

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

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. Additional instructions are on page 5. Requests are contingent on military training needs and DOD resources

1. REQUEST EXPIRATION DATE	Complete the form below to register and begin your application. Community application for FY20 missions were due September 30, 2018. Community applications for FY21 missions are due by September 30, 2019. Military applications for FY19 missions were due May 1, 2018. Military applications for FY21 missions are due by May 1, 2019. The military services may consider out of cycle requests on a case by case basis.
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SECTION I — REQUESTING ORGANIZATION INFORMATION

2. NAME OF ENTITY REQUESTING MILITARY SUPPORT *(Community, Agency, State, Federal Department, Non-Profit Organization, etc.)*

3. HAS THIS ORGANIZATION PREVIOUSLY APPLIED FOR AND RECEIVED SUPPORT AND SERVICES FROM THE DEPARTMENT OF DEFENSE VIA AN INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP? Yes No

4a. WHAT TYPE OF ORGANIZATION DO YOU REPRESENT? Select

4b. IF A NON-PROFIT, WHICH NON-PROFIT ORGANIZATION DO YOU REPRESENT? Select

5a. STREET ADDRESS OR PO BOX	5b. CITY
	5c. STATE Select
	5d. ZIP CODE

SECTION II — PROJECT OVERVIEW

6. PROJECT NAME

7. TYPE OF PROJECT Healthcare Construction Diving Transporting Items Aerial Spray Cybersecurity Other

8. BRIEF PROJECT DESCRIPTION (max 700 characters)

SECTION III — PROJECT LOCATION(S)

9. PHYSICAL LOCATION(S) OF PROJECT *(continue in item 51 if needed)*

Location	Street Address	City	State	5- digit Zip Code	Congressional District
#1					
#2					
#3					
#4					
#5					
#6					

10a. DOES SOMEONE OTHER THAN THE REQUESTING ORGANIZATION OWN THE ABOVE REAL ESTATE OR REAL PROPERTY?
 No Yes, the property is titled to:

10b. IF "Yes" SELECTED IN BLOCK 10a, ATTACH PROPERTY AND PERMISSION DOCUMENTATION BELOW. See attachments section at end of application

11a. ARE THERE ANY RESTRICTIONS, LIMITED EASEMENTS, OR THIRD PARTY PERMISSIONS REQUIRED?
 No Yes *(please explain)*:

11b. IF "Yes" SELECTED IN BLOCK 11a, ATTACH PROPERTY ACCESS DOCUMENTATION BELOW. See attachments section at end of application

12. 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?
 No Yes *(please explain)*:

APPLICATION TO REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

SECTION IV — PROJECT TIMING

13. PROJECT LENGTH *(Estimate the length of time you expect military members to be present)*

14. DO YOU HAVE PREFERENCES OR LIMITATIONS ON WHEN THIS ASSISTANCE IS PROVIDED? Yes (explain details below) No

	Start Date	End Date	Reason for time
1st choice			
2nd choice			

15. 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.

SECTION V — ADDITIONAL RESOURCES

16. WHAT OTHER FUNDING OR SUPPORT IS YOUR ORGANIZATION COORDINATING FOR THIS PARTNERSHIP?

Amount	Actual or Expected Date	Funding Type or Source

17a. LIST ANY FACILITIES AVAILABLE AT NO EXPENSE FOR USE BY THE MILITARY DURING THE ASSISTANCE

17b. I HAVE THE NECESSARY PERMISSION(S) TO USE THE COMMUNITY FACILITIES LISTED IN ITEM 17a. Yes No

18. LIST ANY OTHER CONTRIBUTIONS OR RESOURCES THAT YOU OR YOUR NETWORK OF PARTNERS MAY PROVIDE

SECTION VI — PROJECT SIGNIFICANCE

19. DESCRIBE HOW THIS PROJECT CONTRIBUTES TO A LONG-TERM OR BROADER VISION

20. DESCRIBE THE BENEFICIARIES OF THIS PROJECT AND WHEN THEY WILL BEGIN TO BENEFIT

21. DESCRIBE THE LOCAL, REGIONAL, STATE, OR TRIBAL GOVERNMENT SUPPORT FOR THIS PROJECT

22. DESCRIBE THE NETWORK OF PARTNERSHIPS AND STAKEHOLDERS TO BE ENGAGED TO CARRY OUT THIS PROJECT

23. DESCRIBE THE CAPACITY TO SUSTAIN THE TANGIBLE VALUE CREATED BY THIS PROJECT

24. IS THE PROJECT IN AN ECONOMICALLY DISTRESSED AREA?

- No
- Yes, unemployment rate at least one percentage point above the national unemployment rate during the last 24 months
- Yes, per capita income 80 percent or less of the national average per capita income
- Yes, other special need:

25. DESCRIBE THE POTENTIAL OF THIS PROJECT TO CREATE POSITIVE CIVIL-MILITARY RELATIONSHIPS

APPLICATION TO REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

SECTION VII — MEDICAL PROJECTS ONLY

26. CIVILIAN HEALTH ORGANIZATION SUPERVISING THE MEDICAL TRAINING

26a. TITLE	26b. FIRST NAME	26c. LAST NAME
26d. WORK PHONE		26e. EMAIL ADDRESS

27. LIST THE COMMUNITIES WHERE THE TRAINING WILL TAKE PLACE (Community and State are pre-populated from Item 9)

Location	Community or City Name	State	Estimated Patient Load	Location	Community or City Name	State	Estimated Patient Load
#1				#4			
#2				#5			
#3				#6			

28. PRIORITIZE THE SERVICES TO BE PROVIDED. (1 is the highest priority and 5 is the lowest priority)

_____ Family practice _____ Dental _____ Optometry _____ Behavioral health _____ Veterinary

29. PLEASE ATTACH BELOW A 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.

SECTION VIII — CONSTRUCTION PROJECTS ONLY

30. TYPE OF CONSTRUCTION TRAINING (Choose either or both) Vertical (Structures) Horizontal (Earthwork)

31. SEE ATTACHED BLUE PRINTS, DESIGNS, OR DRAWINGS AT THE END OF APPLICATION

32. SEE ATTACHED LAND USE PERMITS AT THE END OF APPLICATION

33. SEE ATTACHED RIGHT-OF-WAY PERMITS AT THE END OF APPLICATION

SECTION IX — ENVIRONMENTAL COMPLIANCE (CONSTRUCTION, DIVING, AND AERIAL SPRAY PROJECTS ONLY)

34. SEE ATTACHED ENVIRONMENTAL COMPLIANCE DOCUMENTATION AT THE END OF APPLICATION

SECTION X — NON-PROFIT ORGANIZATIONS NOT LISTED IN 32 USC § 508 ONLY

35. SEE ATTACHED ORGANIZATION 501(C)3 LETTER FROM THE IRS AT THE END OF APPLICATION

36. SEE ATTACHED ORGANIZATION ARTICLES OF INCORPORATION AT THE END OF APPLICATION

37. SEE ATTACHED ORGANIZATION BY-LAWS AT THE END OF THIS APPLICATION

SECTION XI — CERTAIN FEDERAL, REGIONAL, STATE, OR LOCAL GOVERNMENT ORGANIZATIONS ONLY

38. ATTACH CHARTER OR FOUNDING LAW AT THE END OF THIS APPLICATION TO CLARIFY ORGANIZATION QUALIFICATION AS A GOVERNMENT ENTITY N/A

SECTION XII — INDIAN TRIBAL ENTITIES OR ALASKA NATIVE GOVERNMENTS ONLY

39. MY ENTITY IS LISTED IN THE FEDERAL REGISTRY AS ELIGIBLE TO RECEIVE SERVICES FROM THE US BUREAU OF INDIAN AFFAIRS. Yes (Date: _____) No

SECTION XIII — NON-COMPETITION REQUIREMENTS

40a. TYPE OF PUBLIC NOTICE: Select or Type a Response 40b. DATE #1 _____ 40c. DATE #2 _____

