Training & Exercise Authorization Request Form

SECTION 1: APPLICANT INFORMATION		
Requesting Entity:		
Requesting Entity Point of Contact:		
Street Address:		
City, State, Zip Code:		
Telephone:	**Email:**	
Signature:		**Date:**
Requesting ECB/ESB Region:		
Regional ECB/ESB Grant Coordinator:		
Telephone:	**Email:**	
Signature:		**Date:**

SECTION 2: EVENT INFORMATION				
Event Title:				
Event Type:	☐ Training	☐ Exercise	☐ Planning	☐ Other
Event Host:				
Event Location:				
Event Date(s):			**Event Time(s):**	

EVENT DESCRIPTION

This section should include a brief description of:

- The event purpose, scope, and objectives.
- How the event will improve interoperable communication capabilities within the jurisdiction/region.
- How this event aligns with statewide, regional, and/or local needs and priorities.
- If appropriate, why food and/or beverages are necessary to support the flow and continuity of the event.

Supporting documents (event information, course syllabus, vendor quotes, etc.) should be included as separate attachments.

SECTION 3: ESTIMATED EXPENSES

NOTE: Grant funded mileage and meal expenses will be reimbursed at a rate no greater than the amount prescribed by the Commissioner of Minnesota Management and Budget. Information regarding these rates can be found on the 'Grants' page of the MN DPS-ECN website. This page is located at https://dps.mn.gov/divisions/ecn/grants/Pages/default.aspx.

Supporting documents (event information, course syllabus, vendor quotes, etc.) should be included as separate attachments.

Description	Quantity	Unit Cost	Amount
Registration Expenses (per person)			$ 0.00
Travel Expenses: Mileage (total # of miles x mileage rate)			$ 0.00
Travel Expenses: Meals (# of people x # of days x meal rate)			$ 0.00
Travel Expenses: Lodging (# of people x # of nights)			$ 0.00
Travel Expenses: Transportation (per person)			$ 0.00
Food & Beverage Expenses (Hosted Events Only)			
Vendor Expenses			
Other Expenses			
		Total Estimated Cost	$ 0.00

SECTION 4: FUNDING SOURCE

Grant Program:	**Grant Year:**
Grant Number:	

SECTION 5: REQUEST REVIEW AND APPROVAL (MN DPS-ECN USE ONLY)

☐ Request Received by MN DPS-ECN	Date:
☐ Request Reviewed by MN DPS-ECN	Date:
☐ Request APPROVED / DENIED by MN DPS-ECN (circle one)	Date:
☐ Status Update Provided to Regional Grant Coordinator/Applicant	Date:

NOTES

REV. 03.23.20