E-mail Application

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MISSOURI OFFICE OF HOMELAND SECURITY
GRANTS and TRAINING DIVISION

TRAINING REQUEST FORM

301 W. High Street
P.O. Box 749
Jefferson City, MO 65102
Telephone: (573) 526-9011
Fax: (573) 526-9012

This completed form should be submitted to the Missouri Office of Homeland Security (OHS), Grants and Training, a minimum of 90 days prior to the date of the requested training.

Mail to: Training and Exercise
Missouri Office of Homeland Security, Grants & Training Division
301 W. High Street, 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 OF REQUESTING INDIVIDUAL			
NAME	TITLE		
TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS			
TRAINING REQUESTED: COURSE NUMBER			
TITLE OF TRAINING			
PROPOSED DATE(S) OF TRAINING	PROPOSED LOCATION OF TRAINING		
TRAINING PROVIDER			

MO OHS SPONSORED? ☐ Yes ☐ No If yes, Course Number

Catalog of courses can be found at: **www.firstrespondertraining.gov**

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 brochures, agendas, conference materials, etc.

DHS / FEMA APPROVED? ☐ **Yes** ☐ **No If yes, Course Number**

CAPABILITIES IMPROVED: Please provide how the proposed training will improve capabilities that are outlined in the DHS Target Capabilities List https://www.rkb.us/hspd8.cfm

Proposed Number of Participants:

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

- ☐ Strengthening Information Sharing Capabilities
- ☐ Expand Regional Collaboration
- ☐ Enhance Missouri's Capabilities though Training and Exercise
- ☐ Strengthening Interoperable Communications
- ☐ Strengthen 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 National 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 50 miles from the training site)

Approximate Total Cost:

TRAINING STRATEGY ADDRESSED: (Please check all that apply)

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

MISSION AREA (choose one) *

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

*** 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 Sharing and Dissemination capabilities.**

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

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

OTHER SUPPORTING INFORMATION:

Training classes funded by grants administered by 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 Region RHSOC 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 TRAINING AND EXERCISE COMMITTEE ENDORSEMENT ☐ Yes ☐ No	DATE
SUBJECT MATTER EXPERT	DATE
CHAIRPERSON, TRAINING AND EXERCISE COMMITTEE	DATE
MISSOURI OFFICE OF HOMELAND SECURITY, GRANTS AND TRAINING	DATE
HOMELAND SECURITY COORDINATOR, MISSOURI OFFICE OF HOMELA ND SECURITY	DATE
GRANT YEAR FY	AMOUNT BUDGETED
☐ Approved ☐ Denied	
Comments:	