

SECRET

COMMAND GROUP APPROVAL/RELEASE SHEET	CONTROL NUMBER	
SUBJECT	OFFICE SYMBOL	DATE
Termination of Project GRILL FLAME (U)	IAGPC-G	17 Nov 82
ACTION REQUIRED	ACTION-OFFICER-PHONE	
CG Approval and Signature on Letter	LTC Jachim/7829	

MEMORANDUM FOR RECORD (Describe briefly the requirement, background and action taken or recommended. Must be sufficiently detailed to identify the action without recourse to other sources.)

1. (S) ORIGIN OF ACTION: CG directed a letter be forwarded to MG Odom notifying him of the termination of INSCOM's portion of Project GRILL FLAME and his intention to conduct a similar project within the CI/OPSEC Program. (TAB B)

2. (S) DISCUSSION:
 - a. Congressional Intelligence Committees directed that Army curtail all GRILL FLAME operational activities conducted within the National Foreign Intelligence Program (NFIP) at the end of FY 82 (TAB A). The OACSI GRILL FLAME Project Officer stated that the committees did not terminate the project but direct any future funding be outside the NFIP.

 - b. FY 83 funding will be provided from the Security and Intelligence Activities (S&IA) Program.

3. (S) WHAT THIS ACTION WILL ACCOMPLISH:
 - a. Notify the ACSI that INSCOM has complied with Congressional termination of GRILL FLAME within the NFIP.

 - b. Notify the ACSI that INSCOM will initiate a similar program within the CI/OPSEC Program.

RESOURCE IMPLICATIONS	YES	NO	
A. Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CLASSIFIED BY: MSG,DAMI-ISH 051630ZJUL78 REVIEW ON: <u>Nov2002</u>
B. Space Authorization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C. Operating Costs (OMA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Investment Costs (OPA & MCA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E. RDTE Costs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F. Environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

(If "YES" coordinate action thru the Command Environmentalist ODCSLOG)

COORDINATIONS			APPROVAL/RELEASE	
OFFICE	SIGNATURE	PHONE	SIGNATURE	DATE
TOPS-H	<i>B. Miller</i>	4719		
DCSRM	<i>[Signature]</i>	6947		
				DATE DISPATCHED

HEAD OF STAFF ELEMENT (Name, grade, phone and signature)
[Signature]

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