

**Office of the Assistant Secretary of Defense  
Reserve Affairs  
1500 Defense Pentagon  
Washington, DC 20301-1500**

**INNOVATIVE READINESS TRAINING  
REQUEST FOR MILITARY ASSISTANCE**

This application is to be used by all civil organizations or governmental agencies requesting Civil-Military Innovative Readiness Training (IRT) support as authorized by section 2012 of Title 10, United States Code. Applications are to be mailed to:

OASD/Reserve Affairs  
Attn: IRT Director  
1500 Defense, Pentagon  
Room 2E573  
Washington, DC 20301-1500

All IRT applications for support will be reviewed for completeness and eligibility. The applications will be forwarded to the Service IRT Program Managers and the Services will review the event for unit and individual training opportunities. The Services will forward a request to support the training event to the Office of the Assistant Secretary of Defense for Reserve Affairs (OASD/RA) for final review and approval. It is imperative that the information provided by the requesting official(s) be accurate and complete. A requesting official is an individual who submits the request and can sign contracts or commit funds and resources on behalf of the requesting organization. Specific information related to medical (Attachment A), engineering (Attachment B), and transportation and dive (Attachment C) training events must be included with this application. Complete the additional documents as appropriate for the training event. Any additional letters, documents, maps that would provide more information or details to the proposed training event also should be attached to the application as appropriate. Any request for support that will exceed one year must submit an annual request for military participation with all supporting documentation. **The application must be completed annually for the length of the training event.**

Please include copies of documents listed below with this application:

1. 501 C3 letter- required for non-profit organization request, must not be more than 10 years old
2. Articles of Incorporation
3. By-laws
4. Copy of newspaper ads which were published twice on two separate dates. State/Federal/local government entity to use their required process to advertise for this training event; ie: advertisement in FedBizOpps or contract ads. Ad must be published annually for the length of the training event.
5. Affidavit of publication (annual requirement for the length of the training event)
6. Environmental study if appropriate
7. Statement of non-competition (Attachment D)
8. Release of liability (Attachment E)

**The execution of any approved IRT training event is contingent upon the availability of funding and DoD resources.**

1. Name of community, agency, State or Federal entity requesting military support:

|                          |
|--------------------------|
| City of Youngstown, Ohio |
|--------------------------|

1a. Is the requesting agency/organization a military entity, either State or Federal, active, reserve or Guard?

Yes \_\_\_\_\_ No X

1b. Is the requester a non-profit organization or entity other than city, state, federal entity?

Yes \_\_\_\_\_ No X

If the answer is yes, attach a copy of the articles of incorporation, 501C3 letter, and organization by-laws with this application.

2. Address of requesting organization:

|                        |       |       |
|------------------------|-------|-------|
| 26 South Phelps Street |       |       |
| Youngstown             | Ohio  | 44503 |
| City                   | State | Zip   |

3a. Will this training event take place at a location different from the address listed above?

Yes X No \_\_\_\_\_ If yes, include address in block below.

|  |       |     |
|--|-------|-----|
| Multiple locations in the City of Youngstown, Ohio |       |     |
|  |       |     |
| City   | State | Zip |
|  |       |     |

3b. Does the requestor have ownership of real estate or real property where this training is to take place? Yes \_\_\_\_\_ No X Property owned by Multiple Owners. City will have the legal right to enter property where training will take place by ownership, consent of owner and/or operation of law.

4. Will this training event take place on a state or federal military installation, post, fort, base or other facility or property operated/leased/owned by or housing a federal or state military service or component?

