



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DPS GRANTS**

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 via email to the Missouri Department of Public Safety, DPS Grants, Grants Specialist, 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.)			
REQUESTING JURISDICTION/AGENCY			REGION
GRANT NUMBER			
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 DPS SPONSORED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
TYPE OF EXERCISE PROPOSED (Choose one)			
<input type="checkbox"/> Seminar <input type="checkbox"/> Workshop <input type="checkbox"/> Drill <input type="checkbox"/> Game <input type="checkbox"/> Table Top Exercise <input type="checkbox"/> Functional Exercise <input type="checkbox"/> 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			
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.

OTHER SUPPORTING INFORMATION:

Training classes funded by grants administered through the DPS Grants 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 as authorized by the signature of the RHSOC Chair/Vice Chair on this form
4. Unless prior coordination is made, all courses funded by DPS will be open to eligible personnel statewide.

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

REQUESTOR'S SIGNATURE (Your typed name will serve as your signature.)	DATE
RHSOC CHAIR/VICE CHAIR (Your typed name will serve as your signature.)	DATE

THIS SECTION TO BE COMPLETED BY DPS GRANT STAFF

MISSOURI DEPARTMENT OF PUBLIC SAFETY, DPS GRANTS, APPROVAL	DATE
GRANT YEAR FY	ESTIMATED AMOUNT

Approved Denied

Comments: