

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

**4. DPTMS Action Officer Instructions:**

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

**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 an 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 520-533-1014.

2) **Personnel Support** - includes setup /tear down details, color guards, and other manpower requirements.

3) **Equipment Support** - includes generators, flags, chairs, Canopies, TSC 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, for example (Spectrum Management) (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** \_\_\_\_\_

**D. Identify Equipment Support Requirements:** List all Support Requirements. List Dates/Times Needed. Use this section for radios, 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, 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.IMCOM-CENTRAL.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