Texas Division of Emergency Management (TDEM)

Exercise Notification Form

Date

General Information: *Required – this information will be posted to the State Exercise Schedule

1. *Submitting/Lead Organization:

   My jurisdiction falls into the following geographical areas

   DPS Region N/A HSR/TSA N/A

   UASI N/A COG N/A

2. *Name of Exercise:
3. *Location of Exercise: Zip Code:
4. *Proposed Date(s) of Exercise: or
5. *Exercise Scenario: N/A
6. *Exercise Scope: City/County ☐ Regional ☐ Statewide ☐ National ☐
7. *Exercise Type: Discussion-Based Operations-Based

   N/A N/A

8. Exercise is based upon the local EOP: Yes ☑ No ☐ EOP Date:
9. Funding Source Federal ☐ Grant

   Mark all that apply State ☐ Grant

   Local ☐ Grant

   Other ☐ Grant

10. This exercise is intended for the FY Grant Performance Period

Detailed Information: Do we have your approval to post the following exercise details to the State Exercise Schedule? Yes ☑ No ☐

11. Primary and Alternate Exercise Point(s) of Contact:

    a. Primary Name:

       Primary Phone: Fax:

       E-mail Address:

    b. Alternate Name:

       Alternate Phone: Fax:

       E-mail Address

12. Is this a multi-jurisdictional exercise? Yes ☑ No ☐

    If yes, accept this notification for the asterisked **(*)** jurisdictions below ☐

13. Participating Jurisdictions/Agencies/Departments:

    a. f.

    b. g.

    c. h.

    d. i.

    e. j.

14. Mission Area and Capabilities/Functions to be evaluated:

RESPONSE	RECOVERY
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.

PREVENTION	PROTECTION
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.

MITIGATION	PUBLIC HEALTH
a.	a.
b.	b.
c.	c.
d.	d.
e.	e.

15. Additional Information:

Thank you for completing this form. Please submit this form to the Texas Division of Emergency Management Exercise Unit TDEM.Exercises@dps.texas.gov. If funded by a Texas Homeland Security State Administrative Agency awarded grant, submit a copy to SAA@dps.texas.gov

Internal TDEM Use Only
Date and initial

Date Rcvd	Posted to PTO	Posted to SOC	Posted to Profile
/	/	/	/