41. SEE ATTACHED COPIES OF THE NON-COMPETITION PUBLIC NOTICES LISTED IN ITEM 40 AT THE END OF THIS APPLICATION

42. SEE ATTACHED THE AFFIDAVIT OF PUBLICATION FOR THE PUBLIC NOTICES LISTED IN ITEM 40 AT THE END OF THIS APPLICATION

43. IF THIS IS A CONSTRUCTION REQUEST, 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: _____) No

44. WERE THERE RESPONSES OR INQUIRIES RELATED TO THE NON-COMPETITION PUBLIC NOTICE REQUIREMENTS? Yes (explain how they were adjudicated below) No

45. 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 No

APPLICATION TO REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP**SECTION XIV — AGREEMENTS AND CERTIFICATIONS**

46. I CERTIFY THAT I HAVE AUTHORITY TO ENTER INTO BINDING AGREEMENTS ON BEHALF OF MY ORGANIZATION. Yes No
47. I CERTIFY THAT I HAVE AUTHORITY TO COMMIT RESOURCES OR FUNDS ON BEHALF OF MY ORGANIZATION. Yes No
48. I AGREE TO THE FOLLOWING RELEASE AND HOLD HARMLESS AGREEMENT: Yes No

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.

SECTION XV — REQUESTING OFFICIAL

49. 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 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	49b. FIRST NAME	49c. LAST NAME
49d. JOB TITLE		
49e. WORK PHONE		49f. CELL PHONE (Optional)
49g. EMAIL ADDRESS		
49h. SIGNATURE		49i. DATE

SECTION XVI — ADDITIONAL POINT OF CONTACT INFORMATION (Optional)

50. If you prefer that we contact another person for follow-up correspondence on this request, please designate that person here.		
50a. TITLE	50b. FIRST NAME	50c. LAST NAME
50d. WORK PHONE		50e. CELL PHONE
50f. EMAIL ADDRESS		

SECTION XVII — OTHER (Optional)

51. OTHER (Optional. This block can be used for continuing other blocks or additional details. Attach another sheet if needed.)

INSTRUCTIONS

Please distribute, complete, sign, and submit this document digitally to the maximum extent possible.

Item 3. Check "Yes" if your organization has submitted an application in the past AND a military unit or personnel provided support or services.

Item 4a. This helps us determine your eligibility for the program. "Other Federal, Regional, State, or Local government" should be selected from the dropdown menu if a founding law or charter would typically need to be cited to clarify your organization's status as a Federal, regional, State, or local governmental entity. Examples of these organizations might include economic development entities, airports, hospitals, and enterprises established by legislative action.

Item 4b. Some youth and charitable organizations are specifically listed as eligible in the law and can be selected here. You may find a list of these organization in [32 U.S.C. §508](#).

Item 5. This is the address for the organization requesting assistance, which may not be the same as the assistance location.

Item 9. Add as many locations as needed. Continue in item 51 if more locations are needed

- You may omit the street address for locations that do not have a street address.
- GPS coordinates may be found at: <http://www.gps-coordinates.net>. * Please specify GPS coordinates in decimal degree format).
- US Congressional Districts may be found at <http://www.house.gov/representatives/find/>. *

Item 10. The requesting organization must have clear title to the real estate or real property where the assistance will take place or provide ownership documentation along with permission to use the real estate or real property.

Item 11. The requesting organization must demonstrate legal access for the military to provide the assistance requested in this application.

Item 12. Support and services requested in this application are incidental to military training. The incidental benefits, outside of military training, should accrue to eligible organizations and activities outside the DOD. IRT projects, therefore, generally do not take place on a State or Federal military installation or on property operated, leased, owned or occupied by military entities. If you check "Yes" in block 12, please provide evidence that 1) the tangible benefit of the requested assistance clearly accrues to eligible organizations and activities outside the DOD and 2) the assistance strengthens civil-military relations.

Item 13. The amount of time military members will be at the project site may be estimated in hours, days, weeks, months, or years. This form should not be used for requests that require less than 100 hours of military assistance.

Item 16. Materials and funding that will be matched with the military assistance should be listed here. Examples include your organization's internal budget, private donations, grants, and Federal or State appropriations.

Item 17a. Some facilities might be required to host the assistance, such as a location to host a medical or dental clinic, a pier or barge to support diving operations, or a loading dock to facilitate transporting items. Other facilities such as schools, community centers, or places of worship might be needed and available to support military personnel including lodging, shower facilities, dining facilities, and fitness facilities.

