

STATE OF ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

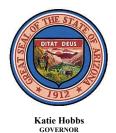


DEMA/EM USE ONLY

5636 East McDowell Road Phoenix, Arizona 85008-3495

DEMA/EM Training & Exercise Event Request Form

				Event #:	int.:	
1. Requester Information						
Request Date:	Agency:					
County:	Tribe:				Region:	
Requester Name:	Ph	one:	Eı	mail:		
Alternate Contact:	Ph	one:	Eı	mail:		
2. Event Information						
Event Type:	Del	ivery Method:				
Event Number and/or Nam	ne:					
Event Date(s):	Ev	ent Hours:		Estin	nate # Attendees:	
Target Audience: (specific group, disciplines, or organizations the event is intended for)						
Event Justification:	Mission Area:					
Core Capability:	Additional Core Capability (Optional):					
Please describe how this event will address the above: (Attach additional pages if necessary)						
3. Event Funding						
Certificates/Notification	Only (non-funded)	Requesting St	tate/Count	v Funding	Federal Provider Funded	
•	ertificates Only Trainir					
gu es	, , , , , , , , , , , , , , , , , , ,	-8, predec				
4 F and a F and a ONLY						
4. Exercise Events ONLY						
Exercise Type:						
Basic Scenario:						
Exercise Overview: (Identify necessary)	the purpose, scope, and	d exercise suppor	t to ensure a	ı successful ev	vent, attach additional pages if	
//						



STATE OF ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

5636 East McDowell Road Phoenix, Arizona 85008-3495



t Site and Resources (physical location where the event will be held)

5. Event Site and Reso	ources (physical location whe	ere the event will be held)					
Event Facility Name:			Room #:				
Physical Address:		City:	Zip:				
Main Room Capacity:		# of Breakout Rooms:					
Type of Seating:	Auditorium - Seats Only	Auditorium - w/Tables	Movable Tables and Chairs				
Available Resources:	Computer	Projector	Internet Access/Wifi				
Access to the Training	Site Times Day Prior:	Morning of:					
Contact for IT Support	t:	Phone:					
Additional Comments: (special resources, parking, facility access, etc.)							
6. Shipping Address for Event Materials (if other than the event site)							
Facility Name:							
Shipping Address:		City:	Zip:				
Shipping POC:	Phone:	Email:					
Shipping Instructions:							
7. Requester Agreement							
 Requests must be received by DEMA/EM a minimum of 60 days prior to the event. 							
2. I have the full support of my agency and facility owner to host this event.							
3. I, or my alternate contact, will be available at least weekly to coordinate enrollment approvals and other							
related matters.							
 The location provides adequate space for a successful training or exercise environment for participants. All requested resources will be available per the exercise coordinator, instructor, and/or federal provider's 							
needs.	our des viii se avanasie per ei	ne exercise sooramator, mistrat	non, ama, or reactar provider o				
6. I will advertise and track registration regularly to ensure minimum enrollment as indicated by the DEMA/EM.							
7. By signing below, I acknowledge that I have read and understand these requirements.							
_							
Printed Name:	Si	gnature:	Date:				
8. County/Tribal Emergency Management Director or Designee							
I have reviewed this request and concur with the delivery of this course for my jurisdiction.							
Printed Name:	Siş	gnature:	Date:				
9. State Citizen Corp Program Manager Approval (DEMA use for CERT Training Programs Only)							
Printed Name:		gnature:	Date:				
			-				

Email the completed form to the appropriate DEMA/EM Branch for processing:

Training Events - <u>training@azdema.gov</u> Exercise Events - <u>exercises@azdema.gov</u>