Yes \_\_\_\_\_ No X

5. Information for requesting official submitting request for support:

|  |
|--|
| Name: Mayor John McNally   |
| Title: Mayor, City of Youngstown   |
| Phone number: 330.742.8788   |
| Email address: <a href="mailto:mayormcnally@cityofyoungstownoh.com">mayormcnally@cityofyoungstownoh.com</a>  |
| I have authority to enter into a binding agreement/MOU/MOA on behalf of the agency I represent:<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| I have authority to commit resources or funds on behalf of the agency I represent:<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |

6. Check which community facilities are available (at no expense) for use by military during the training event.

|              |                   |                  |  |        |        |                 |
|--------------|-------------------|------------------|--|--------|--------|-----------------|
| Guard armory | city hall offices | community center | airfield hangar<br><br>X<br>(Youngstown Air Reserve Station) | clinic | school | office trailers |
| Other:       |                   |                  |  |        |        |                 |

7. What contributions or resources will be provided by the requesting organization to assist this proposed IRT training event? Place an "x" next to each that applies.

|              |                          |                       |
|--------------|--------------------------|-----------------------|
| Lodging      | Computer/internet access | transportation        |
| Meals        | Telephone access         | Construction supplies |
| Office space | Fax machine              | Building materials    |

7a. Other assistance/financial/facilities provided by the requesting agency/community:

|   |
|---|
| The City of Youngstown will cover dumping costs for construction and solid waste as a component of the project. |
|---|

8. What other funding/support is being contributed to this training event?

| Fed/State/Local/Private | Department                      | Amount of funding Requested | Amount of actual appropriated funds/date appropriated |
|-------------------------|---------------------------------|-----------------------------|---|
| Local                   | City of Youngstown General Fund | \$2,000,000                 | Pending   |
|                         |                                 |                             |   |
|                         |                                 |                             |   |
|                         |                                 |                             |   |

9. Specify and explain three prioritized time frames for the requested IRT support.

| TIME FRAME          | REASON FOR SPECIFIC TIME PERIOD |
|---------------------|---------------------------------|
| Spring to Fall 2017 | Year 2 of 5 year project        |
|                     |                                 |
|                     |                                 |

10. Describe any special events/holidays/activities/ or local issues that may be ongoing during the training period. Include any situations that the military should be aware of that may impact their activities in the community.

|     |
|-----|
| N/A |
|-----|

11. What is the projected length of time needed to complete this training event?

We are requesting support for year 2 of a 5 year project. The project in total will take 5 years to complete.

12. Federal, state, city **engineering training events** - has this training event been listed on the federal/state/county/city websites for engineering projects and advertised according to federal/state/county/city contract law or the contract bid process?  
 Yes X No \_\_\_\_ **This is an annual request for the length of the event.**  
 If no, please attach an explanation to why this process was not completed.

**All training events-** Please include the public notice ads that were placed in the newspaper for the minimum state required time for public notices.

**Attach a copy of the ads and notarized affidavit stating the ads were published and what was the response to the ads. If this is a multi-year event, a new ad must be published annually.**

12a.

| Place of advertisement   | Date advertised             |
|--|-----------------------------|
| Youngstown Vindicator  | August 28, 29 2014          |
| <a href="http://www.cityofyoungstownoh.org">www.cityofyoungstownoh.org</a> | August 22-September 8, 2014 |
|  |                             |
|  |                             |

13. Is the requested support available from a commercial entity? Yes \_\_\_\_ No X  
 A negative response means there are no contractors or companies in the area/community of the training event that conduct this type of business.

13a. If services are available from a commercial entity, has the official submitting this request received a “certificate of non-competition” from the commercial entity that would otherwise provide such services? Yes \_\_\_\_ No X

If applicable, attach a copy of the “certification of non-competition”.

14. Has this training event been presented to any of the following entities: provide name beneath title if applicable.

|                             |                         |                                |                            |
|-----------------------------|-------------------------|--------------------------------|----------------------------|
| US Senator<br>Portman/Brown | Governor<br>John Kasich | State Senator<br>Joe Schaivoni | City Mayor<br>John McNally |
|-----------------------------|-------------------------|--------------------------------|----------------------------|

|                            |           |                                   |       |
|----------------------------|-----------|-----------------------------------|-------|
| US Congressman<br>Tim Ryan | State TAG | State Representative<br>Bob Hagan | other |
|----------------------------|-----------|-----------------------------------|-------|