Item 21. Projects should be coordinated with civilian officials to ensure that the assistance meets a valid need and does not duplicate other available public services.

Item 22. To the maximum extent practicable, assistance is provided in conjunction with, rather than separate from, civilian efforts.

Item 24. One measure of economic distress is defined in 13 CFR §301.3(a)(1). You can find data for your community at <http://www.statsamerica.org/>. * Other special needs include substantial out-migration or population loss, underemployment, military base closure or realignment, defense contractor reductions-in-force, Department of Energy defense-related funding reductions, natural or other major disasters or emergencies, extraordinary depletion of natural resources, closing or restructuring of an industrial firm or loss of other major employer, or negative effects of changing trade patterns.

Item 26. The civilian health organization supervisor is the medical professional responsible for ensuring all participating local, regional,

State, and Federal entities conform to all applicable local, State, and Federal laws that regulate healthcare delivery within the State or territory. This supervisor will verify and document responsible individuals to: 1) handle and dispose of medical waste; 2) comply with the Clinical Laboratory Improvement Act (CLIA); 3) provide credentialing or privileges for military health care providers to include basic life support, and if applicable, advance trauma/cardiac requirements (strictest requirement applies); 4) develop an initial emergency evacuation plan for incidents; 5) develop a follow-up care plan for patient continuity of care; and 6) plan for handling patients' records for continuity of care and Privacy Act issues.

Item 29. Military medical professionals are not necessarily practicing in the state where the partnership takes place. The requesting organization must facilitate the credentialing and privileging process. For an overview of credentialing and privileging, see: http://www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentiaing_booklet.pdf. *

Section VIII. This information is required to evaluate the request for military training value and to determine eligibility for assistance.

Section IX. Construction, aerial spray, diving, and sometimes other types of projects must comply with the National Environmental Policy Act (NEPA). Organizations and entities requesting military assistance serve as the lead agency and must document NEPA compliance. For more information, contact your local environmental permitting entity and review the NEPA review process at: <http://www2.epa.gov/nepa/national-environmental-policy-act-review-process>. *

Section X. This information is required to determine the legal eligibility of a non-profit organization for assistance. These documents are required for all non-profits not listed in the drop-down menu in item 4b. Organizations in [32 USC §508](#) do not need to submit these documents.

Item 35. IRS letters should be dated within 10 years of the date on this application. If you have an older letter, please request an affirmation letter from the IRS at: <http://www.irs.gov/Charities-&Non-Profits/>. *

Section XI. You only need to provide this information if you selected "Other Federal, regional, State, or local government" for item 4a. See instructions for item 4a for further explanation.

Section XIII. This information is required to ensure the assistance does not compete with the private sector. The potential assistance must be advertised on two separate dates in a public forum such as a newspaper, radio, community bulletin, or town hall meeting. The advertisements or the forum minutes must be attached to this application along with their invoices (if applicable). An affidavit shall document that the public notices were made. The public notices should not contain references to funding availability, though follow-on conversations to adjudicate public interest may include funding availability. A [sample public notice](#) is posted on the IRT public website.

Item 43. Additional advertisements to document non-competition may be required by Federal, State, or local law for construction projects.

Item 44. Please describe the nature of any inquiries related to competition with commercial entities and how any concerns were resolved.

Item 49h. Signature is enabled when the application is complete. We encourage using electronic transactions and electronic signatures in accordance with title XVII of Public Law 105-277, commonly known as the "Government Paperwork Elimination Act," and Public Law 106-229, commonly known as the "Electronic Signatures in Global and National Commerce Act".

Submit button. This button sends an email to request space on the IRT collaboration platform where this document can be posted in order to find a volunteer military unit. Collaboration workspaces are built by October 15th for applications received by the September 30th deadline.

DEPARTMENT OF DEFENSE INNOVATIVE READINESS TRAINING PROGRAM CONTACT INFORMATION

Website: <http://irt.defense.gov>

Email: OSD.IRT@mail.mil

Mailing address: OASD/M&RA(RI),

Attention: Innovative Readiness Training Program

1500 Defense Pentagon, Room 2E565

Washington DC 20301-1500

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