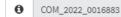
The field above is mandatory.



Agreements & Certifications

Community Member Application - Section 14 of 17

Application Record



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Please certify the following:

- 46. I certify that I have authority to enter into binding agreements on behalf of my organization
- 47. I certify that I have authority to commit resources or funds on behalf of my organization
- 48. 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.
- 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:

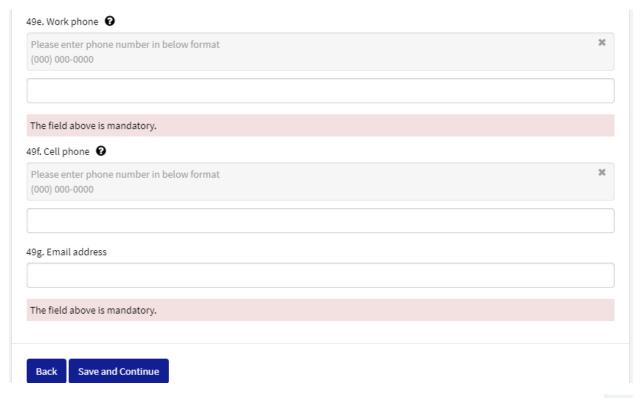
 Release the DOD, its subordinate units, its officers, military personnel, employees, agents, and servants from any claim, demand, action, liability, or suit of any nature whatsoever for or on account of any injury, loss, or damage to the requesting organization and its agents arising from or in any way connected with the military personnel support, excluding, however, 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.

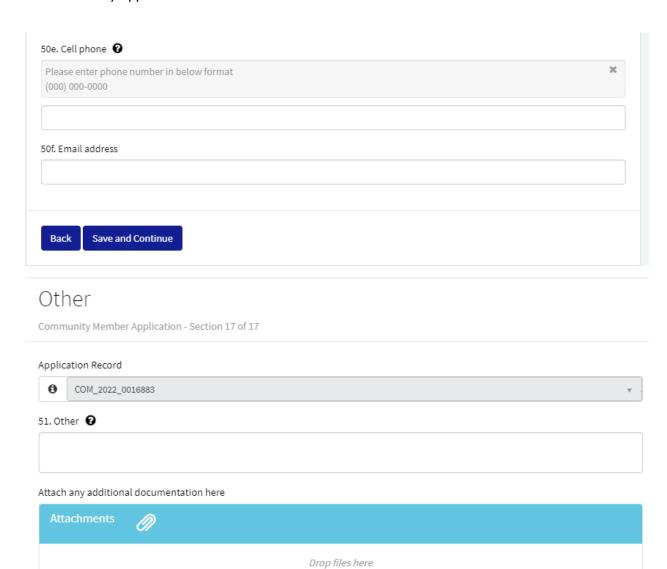
Back

Save and Continue

Requesting Official Community Member Application - Section 15 of 17 Application Record COM_2022_0016883 A requesting official is the person from your community organization who is authorized to agree to the Agreements and Certifications and the Requesting Official commitments. If you are not the requesting official, be sure to have your requesting official set up his or her own user account in order to certify the application. You may also finish filling out the application before routing to the Requesting Official, as specified below, for approval. Are you the Requesting Official? If yes, check here *Requesting Official ☐ Check here if you do not see the requesting official's name in the "Requesting Official" list. 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. 49a. Title (e.g. Mr., Mrs., Dr, Hon, etc). Enter a maximum of 8 characters. The field above is mandatory. 49b. First name The field above is mandatory. 49c. Last name The field above is mandatory. 49d. Job title The field above is mandatory.



Addl. Point of Contact Information Community Member Application - Section 16 of 17 Application Record COM_2022_0016883 To. Additional Point of Contact 50a. Title. Enter a maximum of 8 characters. Continue in Block 51 if needed. 50b. First name 50c. Last name Please enter phone number in below format (000) 000-0000



Back Save and Finalize