MARINE CORPS INSTALLATIONS COMMAND ORDER 1320.1B

From: Commander
To: Distribution List

Subj: COMMAND SPONSORSHIP PROGRAM

Ref: (a) MCO 1320.11F

Encl: (1) NAVMC 11799 (11-11) (EF) Sponsorship Request Form
(2) NAVMC 11798 (11-11) (EF) Youth Sponsor Request Form
(3) Sample of Unit Sponsorship Coordinator Appointment Letter
(4) Sample of Command "Welcome Aboard" Letter
(5) NAVMC 11791 (11-11) (EF) Sponsorship Program Questionnaire
(6) Sample Sponsorship Assignment Letter
(7) Sample Sponsor "Welcome Aboard (CONUS)

1. Cancellation. MCICOM 1320.1A.

2. Situation. At Marine Corps Installations Command (MCICOM), we are focused on providing superior customer support to all of our personnel from the moment they are assigned to the Command to the day they are reassigned or retire. Rendering assistance to new members of the team is simply good leadership and is part of “taking care of our own.” To this end, an effective sponsorship program can dramatically reduce the challenges associated with relocation and the start of a new job, while also fostering a sense of esprit de corps.

3. Mission. In accordance with the reference and enclosures (1) through (7), establish policy and procedures related to the Command Sponsorship program in order to reduce the difficulties faced by our military and civilian personnel upon assignment to MCICOM.

4. Execution

   a. Commander’s Intent and Concept of Operation

      (1) Intent. My intent is to formally assign command sponsors for our military and civilian new joins as soon as they are identified as inbound to MCICOM.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.
Through the execution of a strong Command Sponsorship program, we will not only reduce the friction associated with beginning a new job in a new location for our employees, but will lay the foundation for the construction of a strong, mission oriented organization.

(2) Concept of Operations

(a) To preclude the difficulties experienced with relocation and/or beginning a new job, each new join will be assigned a sponsor from their respective section or directorate. Sponsors should be hand selected by the Command leadership in consideration of their professionalism, work ethic, and remaining time on station.

(b) Sponsors will be assigned in writing. Delegation of sponsorship responsibility is not authorized. Command sponsors serve as the direct representative of the Commander for new personnel and must take their duties seriously.

(c) Sponsorship becomes the assigned sponsor’s primary duty on the day of the new join’s arrival until new join is fully checked in and their family members are settled.

(d) Sponsors will be authorized reimbursement for mileage if using their privately owned vehicle (POV) to transport the inbound personnel and his or her family from the airport to temporary lodging, to include tolls and parking expenses related to this activity.

b. Responsibilities and Tasks

(1) G-1

(a) Assume responsibility for the overall execution of the Command’s Sponsorship Program and keep the directorate heads apprised of the status of inbound personnel.

(b) Solicit the new join’s respective duty section for sponsor assignment and issue a sponsorship assignment letter. Each sponsor will be formally appointed in writing by the Chief of Staff or by direction of the Commander [enclosure (6)].

(c) Provide outbound personnel Sponsorship Request Forms [enclosures (1) and (2)] to facilitate the appointment of a sponsor from the respective gaining command.

(d) Maintain a database of sponsored personnel, sponsors, sponsorship training, and other pertinent information to effectively manage the program.

(e) Monitor the effectiveness of the MCICOM Sponsorship Program by utilizing and maintaining sponsorship questionnaires in accordance with references. Sponsorship questionnaires are to be retained on file for two years [enclosure (5)].
(f) Monitor message traffic, 3270, ODSE, and web orders to obtain information on Marines inbound and outbound to the Command.

(g) When inbound orders are identified, determine tentative billet assignment with guidance from the Chief of Staff for officers, and with the assistance of the Senior Enlisted Occupational Field Sponsors and Sergeant Major for Enlisted.

(2) **Marine and Family Programs – Relocation Assistance Program Office**

(a) Maintain Welcome Aboard packages consisting of current base and local area information to distribute to inbound personnel.

(b) Refine and execute a regularly scheduled (at least monthly) sponsorship coordinator training class. Maintain local records of trained personnel/sponsors.

(c) Conduct a regularly scheduled (at least monthly) Welcome Aboard Orientation and maintain attendance records.

(3) **Directorate Heads**

(a) Provide sponsors nominations to the G-1 as required, and once appointed in writing, supervise them in the execution of their sponsorship duties. When at all possible, the sponsor should be the same rank or grade as the new join. Marital status and family composition should also be factors for consideration when selecting and assigning sponsors.

(b) Provide the G-1 with each assigned sponsor's name, grade, and current duty phone number, home phone, and mailing address.

(c) Ensure that assigned sponsors are provided sufficient time to effectively accomplish their sponsorship duties.

(d) Ensure each new arrival attends a Welcome Aboard Brief in coordination with the Marine and Family Programs Centers. Spouses are highly encouraged to attend.

(e) Ensure departing personnel attend Relocation Briefs in coordination with the Marine and Family Service Program Centers.

(4) **Sponsors**

(a) Comply with the provisions of this Order in the execution of your duties.

(b) Sponsors must attend and complete required sponsorship training either via the internet at http://apps.mhf.dod.mil/east or via the local Relocation Assistance Program office.
The Relocation Assistance Program office also conducts a regularly scheduled (at least monthly) Welcome Aboard Orientation for new personnel.

(c) Upon arrival, escort new personnel through the check in process and other pertinent sponsorship duties outlined in the enclosures. Remember you are the MCICOM "Gate Keeper" - a first impression goes a long way.

5. **Administration and Logistics.** Not applicable.

6. **Command and Signal**
   
a. **Command.** This Order is applicable to all Marine Corps Installations Command personnel.

   b. **Signal.** This Order is effective the date signed.

   [Signature]

   J. A. KESSLER

DISTRIBUTION: C
NAVMC 11799 (11-11) (EF)

FOUO - Privacy sensitive when filled in.

SPONSORSHIP REQUEST

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, this notice informs you of the purpose for collection of information on this form. Please read it before completing this form.

AUTHORITY: 10 U.S.C. 5041, Headquarters, Marine Corps; and MCO 1320.11F, Marine Corps Sponsorship Program.

PRINCIPAL PURPOSE: This System of Records is governed by Privacy Act System of Records Notice MNO5000-1, which can be downloaded at http://dpdlo.defense.gov/privacy/SORNs/component/navysNM0000-1a.html. Information collected by this System will be used for the assignment of personal sponsor per Marine Corps Order 1320.1F.

RETENTION AND SAFEGUARDS: The information collected in this System will be retained in paper or automated records for two years then destroyed. Access is provided on need-to-know basis only. Manual records are maintained in file cabinets under the control of authorized personnel during working hours. The office space in which the file cabinets are located is locked outside of official working hours. Computer terminals are located in supervised areas. Access to computerized data is controlled by password or other user code system.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: the DoD "blanket routine uses" that appear at the beginning of the Navy's compilation of systems notices apply to this system: https://dpdlo.defense.gov/privacy/SORNs/blanket_routine_uses.html

DISCLOSURE: Providing information on this form is voluntary.

Rank/Grade: Name: MOS:

Address: City: State: Zip Code:

Unit Phone (Commercial): Unit Phone (DSN):

Current Mailing Address: City: State: Zip Code:

Email Address: Estimated Detach Date: Arrival Date:

MCC/RUC of New Assignment:

Leave Address: City: State: Zip Code:

Marital Status: Spouse's Name: Unit Phone (DSN): Email Address:

Anticipated Mode of Travel: Children Name's and Ages:

Are you an exceptional family member sponsor? □ Yes □ No

(Check one)

□ I DO / □ I DO NOT desire government quarters (unless mandated by base policy).

My family size will require: □ 2, □ 3, □ or 4 bedrooms. □ have / □ have not forwarded an application for an assignment to military family housing, DD Form 1746 to the housing office.

I have dog(s) and cat(s).

Specific Information/assignment requested:

FOR OFFICIAL USE ONLY
**YOUTH SPONSOR REQUEST**

**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing this form.

**AUTHORITY:** Taken directly from the authority section of the applicable Privacy Act System of Records Notice.

**PRINCIPAL PURPOSE:** The System of Records is governed by Privacy Act System of Records Notice MN00003, which can be downloaded at [http://dpicio.defense.gov/privacy/SORNs/components/navy/MN00003-MN0003.html](http://dpicio.defense.gov/privacy/SORNs/components/navy/MN00003-MN0003.html). Information collected by this System will be used to ensure children were assigned a proper sponsor.

**RETENTION AND SAFEGUARDS:** The information collected in this System will be maintained in a database with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. The database is protected by passwords, unique user ID's, and applicable layers of security access within applications. Records in this file system will only be retrieved by name and social security number. State Records Disposition Schedule.

