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Requesting Organization Information

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



The field above is mandatory.

4a. What type of organization do you represent?

The field above is mandatory.

4b. Which non-profit organization do you represent?

5a. Street address or PO Box

The field above is mandatory.

5b. City

The field above is mandatory.

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?



5c. State/U.S. Territory

The field above is mandatory.

5d. Zip Code

The field above is mandatory.



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Project Overview


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6. Project name 

The field above is mandatory.

7. Type of project 

-- None -- 

The field above is mandatory.



8. Brief project description. 


The field above is mandatory.

Project Location(s)

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9. Physical location(s) of project 

Location 1 - Street Address

The field above is mandatory.

City

The field above is mandatory.

State/U.S. Territory



The field above is mandatory.

IRT Community Application

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

▼

IRT Community Application

Zip Code

Congressional District

▼

Location 3 - Street Address

City

State/U.S. Territory

▼

Zip Code

Congressional District

▼

Location 4 - Street Address

City

State/U.S. Territory

▼

Zip Code

Congressional District

▼

Location 5 - Street Address

City

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State/U.S. Territory

Zip Code

Congressional District

Location 6 - Street Address


City

State/U.S. Territory

Zip Code

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Congressional District

10a. Does someone other than the requesting organization own the above real estate or real property? 


10b. Property Ownership and Permission Documentation. If "Yes" selected in block 10a, attach property ownership documentation below.



Attachments



Drop files here

11a. Are there any restrictions, limited easements, or third party permissions required? 

11b. Property Access Documentation. If "Yes" selected in block 11a, attach property access documentation below. 

Attachments



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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?



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Project Timing


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

The field above is mandatory.

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

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.



The field above is mandatory.

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Additional Resources

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16. What other funding or support is your organization coordinating for this partnership? Please include amounts, when you expect to receive funds, and sources.



1st Additional Resource

Amount

0

Actual or Expected Date



Funding Type or Source

2nd Additional Resource

Amount

0

Actual or Expected Date



Funding Type or Source

3rd Additional Resource

Amount


0

Actual or Expected Date




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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 

The field above is mandatory.

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Project Significance

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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

The field above is mandatory.

24. Is the project in an economically distressed area?

25. Describe the potential of this project to create positive civil-military relationships

The field above is mandatory.

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Environmental Compliance (Construction, Diving, & Aerial Spray Projects)

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Please attach the following documents:

34. Environmental compliance documentation

Attachments



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Non-Profit Organizations Not Listed In 32 USC § 508

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Non-Profit Organizations Not Listed In 32 USC § 508 

35. Organization 501(C)3 letter from the IRS. Not required.

36. Organization articles of incorporation. Not required.

37. Organization by-laws. Not required.



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Federal, Regional, State, or Local Government Organizations

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38. Charter or founding law to clarify organization qualification as a government entity. Not required. 



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Indian Tribal Entities or Alaska Native Governments

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



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Non-Competition Requirements

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43. 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.




No 

Date




This documentation 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. The advertisements 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.


40a. Type of public notice 

The field above is mandatory.

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40b. Date #1 

The field above is mandatory.

40c. Date #2 


The field above is mandatory.

41. Copies of the listed non-competition public notices. This attachment is mandatory.

Attachments




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42. Affidavit of publication for the listed public notices. This attachment is mandatory. 

Attachments




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

No



Explain how these were adjudicated 

None

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

No



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Agreements & Certifications

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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.
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, 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.

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Requesting Official

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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.


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49e. Work phone 

Please enter phone number in below format
(000) 000-0000



The field above is mandatory.

49f. Cell phone 

Please enter phone number in below format
(000) 000-0000



49g. Email address

The field above is mandatory.

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Addl. Point of Contact Information

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50. Additional Point of Contact

50a. Title. Enter a maximum of 8 characters. Continue in Block 51 if needed.

50b. First name


50c. Last name

50d. Work phone 

Please enter phone number in below format
(000) 000-0000



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50e. Cell phone 

Please enter phone number in below format
(000) 000-0000



50f. Email address

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Other


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51. Other 

Attach any additional documentation here

Attachments



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