

ANNEX E
SIM TASKING LETTER TEMPLATE

TASKING #: FG 06- _____

Acknowledge Task Receipt: _____

Received at Taskings: _____

Tasking Issued: _____

IMSE-GOR-PLO

TO THE ATTENTION OF: Commander, (*Insert name of the unit you are tasking for support here. Note: Separate taskers must be done for each separate unit if you need more than one unit to work on the Simulator; as is the case with the Nodal Network Simulator which is supported by the 15th SIG BDE & the NCOA*).

REQUESTING ORGANIZATION: Directorate of Training, Simulation Branch, Fort Gordon, Georgia 30905

REQUEST ASSETS FOR: Development, Validation and Government Acceptance Testing of the (*Insert Simulator Name Here*) Simulator.

1. Has tasking/Event been through PAO (Off-Post Request) Y/N: N/A

2. Is Tasking/Event pre-coordinated Y/N: Y Pre-coordinated through (*Insert name of the tasked unit's S3 here*), who forwarded to POC for action (*Leave this portion blank on the DRAFT copy you send to the unit's S3. Once you have talked with the unit's S3 about this tasker then you can include their name above and send this through the DOT PMO*).

3. Tasking/Event Description: Subject Matter Expert (SME), Training Developer (TD), Training Department POC and Target Audience support for the development, validation and Government Acceptance Testing of the (*Insert Simulator Name Here*) Simulator.

4. Resource/Assets and/or Actions Required: The DOT requests the (*Insert name of the unit you are tasking here*) provide:

a. One (*Insert the MOS of the required SME here*) SME (*Insert the actual name of the SME you are requesting*) to participate in all Simulator events (See Milestone List Below), review the (*Insert Simulator Name Here*) Simulator lessons and models for functionality, accuracy, currency, and completeness. Ensures the (*Insert Simulator Name Here*) Simulator is technically accurate, current and complete.

b. One TD (*Insert the actual name of the SME you are requesting*) to participate in all Simulator events (See Milestone List Below), review the (*Insert Simulator Name Here*) Simulator lessons and models for functionality, instructional integrity and conformance with design documents. Ensures (*Insert Simulator Name Here*) Simulator is instructionally sound, consistent with design documents, and user-friendly.

c. One Training Department POC to resolve internal SME and TD disputes. This is the person the Simulation Branch Project Leader goes to make sure the product is meeting the Training Departments requirements. The Training Department POC will serve as the (*Insert name of the unit you are tasking for support here*) Commander's representative for the project.

d. 15-20 Soldiers (*Insert required MOS and acceptable alternative MOSs here*) to support the (*Insert Simulator Name Here*) Group Trials (See Milestone List Below). These Soldiers must be able to participate in all 10 working days of the Group Trials and must not be pending any UCMJ action or have any scheduled medical appointments or surgery that will prevent them from doing so.

d. The SME, TD, and the Training Department POC are expected to back brief their chain-of-command on what information they are providing as input into the (*Insert Simulator Name Here*), as well as keep them up to date on the (*Insert Simulator Name Here*) Simulator Developmental Milestones, their commitments, and requirements to the project.

e. The period of performance for the development of this Simulator is (*Insert number of months here*) months (*Insert exact beginning and ending dates here*). SME, TD and Training Department POC support will be required during this entire period (Soldier support is required during the Group Trials). Updates to these milestones will be emailed directly to the personnel from the training department and their Supervisors involved in this project to keep them apprised of the situation.

f. Initial (DRAFT) (*Insert Simulator Name Here*) Simulator Milestones*.

(Shown below is a Generic Simulator Milestones List. This is not an all inclusive list of every event that may occur during the development of a Simulator. Some examples of omitted items that may need to be included are Data Collections, the System Requirement Review IPT, or the System Design Review IPT. Exact specifics can be determined after looking at the contractor's original developmental timeline).

