



### Application Instructions

Complete this application to request exercise or training support from the National Exercise Division (NED). All applicants should fill out Section A and the section corresponding to the desired type of support. Applicants should then save the application, print the completed sections, and submit the application to the NED by clicking on the *Submit* button at the end of each section. Save the application using the jurisdiction name, event type, and proposed month and year of the initiative (e.g., “State of Oklahoma TTX\_Oct 09”). A representative will contact the application POC within 7 business days. E-mail [hseep@dhs.gov](mailto:hseep@dhs.gov) with general questions regarding the request.

### Support Types

**HSEEP Training Course.** The HSEEP Training Course incorporates exercise guidance and best practices from the HSEEP Volumes. Throughout the course, participants will learn about exercise-related topics including program management, design and development, conduct, evaluation, and improvement planning. In addition to the instructor-led course presentations, the course includes small group activities, videos, and group discussions. The course length is three days.

**HSEEP Toolkit Training.** The HSEEP Toolkit is a collection of on-line systems and tools for exercise scheduling, design, development, conduct, evaluation, and improvement planning. The objectives of the training course focus on the practical use of the HSEEP Toolkit and each of the HSEEP Toolkit subsystems presented in a hands-on computer lab environment. The course length is one and a half days. There is no Train-the-Trainer option at this time.

**Regional Exercise Support Program (RESP).** The Regional Exercise Support Program (RESP) provides exercise assistance to FEMA Regions and State and local jurisdictions in the establishment and execution of a coordinated exercise program. Through RESP, the National Exercise Division (NED) provides contractor support for the design, development, conduct, and evaluation of exercises.

**Terrorism Prevention Exercise Program (TPEP).** The Terrorism Prevention Exercise Program (TPEP) provides exercise support to to all 56 States and territories, major metropolitan areas identified under the Urban Area Security Initiative (UASI) program, and international partners when directed. TPEP Support is designed to enhance the Nation’s overall terrorism prevention capabilities through the conduct of prevention-focused exercises and support activities

**Training and Exercise Planning Workshop (TEPW).** The Training and Exercise Plan Workshop (TEPW) provides the opportunity to update the Multi-Year Training and Exercise Plan (TEP) incorporating the capabilities established at the Improvement Planning Workshop (IPW). The focus of the TEPW is to coordinate all training and exercise activities in order to prevent duplication of efforts and overextension of resources.



Section A: General Information

NED Administrative Use Only
Program: \_\_\_\_\_
Tracking Number: \_\_\_\_\_

1. Application Point of Contact (POC)

Correspondence regarding this application will be directed to the POC listed here. A POC may be from a local jurisdiction, but all applications originating within a State must be submitted through the State exercise POC(s) and the respective Federal Emergency Management Agency (FEMA) regional exercise officer.

\*Name: \_\_\_\_\_
Title: \_\_\_\_\_
\*Agency/Organization: \_\_\_\_\_
Address: \_\_\_\_\_
\*Telephone: \_\_\_\_\_
Fax: \_\_\_\_\_
\*E-mail: \_\_\_\_\_

\*Required field

2. Type of Support Requested

Check the appropriate box for the type of support requested, and complete the requisite application.

- HSEEP Training Course (Section B)
HSEEP Toolkit Training (Section C)
Regional Exercise Support Program (RESP) (Section D)
Terrorism Prevention Exercise Program (TPEP) (Section D)
Training and Exercise Planning Workshop (TEPW) (Section E)

Comment(s): \_\_\_\_\_

3. Regional Exercise Officer Involvement

Has the FEMA regional exercise officer been involved in the development of this application?

- Yes (provide the officer's name): \_\_\_\_\_
No (please explain): \_\_\_\_\_



4. Program Requirements

Does this exercise, training, or workshop fulfill a U.S. Department of Homeland Security (DHS) or other grant program requirement?

- Yes (provide information below)
No

Program Explanation

Three horizontal lines for providing program and explanation details.

5. NED Support

Explain why this initiative should be supported by the NED as opposed to or in addition to other support mechanisms (e.g., grant funds).

Three horizontal lines for explaining NED support.

6. RESP or TPEP Request

Specify whether or not you will be requesting RESP or TPEP funding for this support. If yes, please complete Section D.

- Yes (see RESP/TPEP funding application on page 7)
No

7. Date of Application Submission:

Horizontal line for date of application submission.

8. Participating Organizations

List the agencies and/or jurisdictions expected to participate in the training or exercise.

Labels for participating organizations: Local, County/Parish/Township, State/Territory/Tribe, Federal, International, Private Sector, Nongovernmental, Other (specify). Each label is followed by a horizontal line.



**9. Training Point of Contact**

If requesting training support, please provide the following training POC information. The training point of contact (POC) is the person who is responsible for coordinating the training element of the exercise. They may be the same as the application point of contact. This is the person who will be contacted regarding the training piece of this application. If the training POC is the same as the application POC, leave this section blank.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**10. Sponsoring Agency Point of Contact**

If the central point of contact is not a Federal employee, please provide the following information for the POC of the lead sponsoring agency:

Name: \_\_\_\_\_  
Agency/Organization: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_



## Section B: HSEEP Training Course

To request the HSEEP Training Course, provide the following information.

### 1. Training Type and Number of Trainees

Select the type of course and the number of individuals to be trained:

HSEEP Training Course (3 days)

Estimated number of participants (maximum 50 participants per class):

Select the level of support for the HSEEP Training Course

Full (provides instructors, administrative support, and all printed materials)

Administrative and Printing (provides administrative support and all printed materials)

Printing Only (provides all printed materials)

Comment(s): \_\_\_\_\_

### 2. Proposed Training Date(s)

Provide the date(s) to conduct HSEEP Training Course (60 days' notice required).

Proposed date(s): \_\_\_\_\_

### 3. Proposed Training Location(s)

Provide the name and/or address of the physical location(s) for the training (e.g., 1234 Main Street, Reston, VA 20191). If a specific location is not yet known, indicate a probable city and State.

Proposed location(s): \_\_\_\_\_

Address: \_\_\_\_\_

**HSEEP Training Course support applicants should stop here, save, and submit the completed application to the NED by clicking on the *Submit* button at the end of this section.**

**[SUBMIT](#)**



### Section C: HSEEP Toolkit Training

To request the HSEEP Toolkit Training Course, provide the following information.

#### 1. Training Type

Select the type of HSEEP Toolkit training required:

HSEEP Toolkit Overview (1 to 1.5 hours)

The HSEEP Overview is a presentation that provides a general summary of the capabilities, use, and operation of each component of the HSEEP Toolkit.

HSEEP Toolkit Laboratory Training Session (10 to 12 hours)

The HSEEP Laboratory Training Session provides interactive facilitator-led classroom instruction with practical application. Participants learn to navigate the applications in the HSEEP Toolkit in a hands-on computer lab environment. The course host must provide high-speed Internet access and a computer for each participant.

Comment(s): \_\_\_\_\_

#### 2. Number of Trainees

Number of individuals to be trained (maximum 25 participants per lab): \_\_\_\_\_

#### 3. Proposed Training Date(s)

Provide the desired conduct date(s) for HSEEP Toolkit training. (45 days notice required)

Proposed date(s): \_\_\_\_\_

#### 4. Proposed Training Location(s):

Provide the name and/or address of the physical location(s) for the training (e.g., 1234 Main Street, Reston, VA 20191). If a specific location is not yet known, provide a probable city and State.

Proposed location(s): \_\_\_\_\_

Address: \_\_\_\_\_

**HSEEP Toolkit Training support applicants should stop here, save, and submit the completed application to the NED by clicking on the *Submit* button at the end of this section.**

**[SUBMIT](#)**



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## Section D: Regional Exercise Support Program (RESP) and Terrorism Prevention Exercise Support Program (TPEP)

To request RESP/TPEP support for an exercise, provide the following information.

### 1. Exercise Type

Indicate the type of exercise to support.

- Seminar                       Workshop                       Tabletop exercise  
 Game                               Drill                               Functional exercise  
 Full-scale exercise

Comment(s): \_\_\_\_\_

### 2. Exercise Name

The NED encourages applicants to use a naming convention that is consistent with either the name used in the National Exercise Schedule (NEXS) System or the name used by the NED for national-level exercises (NLEs) and principal-level exercises (PLEs). For example, the first PLE in Fiscal Year 2009 is named PLE 1-09.

Exercise name: \_\_\_\_\_

### 3. Exercise Date

The NED recommends following the Timeline Guidelines found in Homeland Security Exercise and Evaluation Program (HSEEP) Volume I, available at <https://hseep.dhs.gov>.

Proposed date(s): \_\_\_\_\_

### 4. Exercise Location

Provide the name and/or address of the physical location(s) for the exercise (e.g., 1234 Main Street, Reston, VA 20191). If a specific location is not yet known, indicate a probable city and State.

