

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 RECIEVED:
1. Event (Title, Organization and Date)	2. Branch of Service:	3. Requesting Organiztion 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** _____

Cl. 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				

DO NOT SUBMIT CLASSIFIED INFORMATION.

SEND COMPLETED FORM TO: USARMY.HUACHUCA.ID-TRAINING.MBX.HUAC-WATCH@ARMY.MIL

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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