***Submit no later than 90 days from start/execution date, if not a letter explaining late submission must accompany this form.***

| SUPPORT REQUEST | DATE PREPARED: | DATE RECEIVED: |
|---|---|---|
| 1. Event (Title, Organization and Date) | 2. Branch of Service: | 3. Requesting Organization Action Officer: |

**4. DPTMS Action Officer Instructions:**

**A. Obtain the 5 Ws.** **D. ID Equipment Requiremen** **G. Fill Out Organizational Questionnaire**
**B. Conduct Mission Analysis.** **E. ID Personnel Requirement** **H. Staff Request**
**C. Obtain POC information.** **F. ID Services Required.**

**A. Event Information:** Obtain the 5 Ws for this request

**1) Who** _____
**2) What** _____
**3) Where** _____
**4) When** _____
**5) Why** _____

**B. Conduct Mission Analysis:** The action officer is responsible for conducting mission analysis. Often organizations do not know what they need or even know their own support requirements. Therefore the Action Officer must find out through a war gaming process the known and unknown requirements. Action Officer conduct a analysis of what is needed & wanted for support. (list requirements in paragraph d-g)

1) **Airspace, Land, Ranges, and Training areas** - Includes parade fields. For Range Scheduler 520-533-7095.
2) **Personnel Support** - includes setup /tear down details, color guards, band, and other manpower requirements.
3) **Equipment Support** - includes generators, flags, chairs, Canopies, and other equipment.
4) **Services** - includes Food, Medical, Dental, Religious, Public Affairs, Billeting, AMMO, and other installation services.
5) **Special** - Anything not covered above or out of the norm (this may require higher level authorization or approval).

**C. Point Of Contact Information:** Provide Name, Work & After Hours Telephone, and Email address

**1) Primary**
**2) Alternate** _____
**3) Commander** _____
**4) Director** _____
_____

**CI. Identify Equipment Support Requirements:** List all Support Requirements. List Dates/Times Needed. Use this section for radios, frequencies (Spectrum Manager, 120 days out), COMSEC (CSLA, 90 days out), generators, flags, chairs, canopies, and other equipment .

| NO | Item | Required Dates | Time | Notes |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

**E. Identify Personnel Support Requirements:** List all Support Requirements. List Dates/Times Needed. Used this section for setup or tear down details, color guards, band, and other manpower requirements.

| NO | Item | Required Dates | Time | Notes |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

**F. Identify Service Support Requirements: List all Support Requirements.** List Dates/Times Needed: Use this section for Food, Medical, Dental, Religious, Public Affairs, Billeting and other installation services.

| NO | Item | Required Dates | Time | Notes |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |



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*****Submit no later than 90 days from start/execution date, if not a letter explaining late submission must accompany this form.*****

| SUPPORT REQUEST | DATE PREPARED : | DATE RECEIVED: |
|---|---|---|

| 1. Event (Title, Organization and Date) | 2. Branch of Service: | 3. Requesting Organization Action Officer: |
|---|---|---|
| | | |

**G. Identify Misc. Support Requirements:**

List all Support Requirements. List Dates/Times Needed: Use this section for all other requirements.

| NO | Item | Required Dates | Time | Notes |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

**H. Requesting Organization Questionnaire**

| | | | | |
|---|---|---|---|---|
| * | Does your Organization have a support agreement (ISSA) in place with Fort Huachuca? | Yes ☐ | No ☐ | |
| * | Is this event open to the general public? | Yes ☐ | No ☐ | |
| * | Will there a charge for this event? | Yes ☐ | No ☐ | |
| * | Is your organization a non - profit organization? | Yes ☐ | No ☐ | |
| * | Has your organization attempted to get the requested support from another provider? | Yes ☐ | No ☐ | |
| * | Is the organization willing to pay for incidental items such as meals or transportation? | Yes ☐ | No ☐ | |
| * | Does the organization have a public affairs or public information office? | Yes ☐ | No ☐ | |
| * | Are hazardous materials being used during the event? (Ammunition, Petroleum, etc.) | Yes ☐ | No ☐ | |
| * | Has the organization conducted a risk assessment? | Yes ☐ | No ☐ | |
| * | Is local or national media coverage expected? | Yes ☐ | No ☐ | |
| * | Is the event a fund raiser? | Yes ☐ | No ☐ | |
| * | Are any high profile person(s) (VIP) attending? (Political or Famous) | Yes ☐ | No ☐ | |
| * | Answer only if requesting billets or lodging. Number of males and females? | Male _____ | Female _____ | |
| * | Provide approximate number of max participants or attendees expected? | Total _____ | | |

**FOR FOR HUACHUCA STAFF USE ONLY**

**I. Service Provider Staffing and Concurrence (** Required - * If Needed)**

| | | | |
|---|---|---|---|
| ** | DPTMS Action Officer Assigned AO Name: _____ | Yes ☐ | No ☐ |
| ** | Public affairs Concurrence | Yes ☐ | No ☐ |
| ** | Consolidated Legal Concurrence | Yes ☐ | No ☐ |
| * | Environmental Concurrence | Yes ☐ | No ☐ |
| * | Safety Office Concurrence | Yes ☐ | No ☐ |
| * | DES Concurrence | Yes ☐ | No ☐ |
| * | Command Team Concurrence | Yes ☐ | No ☐ |
| * | Resource Management Office Concurrence | Yes ☐ | No ☐ |
| * | Antiterrorism Officer Concurrence | Yes ☐ | No ☐ |
| * | Spectrum Manager | Yes ☐ | No ☐ |
| * | CSLA | Yes ☐ | No ☐ |



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