

# COMMUNITY APPLICATION TO REQUEST CIVIL-MILITARY PARTNERSHIP AND SUPPORT

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Expires XX/XX/XXXX

The public reporting burden for this collection of information is estimated to average 5.5 hours 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-informationcollections@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 COMPLETED FORM TO THE ABOVE ORGANIZATION.**

## Privacy Advisory

Disclosure of this information is voluntary and will be used to facilitate requests for a civil-military partnership via the Innovative Readiness Program. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

**PURPOSE:** This form is to be used by civil organizations or non-military government agencies requesting a civil-military partnership via the Innovative Readiness Program, authorized by 10 U.S.C. § 2012. This form may also be used for similar requests under other authorities. Additional instructions are on page 6. Requests are contingent on military training needs and DoD resources.

1. REQUEST EXPIRATION DATE (YYYY-MM-DD) Complete the form below to register and begin your application. Community applications for IRT support are due by 30 September each fiscal year. Military applications are due by 1 May each fiscal year. The Military Services may consider out of cycle requests on a case-by-case basis.

## 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 OR A CIVIL MILITARY PARTNERSHIP UNDER OTHER AUTHORITIES? ☐ Yes ☐ No

4a. WHAT TYPE OF ORGANIZATION DO YOU REPRESENT?

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

5a. STREET ADDRESS OR PO BOX

5b. CITY

5c. STATE

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 53 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 (YYYY-MM-DD)	End Date (YYYY-MM-DD)	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 CONTRIBUTING FOR THIS PARTNERSHIP?

Amount	Actual or Expected Date (YYYY-MM-DD)	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 SUPERVISOR OVERSEEING 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
#1			
#2			
#3			
#4			
#5			
#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      Other: \_\_\_\_\_

**29. PLEASE ATTACH BELOW A DESCRIPTION AND TIMELINES OF HOW YOU WILL COLLECT AND VERIFY THE CREDENTIALS AND IDENTIFICATION OF MILITARY MEDICAL PROFESSIONALS WHO WILL PROVIDE MEDICAL SERVICES IN THE AREA THE PARTNERSHIP WILL TAKE PLACE.****SECTION VIII — CONSTRUCTION PROJECTS OR OTHER APPLICABLE PROJECTS** ☐ N/A

30. TYPE OF CONSTRUCTION TRAINING (Select all that apply) ☐ Vertical (Structures) ☐ Horizontal (Earthwork) ☐ Other: \_\_\_\_\_

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****34. SEE ATTACHED ENVIRONMENTAL COMPLIANCE DOCUMENTATION AT THE END OF APPLICATION****SECTION X — OTHER NON-PROFIT ORGANIZATIONS NOT LISTED IN 32 USC § 508**

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

38. SEE ATTACHED ORGANIZATION IRS FORM 990

**SECTION XI — CERTAIN FEDERAL, REGIONAL, STATE, OR LOCAL GOVERNMENT ORGANIZATIONS ONLY****39. 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****40. 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 — OWNERS AND OPERATORS OF CRITICAL INFRASTRUCTURE****41. The entity is an owner and operator of critical infrastructure recognized by the U.S. Department of Homeland Security (DHS); the U.S. Cybersecurity and Infrastructure Security Agency (CISA); State or local government, Territory or Tribal Nation government bodies.** ☐ Yes ☐ No**41a. What is the entity's associated Sector Risk Management Agency?**

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## SECTION XIV — NON-COMPETITION REQUIREMENTS

42. TYPE OF PUBLIC NOTICE:	42a. DATE #1	42b. DATE #2
43. ATTACH COPIES OF THE NON-COMPETITION PUBLIC NOTICES LISTED IN ITEM 42 AT THE END OF THIS APPLICATION		
44. ATTACH THE AFFIDAVIT OF PUBLICATION FOR THE PUBLIC NOTICES LISTED IN ITEM 42 AT THE END OF THIS APPLICATION		
45. 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. <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No		
46. WERE THERE RESPONSES OR INQUIRIES RELATED TO THE NON-COMPETITION PUBLIC NOTICE REQUIREMENTS? <input type="checkbox"/> Yes (explain how they were adjudicated below) <input type="checkbox"/> No		
47. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		

## SECTION XV — AGREEMENTS AND CERTIFICATIONS

48. I CERTIFY THAT I HAVE AUTHORITY TO ENTER INTO BINDING AGREEMENTS ON BEHALF OF MY ORGANIZATION. <input type="checkbox"/> Yes <input type="checkbox"/> No
49. I CERTIFY THAT I HAVE AUTHORITY TO COMMIT RESOURCES OR FUNDS ON BEHALF OF MY ORGANIZATION. <input type="checkbox"/> Yes <input type="checkbox"/> No
50. I AGREE TO THE FOLLOWING RELEASE AND HOLD HARMLESS AGREEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>This request for assistance is subject to the following conditions:</p> <ol style="list-style-type: none"> <li>1) Military support will be limited to that which is preapproved by the Department of Defense (DoD).</li> <li>2) Support is limited to personnel and equipment only.</li> <li>3) All military personnel and equipment will remain under the control and supervision of the military unit providing the support and services.</li> </ol> <p>I agree on behalf of my organization and its agents, to:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> <p>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.</p>