Location(s): \_\_\_\_\_

Address: \_\_\_\_\_



### 5. Exercise Purpose

State the purpose of the exercise initiative. This should include goals, objectives, and any additional information to support this application, including support of goals and objectives identified in the appropriate State Homeland Security Strategy, FEMA Region Strategy, and/or the NED.

Goals: \_\_\_\_\_

Objectives: \_\_\_\_\_

Comments: \_\_\_\_\_

### 6. Mission and Capabilities

Indicate the mission area(s) and corresponding capabilities on the following two pages that this exercise initiative will address. See the Target Capabilities List (TCL) at <https://www.llis.dhs.gov> for detailed information on each capability.

Support from the Terrorism Prevention Exercise Program (TPEP) can be requested by selecting the Prevent mission area (see the Regional Exercise Support Guide for details on the TPEP).

#### Common

- Communications
- Community Preparedness and Participation
- Intelligence and Information Sharing and Dissemination
- Planning
- Risk Management

#### Prevent Mission Area (Select for TPEP Support)

- Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives (CBRNE) Detection
- Counter-Terror Investigation and Law Enforcement
- Information Gathering and Recognition of Indicators and Warnings
- Intelligence Analysis and Production

#### Protect Mission Area

- Critical Infrastructure Protection
- Epidemiological Surveillance and Investigation
- Food and Agricultural Safety and Defense
- Laboratory Testing





### Response Mission Area

- Animal Disease Emergency Support
- Citizen Evacuation and Shelter-in-Place
- Critical Resource Logistics and Distribution
- Emergency Operations Center (EOC) Management
- Emergency Public Information and Warning
- Emergency Public Safety and Security Response
- Emergency Triage and Pre-Hospital Treatment
- Environmental Health
- Explosive Device Response Operations
- Fatality Management
- Fire Incident Response Support
- Isolation and Quarantine
- Mass Care (Sheltering, Feeding, and Related Services)
- Mass Prophylaxis
- Medical Supplies Management and Distribution
- Medical Surge
- On-Site Incident Management
- Responder Safety and Health
- Search and Rescue (Land-Based)
- Volunteer Management and Donations
- Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination

### Recover Mission Area

- Economic and Community Recovery
- Structural Damage Assessment
- Restoration of Lifelines

## 7. Anticipated Exercise Scope

Indicate the scope of the exercise by checking all that apply.

- Local (participation by at least one local agency/jurisdiction)
- State/territory (participation by at least one State/territory-level agency)



- Multistate (participation by multiple States and/or territories and State and/or territory-level agencies)
- Regional/intrastate (participation by multiple geographically distinct jurisdictions within a State or territory)
- Regional Federal (participation by multiple regional Federal agencies)
- National Federal (participation by Federal agencies at a headquarters level)
- International (participation by a foreign country)
- Private sector (participation by private-sector organizations)
- Nongovernmental and volunteer (participation by nongovernmental or volunteer organizations)
- Other (please specify):

**8. Exercise Scenario Type**

Indicate the proposed scenario type for the exercise initiative (check all that apply). All natural disaster or technological scenarios must be catastrophic as defined by the National Response Framework.

- Biological
- Chemical
- Cyber
- Explosive
- Nuclear
- Radiological
- Natural hazard (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**9. Special Event Linkage**

Indicate if the proposed exercise is in preparation for a special event.

- Yes (specify event): \_\_\_\_\_
- No

**RESP support applicants should stop here, save, and submit the completed application to the NED by clicking on the *Submit* button at the end of this section.**

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## Section E: Training and Exercise Planning Workshop (TEPW)

To request TEPW support, provide the following information.

### 1. Proposed TEPW Date(s)

Provide the desired date(s) of conduct for the TEPW (should be 30–60 days after the IPW).

Proposed date(s): \_\_\_\_\_

### 2. Proposed TEPW Location(s)

Provide the name and/or address of the physical location(s) for the TEPW (e.g., 1234 Main Street, Reston, VA 20191). If a specific location is not yet known, indicate a probable city and State.

Proposed location(s): \_\_\_\_\_

Address: \_\_\_\_\_

### 3. Number of Attendees

Estimated number of participants (maximum recommended is 30 participants): \_\_\_\_\_

### 4. TEPW Support Requested

Select the level of support required for the TEPW.

- Procuring a facility to conduct the TEPW
- Preparing read-ahead materials and workshop materials
- Providing invitation support (send invitations, track responses)
- Conducting and facilitating TEPW (compile survey results, develop minutes)
- Developing document and outlining priorities

Comment(s): \_\_\_\_\_

**TEPW support applicants should stop here, save, and submit the completed application to the NED by clicking on the *Submit* button below.**

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