

Appendix A – EEP Assistant Agreement V2

CONTROL NUMBER:

**ENLISTMENT ENHANCEMENT PROGRAM (EEP)
ASSISTANT AGREEMENT FOR THE OREGON ARMY NATIONAL GUARD**

PART I. ASSISTANT AGREEMENT

This agreement is entered between the Oregon Military Department (OMD) through the office of the Adjutant General of Oregon and the parties listed below:

(RRNCO – Rank Last, First MI, Last 4 of SSN)

To enhance and actively engage in enlisting or accessing new members of the Oregon Army National Guard by the provisions of the ENLISTMENT ENHANCEMENT PROGRAM (EEP). Be it known that:

(EEP ASSISTANT – Rank Last, First MI, Last 4 of SSN)

Has provided the following information about a potential recruit:

(Lead's First Name, Middle Name, Last Name and Phone Number - Hereafter Referred to as RECRUIT)

The EEP ASSISTANT has agreed to the following terms:

1. The EEP ASSISTANT agrees to be available to the prospective lead prior to enlistment or accession and provide information, guidance, mentorship, encouragement, and support until the prospective lead enlists into the Oregon National Guard.
2. The lead must successfully enlist into the Oregon Army National Guard and complete DD Form 4, and DD Form 1966 or NGB 337, and be assigned to a unit of the Oregon Army National Guard. Other documents may be required for validation and certification purposes.
3. The EEP ASSISTANT must be a member of the Oregon National Guard, Oregon Military Department Employee or verified retiree at the time of the enlistment or accession to validate the terms of this agreement.

(EEP ASSISTANT Signature and Date)

(Recruiter Signature and Date)

CONTROL NUMBER:

PART II. ENLISTMENT VERIFICATION

I,

(ORARNG RRC Operations Representative - - Rank Last, First MI, Last 4 of SSN)

Hereby certify the person listed below has enlisted into the Oregon National Guard,

(RECRUIT'S - Rank Last, First MI, Last 4 of SSN)

Is assigned to:

(RECRUIT'S - UIC, Unit Name, Street, City, State ZIP)

I further certify that:

(EEP ASSISTANT - Rank Last, First MI, Last 4 of SSN)

Who acted as the Enlistment Enhancement Program (EEP) ASSISTANT has provided sufficient evidence that he/she meets the qualification criteria of the EEP ASSISTANT:

(EEP Assistant - UIC, Unit Name, Street, City, State ZIP)

The following forms have been attached to this EEP CONTRACT:

____ DD 4

____ NGB 337

____ W-9 (For EEP ASSISTANT)

____ DD 214 (for retired EEP ASSISTANTS)

____ REDD Report (for current member EEP ASSISTANTS)

____ DD 1966 (EEP ASSISTANT's Rank, Last Name, First Name, and unit of assignment must be recorded in remarks section)

CONTROL NUMBER:

PART III. CERTIFICATION AND REQUEST FOR PAYMENT

TO: OMD
ATTN: AGC

In accordance with TAG's Command Policy 247 (Army), all requirements below have been met:

- a. _____ RECRUIT has been identified as Oregon Army Guard Soldier
- b. _____ RECRUIT has completed DD Form 4 (attached).
- c. _____ The RECRUITER has completed DD Form 1966 (attached) and the EEP ASSISTANT who referred the RECRUIT is recorded in the remarks section.
- d. _____ The EEP ASSISTANT has a W-9 on file with the Oregon Military Department (OMD).
- e. _____ EEP ASSISTANT has provided evidence of service or retirement.

It is expressly understood and agreed that the EEP payment is not due and payable by the Oregon Military Department to the EEP ASSISTANT unless each condition set forth above is satisfied. All parties agree to the procedures and requirements of the EEP as outlined in Command Policy 247.

The terms and conditions contained in EEP Agreement Sections I., II. And III. With Control Number _____ has been fulfilled and the EEP Assistant payment of \$1000.00 is due and payable to the assistant.

Certified by:

(Commander, ORARNG RRB – Signature/Date)

by order of the Adjutant General on this the _____ day of _____, 20____

Concur by:

(Chief of Staff, Oregon Army National Guard – Signature/Date)

EEP Assistant payment issued date: _____ check#: _____

(Adjutant General's Comptroller – Signature/Date)