15. Remarks (attach additional sheet if necessary)

The City of Youngstown is in desperate need for a focused strategy to eliminate blight in neighborhoods. Youngstown struggles from chronic economic decline and disinvestment spurred by the loss of the steel industry in the 1970s and the effects of decades of urban sprawl. Between 1960 and 2010, Youngstown's population went from 166,688 to 66,982, a loss of nearly 60%. This population loss has led to widespread abandonment of properties in neighborhoods. According to property surveys conducted by the City and the Mahoning Valley Organizing Collaborative between 2008 and 2012, over 4,000 abandoned and blighted homes and structures remain scattered in neighborhoods throughout the city. While the city has demolished over 1,000 homes over the last 10 years, the number of vacant homes continues to increase. Abandoned, blighted property is a symptom of larger forces, but also a problem in and of itself. Abandoned homes foster criminal activity and vandalism, create health and safety hazards for neighbors, and significantly reduce property values, which creates a negative feedback loop that discourages investment in entire neighborhoods. Unless a targeted approach is taken, where all blighted, abandoned homes are eliminated within strategic areas, this trend will continue. Youngstown, as one of the poorest cities in the United States, does not have the resources or capacity to tackle this problem alone.

**John A. McNally**  
 Printed name of requesting official/civil authority

\_\_\_\_\_  
 Signature of requesting official/civil authority

Date: \_\_\_\_\_

Mail application to:  
 OASD/Reserve Affairs  
 Attn: IRT Director  
 1500 Defense, Pentagon  
 Room 2E573  
 Washington, DC 20301-1500

# Attachment A

## Medical Support Request

**The Civilian Health Organization (CHO) or community/city/state/federal entity shall conform to all applicable federal, state, and local laws that regulate healthcare delivery within the state or territory, and all state laws and regulations specific to the non-DoD healthcare professionals participating.**

1. Identify the CHO supervisor overseeing the medical training:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. The CHO/community/city/state/federal entity verifies and documents who will be the responsible individual at each location as follows:

|  |                 |
|--|-----------------|
| Medical waste handling and disposal  | Name:<br>Email: |
| Clinical Laboratory Improvement Act (CLIA)   | Name:<br>Email: |
| Credentialing or privileging or military health care providers to include basic life support, and if applicable, advance trauma/cardiac requirements (strictest requirement applies) | Name:<br>Email: |
| Initial emergency evacuation plan for a "real life incident"   | Name:<br>Email: |
| Follow-up care plan for patients for continuity of care  | Name:<br>Email: |
| Plan for handling of patients' records for continuity of care and privacy act issues   | Name:<br>Email: |

3. List the communities in which this training is expected to take place. Additional space is provided at the end of this attachment.

| Community | Nearest City | State | Population | Most needed medical support (dental, medical, optometry, veterinary, behavioral health)<br>Use initials D, M, O, V, B for each need in the community. |
|-----------|--------------|-------|------------|---|
| a.        |              |       |            |   |
| b.        |              |       |            |   |
| c.        |              |       |            |   |
| d.        |              |       |            |   |
| e.        |              |       |            |   |
| f.        |              |       |            |   |

4. Closest medical treatment facility with trauma/emergency room:

Name/location: \_\_\_\_\_

5. The CHO shall certify that this medical training:

- a. Accommodates an identified underserved healthcare need that is not being met by current public or private sector assistance. Please provide a description of the criteria used to identify the medically underserved community.

6. Please place an “X” beside each specialty service that is requested: this is a preliminary request that can be updated at the initial training planning conference. Blank space for other specialties not listed.

