

2023 Exercise Support Request Form Instructions

The 2023 Exercise Support Request Form is the document eligible organizations complete to request exercise support through the National Exercise Division (NED). The instructions below will help you complete this form, as well as identify all supporting documentation requirements.

- Complete and submit the 2023 Exercise Support Request Form to NEP@fema.dhs.gov by June 1, 2023 at 11:59 pm ET.
- Submit all required supporting documentation with your completed Exercise Support Request Form, as instructed in Section 2. Scope and Section 7. Previously Supported Sponsors.
- Visit www.fema.gov/nep to learn more about the NEP and email NEP@fema.dhs.gov with any questions.

Guide to the Form

Hover your mouse pointer over any label on the form to see a pop-up description or definition.

Form Section	Section Description and Tips
1. Sponsor Information	This section captures basic information about your organization. • <i>Sponsor Type</i> is a drop-down list. Choose the one that best describes your organization.
2. Scope	This section describes the exercise you are requesting support for and why your organization needs to conduct the exercise. • <i>Exercise Type</i> is a drop-down list of Homeland Security Exercise and Evaluation Program (HSEEP) exercise types. • <i>Exercise Level</i> is a drop-down list. Hover over <i>Exercise Level</i> first to see its definition and choose the one that indicates the highest level of plan that your exercise will examine. • Checkboxes: select all characteristics that apply to your exercise. • Any plans that are validated or examined as part of the exercise should be trained on prior to conduct. • If you select <i>Federally Funded</i>, use the text box to list all federal grants or funding sources that are supporting this exercise. • If this exercise is a part of an exercise series, check the box and provide the name of the exercise series in the associated text box. ◦ If you are requesting support for multiple exercises in a series during this exercise support round, check the box to indicate there are more Support Forms submitted for this series. ◦ If you are requesting support for multiple exercises in a series as part of the same round, submit a separate Support Form for each exercise. • Use the text box under <i>Exercise Synopsis</i> to provide a description of the exercise and objectives to be addressed. • Use the text box under <i>Exercise Purpose</i> to describe the plans, policies, doctrine and/or corrective actions that will be examined during the exercise. ◦ Please note that any documents described under <i>Exercise Purpose</i> should be submitted with this Support Form. • <i>Principals' Exercise Priorities (PEP)</i> is a drop down list of identified, overarching NEP priorities for the 2023–2026 cycle. ◦ As a submission option, select the PEP that best aligns with your exercise. ◦ The 2023–2026 Principals' Exercise Priorities are Climate Resilience and Adaptation, Complex Incident Coordination, Critical Infrastructure Cybersecurity, Public Health Emergencies, Supply Chain Resilience, and Recovery.



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Form Section	Section Description and Tips
2. Scope (continued)	SUPPORTING DOCUMENTATION REQUIREMENT: ▪ If you check the box for a characteristic that includes an asterisk * on the Support Form (completed plans, draft plans and/or integrated preparedness plan), submit a copy of those plans as supporting documentation with your Support Form. ▪ If you reference other documents in the <i>Exercise Purpose</i> text box, submit copies of these documents with your Support Form.
3. Core Capabilities	This section captures the FEMA Mission Areas and Core Capabilities that your exercise will examine. ▪ Be realistic. Select only the Core Capabilities that you can reasonably examine, based on the anticipated type and scope of your exercise.
4. Primary Support Requested	This section captures what types of support you are requesting from the National Exercise Division. Use the text box to specify what you need, why you need it, and the resources you will provide for this exercise. ▪ Request support only for those activities you cannot carry out on your own (you either lack the resources or skills and cannot use other sources of support). ▪ Only choose the primary support request options that are associated with the exercise type (Seminar, Workshop, Tabletop, etc.) selected in Section 2 of this Support Form.
5. Exercise Planning Timeline	This section captures key exercise planning milestone locations and start/end dates based on your exercise type. ▪ If you plan to hold your key milestone meetings virtually, check the Yes boxes. ▪ If your exercise will have multiple conduct locations, enter the city and state/territory of the location with the most participants as the <i>Primary Location</i>. List the cities and state/territories of any other locations for exercise play in the <i>Additional Locations</i> box. ▪ If the key milestone start/end dates are estimates, check the boxes in the <i>Date is an Estimate?</i> column. If they are already scheduled with confirmed dates, leave those boxes unchecked.
6. Participation	This section captures information on the expected participants in your exercise. Participant lists change frequently during exercise planning; provide your best estimate when you submit the Support Form. ▪ In the <i>Number of Expected Participants</i> text box, indicate how many participating organizations you expect to be involved in your exercise. ▪ List all expected participating organizations involved in your exercise in the <i>List all expected participating organizations</i> text box.
7. Previously Supported Sponsors	This section captures whether you have received support from the National Exercise Division within the past five years. ▪ If you check Yes, provide a brief, high-level description of the exercise that received support. Include exercise outcomes and a list of all documentation that demonstrates any progress made on improvements following the exercise. SUPPORTING DOCUMENTATION REQUIREMENT: ▪ If you check Yes to the first question, submit copies of improvement plans or other documentation demonstrating improvements along with this exercise support request.
8. Evaluation Agreement	This section captures what you agree to if you submit this Support Form to the National Exercise Division. Read and agree to each statement by checking its box. ▪ If you do not agree to all of the statements, your request for support will not be reviewed.

