

BETTER OPPORTUNITIES FOR SINGLE SOLDIERS (BOSS) LIFE SKILLS CHECKLIST

1. LIFE SKILL TITLE		2. PROPOSED DATE (MM/DD/YYYY)	
3. Prepared By:			
a. Name (Last, First, Middle Initial)		b. Rank/Grade	c. Duty Title
d. Garrison	e. Email		f. Telephone
4. Does the Life Skill activity meet the following Conditions:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. Engaged Single Soldier at BOSS Council Meetings for input/feedback?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	b. Does the event have Command Support and Involvement?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	c. Resourcing and Research conducted for best practices?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. Have you established a Life Skills execution Plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	e. Is there a Marketing and Advertising Plan in place?	
5. What Life Skills activity topic(s) does this fall into? (Select all that apply)			
<input type="checkbox"/> Mental and Physical Fitness	<input type="checkbox"/> Leader Development	<input type="checkbox"/> Financial Literacy	
<input type="checkbox"/> Cooking / Nutrition	<input type="checkbox"/> Housing/Barracks QOL	<input type="checkbox"/> Personal Development	
<input type="checkbox"/> Parenting Skills	<input type="checkbox"/> Relationship Skills	<input type="checkbox"/> Presentation Skills	
<input type="checkbox"/> Community Service	<input type="checkbox"/> Self Regulation	<input type="checkbox"/> Licensing and Certification	
<input type="checkbox"/> Other (Explain)			
6. How does this event support the CSA Priorities and the SMA Initiatives? Which LOE(s) Does this support?			
7. How will this Training impact a Soldiers Lifelong Learning?			
8. Approximate cost to deliver this Life Skills Program?		9. How many Soldiers are planned to Participate?	
		10. Does this Life Skill result in the Soldier receiving a License/Certification?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Approval Code

BETTER OPPORTUNITIES FOR SINGLE SOLDIERS (BOSS) LIFE SKILLS CHECKLIST FLOW CHART

Garrison BOSS President

D-45

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Comments
Signature		

Garrison MWR Advisor

D-45

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Comments
Signature		

Garrison Command Sergeant Major

D-45

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Comments
Signature		

ID BOSS Representative

D-35

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Comments
Signature		

ID MWR Program Manager

D-30

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Comments
Signature		

ID Command Sergeant Major

D-25

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Disapproval	Comments
Signature		

IMCOM G9 Staff

D-15

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Comments
Approved By	Date Received	