|                     | Projected case load |                       | Projected case load |
|---------------------|---------------------|-----------------------|---------------------|
| General dentistry   |                     | Rheumatology          |                     |
| Oral surgery        |                     | Family practice       |                     |
| Pediatric dentistry |                     | Ob-Gyn                |                     |
| Endodontist         |                     | Physician Assistants  |                     |
| Periodontist        |                     | Nurse practitioners   |                     |
| Dental hygienist    |                     | Physical therapists   |                     |
| Endocrine           |                     | Nutritionists         |                     |
| General dentistry   |                     | Behavior health       |                     |
| Oral surgery        |                     | Ob-Gyn                |                     |
| Family practice     |                     | Physician Assistants  |                     |
| Pediatrics          |                     | Optometry             |                     |
| Internists          |                     | Eye glasses           |                     |
| Surgeons            |                     | Veterinary            |                     |
| Anesthesiology      |                     | CPR certification     |                     |
| Colonoscopy         |                     | Drug demand reduction |                     |
| Colposcopy          |                     |                       |                     |
|                     |                     |                       |                     |
|                     |                     |                       |                     |

7. Have any of the communities stated in the previous section ever received past medical support from the military? If so, state which community, what type of support, when it occurred and the length of time the military was in the community.

M= medical    D= dental    V= veterinary    O= optometry    B= behavioral health

| Community | Type of support | Dates of medical support | Length of time in the community |
|-----------|-----------------|--------------------------|---------------------------------|
| a.        |                 |                          |                                 |
| b.        |                 |                          |                                 |
| c.        |                 |                          |                                 |
| d.        |                 |                          |                                 |
| e.        |                 |                          |                                 |

8. Additional Comments or medical support requests:

9. The CHO shall certify that this medical training is provided in a manner that does not compete with private sector medical/dental/healthcare assistance in the underserved area.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Attachment B

### Engineering Training Event:

1.

|  |
|--|
| Location: Area bounded by Indianola Avenue to Midlothian Boulevard, Glenwood Avenue to Southern Boulevard, in the City of Youngstown, Ohio, USA  |
| Type of engineering training: <b>X Vertical (buildings)</b> Horizontal (roads)   |
| Description of training event:<br><br><p>Training will involve the demolition of all vacant and abandoned homes and commercial structures in two highly strategic and transitional areas in the City of Youngstown. During the second year, Phase 2 of the project will be completed (Upper North Heights area), which includes properties between Gypsy Lane to the north, Broadway Avenue to the south, Logan Avenue to the east, and Elm Street to the west.</p> <p>Phase 3 of the project will begin in year two, which includes two key areas:</p> <p>A) <b>Brier Hill/Arlington Heights</b> - Gypsy Lane to the north, Madison Avenue Expressway (Route 193) to the south, Belmont Avenue to the east, and US422 to the west.</p> <p>B) <b>South Avenue Corridor/Lansingville</b> – All properties along South Avenue from Front Street; also including properties to the east of South Avenue from Indianola Avenue to the north, Midlothian Boulevard to the south, and Shady Run to the east.</p> <p>In addition to the demolition of these vacant structures, each property will be graded and leveled with high quality topsoil, seeded, and landscaped in order to make the resulting lots easy for neighborhood residents to maintain. Outreach will be conducted to homeowners adjacent to these lots to provide them with an opportunity to purchase the lots at a very low cost as side yards. This will create a sustainable maintenance strategy for the properties after demolition.</p> <p>All pre-existing vacant lots in this neighborhood will also be cleared of all trash, brush and overgrowth in accordance with the City of Youngstown’s codified ordinances. The City of Youngstown has the legal right to authorize external entities to enter onto vacant, unmaintained lots for the clearance of property code violations.</p> |

2. Training specifics: other items already completed should be added to the list or attached as addendums to this application.

| Descriptive requirements | Completed by requesting entity- on file and submitted with this request | Date completed | Date to be completed | Not applicable |
|--------------------------|---|----------------|----------------------|----------------|
| Environmental study      | X   | Pending        |                      |                |
| Land use permits         |   |                |                      |                |

|   |  |  |  |  |
|---|--|--|--|--|
| Blue prints/design (short action plan with target properties for acquisition identified?) |  |  |  |  |
| City building permits   |  |  |  |  |
| Right of way permits  |  |  |  |  |
| Training timeline   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

3. Please place an “X” beside each service that is anticipated to be needed in completing this training: this is an initial estimate of the work to be done. The military will assess the training and make assignments as needed at the initial planning conference.

|   |                                    |                      |
|---|------------------------------------|----------------------|
| Electricians                              | <b><u>Project management X</u></b> | Water purification   |
| Plumbers                                  | <b><u>Truck drivers X</u></b>      | Fuel farm            |
| <b><u>Carpenters X</u></b>                | Steelworkers                       | Maintenance facility |
| <b><u>Brick layers X</u></b>              | Welders                            | Other:               |
| <b><u>Heavy Equipment operators X</u></b> | Warehousemen                       |                      |

4. Has your organization ever received past engineering support from the military? If so, state which community, what type of support, when it occurred and the length of time the military was in the community.

| Community | Type of support – brief project description | Dates of engineering support | Length of time in the community |
|-----------|---|------------------------------|---------------------------------|
| a. N/A    |   |                              |                                 |
| b.        |   |                              |                                 |
| c.        |   |                              |                                 |

5.

|                      |
|----------------------|
| Additional Comments: |
|----------------------|

## Attachment C Transportation/Dive Training

1. General transportation or diving requests: Describe the transportation or diving request. Additional comments can be attached to this document.

2. Dive training: annotate availability of the below items:

|                          |   |
|--------------------------|---|
| Mooring permits          | Pier permits                              |
| Access to fuel from pier | Is USCG aware of training? Yes__ No<br>__ |
| City/community permits   | Equipment storage facility                |
| Parking                  | Source of power/electricity               |
| Potable water source     | Meeting room/office space                 |

3. Describe any other transportation or diving issues not addressed in the previous two questions.

## Attachment D

### Statement of Non-Competition

The Innovative Readiness Training (IRT) Event Engineering Training-Demolition

(name of event) located in Youngstown, (city)  
Ohio (state) for Fiscal Year 2017, would not compete with the services offered by civilian companies/vendors/entities or private providers. For the reasons set forth below the requested IRT assistance is not reasonably available from a commercial entity.

On two occasions, (date)8/28/2014 and (date)8/29/2014 an advertisement for the services/training to be performed by the military has been advertised in (name of publication) Youngstown Vindicator consistent with the requirements of the IRT Program and the rules, if any, of the requesting organization. Copies of each advertisement are attached to the application.

No responses have been received by the designated deadline specified in the advertisements, and this organization has received no objection to the military participation in this training.

Printed Name: William A. D'Avignon

Signature: \_\_\_\_\_

Title: Director, Community Development

Organization: City of Youngstown, Ohio

Phone: (330) 744-0854

Date: September 9, 2014

## Attachment E

### RELEASE AND HOLD HARMLESS AGREEMENT

The **City of Youngstown** (name of requesting organization) located in **Youngstown, Ohio** (city/state) agrees that its request that DoD military personnel conduct an Innovative Readiness Training (IRT) mission in support of **The City of Youngstown** (organization) during fiscal year **2016** is subject to the following conditions:

1. The DoD IRT military support will be limited to that which is approved by the Department of Defense. Support that has not been previously approved will not be provided; IRT mission personnel may not perform activities beyond those previously approved.
2. Support shall be limited to providing personnel and equipment only.
3. All DoD military personnel and equipment will remain under the control and supervision of the officer or noncommissioned officer responsible for the military unit tasked to provide the IRT support.

The **City of Youngstown** (name of the requesting organization), in exchange for the DoD IRT military support, also agrees, on behalf of itself and its agents, to:

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 DoD military personnel support, excluding, however, any injury, loss, or damage arising solely from the intentional torts or gross negligence of the DoD military personnel or its agents.
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 DoD IRT military support, excluding, however, those arising solely from the intentional torts or gross negligence of the DoD military personnel or its agents.

With full understanding of the conditions and agreements state above, the undersigned representative, who is authorized to execute this document which is binding on his organization and all assigns, heirs, executors, beneficiaries, and derivative claimants, hereby executes this release of liability and hold harmless agreement.

Printed name: **Mayor John A. McNally** Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: **Mayor** Organization: **City of Youngstown**