



# New Mexico Homeland Security and Emergency Management

## REQUEST TO USE FEDERAL GRANT FUNDS

### For Training, Conferences or Exercise Activities

NMDHSEM, State Administrative Agency (SAA)  
PO Box, 27111, Santa Fe, NM 87502

**\*\*PLEASE TYPE OR PRINT CLEARLY – COMPLETE ALL SECTIONS\*\***

Please indicate the type of project to be funded with grant funds.

- Training** – Complete this section **AND** Section 1 **AND** attach class description and registration information.
- Conference** – Complete this section **AND** Section 2 **AND** attach conference agenda and registration information.
- Exercise** – Complete this Form **AND** Section 3 **AND** budget.

REQUESTER INFORMATION																
<b>Requester Name:</b>	<b>Date of Request:</b>															
<b>Agency/Program/Organization:</b>																
<b>Mailing Address:</b>																
<b>City:</b>	<b>Zip Code:</b>															
<b>Email:</b>																
<b>Phone:</b>	<b>Fax:</b>															
GRANT ACTIVITY INFORMATION																
<b>SUB-GRANT NUMBER:</b>	See your jurisdiction’s sub-grant agreement. N/A for Off-Cycle requests.															
<b>PROJECT TITLE &amp; NUMBER:</b>	See your jurisdiction’s sub-grant agreement. N/A for Off-Cycle requests.															
<b>MATCH FUNDS AVAILABLE?</b>	Match must be non-federal funds. Contact your Local Preparedness Coordinator for more information. <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>TRAINING COURSE, CONFERENCE TITLE OR EXERCISE NAME</b>																
<b>CORE CAPABILITIES ADDRESSED BY ACTIVITY:</b>	Should match jurisdiction’s grant application <b>OR</b> for Off-Cycle requests, see Attachment A – Resources for list of capabilities.															
<b>ACTIVITY DATE(S):</b>																
<b>LOCATION:</b>																
<b>JUSTIFICATION</b>	How will activity contribute to building / supporting capabilities for your program? Tie this justification to the Core Capability Critical Task identified in the jurisdiction’s application. For Off-Cycle requests see Core Capabilities List at <a href="http://www.fema.gov/core-capabilities">http://www.fema.gov/core-capabilities</a> .															
<b>PARTICIPANT OR AUDIENCE DISCIPLINE: (CHECK ALL THAT APPLY)</b>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AGRICULTURE</td> <td><input type="checkbox"/> FIRE</td> <td><input type="checkbox"/> PRIVATE/INDUSTRY</td> </tr> <tr> <td><input type="checkbox"/> COMMUNICATION</td> <td><input type="checkbox"/> FOOD PROTECTION</td> <td><input type="checkbox"/> PUBLIC ADMINISTRATION</td> </tr> <tr> <td><input type="checkbox"/> EDUCATION</td> <td><input type="checkbox"/> HEALTH</td> <td><input type="checkbox"/> PUBLIC WORKS</td> </tr> <tr> <td><input type="checkbox"/> EMERGENCY MANAGEMENT</td> <td><input type="checkbox"/> LAW ENFORCEMENT</td> <td><input type="checkbox"/> VOLUNTEER</td> </tr> <tr> <td><input type="checkbox"/> EMERGENCY MEDICAL SERVICES</td> <td><input type="checkbox"/> MILITARY</td> <td><input type="checkbox"/> OTHER _____</td> </tr> </table>	<input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> FIRE	<input type="checkbox"/> PRIVATE/INDUSTRY	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> FOOD PROTECTION	<input type="checkbox"/> PUBLIC ADMINISTRATION	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> HEALTH	<input type="checkbox"/> PUBLIC WORKS	<input type="checkbox"/> EMERGENCY MANAGEMENT	<input type="checkbox"/> LAW ENFORCEMENT	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> EMERGENCY MEDICAL SERVICES	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> FIRE	<input type="checkbox"/> PRIVATE/INDUSTRY														
<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> FOOD PROTECTION	<input type="checkbox"/> PUBLIC ADMINISTRATION														
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> HEALTH	<input type="checkbox"/> PUBLIC WORKS														
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<input type="checkbox"/> EMERGENCY MEDICAL SERVICES	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER _____														

**AUTHORIZATION SIGNATURES**

**Local Authorization: (Name, Title and Signature of Program or Agency Head).**

*The signatory below represents and warrants that the signor has the authority to allocate the use of grant funds and execute the Request for Use of Grant Funds on behalf of the entity for the activity specified above.*

**I certify that:**

- *all information provided in this application is true and correct;*
- *all funds will be used only for the project and purposes identified;*
- *the grant funds for the activity specified, are in support of the Jurisdiction’s 3-Year Training and Exercise Plan;*
- *The Jurisdiction has completed and is compliant with all National Incident Management Systems Requirements and Reports.*

**Total Amount Requested** (Total of all funds requested in Section(s) 1, 2 or 3) \$ \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and submit this form along with the requested attachments. For trainings and conferences, you must submit a certificate of completion or attendance or Attachment B -Training and Conference Evaluation Form with your Request for Payment.**

\*\*\*\*\*

**\*FOR NMDHSEM USE ONLY\***

<b>STATE TRAINING AND EXERCISE</b> APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	SIGNATURE:
<b>GRANTS/FINANCE APPROVAL</b> APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	SIGNATURE:
<b>CABINET / DEPUTY SECRETARY</b> APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	SIGNATURE:

## SECTION 1 - TRAINING REQUESTS

**(Please check one)**

**DHS APPROVED COURSES**

**NON-DHS APPROVED COURSE:** See **Attachment A – Resources** for items which **must be** submitted with requests for funding of non-DHS approved courses.

**COURSE NAME:**

**DHS COURSE CODE: (IF APPLICABLE)**

**COURSE VENDOR NAME /  
CONTACT INFORMATION:**

**ARE YOU REQUESTING SUPPORT FROM NMDHSEM FOR COURSE ACTIVITIES?**

**Yes - COURSE LOGISTICS SUPPORT REQUESTED FROM DHSEM. CHECK ALL THAT APPLY:**

- Registration on [www.preparingnewmexico.org](http://www.preparingnewmexico.org)
- Local Approval of Registrations for Attendance
- Verification of completion of course pre-requisites

**No - COURSE LOGISTICS PROVIDED BY OTHER AGENCY.** Participants will register at (Provide registration contact information i.e. web address, phone number, mailing address):

The course sponsoring entity and the course provider assume all responsibility and any liability for the delivery of the course

**TRAINING BUDGET INFORMATION – PER PERSON COST ESTIMATES (COMPLETE WHEN GRANT FUNDS WILL BE USED FOR ANY OF THE FOLLOWING EXPENDITURES)**

<b>NUMBER OF INSTRUCTORS: _____</b>	<b>INSTRUCTOR(S) FEE(S)</b>	\$
	<b>INSTRUCTOR(S) TRAVEL</b>	\$
<b>ANTICIPATED NUMBER OF PARTICIPANTS: _____</b>	<b>INSTRUCTOR(S) LODGING</b>	\$
	<b>FACILITY RENTAL</b>	\$
	<b>COURSE MATERIALS PRINTED / COPIED</b>	\$
	<b>COURSE EQUIPMENT RENTAL</b>	\$
	<b>PARTICIPANT FEES:</b>	
	• Registration	\$
	• Lodging	\$
	• Travel / Per Diem / Car Rental	\$
	• Backfill/Overtime	\$
	<b>OTHER (PLEASE SPECIFY)</b>	\$
	<b>Total:</b>	\$

## SECTION 2 - CONFERENCE REQUEST

**Reminder:** Attach Conference Description, Agenda, and Registration Information

### CONFERENCE BUDGET (PER PERSON COST ESTIMATES)

CONFERENCE LOCATION:

SPONSORING ORGANIZATION:

NUMBER OF PARTICIPANTS: _____	<b>PARTICIPANT FEES:</b>	\$
	• Registration	\$
	• Lodging	\$
	• Travel / Per Diem / Car Rental	\$
	<b>OTHER (PLEASE SPECIFY)</b>	\$
	<b>Total:</b>	\$

## SECTION 3 - EXERCISE REQUEST

SITE NAME AND PHYSICAL ADDRESS:

ESTIMATED NUMBER OF PARTICIPANTS:

DATE, TIME AND DURATION OF EXERCISE:

LIST PARTICIPATING AGENCIES/JURISDICTIONS:

EXERCISE TYPE:

- Seminar     Workshop     Table Top (TTX)     Drill     Game     Functional Exercise (FE)  
 Full Scale Exercise (FSE)

EXERCISE BUDGET :

Exercise will be conducted by:

- Contractor - Attach "draft" scope of work.  
 In house Staff - Attach "draft" exercise budget for items and services to be covered by this request

**Total Requested: \$ \_\_\_\_\_**

### REQUESTER AGREEMENT

I (we) will comply with all National Incident Management Systems (NIMS), FEMA Homeland Security Exercise Evaluation Program (HSEEP) and New Mexico HSEEP policy and procedures, and I (we) am requesting an exercise at the location and dated specified above.

