



EXERCISE NOTIFICATION FORM

PURPOSE: This form collects information that will be used to develop a statewide, multi-agency calendar of exercises. The calendar will be used by State agencies to help coordinate or synchronize exercises. Coordinating and possible linking or combining of exercises facilitates better allocation of resources and limits potential “exercise fatigue.” The calendar will not be published, since one objective of many exercises is to simulate “real world” response actions, which requires limiting the number of individuals who have prior knowledge of upcoming events.

Please complete and submit this notification form for all upcoming exercises. Submitting this form early is particularly important when you are requesting exercise planning and/or evaluation assistance from State agencies.

If your exercise is being funded through Homeland Security, you must also complete the Homeland Security Exercise Evaluation Program application.

Contact Name for Exercise, include phone number, and e-mail address:

(Enter information for the individual with primary responsibility for planning the exercise)

Date of Proposed Exercise:

Exercise Start Time:

End Time:

Jurisdiction:

Exercise Scale: Local

Regional

Statewide

(Enter town, AHHR, etc. as appropriate)

Exercise Funding provided by:

Facility Name and Location of the Exercise:

Exercise Type: Workshop **Tabletop** **Functional** **Full Scale**

Exercise Scenario (Provide 2-3 sentence description of the scenario):

List Invited Participants and their Respective Agencies, Governmental Entities, Organizations, etc.:

Enter Upcoming Exercise Planning Meeting Dates, Times, and Locations:

State Assistance Requested? Yes **No** **If Yes, please specify agencies and resources:**

E-Mail the form no later than the 20th of each month to: ntwitchell@dhhs.state.nh.us