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**DELIBERATE UNIVERSAL NEED STATEMENT (D-UNS)**

**PURPOSE**

A Deliberate Universal Need Statement (Deliberate UNS) documents and describes a current or projected capability shortfall that is

expected to lead to the inability of the force to achieve force development and design objectives established by the Commandant of the

Marine Corps (CMC). They are personally certified by Deputy Commandants (DCs), Commanders of Marine Forces (COMMARFORs), the

Commander of Marine Corps Installations Command (COMMCICOM), and the Commanding Generals of Training and Education Command

(CG TECOM) and of Marine Corps Logistics Command (CG LOGCOM). **The Deliberate UNS is primarily intended to inform the design**

**and development of the future force during the next annual Planning, Programming, Budgeting, Execution, and Assessment**

**(PPBEA) cycle.**

DC CD&I staff will assist in the submission of an UNS by any available means. Questions, sample D-UNSs, and all other issues may be addressed to DC CD&I staff at UNS@usmc.mil. Primary POC is john.l.russell@usmc.mil.

For amplifying information on the Urgent and Deliberate UNS process, please reference the following:

  **COMMARFOR Contact Numbers**

 MARCENT (G-3) (813) 827-4080 MARFORRES (G-8) (504) 697-7814

 MARFORPAC (G-9) (808) 477-5845 MARFORSOC (G-4) (910) 440-0888

 MARFORCOM G-9) (757) 836-2143

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

**INITIATION AND ENDORSEMENT**

* Marines at any level may initiate a Deliberate UNS.
* Deputy Commandants and/or COMMARFORs will ensure each is personally approved by him or herself, their Deputy, or their Chief of Staff prior to forwarding. At least one General Officer in the chain of command must approve a D-UNS.
* Deployed units conducting combat or contingency operations without another Marine General Officer in the chain of command, such as Marine Expeditionary Units, will forward a Deliberate UNS via the supported COMMARFOR.

**SUBMISSION**

* Units may obtain submission forms via UNS@usmc.mil and submit them via the chain of the command through the appropriate Deputy Commandant or COMMARFOR.
* Deputy Commandants, COMMARFORs may submit a Deliberate UNS request via email to UNS@usmc.mil or the Needs Tracking System

**TRACKING**

* Track the progress of Deliberate UNS via UNS@usmc.mil

**\* Criteria for Urgent UNS: (MCO 3900.17)**

This form is not to be used for mission critical gaps that could result in operational mission failure or a high probability of casualties. For requests that meet the criteria for urgency as established in MCO 3900.17 submit an URGENT Universal Needs Statement (U-UNS) UNS@usmc.mil

**DELIBERATE UNIVERSAL NEED STATEMENT (D-UNS)**

**Originator**

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

# Capability Need Summary

What can’t you do? Describe the nature and the cause of the need. Identify the Marine Corps Task (MCT) you can’t perform (identify the particular task, conditions, and standards you cannot meet). Is this a Mission Essential Task (MET) for your unit? Explain how the need was identified (e.g. experimentation, formal study, mission area analysis, observed operational deficiencies, etc.)

**2. Concept of Employment**

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 as necessary. This information would be used to define tasks, conditions, and standards for future capability development.

**3. Proposed Solution(s)**

Recommended solutions will be considered and may be further refined via the Certifying Deputy Commandant or COMMARFOR. (Consider the following factors: Doctrine, Organization, Training, Materiel, Leadership, Personnel, and Facilities.) Attach graphics or amplifying documents as necessary.

**4. Requested Quantity or Capacity**

Identify the total quantities or capacity required, broken down by unit or activity. Compare this request to doctrinal standards and MCTs.

**5. Lessons Learned**

Are there any related “Lessons Learned” documented (e.g. MCCLL Reports etc.)?

**6. SME POCs for Information Coordination**

Identify your technical and tactical experts and advisors who may assist in the refining/defining of solution to this D-UNS.

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

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

**Originator**

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

**Major Subordinate Command** – Division, Group, or Wing etc.

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

**MEF Level** or equivalent

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

# 7. Deputy Commandant / COMMARFOR staff receives, refines, and certifies the need.

Refine the orginator’s capability gap from an enterprise perspective. How critical is this functional capability to mission accomplishment?

Explain Strategic, CMC, and MC Enterprise level impact. Identify the Mission Essential Task which cannot be performed without a new capabity solution. If necessary, recommend a new or modied Task, Condition, and/or Standard.

**8. Scheduling Considerations**

Force Generation, planned deployment, MILCON Schedules, etc.

**9. 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 T/O changes.

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

(**e)** **Leadership and Education Requirements**: Consider any changes to Professional Military Education (PME) to include formal schools.

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

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

**(h) Policy:** Detail any known policy considerations with development, procurement or implementation.

**10. Related Needs Statements**

Has this capability gap been indeitified by another Service or Agency? List any known related Urgent/Deliberate UNS, Joint Emergent Operational Need (JEON), or Joint Urgent Operational Need (JUON). Please include the number, title, and date of the related document.

**Certifying Authority** – Deputy Commandant / Marine Component Commander

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

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