## SECTION XVI — REQUESTING OFFICIAL

51. 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.		
51a. TITLE	51b. FIRST NAME	51c. LAST NAME
51d. JOB TITLE		
51e. WORK PHONE	51f. CELL PHONE (Optional)	
51g. EMAIL ADDRESS		
51h. SIGNATURE		51i. DATE (YYYY-MM-DD)

## SECTION XVII — ADDITIONAL POINT OF CONTACT INFORMATION (Optional)

52. If you prefer that we contact another person for follow-up correspondence on this request, please designate that person here.		
52a. TITLE	52b. FIRST NAME	52c. LAST NAME
52d. WORK PHONE	52e. CELL PHONE	
52f. EMAIL ADDRESS		

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**SECTION XVIII — OTHER** *(Optional)*

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

NEEDS DD67

# APPLICATION TO REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

## 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. Projects should be coordinated with civilian officials to ensure that the assistance meets a valid need and does not duplicate other available public services. Critical infrastructure projects should be coordinated with the applicable Federal departments and agencies to ensure that the support activities are consistent with similar assistance provided under these authorities, including the authorities of the DHS and CISA, pursuant to the "Homeland Security Act."

**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 IRT support activity State or territory. This supervisor will identify and document responsible individuals to: 1) handle and dispose of medical waste (a non-military personnel only); 2) comply with the Clinical Laboratory Improvement Act (CLIA); 3) verify the provided credentials or privileges of participating military health care providers to include their clinical practice licenses, basic life support, and if applicable, advance trauma/cardiac certifications with photo ID. (In the event of conflict on scope of practice or practice standards between military regulation, the State, locale, or territory where the license originates, and the practice laws of the State, locale, or territory where the IRT support occurs, the 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 and health care professionals are not necessarily licensed in the locale where the IRT support partnership takes place. Pursuant to 10 U.S.C. 1049, military medical and healthcare professionals may practice the health profession or professions for which they have an active, unrestricted license at any location in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, regardless of where they or the patient are located, as long as the practice is within the scope of their authorized Federal duties. Thus, the requesting organization does not have to apply for further privileges but must facilitate the verification process by obtaining the relevant military personnel clinical practice licenses, any relevant clinical certifications, and photo identification of military health care providers. For more information, see the Joint Commission: <https://www.jointcommission.org/standards/standard-faqs/ambulatory/human-resources-hr/000002242/>

**Section VI.** 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); Section 106 of Title 54, USC.; and all other applicable environmental laws and requirements. 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 and Section 106 websites for the most up to date information: <https://www.epa.gov/nepa>  
[https://www.achp.gov/integrating\\_nepa\\_106](https://www.achp.gov/integrating_nepa_106)

**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.** If the original IRS letter is not available, please request an affirmation letter from the IRS at: [Exempt organizations - Affirmation letters | Internal Revenue Service \(irs.gov\)](#)

**Item 38:** 501(C)3 organizations must be in good standing with the IRS to maintain their exempt status. If an organization does not file as required for three consecutive years, it automatically loses its tax-exempt status. The IRS Form 990 provides evidence of the organization's current standing with the IRS.

**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.** Owners and operators of Critical Infrastructure (CI) must attest to their designation as a recognized owner and operator of CI and their associated Sector Risk Management Agency. The assistance will not include support to elections systems within the elections infrastructure subsector. The assistance must be coordinated with the applicable Federal departments and agencies to ensure that the support is consistent with similar assistance provided under these authorities, including the authorities of the DHS and CISA, pursuant to the "Homeland Security Act."

**Section XIV.** This information is required to ensure the assistance does not compete with the private sector. Public notices must be archivable, accessible, and verifiable. The potential assistance must be advertised on two separate dates at least 7 days apart, to afford the community an equitable opportunity to comment. Public notices are typically published in a public forums such as local newspapers, newspaper or government websites, 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. Public notices must include sufficient detail of the proposed support activities to properly inform local commercial entities of the potential impact to their business or services. 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. A new public notice advertisement, affidavit, and any responses to such advertisements, must be submitted along with the community application and other required documentation for each year of requested IRT support.

**Item 45.** Additional advertisements to document non-competition may be required by Federal, State, or local law for construction projects.

**Item 46.** Please describe the nature of any inquiries related to competition with commercial entities and how any concerns were resolved.

**Item 51h.** 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".

## DEPARTMENT OF DEFENSE INNOVATIVE READINESS TRAINING PROGRAM CONTACT INFORMATION

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

Mailing address: Innovative Readiness Training

Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs OASD/M&RA (RI)  
1500 Defense Pentagon, Room 2E565  
Washington, DC 20301-1500

Email: [OSD.IRT@mail.mil](mailto:OSD.IRT@mail.mil)

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