**EXERCISE REQUEST FORM**

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| **Requestor:** |  |
| **Date of Request:** |       |
| **Phone Number:** |       |
| **Coordinating Agency:** |       |
| **What: Purpose, short description, benefit of the proposed exercise activity**      |
| **When: Activity Date**      |
| **Where: Site venue (s)**      |
| **Who: Participants included in the activity**      |
| **Has the exercise event been recorded in NEXUS?** [ ] YES [ ] NO  | **Coordinated with HI-Emergency Management Agency?** **[ ]** YES [ ] NO |
| **Activity** | **Specific Description of Activity** | **Estimated Funding Requirement** |
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| **TOTAL:** | **$**  |
| **Grant Year:**  | Choose an item. |
| **Grant Program:** | Choose an item. |
| **Investment Number / Title:** |  |
| **Project Title:** |  |
| **Strategy Reference No:** |  |
| **Notes / Comments:** |

**A copy of the After Action Report and Improvement Plan is required to be on file with the Office of Homeland Security.**