



MISSOURI OFFICE OF HOMELAND SECURITY
 GRANTS and TRAINING DIVISION
EXERCISE 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), Training and Exercise, a minimum of 180 days (six 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: 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	
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER	FAX NUMBER
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CONTACT INFORMATION OF REQUESTING INDIVIDUAL

NAME	TITLE
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TELEPHONE NUMBER	FAX NUMBER
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E-MAIL ADDRESS

PROPOSED DATE(S) OF EXERCISE

PROPOSED LOCATION OF EXERCISE

MO OHS SPONSORED? Yes No

TYPE OF EXERCISE PROPOSED (Choose One)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Table Top Exercise |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Functional Exercise |
| <input type="checkbox"/> Drill | <input type="checkbox"/> Full Scale Exercise |
| <input type="checkbox"/> Game | |

EXERCISE DESCRIPTION

SELECT THE SCENARIO BELOW THAT WILL BE ADDRESSED BY THIS EXERCISE (Choose one)

National Planning Scenarios

- | | |
|---|--|
| <input type="checkbox"/> Improvised Nuclear Device | <input type="checkbox"/> Major Earthquake |
| <input type="checkbox"/> Aerosol Anthrax | <input type="checkbox"/> Major Hurricane |
| <input type="checkbox"/> Pandemic Influenza | <input type="checkbox"/> Radiological Dispersal Device |
| <input type="checkbox"/> Plague | <input type="checkbox"/> Improvised Explosive Device |
| <input type="checkbox"/> Blister Agent | <input type="checkbox"/> Food Contamination |
| <input type="checkbox"/> Toxic Industrial Chemicals | <input type="checkbox"/> Foreign Animal Disease |
| <input type="checkbox"/> Nerve Agents | <input type="checkbox"/> Cyber Attack |
| <input type="checkbox"/> Chlorine Tank | |

CAPABILITIES IMPROVED: Please provide weaknesses to be addressed and improvement plan actions to be accomplished by the proposed exercise. How will this exercise improve capabilities that are outlined in the DHS Core Capabilities found in the National Preparedness Goal <http://www.fema.gov/pdf/prepared/npg.pdf>

Identify the agencies involved in this exercise and the estimated number of participants per agency

INVESTMENT JUSTIFICATION: (Please check all IJs that apply)

- Strengthening Information Sharing Capabilities
- Expand Regional Collaboration
- Enhance Missouri's Capabilities through 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 Nation Infrastructure Protection Program (NIPP)
- Citizen Council Program
- Medical Metropolitan Response System (MMRS)

COST ESTIMATE: (Please provide a cost estimate for supplies, travel, lodging, meals, and any other costs that will be associated with the requested exercise.) (To be eligible for lodging, participants must live more than 50 miles from the exercise site.)

TOTAL ESTIMATED COST:

STRATEGY ADDRESSED: (Please check all that apply)

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

Identify the resources by kind and type that are necessary to perform this exercise:

MISSION AREA (choose one) *

- Mitigate
- Prevent
- Protect
- Respond
- Recover

* Mission Area refers to the National Preparedness Guidelines groupings of core 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:

Exercises 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 chair person on this form.

REQUESTOR'S SIGNATURE *(Your typed name will serve as your signature if submitting by e-mail)* DATE

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

This section to be completed by OHS Staff

RHSOC TRAINING AND EXERCISE COMMITTEE ENDORSEMENT

DATE

YES NO

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 HOMELAND SECURITY

DATE

GRANT YEAR

AMOUNT BUDGETED

FY

Approved Denied

Comments: