



Application for State Approval of Locally Sponsored Training Event

Course Title: _____

Course Dates: _____

Sponsoring Jurisdiction: _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Funding Grant Program:

EMPG

SHSP

Other (Describe)

Funding Grant Year: _____ **Estimated Cost: \$** _____

Target Audience: (Select all that apply)

Law Enforcement

Emergency Medical Services

Emergency Management

Fire Service

HazMat Team

Public Works

Government Administrative

Public Safety Communications

Health Care

Public Health

Other (Describe)

Course Description:

Justification: (Describe how this course falls within the scope of the grant that will be funding the program, how the need was identified, and how the course will benefit the jurisdiction.)

Trainer(s)/Instructor(s):

Level of Training:

Awareness Performance-defensive (OSHA Operations)

Performance-offensive (OSHA Technician) OSHA Specialist

Planning Management (OSHA Incident Command)

Mission Area and Core Capabilities Addressed: (Select all that apply)

Common

Planning Public Information & Warning

Operational Coordination

Prevention

Forensics & Attribution Intelligence & Information Sharing

Interdiction & Disruption Screening Search & Detection

Protection

Access Control & Identity Verification Cyber security

Intelligence & Information Sharing Interdiction & Disruption

___ Physical Protective Measures

___ Risk Management for Protection Programs & Activities

___ Screening, Search, & Detection

___ Supply Chain Integrity & Security

___ **Mitigation**

___ Community Resilience

___ Long-term Vulnerability Reduction

___ Risk & Disaster Resilience Assessment

___ Threats & Hazard Identification

___ **Response**

___ Critical Transportation

___ Environmental Response/Health & Safety

___ Fatality Management Services

___ Infrastructure Systems

___ Mass Care Services

___ Mass Search & Rescue Operations

___ On-scene Security & Protection

___ Operational Communications

___ Public Health & Medical Services

___ Situational Assessment

___ Public & Private Services & Resources

___ **Recovery**

___ Economic Recovery

___ Health & Social Services

___ Housing

___ Infrastructure Systems

___ Natural & Cultural Resources

Submit application to ND Department of Emergency Services Training and Exercise Section. Please allow 4 weeks for response to your application.

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