



**EXERCISE SUPPORT REQUEST FORM**

1. Name of Exercise: \_\_\_\_\_
  
2. Location of Exercise: \_\_\_\_\_
  
3. Host Agency: \_\_\_\_\_
  
4. Proposed Date of Exercise: \_\_\_\_\_
  
5. Proposed Time of Play (Operational Period) for Exercise:
  - a. (Start) \_\_\_\_\_ (End) \_\_\_\_\_
  - b. Number of operational periods: \_\_\_\_\_
  
6. Primary and Alternate Point(s) of Contact: \_\_\_\_\_  
\_\_\_\_\_
  
- a. Work # \_\_\_\_\_
  
- b. Fax # \_\_\_\_\_
  
- c. E-mail Address \_\_\_\_\_

d. Type of Exercise:

7. Discussion-Based:

- Seminar
- Workshop
- Tabletop
- Games

Operations-Based:

- Drills
- Functional
- Full Scale

8. Scope of Exercise \_\_\_\_\_

9. Purpose of Exercise \_\_\_\_\_

10. Participating Agencies/Departments/Disciplines \_\_\_\_\_

11. Funding Source (if applicable) \_\_\_\_\_

12. Proposed Planning Meeting Date/Time and Location:

- Concept & Objectives Meeting \_\_\_\_\_
- Initial Planning Meeting \_\_\_\_\_
- Mid Term Planning Meeting(s) \_\_\_\_\_
- Final Planning Meeting \_\_\_\_\_

13. Is this exercise being conducted to satisfy a mandated requirement?

14. If so, please state regulation, statute, law, etc.

15. Is this exercise part of long term exercise strategy plan?

16. Will this exercise involve other states?

17. Are you requesting the State EOC be activated for this exercise?

18. What type of assistance might you need for this exercise? (Explain in as much detail as possible)

a. Design Team

b. Evaluators

c. Controllers

d. Players

e. Actors

f. Props

g. Other

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**\*IMPORTANT NOTICE: The Exercise and Training Division will review this request and respond with a decision regarding approval within 60 days.**