

STATEWIDE EXERCISE NOTIFICATION FORM INSTRUCTIONS

The State Wide Exercise Notification Form is used to update the ADEM State Wide Comprehensive Exercise Calendar and the Department of Homeland Security National Exercise Calendar.

The information submitted will need to adhere to the following criteria:

Exercise Name: Please be sure to keep your exercise name consistent with the title of your AAR/IP. The names must match in order to be accepted as a compliant report for the Emergency Management Performance Grant (EMPG) and Homeland Security Grant Program (HSGP).

Exercise Overview: Please give a brief scenario overview and list the goals that are to be achieved through the exercise.

Primary Lead Planning Organization: Please list the primary lead planning organization, i.e. County OEM.

Exercise POC: Please list the primary point of contact for the exercise.

Primary Sponsor: i.e ADEM, County government, private sector organization, hospital, etc

Programs: Please list the organizational funding/accreditation source of the host jurisdiction/agency/organization, i.e. SHSGP, EMPG, GPD, DOD, DOE, CDC, HRSA, JHACO, etc.. If you are not requesting exercise dollars, please fill in EMPG. If you are using a real event for exercise, credit please put real event.

Type: Please list the type of exercise being conducted, i.e. TTX, FE, FSE.

Primary Location: Please give the location that the exercise will take place.

Date: Date of exercise conduct

Time: Time of exercise conduct. Please try and provide start and end times.

Scope: Please list the geographic and/or jurisdictional units that the exercise will include, i.e. Local, Multi-Local, Regional, State, Federal, Private Sector, etc.

Scenario: Please select the type of scenario, i.e. Biological, Chemical, Natural Disasters, Explosives, Nuclear, and Radiological.

Conferences/Planning Meetings: Please list the dates for any and all planning meetings that will take place in the planning and preparation of your exercise.

Target Capabilities List: Please select the capabilities that you will be exercising. Please remember that you are not required to exercise a certain amount of target capabilities during an exercise. The target capabilities selected should pair up with the appropriate exercise evaluation guide (EEG) in order to conduct the evaluation portion of the exercise.

Lead Planner: Please list the Lead Planner for this exercise and contact number.

Major Participants: Please list all major participants that contributed in the exercise. This includes cities, first responder departments, volunteer groups, etc.

Will equipment purchased through SHSGP be exercised: This section is very important and must be filled out so ADEM can track how the grant dollars are being utilized across the state in training, exercise, and real events. Please fill this section out to the best of your knowledge.

Will areas needing corrective actions be tested: This section is required so ADEM Exercise Section can track corrective actions across the state and establish priorities for future funding and events.

PLEASE SUBMIT THE EXERCISE NOTIFICATION FORM TO THE EXERCISE SECTION:

Exercise@adem.arkansas.gov

OR YOU MAY FAX THE FORM TO (501) 683-7890

If you are having problems filling out the template/document due to running earlier versions of Microsoft Word 97-2003 please print the

form and scan it in or fax to the exercise section. If you do not want to use this form, you may use the National Exercise Calendar System (NEXS). This system will work on all machines that have internet capabilities. The following is a link to the HSEEP Toolkit where you can register and become a user of the NEXS. Please contact the exercise section if you have any difficulty with the HSEEP Toolkit.

[HSEEP Toolkit Registration Link](#)

Instructions for selecting the check boxes for the scope, scenario, conferences, and target capabilities:

Double click on the appropriate field. Check box form options window will appear, please select checked under default value and then hit ok.

If users are using an older version of Microsoft word this option may not work. If the boxes are unable to be selected, please print the form and scan it in or fax it.

