

Texas Division of Emergency Management
Exercise Notification Form

Instructions

Purpose: This form collects information that will be used to augment exercise situational awareness and develop a statewide comprehensive calendar of exercises. The calendar is available on the [Texas Emergency Management Website](#) for all practitioners interested in coordinating and synchronizing exercises across the state for better allocation of resources.

EMPG jurisdictions are required to provide notification NLT 45 days prior to exercise conduct.

General Exercise Information

1. **Submitting/Lead Organization** - Primary entity conducting the exercise. Use as many geographical filters as necessary to help pinpoint your organization/jurisdiction.
2. **Name of exercise** - Be creative, we encourage you to name your exercise something unique that clearly identifies your exercise.
3. **Location of exercise** - Where conduct will take place, be specific as possible.
4. **Proposed Date of exercise** - Primary calendar conduct date and backup, as necessary
5. **Exercise Scenario** - Please select from the respective dropdown boxes. If your scenario is not listed, please use block 15 Additional Information
6. **Exercise Scope** – Indicate the extent of play of participating entities. Regional should be considered multi-jurisdictional (4 or more cities/counties, COG level, or DPS Region) and not yet state level
7. **Exercise Type** – Discussion or operations –based, only pick one. Remember, Special Events are focused on event planning vs. the actual event
8. **EOP** - Select Yes or No response and provide date of EOP
9. **Funding Source** - Check the most appropriate Funding Source and provide grant name
10. **Grant Performance Period** - Select the performance year you want this exercise to fulfill
11. **Primary and Alternate POCs** – contact information of the person submitting this form
12. **Regional or multi-jurisdictional** - exercise should be identified here. Specific participating jurisdictions will be highlighted in block 13
13. **Participating Jurisdictions/Agencies/Departments** - List EOP jurisdiction organizations and agencies and then add mutual aid partners. Important to highlight those supporting jurisdictions that do intend to submit a separate notification form
14. **Mission Area and Capabilities** – Select the mission area and corresponding capabilities you plan to evaluate in the exercise. See the below matrix for EMPG exercise minimums.
15. **Additional Information** – Self explanatory

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Minimum EMPG Exercise Standards

	Exercise Activity	# of EM Agencies/ Jurisdiction	CEO or Rep Required	Coordination & Control	# of Core Capabilities
Discussion-Based	Seminar	Two	No	No	Two
	Workshop	Three	No	No	Three
		Two Regional			
	Special Event	Three *	No	No	Four
	Tabletop	Four	Yes	Yes	Four
		Three Regional			
Game	Three	No	No	Three	
	Two Regional				
Ops-Based	Drill	Two	No	Yes	Three
	Functional	Four	Yes	Yes	Four
	Full-Scale	Four	Yes	Yes	Four
	Real World Incident	++	++	Yes	Four

NOTE: * Includes two emergency management agencies and one venue/promoter
++ In compliance with conditional requirements

Lastly, please submit your notification form to the appropriate point of contact for processing. EMPG jurisdictions must submit your forms the Texas Division of Emergency Management Exercise Unit TDEM.Exercises@dps.texas.gov
If your exercise is funded by a Texas Homeland Security State Administrative Agency awarded grant, submit your notification to SAA@dps.texas.gov