**ROUTINE USES:** To various officials outside the Department of Defense (DoD), specifically identified as a Routine Use in Privacy Act System of Records Notice for the stated specific purpose of that Routine Use. Additionally, information may be shared outside the DoD pursuant to the blanket routine uses established by the Department of Defense Privacy Office that apply to all DoD Privacy Act Systems of Records and posted at [http://www.defenselink.mil/privacy_notices/blanket-uses.html](http://www.defenselink.mil/privacy_notices/blanket-uses.html).

**DISCLOSURE:** Providing information on this form is voluntary.

1. My Name is: ____________________________
2. I Currently Live (on/by which base): __________________________________________
3. I Will be Moving to (which base): ____________________________ On (Date) ____________________________
4. I am interested in having a sponsor: [ ] Yes [ ] No
5. I am a: [ ] Boy [ ] Girl
6. I am years old.
7. I am in the grade.
8. I would like a boy or girl sponsor [ ] Boy [ ] Girl
9. My Hobbies/Interests are: ________________________________________________________

10. Some Questions I have are: ________________________________________________________

11. For the Parents/Guardian

Parent/Guardian Name: ____________________________ Phone Number: ____________________________ Email: ____________________________

I hereby give my consent to release my child's name and address for the purpose of participating in the Youth Sponsorship Program. I understand this is not an Official Government Record and that this information will not be used for any other purpose.

Parent/Guardian Signature ____________________________ Date ____________________________

12. Mail to: RELOCATION ASSISTANCE PROGRAM, MARINE and FAMILY PROGRAMS

(New Duty Station)

FOR OFFICIAL USE ONLY
From: Assistant Chief of Staff G-1, Marine Corps Installations Command
To: Individual Assigned

Subj: UNIT SPONSORSHIP COORDINATOR APPOINTMENT LETTER

Ref: (a) MCO 1320.1F
     (b) MCICOMO 1320.1B

1. You are hereby assigned as the Marine Corps Installations Command Sponsorship Coordinator. You will be guided in your duties by the references.

2. Ensure all assigned sponsors are informed that in accordance with the reference, they are authorized reimbursement for allowable expenses incurred in performing of their sponsor duties.

3. Utilize the Relocation Assistance Program (RAP) Manager for this unit as a resource in the execution of your duties. The RAP is a primary source of information for readiness of all inbound Marines and their families.

I. M. MARINE
Dear (Grade and Name):

SUBJECT: WELCOME ABOARD

We are pleased to have you inbound as a member of our team. You are joining an exceptional command that performs its mission with skill and we take great pride in our accomplishments. I look forward to working with you, and I am confident you will become a valuable member of Marine Corps Installations Command.

I encourage you (and your family) to join in the many installation and community activities available to you.

You can obtain additional information about this installation and unit/command by visiting MilitaryHOMEFRONT at http://www.militaryhomefront.dod.mil/moving. Or you may contact me via email at ___________ or call (__) ______.

I assure you that I consider the safety and well-being of our Marines and their families to be of utmost importance. If I should need help or advice during the relocation process, contact your sponsor, the nearest Marine Corps Community Services, and/or the command’s Family Readiness Officer (FRO)

Your Sponsor is:
Grade/Name: __________________________
Work Address: _________________________
Work Phone: __________________________
Work e-Mail: __________________________

The Unit’s Family Readiness Officer (FRO) is:

Name: __________________________
Work Phone: _________________________
Work e-Mail: _________________________

Sincerely,
(Signature block)
Your help is requested in evaluating the effectiveness of our Command Personnel Sponsorship Program. Please help evaluate the Program by completing this questionnaire based on your experience with your recent PCS transfer. Leave name spaces blank if you desire to remain anonymous. The information you provide will be combined with the responses of others and will be confidential. Completion of this questionnaire is entirely voluntary. There is no penalty for not providing the requested information except the lack of representation of your views in the final results and outcomes. Once completed, please return to your Unit Sponsorship Coordinator. This reporting requirement is exempt from reports control.

Your help is requested in evaluating the effectiveness of our Command Personnel Sponsorship Program. Please help evaluate the Program by completing this questionnaire based on your experience with your recent PCS transfer. Leave name spaces blank if you desire to remain anonymous. The information you provide will be combined with the responses of others and will be confidential. Completion of this questionnaire is entirely voluntary. There is no penalty for not providing the requested information except the lack of representation of your views in the final results and outcomes. Once completed, please return to your Unit Sponsorship Coordinator. This reporting requirement is exempt from reports control.

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<tr>
<th>Grade</th>
<th>Branch of Service</th>
<th>Unit</th>
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1. Did your former command, prior to transfer, inform you of the sponsor program and its benefits? [YES] [NO]
2. Did you request/elect to have a sponsor? [YES] [NO]
3. Were you assigned a sponsor? [YES] [NO]
4. Who is your sponsor? ____________________________ [May omit name if desired.]
5. Did your sponsor contact your prior to your departure from your previous command? [YES] [NO]
6. Did your sponsor meet you upon your arrival? [YES] [NO]
7. Did you receive information and communication from the gaining command in advance of your arrival? [YES] [NO]
   a. If yes, was the information an adequate representation of the command? [YES] [NO]
   b. If yes, was the information adequate to inform you about this geographical area? [YES] [NO]
   c. If yes, was the information received in time to permit adequate advance planning? [YES] [NO]
   d. If no, what additional information would have made your transfer and relocation easier? ____________________________
8. Was your sponsor knowledgeable about this command and the local community able to answer your questions? [YES] [NO]
9. When did you receive your orders? ____________________________
10. When did you transfer from your last command? ____________________________
11. Did you attend school(s) or take leave in transit to this command? [YES] [NO] List Dates: ____________________________
12. Did your previous command inform you of the resources available to you at your nearest MCCS? [YES] [NO]
13. Overall, were you satisfied with this Command Sponsorship Program? [YES] [NO]
14. Please list any suggestions you have for Improving the Command Sponsorship Program.
From: Assistant Chief of Staff G-1, Marine Corps Installations Command
To: Sponsor
Subj: SPONSORSHIP ASSIGNMENT

Ref: (a) MCO 1320.11F  
(b) MCICOMO 1320.1B

1. You have been selected to sponsor the following inbound Marine who will be reporting to Marine Corps Installations Command. You are to thoroughly familiarize yourself with the references in regards to this assignment.

   Name:
   Unit:
   Mailing Address:

2. Designation as a sponsor is considered an honor, and as a sponsor you provide that initial important contact between the inbound Marine, the family, the new home, and/or the new duty station. Easing the transition to a new assignment makes your role all the more critical. You will provide the Marine with the first impression of our unit and installation. This initial impression is crucial to the Marine’s long-term attitude and performance.

3. Within ten (10) working days of receipt of this letter, you are directed to contact the inbound personnel. You may contact them at Work or Home Phone number, Military Email, or Personal Email.

4. Please contact the Marine Corps Community Services for information on relocation services or resources that are available. For additional resources, feel free to contact the Relocation Assistance Program regarding services and resources that are available at DSN 224-7202 or commercial (703) 614-7202 and coordinate a welcome aboard on behalf of the unit. Additionally you will complete the sponsorship training at http://apps.mhf.dod.mil/east.

5. You will be authorized reimbursement for mileage if using your privately owned vehicle (POV) to transport the new join and his or her family from the airport to temporary lodging, to included tolls and parking expenses related to this activity.

6. I urge you to express a genuine interest in the Marine’s needs until the Marine settles into our unit and area. If you need assistance with your sponsorship duties or have any questions, please contact the Relocation Assistance Program coordinator at DSN 224-7202 or commercial (703) 614-7202.

K. I. GERMANO

Enclosure (6)
Dear (Grade and Name):

Welcome to Marine Corps Installations Command. I have been assigned as your sponsor. (The remainder of this paragraph should contain a brief summary of the unit’s mission and activities.)

I have been informed that a letter from the unit commander has been mailed with your welcome aboard packet. If you have not received it within 14 days after receipt of this letter, contact me at (enter email address and phone number), and I will send another. If you have any questions which have not been answered by the welcome packet, let me know and I will try to send you the necessary information.

(Enter appropriate personal information as deemed necessary. As a minimum, this should include information concerning items of interest.)

Your Relocation Assistance Program Manager can be of assistance to your new duty station, as they have been stationed here and will be able to give you a better outlook of the base and surrounding areas.

Relocation Assistance Program Manager Contact Information:
Name: Mr. William Acevedo
Work Phone: (703) 614-7202
Work Email: willaim.acevedo@usmc.mil

I encourage you (and your family) to visit the nearest Relocation Assistance Program Manager, from Marine Corps Community Service; to obtain information and assistance with your PCS move. The Relocation Assistance Program is designed to provide assistance to all Service members and their families who are relocating from one duty station to another. Also, you may check http://www.militaryhomefront.dod.mil/moving for information on planning your move and learning about your destination.

If I can be of any assistance, please do not hesitate to write or call.

Sincerely,

(Signature block)