National Exercise Division

2023 Exercise Support Request Form

1. Sponsor Information

Exercise Sponsor Name		Sponsor Type	
Lead Sponsor Information		Secondary Sponsor Information	
POC Full Name		POC Full Name	
POC Phone Number		POC Phone Number	
POC Email Address		POC Email Address	

2. Scope

Exercise Name			
Exercise Type		Exercise Level	
Classification			
Check all characteristics that apply to this exercise:		* If selected, required to submit with Support Request Form	
Will examine completed plans* Will validate draft plans* Have trainings been completed in support of this exercise? Yes No Please explain: Will examine corrective actions from past real-world events or exercises	Included in your Integrated Preparedness Plan (IPP)* Supports your THIRA/SPR or Organizational Risk Assessment Federally funded List all federal grants and funding sources for this exercise:	Required by senior official directive, law, or an executive order Planned as part of an exercise series Provide the full exercise series name: Support Request Form(s) submitted this round for other exercises in this series	
Exercise Synopsis: Provide a brief, high-level description of the exercise, including any known objectives to be addressed.		Exercise Purpose: At minimum, explain the plans, policies, doctrine and/or corrective actions from past exercises or real-world events to be examined. Documents explained here should be submitted with your completed Support Request Form.	
Threat/Hazard		Principals' Exercise Priorities	

3. Core Capabilities

Select all Core Capabilities to be examined. Keep in mind it is difficult to effectively examine a high number of capabilities within one exercise. Information on the Core Capabilities can be found [here](#).

Prevention	Forensics and Attribution Intelligence and Information Sharing	Interdiction and Disruption Screening, Search, and Detection
Protection	Access Control and Identity Verification Cybersecurity Intelligence and Information Sharing Interdiction and Disruption Physical Protective Measures	Risk Management for Protection Programs and Activities Screening, Search, and Detection Supply Chain Integrity and Security
Mitigation	Community Resilience Long-Term Vulnerability Reduction	Risk and Disaster Resilience Assessment Threats and Hazards Identification
Response	Critical Transportation Environmental Response/Health and Safety Fatality Management Services Fire Management and Suppression Logistics and Supply Chain Management Infrastructure Systems	Mass Care Services Mass Search and Rescue Operations On-Scene Security, Protection, and Law Enforcement Operational Communications Public Health, Healthcare, and Emergency Medical Services Situational Assessment
Recovery	Economic Recovery Health and Social Services Housing	Infrastructure Systems Natural and Cultural Resources
Cross-Cutting	Planning Public Information and Warning	Operational Coordination

4. Primary Support Requested

Indicate the types of support needed from the National Exercise Division. Please note that acceptance into the NEP does not guarantee that your full level of requested support will be provided.

* Discussion-Based
** Operations-Based

Exercise Design and Conduct Roles

Planning and Development Support
Facilitator(s)*
Controller(s)**
Evaluator(s)

Planning Meetings

Concept and Objectives (C&O) Meeting
Initial Planning Meeting (IPM)
Midterm Planning Meeting (MPM)
Master Scenario Events List (MSEL) Meeting**
Final Planning Meeting (FPM)

Services

Exercise Documentation
Exercise Conduct
After-Action/Improvement
Plan Support (Development
and AAM)

Explain the resource support you need from the National Exercise Division and why it is necessary for your exercise's success.

5. Participation

Expected Participants	Federal State Local Tribal	Territorial Private Sector Non-Profit International	Number of Expected Participating Organizations:
	Senior Leadership Involvement		List All Expected Participating Organizations:



6. Exercise Planning Timeline

Milestone	Primary Location	Virtual?	Start/End Dates (mm/dd/yy)	Date is an Estimate?
Exercise Conduct	City State/Territory	Yes	Start:	Yes
	Additional Locations		End:	Yes
Key Milestones	City State/Territory	Yes	Start:	Yes
			End:	Yes
	City State/Territory	Yes	Start:	Yes
			End:	Yes
	City State/Territory	Yes	Start:	Yes
			End:	Yes
	City State/Territory	Yes	Start:	Yes
			End:	Yes
	City State/Territory	Yes	Start:	Yes
			End:	Yes
	City State/Territory	Yes	Start:	Yes
			End:	Yes

7. Previously Supported Sponsors

Have you received support from the National Exercise Division within the past five years? Yes No

If yes, please provide a brief, high-level description of the exercise that was supported, the main exercise outcomes and any documentation (e.g., a revised plan, corrective action tracking) that demonstrates improvements made following the exercise to address identified lessons learned.

8. Evaluation Agreement By submitting this Support Request Form, I confirm/agree to the following:

I have coordinated with my FEMA Regional Exercise Officer (REO) on the development of this Support Request Form.

I will submit all relevant documentation (e.g., any draft or completed plans, current IPP that lists this exercise, relevant After-Action Report/Improvement Plan (AAR/IP) or other documents identified in Section 2 of this Support Request Form) with this Support Request Form to nep@fema.dhs.gov before the submission deadline and acknowledge that nominations without supporting documentation may not be considered.

I will use the National Exercise Division's standardized participant feedback form to collect feedback from exercise participants and will share the data with the National Exercise Division after the exercise.

I will follow and/or apply all relevant Homeland Security Exercise and Evaluation Program (HSEEP) guidance on developing and reporting evaluation information, including the [AAR/IP format](#). I will submit the AAR/IP to nep@fema.dhs.gov within 90 days of conduct of the exercise.

I will use applicable PrepToolkit functions and have the exercise published as a part of the National Exercise Calendar.