<u>Date</u>	<u>Event</u>	<u>Task</u>	<u>Location</u>
	Receive IMDP/Prototype		Moran Hall, Rm. 217
Schedule for at least 2 working days	SME/TD Review IMDP/Prototype	Lesson Review	Moran Hall, Rm. 217
	Receive Incremental Release # 1		Moran Hall, Rm. 217
Schedule for at least 5 working days	SME/TD Review Release #1 <i>(Review will conclude with a SME/TD/Contractor Lesson Discrepancy Meeting)</i>	Lesson Review	Moran Hall, Rm. 217
	Receive Incremental Release # 2		Moran Hall, Rm. 217
Schedule for at least 5 working days	SME/TD Review Release #2 <i>(Review will conclude with a SME/TD/Contractor Lesson Discrepancy Meeting)</i>	Lesson Review	Moran Hall, Rm. 217
	Receive Incremental Release # 3		Moran Hall, Rm. 217
Schedule for at least 5 working days	SME/TD Review Release #3 <i>(Review will conclude with a SME/TD/Contractor Lesson Discrepancy Meeting)</i>	Lesson Review	Moran Hall, Rm. 217

	Receive Final Release, Release Candidate #1		Moran Hall, Rm. 217
Schedule for at least 5 working days	SME/TD Review Final Release, Release Candidate #1 <i>(Review will conclude with a SME/TD/Contractor Lesson Discrepancy Meeting)</i>	Lesson Review	Moran Hall, Rm. 217
Schedule 2 Weeks Out	Group Trials IPR #1	Meeting	Moran Hall, Rm. 217
Schedule 1 Week Out	Group Trials IPR #2	Meeting	Moran Hall, Rm. 217
Schedule NLT 5 Days Out	Receive Final Release, Release Candidate #2		Moran Hall, Rm. 217
Schedule for at least 1 working day	SME/TD Review Final Release, Release Candidate #2	Lesson Review	Moran Hall, Rm. 217
Schedule for at least 10 working days	Conduct Group Trials	Validation	TBD
	Receive Final Release, Release Candidate #3		Moran Hall, Rm. 217
Schedule for at least 5 working days	Conduct GOVT Acceptance Testing	Final Review	Moran Hall, Rm. 217
Schedule for at least 2 working days	Conduct GOVT Acceptance Testing Confirmation	Final Confirmation	Moran Hall, Rm. 217

* Note: The SME and TD shall be responsible for personally attending all required IPRs and IPTs, data collections (as necessary), Consolidated Product (storyboards, Simulator Releases) Reviews, Group Trial (s), and the Government Acceptance Test. Furthermore, the SME and TD shall be responsible for personally reviewing and commenting on all the Monthly Reports, the GFI/GFE Report, meeting minutes, the IMDP/Prototype, storyboards, Interim Simulator Releases, the Final Releases, the Final Delivery, and any other Simulator products and/or deliverables.

g. E-mail and phone reminders will be sent out to the identified SME, TD and Training Department POC one week prior to the scheduled events by the Directorate of Training Simulation Branch.

5. Begin Date/Time/Location: *(Insert Start Date Here)*.

6. End Date/Time: *(Insert End Date Here)*.

7. Special Instructions/Requirements: None.

8. RECLAMA (Request for Relief):

USE THIS...

[If this tasker meets the 45 day requirement (Dated at least 45 days prior to the first required event for the tasked personnel to participate in) then use this statement].

“This tasking does meet the 45 day requirement”.

OR THIS...

[If this tasker does not meet the 45 day requirement (Not dated at least 45 days prior to the first required event for the tasked personnel to participate in) then use this statement].

“This tasking does not meet the 45 day requirement due to the fact that...” *(Insert reason why this tasker was submitted within the 45 day window here)*.

9. Per USASC&FG Regulation 210-6, justify all requests for relief on FG Form 1203-R and submit to the Installation Central Tasking Office (CPT Roumell 791-4264/9748). THIS REQUEST DOES NOT AUTOMATICALLY EXEMPT THE ORGANIZATION FROM THE TASKING. The request will be evaluated and the organization will receive a timely response.

Direct Contact with “Onsite” Requestor is directed – See paragraph #9 below

AUTHORIZED REQUESTING ORGANIZATION / POC NAME:

a. Primary POC: *(Insert SIM Branch Project Leader Contact INFO Here)*.

b. Alternate POC: *(Insert SIM Branch Chief Contact INFO Here)*.

MICHAEL A. CORDES
COL, SC
Director, Directorate of Training