Kansas Division of Emergency Management

Exercise Notification Form

Today's Date 7/24/13

Submit by Email

Print Form

1. Name of Exercise

2. Location

County/Region

ZIP Code

3. Host Agency/Jurisdiction

State

4. Start Date of Exercise

End Date

5. Proposed Time of Play (Operational Periods) for Exercise

Start Time

End Time

Number of operational periods

6. Primary & Alternate Point(s) of Contact

Primary (First & Last Name)

Work Phone

Fax Number

Email

Secondary (First & Last Name)

Work Phone

Fax Number

Email

7. Scenario

- ☐ Natural Hazard
- ☐ HazMat
- ☐ CBRNE
- ☐ Biological
- ☐ Chemical
- ☐ Other
- ☐ Foreign Animal Disease
- ☐ Hostage/Active Shooter
- ☐ Other

8. Type of Exercise Tabletop (TTX)

9. Participating (Target) Agencies/Departments/Disciplines (Check all that apply.)

- ☐ Emergency Management
- ☐ Fire Service
- ☐ Schools/Universities
- ☐ Public Health
- ☐ HazMat
- ☐ CERT Teams
- ☐ Hospitals
- ☐ Law Enforcement
- ☐ Veterinarians
- ☐ Behavioral Health
- ☐ Public Works
- ☐ Military/Civil Support
- ☐ EMS
- ☐ Communications
- ☐ Volunteer Agencies
- ☐ Specialized Team
- ☐ Other _____
- ☐ Other _____

10. Core Capabilities to be Tested (Check all that apply.)

Common

- ☐ Planning
- ☐ Public Information & Warning
- ☐ Operational Coordination

Prevention

- ☐ Forensics & Attribution
- ☐ Intelligence & Information Sharing
- ☐ Interdiction & Disruption
- ☐ Screening, Search & Detection

Protection

- ☐ Access Control & Identify Verification
- ☐ Cybersecurity
- ☐ Intelligence & Information Sharing
- ☐ Interdiction & Disruption
- ☐ Physical Protective Measures
- ☐ Risk Management for Protection Programs
- ☐ Screening, Search & Detection
- ☐ Supply Chain Integrity & Security

Mitigation

- ☐ Community Resilience
- ☐ Long-Term Vulnerability Reduction
- ☐ Risk & Disaster Resilience Assessment
- ☐ Threats & Hazard Identification

Response

- ☐ Critical Transportation
- ☐ Environmental Response/Health & Safety
- ☐ Fatality Management Services
- ☐ Infrastructure Systems
- ☐ Mass Care Services
- ☐ Mass Search & Rescue Operations
- ☐ On-Scene Security & Protection
- ☐ Operational Communications
- ☐ Public & Private Services & Resources
- ☐ Public Health & Medical Services
- ☐ Situational Assessment

Recovery

- ☐ Economic Recovery
- ☐ Health & Social Services
- ☐ Housing
- ☐ Infrastructure Systems
- ☐ Natural & Cultural Resources

11. Proposed Planning Conferences, Dates/Times, & Locations

Planning Conference	*Date*	*Times*	*Location*
Concepts & Objectives (C&O) Conference			
Initial Planning Conference (IPC)			
Mid-Term Planning Conference (MPC)			
MSEL Planning Conference			
Final Planning Conference (FPC)			
After Action Conference			

12. Is this exercise being conducted to satisfy a requirement (e.g., EMPG, HMEP, HSGP)? EMPG

If Other, specify:

13. Is this exercise tied to a specific regional project? No

If Yes, answer the following:

Grant Year

Project Title

Investment Area

Set Aside

Additional Information:

14. Does this exercise involve other counties? No

If Yes, identify the participating counties:

15. Does this exercise involve other states? No

If Yes, identify participating states

16. Any type of assistance needed for this exercise? (Check all that apply.)

☐ None ☐ Evaluators ☐ Controllers ☐ Simulators ☐ Props/Equipment

☐ Exercise Design Assistance ☐ Other

17. Do we have your approval to post exercise information on the National Exercise Schedule (NEXS)? Yes

Don't forget your After Action Report/Improvement Plan (AAR/IP) is due within 90 days from the date of your exercise. Submit the AAR/IP, sign-in sheets, and other supporting documentation to kdem.exercises@gmail.com.