

<b>1.</b> <input type="checkbox"/> ARNG <input type="checkbox"/> USAR	<b>OVERSEAS DEPLOYMENT TRAINING COORDINATION WORKSHEET</b> For use of this form, see AR 350-9; the proponent agency is DCS, G-3.	<b>2. FY:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span><input type="checkbox"/> First Half</span> <span><input type="checkbox"/> Second Half</span> </div>	<b>REQUIREMENT CONTROL</b> <b>SYMBOL CSGPO-438</b>																												
<b>3. Deploying Unit:</b> a. Mailing Address  b. Point of Contact  c. Phone DSN:                      d. Comm: e. FAX DSN:                      f. Comm: g. E-mail:		<b>5. Sponsor Unit:</b> a. Mailing Address  b. Point of Contact  c. Phone DSN:                      d. Comm: e. FAX DSN:                      f. Comm: g. E-mail:																													
<b>4. Deploying Unit's Higher Headquarters</b> a. Headquarters Name: b. Point of Contact  c. Phone DSN:                      d. Comm: e. FAX DSN:                      f. Comm: g. E-mail:		<b>6. Sponsor Unit's Higher Headquarters</b> a. Headquarters Name: b. Point of Contact  c. Phone DSN:                      d. Comm: e. FAX DSN:                      f. Comm: g. E-mail:																													
<b>7. Certification Names and Signatures</b> a. Sponsor Unit Rep Printed Name: _____ Signature: _____ b. Deploying Unit Rep Printed Name: _____ Signature: _____ c. JCS Funding Rep Printed Name: _____ Signature: _____ d. RC Funding Rep Printed Name: _____ Signature: _____ e. CONUSA Rep Printed Name: _____ Signature: _____ f. OCONUS Cmd Rep Printed Name: _____ Signature: _____ g. FORSCOM Rep Printed Name: _____ Signature: _____																															
<b>8.</b>	FY	LINE #	FR	S	UIC	UNUM	BR	ULC	AR	ST	MRC	C	ASTR	PAX	EX	FC	START	END	LOC	TC	MACOM	SPONSOR	EVAL								
<b>9. Training</b> a. Training Plan must be attached to this form. b. Primary training level: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Unit METL Training  <input type="checkbox"/> Command and Staff Training         </div> <div> <input type="checkbox"/> Sub-Unit Collective Training  <input type="checkbox"/> Individual Skills Training         </div> </div> c. Evaluation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Training Ammunition Required: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Training Ammunition Provided by: <input type="checkbox"/> Unit <input type="checkbox"/> Sponsor f. All training Aids/Material Provided by Sponsor Except:										<b>10. Life Support</b> <i>(Government rations &amp; quarters must be used if available.)</i> Note: For RC soldiers in AT status, separate rations are not applicable. a. Billeting: <input type="checkbox"/> Barracks <input type="checkbox"/> Guest House <input type="checkbox"/> Field b. Sponsor/facility provides linen: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Unit must bring sleeping bags/mats: <input type="checkbox"/> Yes <input type="checkbox"/> No d. Female quarters are available: <input type="checkbox"/> Yes <input type="checkbox"/> No e. Govt rations/dining facility available: <input type="checkbox"/> Yes <input type="checkbox"/> No f. Sponsor will provide meal cards: <input type="checkbox"/> Yes <input type="checkbox"/> No g. Weekend/holiday rations: <input type="checkbox"/> Local DFAC <input type="checkbox"/> Sponsor Contracted <input type="checkbox"/> Transported to remote DFAC <input type="checkbox"/> Sponsor provided per diem h. Other life support requirements:										<b>11. Logistics</b> a. All logistics support will be provided by sponsor except as noted:  <hr/> b. Mission essential tools/equipment will be provided by sponsor except as noted:  <hr/> c. Excess baggage funded by: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Sponsor         <input type="checkbox"/> RC Unit         <input type="checkbox"/> JCTP       </div>											



a. Transportation funding will be provided by:

Email/Phone: \_\_\_\_\_

Sponsor will publish DD Form 1610	Yes	No
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Sponsor will purchase airline tickets	Yes	No
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b. Sponsor preferred point of entry: \_\_\_\_\_

c. Unit preferred point of departure:

d. Unit to provide itinerary info to sponsor NLT:

e. Unit to draw military vehicles:	Yes	No
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Type Vehicle	# of Drivers
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f. Unit to provide licensed drivers:	Yes	No
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g. Winter driver certification required:	Yes	No
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h. Rental car authorized:	Yes	No
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*(No rental car will be funded unless approved by OCONUS cmd.)*

a. Unit is responsible for security of all personal and unit equipment. Individuals must bring locks to secure personal equipment. Duffel bags are required to secure personal equipment except as noted below:

b. Wall lockers are available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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c. Foot lockers are available		Yes		No
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a. All personnel must bring the complete Army Physical Training Uniform and wet weather clothing.

b. Check if required:

BDU	Class A
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Cold Weather	Class B
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Other (list below):
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a. Level

				Position(s)
<input type="checkbox"/>	C	<input type="checkbox"/>	S	<input type="checkbox"/> TS
<input type="checkbox"/>	C	<input type="checkbox"/>	S	<input type="checkbox"/> All personnel on mission <input type="checkbox"/> None
<input type="checkbox"/>	C	<input type="checkbox"/>	S	_____
<input type="checkbox"/>	C	<input type="checkbox"/>	S	_____
<input type="checkbox"/>	C	<input type="checkbox"/>	S	_____
<input type="checkbox"/>	C	<input type="checkbox"/>	S	_____
<input type="checkbox"/>	C	<input type="checkbox"/>	S	_____

b. Sponsor will be provided clearance certification NLT:	
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a.		Field uniform (LBE/Helmet)				
b.		MOPP (Chemical Protective Equipment)				
c.		M17	M40	Protective Mask		
d.		M9	M16A1/2	M249		M60 Weapons
e.		PVS4	PVS5	PVS6	PVS7	Night Vision

f. Sponsor will provide:

	Secure storage area for weapons
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	Secure storage area for night vision
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	Weapons storage racks
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**17. Other Coordination Issues:**

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

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Printed Name, Rank, Title:

Date (YYYYMMDD):

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

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Printed Name, Rank, Title:

Date (YYYYMMDD):

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

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Printed Name, Rank, Title:

Date (YYYYMMDD):



**21. Continuation/Remarks**