



**MISSOURI DEPARTMENT OF PUBLIC SAFETY
DPS GRANTS**

TRAINING REQUEST FORM

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

This form should be completed and submitted via email to the Missouri Department of Public Safety, DPS Grants, Grants Specialist; a minimum of 30 days prior to the date of the requested training.

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			
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 the purpose of the 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 found at: <https://www.fema.gov/national-preparedness-goal>

PROPOSED 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 must live more than 75 miles from the training site.)

Approximate Total Cost:

TRAINING STRATEGY ADDRESSED: (Please check all that apply.)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Regional Collaboration and Multi-Agency Coordination
- Support Implementation of Specialized Plans
- Support Discipline-Specific Capability Development

MISSION AREA ADDRESSED: (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.

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

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

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

(Your typed name will serve as your signature.)

Approved:

THIS SECTION TO BE COMPLETED BY DPS STAFF

MISSOURI DEPARTMENT OF PUBLIC SAFETY, DPS GRANTS, APPROVAL	DATE
GRANT YEAR FY	ESTIMATED AMOUNT
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:	

