**URGENT UNIVERSAL NEED STATEMENT**

**Save as “UUNS ADBID Title Vx YYMMDD Draft or Signed”**

**Use UNS ID if known (eg. 22105UA) or ADBID if not yet assigned.**

**Files without proper naming convention will be returned.**

**Delete this box**

**PURPOSE**

This Urgent Universal Need Statement (abbreviated “Urgent UNS” or “U-UNS”) form is used to identify a mission-critical capability gap by forces conducting combat or specific contingency operations. Failure to deliver a capability to close that gap is likely to result in the **inability of units to accomplish their missions or risks increased probability of casualties and loss of life**.

**Criteria for Urgent Universal Need Statements per MCO 3900.17:**

1. “Describe a warfighting capability gap that, if not reduced, is expected to result in increased loss of life or critical mission failure,
2. “Apply to forces conducting, or awaiting imminent deployment to, a specified combat or contingency operation, and
3. “Be certified by a COMMARFOR conducting combat or specific contingency operations”

Units may request a form at: **uns@usmc.mil** and submit the completed form to the supported MEF via the chain of command as appropriate.

Department of Combat Development and Integration (CD&I) staff will assist in the submission of an Urgent or Deliberate Universal Need Statement by any available means. Inquiries and all other issues may be sent to DC CD&I staff at **uns@usmc.mil**

For amplifying information on the Urgent and Deliberate UNS processes, please reference the following;

**MCO 3900.17** “THE MARINE CORPS URGENT NEEDS PROCESS (UNP) AND THE URGENT UNIVERSAL NEED STATEMENT (URGENT UNS)”

**MCO 3900.20** “MARINE CORPS EXPEDITIONARY FORCE DEVELOPMENT SYSTEM (EFDS)” (UUNS, ENCL 7)

**COMMARFOR Points of Contact**

MARCENT (G-3)   (813) 827-4089 MARFORRES (504) 697-7814

MARFORPAC (G-9)    (808) 477-5830 MARFORSOC (919) 440-0888

MARFORCOM (G-9)  (757) 836-2143

**URGENT UNIVERSAL NEED STATEMENT – INFORMATION**

**INITIATION AND ENDORSEMENT**

Part 1 - Page 3 of 4

* Marines at any level may initiate an Urgent Universal Needs Statement (abbreviated “Urgent UNS” or “U-UNS”) and submit via the Service chain of command.
* The Supported COMMARFOR must ensure that Certification includes the signature of at least one General Officer.
* Deployed units conducting combat or specific contingency operations without another Marine General Officer in the Service chain of command, such as Marine Expeditionary Units, will forward an Urgent UNS directly to the Supported COMMARFOR.

**E-MAIL UPDATES**

* Throughout the process, e-mail updates will be sent to the Originator and MEF Point of Contact (POC) personnel listed in block #10 of the Urgent UNS request form.

**TRACKING**

* Please contact a representative of the Deputy Commandant, Combat Development and Integration (DC CD&I) at [uns@usmc.mil](mailto:uns@usmc.mil) for further assistance.
* Track the progress of your Urgent UNS at [uns@usmc.mil](mailto:uns@usmc.mil)

**URGENT UNIVERSAL NEED STATEMENT – REQUEST FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Last, First, Initial) | Rank/Grade | Phone | | Fax |
| E-mail | Est Dates of Deployment (yr/mo/day-yr/mo/day) | | Requesting Unit/UIC/RUC | |

# 1. Capability Gap / Shortfall

“What are you not able to do?” Describe the nature and the cause of the capability gap or shortfall (i.e.: Explain how the need was identified (e.g. experimentation, formal study, mission area analysis, observed operational deficiencies, etc.)

**2. Proposed Solution(s)**

“What do you recommend?” Recommended solutions will be considered and may be further refined with the Certifying Marine Corps Forces (MARFOR). Consider the following for factors and alternatives: Doctrine, Organization, Training, Materiel, Leadership, Personnel, and Facilities. Attach graphics or amplifying documents if applicable.

**3. Justification of Urgency**

“Why is it Urgent?” Describe, in as much detail as possible, how your request COMPLETELY satisfies the following Urgent UNS requirement:

“…An **exceptional request** from a **combatant command-level** Marine component commander for a… capability **critically needed** by operating forces conducting **combat or contingency operations**. **Failure to deliver**… is **likely to result** in the inability of units to **accomplish their missions** or risks **increased probability of casualties and loss of life**.” (MCO 3900.17, “Urgent Needs Process”, 17 Oct 08)

*\*\*\*\*\*Failure to satisfy this requirement in its entirety will result in the inability of your request to be processed as an Urgent UNS.\*\*\*\*\**

**4. Concept of Employment**

“How must it be used?” Describe the scenario for use of this capability. Who would use the capability, when, where, how, and to what standard? Be as specific as possible. Attach graphics or amplifying documents if applicable.

**5. Requested Quantity or Capacity**

“How many are needed?” Identify the total quantities or capacity required, broken down by activity to the small unit level. Eventual solution must consider minimal spares, Home Station Training, and select additional forces (e.g. MARSOC).

**6. Estimates of Supportability**

**(a) Doctrinal Requirements**: Consider any proposed or required changes to doctrine, or tactics, techniques and procedures (TTPs)

**(b) Organizational Requirements**: Consider any proposed or necessary augmentation or table of organization (T/O) changes.

**(c) Training Limitations**: Consider any limitations in available training opportunities (types or duration). Identify user limits on training and Field Serve Representative (FSR) support available.

**(d) Materiel Supportability**: Consider any known supportability limitations that should be considered. Describe any known organizational level maintenance limitations. Consider whether logistical support could best be provided by Marines, contractors, or a combination of both and provide an explanation supporting your consideration.

**(e) Personnel Supportability**: Consider manpower requirements to implement your proposed solution, to include critical contact Field Service Representatives (FSRs).

**(f) Facilities Requirements**: Consider operational training or maintenance facility demands. Are there any requirements or limitations to supportability in bullets (a)-(f) to be considered in solution analysis?

**7. Related Needs Statements**

List any known related Urgent/Deliberate UNS(s) or Joint Universal Operational Needs Statement(s) (JUONS). Please include the number, title, and date of the related document.

**8. Gap Identified by Other Services**

If this capability gap has been identified by another service, explain the joint applicability of your above-mentioned solution to this capability gap.

**9. Lessons Learned**

Are there any related “Lessons Learned” documented (e.g. Marine Corps Center for Lessons Learned (MCCLL) Reports, etc.)?

**10. Marine Expeditionary Force (MEF) Point of Contact (POC) for Information Coordination**

Who are your technical and tactical experts and advisors who may assist in the refining/defining of solution to this Urgent UNS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Last, First, Initial) | Rank/Grade | Phone | | Fax |
| E-mail | Est Dates of Deployment (yr/mo/day-yr/mo/day) | | Requesting Unit/UIC/RUC | |
| Comments/Amplifying Information | | | | |
| Name (Last, First, Initial) | Rank/Grade | Phone | | Fax |
| E-mail | Est Dates of Deployment (yr/mo/day-yr/mo/day) | | Requesting Unit/UIC/RUC | |
| Comments/Amplifying Information | | | | |
| Comments/Amplifying Information | | | | |

**Submission** –Unit, or as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Command** | **Name of Approval Authority (Last, First, Initial)** | | **Rank/Grade** |
| **Mailing Address** | **Phone**  **DSN:** | **FAX** | |
| **E-mail:** |  | |
| **Date Received** | **Date Forwarded** | |
| **Approval Authority Comments (optional)**  Signature Block | | | |

**1st Endorsement** – Major Subordinate Command, or as appropriate.

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| --- | --- | --- | --- |
| **Command** | **Name of Approval Authority (Last, First, Initial)** | | **Rank/Grade**  BGen |
| **Mailing Address** | **Phone**  **DSN:** | **FAX** | |
| **E-mail:** |  | |
| **Date Received** | **Date Forwarded** | |
| **Approval Authority Comments (optional)**  Signature Block | | | |

**2d Endorsement** – MAGTF Level, or as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Command** | **Name of Approval Authority (Last, First, Initial)** | | **Rank/Grade** |
| **Mailing Address** | **Phone**  **DSN:** | **FAX** | |
| **E-mail:** |  | |
| **Date Received** | **Date Forwarded** | |
| **Approval Authority Comments (optional)**  Signature Block | | | |

**3d Endorsement** – SUPPORTING MARINE COMPONENT COMMANDER (e.g. COMMARFORCOM)

|  |  |  |  |
| --- | --- | --- | --- |
| **Command** | **Name of Approval Authority (Last, First, Initial)** | | **Rank/Grade** |
| **Mailing Address** | **Phone**  **DSN:** | **FAX** | |
| **E-mail:** |  | |
| **Date Received** | **Date Forwarded** | |
| **Approval Authority Comments (optional)**  Signature Block | | | |

**Certification** – SUPPORTED MARINE COMPONENT COMMANDER (e.g. COMUSMARCENT)

|  |  |  |  |
| --- | --- | --- | --- |
| **Command** | **Name of Approval Authority (Last, First, Initial)** | | **Rank/Grade** |
| **Mailing Address** | **Phone**  **DSN:** | **FAX** | |
| **E-mail:** |  | |
| **Date Received** | **Date Forwarded** | |
| **Approval Authority Comments (optional)**  Signature Block | | | |