

Request for Support

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|--|---|----------------|---|-------------------|
| 1. Request | | | | |
| POC Name: | | POC Telephone: | | POC e-mail: |
| From: | | Thru: | | To: |
| Justification: | | | | |
| Execution: | | | | |
| From: | | To: | | Suspense: |
| Personnel: | | | | |
| Equipment: | | | | |
| Uniform: <input type="checkbox"/> OCP / ACU <input type="checkbox"/> Class A / B <input type="checkbox"/> Other: | | | Cost: <input type="checkbox"/> Willing to pay for support if required. | |
| Impact Statement for Non-support: | | | | |
| I certify that requesting unit does not have personnel or equipment to perform the mission. | | | | |
| Name, Grade and Title of Requesting Authority | | | Signature | |
| 2. DPTMS Staffing | | | | |
| Date Received: | Log Number: | Processed by: | DTG Forwarded: | To POC Name: |
| 3. Task Agency | | | | |
| Cost: There is a cost associated with this service and we will coordinate with the unit to ensure they can pay for the service and keep DPTMS advised on the status of this tasker. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Total Cost: \$ |
| Date Received: | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Reason: | | |
| Unit has been contacted and they will pay for service: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Name, Grade and Title of Supporting Agency | | | Signature | |

Instructions

Note: See CASCOM/FGAV Regulation 210-14 for detailed instructions on specific request. This form is only used to request personnel, equipment, and medical support. Appendix A, Matrix of Installation Support specifies applicable forms used to request aviation, community, photo, transportation and TRADOC Band support.

Note: Units are responsible for paying any and all cost associated with the support request.

All requests must be UNCLASSIFIED and not contain any Controlled Unclassified Information (CUI) or classified information.

Agency making request will complete all information in Part 1 and forward to DPTMS Installation Operations Center (IOC) via e-mail to usarmy.gregg-adams.usag.mbx.installation-operations-center@army.mil no later than (NLT) 45 days prior to the event.

Part 1 Requesting agency will complete Part 1 and provide all required information.

POC Name, telephone, and e-mail address. **Note:** *This individual must be available to respond to questions and is responsible for coordinating with supporting agency POC for pick-up and turn-in of equipment.*

From is the agency making the request. Thru is typically DPTMS. To is the agency you believe is responsible for supporting this request.

Justification: Short sentence explaining why you need this support for mission requirements. Note: All requests submitted within the 45-day requirement must include the reason for the late submission in the justification.

Execution: Describe how the support will be used.

From: When do you need the equipment/support date/time.

To: When you will return the equipment/support date/time.

Suspense: When is the latest you need to know if agency can support.

Personnel: Describe required workforce (how many soldiers do you require and any rank requirements, military working dog and handler etc.)

Equipment: Identify the specific number and type of equipment required.

Uniform: Identify the Uniform requirements.

Cost: Check box to acknowledge that your agency can and will pay for services rendered if required. Task agency will provide you with the total cost before taking any action. Requesting unit will ensure their budget analyst will coordinate with LRC budget analyst to transfer any required monies.

Impact Statement for Non-Support: Detail the impact to mission if agency is unable to provide requested support.

Name, Grade and Title of Requesting Authority is self-explanatory; however, signing the document is certification that requesting unit does not have personnel or equipment to perform the mission.

Part 2 DPTMS Staffing

IOC Operations Specialist will process request by entering required information in Part 2 and forward to applicable agency for support determination.

Part 3 Task Agency

Task agency will approve or disapprove request. Any denied request must contain remarks explaining why you cannot support request.

If there is a cost associated with the support the task agency will annotate the cost on the 300-1 and send it back to the unit requesting support with CC copy to IOC to verify the requesting agency can and will pay for the support.

When all coordination has been completed send completed form to IOC.