**CALIFORNIA WING TRAINING MISSION REQUEST**

The CAWGF 21 provides approving authorities the necessary information to ensure the exercise’s objectives and funding request are appropriate.  The Incident Commander is responsible for conducting this activity within all applicable guidelines, policy and regulations.

Submit this form to Wing ES Training no later than 30 days before the exercise start date.

Requests to include overnight (RON) funding on this form require CAWG/DO pre-approval.

| **Parameter** | **Description** |
| --- | --- |
| Prepared By | Name:  Phone:  Date Submitted: |
| Mission Dates  (use local time) | Start Date:       End Date:  Time:       Time: |
| Primary Weekend Dates |  |
| Category  Type | Basic: 1-2 aircraft, or 1 Ground or UDF team  Standard: 3-4 aircraft, or up to 2 total Ground or UDF teams  Advanced: 5+ aircraft, with zero or 1+ Ground/UDF teams  SAR  AP  DR  Flight Clinic  MFC  MAS  UAS  NCPSC  Eval/WLE |
| Resource Scope | Expected number of personnel receiving training     Planned # of training a/c    Expected number of sorties     Planned number of vehicles    Expected number of sorties |
| Event Description | Enter a clear description of the event. |
| Training Objectives | Enter specific SMART objectives that clearly outline what training will occur. |
| Mission Costs | Enter the numbers manually.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Aircraft** | | | | | | | Fuel Price A | $ |  |  |  |  | | Aircraft Type | 172 | 182 | 206 | T182 | T206 | | **Relocation** | | | | | | | # Aircraft |  |  |  |  |  | | Total Flt Hrs 1 B |  |  |  |  |  | | Gal/Hr C | 8 | 12 | 15 | 18 | 18 | | Relo Cost  (A x B x C) | $ | $ | $ | $ | $ | | **Training Sorties** | | | | | | | # Aircraft |  |  |  |  |  | | Sorties E |  |  |  |  |  | | Flt Hr/Sortie F |  |  |  |  |  | | Gal/Hr G | 8 | 12 | 15 | 18 | 18 | | Sortie Cost  (A x E x F x G) | $ | $ | $ | $ | $ | | Total Cost  (Relo + Sortie costs) | $ |  |  |  |  |   Note: 1. Enter total relocation time for all aircraft in each type.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Vehicles** | | | | | | Gas Price M | $ |  | | | | Vehicle Type | Pickup | SUV | Van | Van 11+ | | **Relocation** | | | | | | # Vehicles |  |  |  |  | | Total Miles 2 N |  |  |  |  | | Miles/Gallon O | 15 | 17 | 20 | 20 | | Relocation Cost  (M x N / O) | $ | $ | $ | $ | | **Training Sorties** | | | | | | # Vehicles |  |  |  |  | | Total Miles 2 P |  |  |  |  | | Miles/Gallon Q | 15 | 17 | 20 | 20 | | Sortie Cost  (M x P / Q) | $ | $ | $ | $ | | Total Cost  (sum of all costs) | $ |  |  |  |   Note: 2. Enter total mileage for all vehicles in each type. |
| Communication Cost | Communication equipment funds request justification. |
| Remain Overnight | Number of members  Number of nights  Cost per night $ |
| Total Mission Cost | |  |  | | --- | --- | | **Mission Cost** | | | Aircraft Cost | $ | | Vehicle Cost | $ | | Communication Cost | $ | | RON Cost | $ | | Total Mission Cost | $ | |
| Project Officer  Incident Cdr | Grade/Name:       Phone:  Grade/Name:       Phone: |
| Host | Group:  Local Squadron: Name and number  Is this a Wing-sponsored or Wing-wide training event? |
| Exercise Location | Primary:  Alternate: |
| Incident Action Plan | All training events require an IAP, either an ICS 201 or a “full” IAP. The IC shall complete, sign and upload the IAP prior to mission start.  An ICS 201-only IAP shall include a CAPF 160, Deliberate Risk Assessment Worksheet.  A full IAP shall include ICS 208 and 215A, along with additional appropriate ICS documents. |
| 406 MHz Beacon | Will a 406 MHz practice beacon be used?  Was a notification form submitted to NOAA? |
| Approval | IC:       Date:  Group CC:       Date:  Wing DOT:       Date: |