



**MISSOURI OFFICE OF HOMELAND SECURITY
GRANTS DIVISION**

EXERCISE REQUEST FORM

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

This completed form should be submitted to the Missouri Office of Homeland Security (OHS), Training and Exercise a minimum of 180 days (6 months) prior to the date of the requested exercise event. (Functional and full-scale exercise requests are required to be submitted one year in advance to allow for proper planning.)

Mail to: Missouri Office of Homeland Security
Grants Division
P. O. Box 749
Jefferson City, MO 65102

Fax to: (573) 526-9012

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

PROPOSED DATES(S) OF EXERCISE

PROPOSED LOCATION OF EXERCISE

MO OHS SPONSORED?

☐ Yes

☐ No

TYPE OF EXERCISE PROPOSED (Choose one)

- ☐ Seminar
- ☐ Workshop
- ☐ Drill
- ☐ Game
- ☐ Table Top Exercise
- ☐ Functional Exercise
- ☐ Full Scale

EXERCISE DESCRIPTION

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>

IDENTIFY THE AGENCIES INVOLVED IN THIS EXERCISE AND THE ESTIMATED NUMBER OF PARTICIPANTS

INVESTMENT JUSTIFICATION (Please select all IJ's that apply)

- ☐ Strengthening Information Sharing Capabilities
- ☐ Expand Regional Collaboration
- ☐ Enhance Missouri's Capabilities through Training and Exercise
- ☐ Strengthening Interoperable Communications
- ☐ Strengthening Planning and Citizen Preparedness
- ☐ Sustain CBRNE Detection and Response Capabilities
- ☐ Strengthen Missouri's Medical Surge and Mass Prophylaxis Capabilities
- ☐ Strengthen Missouri's Law Enforcement, Information Sharing and Investigation
- ☐ Implement the Nation Infrastructure Protection Program (NIPP)
- ☐ Citizen Council Program
- ☐ 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:

STRATEGY ADDRESSED: (Please check all that apply)

- ☐ Regional Collaboration and Multi-agency Coordination
- ☐ Support Implementation of Special Plans
- ☐ Support Discipline-Specific Capability Development

IDENTIFY THE RESOURCES REQUIRED BY KIND AND TYPE THAT ARE NECESSARY TO PERFORM THIS EXERCISE:

MISSION AREA (Choose one)*

- ☐ Common
- ☐ Prevent
- ☐ Protect
- ☐ Respond
- ☐ Recover
- ☐ 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)

- ☐ Enhance Communications
- ☐ EOC Management
- ☐ Citizen Preparedness & Participation
- ☐ Mass Care
- ☐ Medical Surge
- ☐ Emergency Public Information/Warning
- ☐ Critical Resource Logistics and Distribution
- ☐ WMD/HAZMAT Response and Decontamination Operations
- ☐ Other: Define and Justice:

OTHER SUPPORTING INFORMATION:**Training classes funded by grants administered through the OHS must meet the following criteria:**

1. Address a capability or a performance gap identified through an After Action Report/Improvement Plan
2. Support the current Missouri Homeland Security Strategy and the Missouri Multi-Year Training and Exercise Plan (MYTEP)
3. 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
4. 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 CHAIRPERSON/AGENCY**☐ Yes ☐ No**DATE****SUBJECT MATTER EXERPT****DATE****CHAIRPERSON, TRAINING AND EXERCISE COMMITTEE****DATE****MISSOURI OHS, GRANTS DIVISION****DATE****HOMELAND SECURITY COORDINATOR, MISSOURI OFFICE OF HOMELAND SECURITY****DATE****GRANT YEAR**
FY**ESTIMATED AMOUNT**☐ Approved ☐ Denied

Comments: