

New Programs/Update Form

Please use this form to correct or add information to programs that appeared in either *Compendium* or to nominate new programs for the next edition. To update, simply fill in the title of the program and the lines on which information has changed.

Name of Person Filling Out This Form _____

Telephone Number () _____

Exemplary Practices in Emergency Management

Name of Exemplary Practice and Acronym _____

Full Name of Contact Person _____

Title _____

Name of Agency or Association _____

Street Address _____

City _____ State _____ ZIP _____

Telephone Number () _____ Fax Number _____ E-mail _____

Type of Exemplary Practice _____

Population Served (who will use this practice) _____

Setting (where is this practice located, e.g., in "downtown" commercial area of a small city)

Startup Date (calendar year) _____

Evaluation Information (signs of success such as independent evaluations of the program and results, awards, special recognition, and/or feedback from participants or community)

Annual Budget _____

Sources of Funding (be specific if they are foundations and/or Federal sources)

Program Description (goals and operation); please limit to 200 words on a separate page.

Mail to: Compendium of Exemplary Practices in Emergency Management
 PT-SL-PL, Room 614
 FEMA
 500 C Street, SW.
 Washington, DC 20472

Please also enclose a brochure or any other backup information that provides detail about the practice.