NAME:

SIGNATURE:

DATE:

## ATTACHMENT A - RESOURCES

### CORE CAPABILITIES BY MISSION AREA

#### **Prevention Core Capabilities**

- Planning
- Public Information and Warning
- Operational Coordination
- Forensics and Attribution
- Intelligence and Information Sharing
- Interdiction and Disruption
- Screening, Search, and Detection

#### **Protection Core Capabilities**

- Planning
- Public Information and Warning
- Operational Coordination
- Access Control and Identity Verification
- Cybersecurity
- Intelligence and Information Sharing
- Interdiction and Disruption
- Physical Protective Measures
- Risk Management for Protection Programs and Activities
- Screening, Search and Detection
- Supply Chain Integrity and Security

#### **Mitigation Core Capabilities**

- Planning
- Public Information and Warning
- Operational Coordination
- Community Resilience
- Long-Term Vulnerability Reduction
- Risk and Disaster Resilience Assessment
- Threats and Hazard Identification

#### **Response Core Capabilities**

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

#### **Recovery Core Capabilities**

- Planning
- Public Information and Warning
- Operational Coordination
- Economic Recovery
- Health and Social Services
- Housing
- Infrastructure Systems
- Natural and Cultural Resources

### REQUIRED INFORMATION for NON-DHS APPROVED COURSES

The following **must be submitted prior to course delivery**. Course descriptions and registration instructions will usually contain this information. If you need assistance, contact your Local Preparedness Coordinator.

<ul style="list-style-type: none"><li>• Course Description, Scope, Purpose, Duration</li><li>• Daily start and end times</li><li>• Intended Audience</li><li>• Course Objectives (terminal and enabling)</li><li>• Evaluation Strategy</li><li>• Required pre-requisites</li><li>• Course Point of Contact to include contact information</li><li>• Cost of Course to Participant</li><li>• Street, City, Zip, Phone of course delivery location</li></ul>	<ul style="list-style-type: none"><li>• Course agenda stating begin/end times and instructors assigned to each unit</li><li>• Course Skill Level (Aware, Knowledgeable, Advanced)</li><li>• Outline of each instructional unit</li><li>• Additional registration/participation instructions, or custom restrictions/registration information</li><li>• DHS Disciplines invited as participants</li><li>• Reimbursement Procedures or Participant costs which will be covered</li><li>• Name of Instructor(s); Instructor Bio</li></ul>
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## ATTACHMENT B – TRAINING & CONFERENCE EVALUATION FORM

### New Mexico Homeland Security and Emergency Management

Complete and return this form with your Request for Payment.

<b>CLASS TITLE:</b>	<b># OF HOURS:</b>
<b>LOCATION:</b>	<b>DATES:</b>

1. a. Indicate the emergency service in which you are employed:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Agriculture                | <input type="checkbox"/> Fire            | <input type="checkbox"/> Private/Industry      |
| <input type="checkbox"/> Communication              | <input type="checkbox"/> Food Protection | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Health          | <input type="checkbox"/> Public Works          |
| <input type="checkbox"/> Emergency Management       | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Volunteer             |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Military        | <input type="checkbox"/> Other _____           |

b. Years of experience in this service:

- Less than 1   
  1 – 5   
  6 – 10   
  11 – 15   
  16 – 20   
  Over 20

2. On a scale of 1 to 5, with **“5” being the highest mark** the response which best reflects your opinion. This information will be used to assess the effectiveness of this course and to improve course content and delivery.

<b>Course or Conference Feedback</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
A. Requirements and objectives were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Activities supported course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Printed materials were complete and well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Audio – Visual materials were appropriate, visible and effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Contributed to my knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Was worth recommending to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list those instructors / speakers that you feel were particularly effective and should be considered for future events. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_