



REQUEST FOR ORISE SUPPORT

MEMORANDUM FOR Commander, U.S. Army Environmental Center, ATTN:
SFIM-AEC-EQN, Aberdeen Proving Ground, MD 21010-5401

SUBJECT: Request for ORISE Support

1. Request your support in appointing Oak Ridge Institute for Science and Education (ORISE) participants to the _____(div/ofc)____, _____(branch)_____, of this organization.
2. The following information is provided:
 - a. Project Area: (i.e., Environmental, Natural Resources, Cultural Resources, Remediation, Pollution Prevention, etc.). Will participant be providing research on a specific project to gain specific experience, or will the participant be providing research on a variety of projects to gain general experience?
 - b. Number of participants desired
 - c. Educational background required (i.e. degree disciplines and level of degrees)
 - d. Selecting Official: Name, phone number, fax number, and email address
 - e. Mentor: Name, phone number, fax number, and email address
 - f. Complete mailing address (include building number)
 - g. I do/do not have a candidate in mind for appointment (If so, please name.)
3. Brief description of required project: (This information will be used to develop a project description. The description is used in advertising, if required. A draft will be forwarded for your review/approval prior to finalization.)
4. Automobile insurance information is/is not requested. If know at this time, please indicate if the individual selected for an appointment should be covered under this insurance. (This insurance is for liability coverage for government vehicles. The candidate must meet insurance carrier requirements.)
5. Was MIPR submitted to USAEC? (Allow ten working days for USAEC to complete, approve, and reissue MIPR to DOE.) If not submitting a MIPR, please identify your funding source.
_____ Yes, already submitted (include date submitted) _____ Being prepared.
Provide an information copy to Donna Laird, Fax (410) 436-5811.
6. My signature represents that I will comply with the program guidelines as mentioned in the Mentor Handbook. I understand that the selected individual will not begin in the program until the participant receives an official offer letter from ORISE.

Signature Block

Submit request to Ms. Brenda Shaeffer or Ms. Diane Lewis, Fax# (410) 436-5811, or to the address listed above.