



Request for Exercise Design Approval Form

This document is designed to assist the local jurisdiction in meeting the exercise planning requirements of 29 Illinois Administrative Code part 301 and must be submitted to the IEMA Regional Office at least 30 days prior to the exercise. For exercises in which the participation of IEMA or other State agencies is being requested, it is necessary that IEMA be notified at least 60 days in advance of the exercise date.

Organization: <input type="text"/>	County/City Emergency Management Only	Date Request Sent to IEMA: <input type="text"/>
Jurisdiction: <input type="text"/> Other: <input type="text"/>	Mandated <input type="radio"/>	IEMA Region: <input type="text"/>
Point of Contact: <input type="text"/>	Non-Mandated <input type="radio"/>	Participation/Assistance Requested:
Phone Number: <input type="text"/>	Accredited <input type="radio"/>	<input type="text"/>
E-mail: <input type="text"/>	Certified <input type="radio"/>	
	Request State Participation/Assistance:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Exercise Information

Date: **Time:** AM PM **Type:** **Location:**

Mission Area(s) (check all that apply):
 Prevention Response
 Protection Recovery
 Mitigation

Is this exercise part of an Exercise Series? Yes No

Is this exercise incorporated into Jurisdictional Priorities/IPP? Yes No

Exercise Scenario

Primary Hazard Type: **Primary Hazard:**

Secondary Hazard: **Tertiary Hazard:**

Scenario Description:

Exercise Objectives and Core Capabilities

(Fill in Exercise Objective(s) and align with Core Capability based on Mission Area)

* See Instructions Section for Helpful Links

Objectives

Core Capabilities

Objectives	Core Capabilities



Request for Exercise Design Approval Form Instructions

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- 1) **Organization:** Enter the agency or organization requesting the Exercise Design Approval from IEMA.
- 2) **Jurisdiction:** Choose your jurisdiction type (municipality/county/state/other - if other, specify in the blank provided).
- 3) **Point of Contact:** Enter the name of the individual responsible for the exercise.
- 4) **Phone Number:** Enter the phone number for the point of contact.
- 5) **E-mail:** Enter the E-mail address for the point of contact.
- 6) **County/City Emergency Management Only:** Fill out this information if applicant is an Emergency Management Agency.
 - Mandated:** The agency or organization is mandated by state law to be an Emergency Management Agency.
 - Non-Mandated:** The agency or organization is a non-mandated Emergency Management Agency.
 - Accredited:** The agency or organization has received accreditation through the Illinois Emergency Management Agency.
 - Certified:** A non-mandated EMA that has received certification through an accredited, mandated EMA or IEMA.
- 7) **Date Request Sent to IEMA:** Enter the date the Exercise Design Approval Form is sent to your IEMA Regional Office.
- 8) **IEMA Region:** Select the IEMA Region in which you are located.
- 9) **Request State Participation:** Select "Yes" or "No" if you are requesting state agency participation. If yes, briefly describe in the space provided the agency(ies) requested and their purpose in the exercise.
- 10) **Exercise Information:**
 - Date:** Enter the date the exercise is scheduled to occur.
 - Time:** Enter the time the exercise is scheduled to begin. Select AM or PM.
 - Type:** Select the type of exercise you are planning (seminar, workshop, tabletop, drill, functional, full-scale).
 - Location:** Enter the location(s) where the exercise will be held.
 - Mission Area:** Select the mission area(s) your core capabilities will focus on in the exercise.
 - Exercise Series:** Does this exercise follow the FEMA progressive, multi-year approach to exercise program development which enables jurisdictions to participate in a series of increasingly complex exercises?
 - IPP Priorities:** Does this exercise address jurisdictional capability needs and is it represented in the Integrated Preparedness Plan?
- 11) **Exercise Scenario:**
 - Primary Hazard Type:** Select the primary hazard type for your exercise scenario (natural, technological, human-caused).
 - Primary Hazard:** Select the primary hazard that best fits your exercise scenario. Then describe your scenario in the space provided.
 - Secondary Hazard(s):** Select additional secondary hazard(s) that best fit your exercise scenario, if applicable.
- 12) **Exercise Objectives and Core Capabilities:**
 - Objectives:** List your exercise objectives and link them to the adjacent core capabilities.
 - Core Capabilities:** Select the appropriate core capability based on the objective you define in the adjacent objectives list based on the mission area of your exercise. For example, the Core Capability, Forensics and Attribution, can be found only under the Mission Area of Prevention. If you would like to exercise the Core Capability, Forensics and Attribution, then your exercise must focus on the Mission Area of Prevention.
- 13) **IEMA Approval:** This section is for IEMA internal use only.

Helpful Links for a better understanding of how Core Capabilities can be properly applied in each Mission Area:

• Core Capabilities by Mission Area (Crosswalk)	• National Prevention Framework
• Core Capabilities by Mission Area (Chart)	• National Protection Framework
• National Incident Management System	• National Mitigation Framework
• What are Core Capabilities? (with Examples)	• National Response Framework
• Core Capability Development Sheets	• National Disaster Recovery Framework

IEMA Approval (For Official Use Only)

Regional Office Signature:

Date:

Exercise Officer Signature:

Date: