

Approval Code

**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? |

6. 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 |

Other (Explain)

7. How does this event support the CSA Priorities and the SMA Initiatives? Which LOE(s) Does this support?

8. Approximate cost to deliver this Life Skills Program?

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LIFE SKILLS CHECKLIST FLOW CHART**

Garrison BOSS President

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

Garrison MWR Advisor

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

Garrison Command Sergeant Major

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

Directorate BOSS Representative

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

Directorate MWR Program Manager

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

Directorate Command Sergeant Major

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

IMCOM G9 Staff

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