



**MISSOURI OFFICE OF HOMELAND SECURITY
DIVISION OF GRANTS**

P.O. Box 749
Jefferson City, MO 65102
Telephone: (573) 526-9020
Fax: (573) 526-9012

TRAINING REQUEST FORM

This completed form should be submitted to the Missouri Office of Homeland Security (OHS), Division of Grants, a minimum of 30 days prior to the date of the requested training, by electronic mail to the Grants Specialist.

REQUESTING JURISDICTION/AGENCY		REGION	
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		FAX NUMBER	
CONTACT INFORMATION OR REQUESTING INDIVIDUAL			
NAME		TITLE	
TELEPHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			
TRAINING REQUESTED:			
TITLE OF TRAINING			
PROPOSED DATE(S) OF TRAINING		PROPOSED LOCATION OF TRAINING	
TRAINING PROVIDER			
MO OHS SPONSORED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Course Number: Catalog of courses can be found at: www.firstrespondertraining.gov			
DHS/FEMA APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Course Number:			
TRAINING DESCRIPTION: If the course is not in a DHS catalog, please provide purpose of training, course description, qualifications of instructors/contractors. Please attach any documentation that applies: course brochure, agendas, conference materials, etc.			
CAPABILITIES IMPROVED: Please provide how the proposed training will improve capabilities that are outlined in the DHS Core Capabilities found in the National Preparedness Goal, which can be located at the following link: https://www.fema.gov/national-preparedness-goal			

PROPOSED NUMBER OF PARTICIPANTS:**INVESTMENT JUSTIFICATION: (Please select all IJ's that apply)**

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Strengthening Information Sharing Capabilities |
| <input type="checkbox"/> | Expand Regional Collaboration |
| <input type="checkbox"/> | Enhance Missouri's Capabilities through Training & Exercise |
| <input type="checkbox"/> | Strengthening Interoperable Communications |
| <input type="checkbox"/> | Strengthen Planning & Citizen Preparedness |
| <input type="checkbox"/> | Sustain CBRNE Detection and Response Capabilities |
| <input type="checkbox"/> | Strengthen Missouri's Medical Surge and Mass Prophylaxis Capabilities |
| <input type="checkbox"/> | Strengthen Missouri's Law Enforcement, Information Sharing and Investigation |
| <input type="checkbox"/> | Implement the National Infrastructure Protection Program (NIPP) |
| <input type="checkbox"/> | Citizen Council Program |
| <input type="checkbox"/> | Medical Metropolitan Response System (MMRS) |

COST ESTIMATE: (Please provide a basis for cost estimate for registration, tuition, travel, lodging, meals, parking, and any other costs that will be associated with the requested training.) (To be eligible for lodging, participants will need to live more than 75 miles from the training site.)

Approximate Total Cost:**TRAINING STRATEGY ADDRESSED: (Please check all that apply.)**

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Regional Collaboration and Multi-agency Coordination |
| <input type="checkbox"/> | Support Implementation of Specialized Plans |
| <input type="checkbox"/> | Support Discipline-Specific Capability Development |

MISSION AREA (Choose one)*

- | | |
|--------------------------|----------|
| <input type="checkbox"/> | Common |
| <input type="checkbox"/> | Prevent |
| <input type="checkbox"/> | Protect |
| <input type="checkbox"/> | Respond |
| <input type="checkbox"/> | Recover |
| <input type="checkbox"/> | Mitigate |

*Mission Area refers to the National Preparedness Guidelines Groupings of target capabilities. "Common" capabilities cut across all mission areas and include Planning, Communications, Community Preparedness and Participation, Risk Management, and intelligence/information.

STATE GOAL(S) ADDRESS: (Please check all that apply)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Enhance Communications |
| <input type="checkbox"/> | EOC Management |
| <input type="checkbox"/> | Citizen Preparedness & Participation |
| <input type="checkbox"/> | Mass Care |
| <input type="checkbox"/> | Medical Surge |
| <input type="checkbox"/> | Emergency Public Information/Warning |
| <input type="checkbox"/> | Critical Resource Logistics and Distribution |
| <input type="checkbox"/> | WMD/HAZMAT Response and Decontamination Operations |
| <input type="checkbox"/> | Other: Define and Justify: |

OTHER SUPPORTING INFORMATION:

Training classes funded by grants administered through the OHS must meet the following criteria:

- Address a capability or a performance gap identified through an After Action Report/Improvement Plan
- Support the current Missouri Homeland Security Strategy and the Missouri Multi-Year Training and Exercise Plan (MYTEP)
- Local jurisdictions shall receive approval of the Regional RHSOCs Training and Exercise Committee as authorized by the signature of a committee chairperson on this form
- Unless prior coordination is made, all courses funded by OHS will be open to eligible personnel statewide.

REQUESTOR'S SIGNATURE (Your typed name will serve as your signature)**Date**

The following approval signatures verify that the requested training class meets the criteria listed above.

Approved:

THIS SECTION TO BE COMPLETED BY OHS STAFF**RHSOC TRAINING AND EXERCISE COMMITTEE ENDORSEMENT**☐ Yes ☐ No**DATE****CHAIRPERSON (RHSOC/RPC/COG)****DATE****MISSOURI OFFICE OF HOMELAND SECURITY, DIVISION OF GRANTS****DATE****GRANT YEAR**

FY

ESTIMATED AMOUNT☐ Approved ☐ Denied

Comments: