A picture containing room

Description automatically generated**EXERCISE REQUEST FORM**

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| --- | --- | --- | --- | --- | --- |
| **Requestor:** | |  | | | |
| **Date of Request:** | |  | | | |
| **Phone Number:** | |  | | | |
| **Coordinating Agency:** | |  | | | |
| **What: Purpose, short description, benefit of the proposed exercise activity** | | | | | |
| **When: Activity Date** | | | | | |
| **Where: Site venue (s)** | | | | | |
| **Who: Participants included in the activity** | | | | | |
| **Has the exercise event been recorded in NEXUS?** YES NO | | | | **Coordinated with HI-Emergency Management Agency?** YES NO | |
| **Activity** | **Specific Description of Activity** | | | | **Estimated Funding Requirement** |
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| **TOTAL:** | | | | | **$** |
| **Grant Year:** | | | Choose an item. | | |
| **Grant Program:** | | | Choose an item. | | |
| **Investment Number / Title:** | | |  | | |
| **Project Title:** | | |  | | |
| **Strategy Reference No:** | | |  | | |
| **Notes / Comments:** | | | | | |

**A copy of the After Action Report and Improvement Plan is required to be on file with the Office of Homeland Security.**