



Exercise Request Form

Sponsoring Organization:

Region:

This form must be completed and submitted to the Regional Hospital/Public Health Coordinator and to the MDPH HMCC mailbox (dphhmcc@mass.gov) prior to the initial planning meeting for all exercises that will be supported wholly or in part with PHEP, HPP or state emergency preparedness (EP) funds received from the Office of Preparedness and Emergency Management.

In addition, this form must be completed and submitted when DPH resources such as the HHAN¹, WebEOC or the OPEM Duty Officers will be requested to be utilized during the exercise, regardless of whether the exercise is funded with EP dollars. Failure to submit the form prior to the initial planning meeting may result in restrictions on the use of federal or state emergency preparedness funding or availability of DPH resources.

General Information:

Requesting Entity Name:	
Date Form Submitted:	
Form Submitted by:	
Submitter email:	
Name of Exercise:	
Date of Exercise:	
Location of Exercise:	
Entity Sponsoring the Exercise:	
Type of Exercise:	<input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input type="checkbox"/> Functional <input type="checkbox"/> Full-scale
Focus area of Exercise:	<input type="checkbox"/> Response <input type="checkbox"/> Recovery <input type="checkbox"/> Other
Scenario Type: (e.g. Pandemic, Biological, Natural Hazard etc.):	

¹ Please note that this does not apply to the EDS and HHAN drills that are conducted as part of the CDC PHEP annual deliverables.

Capabilities being tested:	Select a PHEP Capability Select a HPP Capability
What Plan(s) are being exercised?	

Exercise Participants:

What facilities/entities will be involved?	<input type="checkbox"/> Hospitals <input type="checkbox"/> Public Health <input type="checkbox"/> CHC <input type="checkbox"/> LTC <input type="checkbox"/> EMS <input type="checkbox"/> Public Safety <input type="checkbox"/> Other
State Participants? (please list)	
Federal Participants? (please list)	
Local Partners? (please list)	
Have they all been notified of their participation?	

Please list dates for each of the applicable planning meetings below.

Initial Planning Meeting:	
Midterm Planning Meeting:	
Final Planning Meeting:	

Additional Exercise Information:

Please Specify Budget source:	<input type="checkbox"/> Coalition Budget (PHEP funds) Hospital Budget (HPP funds) MRC Budget (State funds) HMCC Budget (PHEP/HPP funds)
Is this funding part of a pre-approved budget by DPH OPEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budget Detail (Breakdown of costs and what budget(s) will be used):	Amounts

Will DPH resources (including staff time to attend or participate) be requested for use during this exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What DPH resources are being requested?	WebEOC HHAN ² OPEM Duty Officer OPEM or other DPH Bureau Staff Time Other _____
Name of Person(s) Writing After Action Report:	
Email address of Person Writing After Action Report:	

² If the HHAN will be utilized, pre-scripted messages must be submitted at least one week prior to exercise.

Please write out a brief (1 to 2 paragraph) narrative of the exercise, including the objectives and the scenario.

Approvals:

Please submit to your HMCC who will review and submit to OPEM for final approval.

HMCC SO:

Date:

Reviewed

OPEM:

Date:

Approved Denied
