Conference/Training Authorization Request

** Submit form and agenda to HSEM.Grants@state.mn.us to obtain approval **before** making arrangements*

Complete page one for all requests. Non-NTED training requests must also complete the second

Request Date _____ Jurisdiction _____

Name _____ Phone_____ Email_____

Event Title_____

Request type: Conference/Workshop ☐ NTED Training Course #_____ Non-NTED Training ☐

Attendance Justification _____

Agency Goals_____

Sponsor/Provider_____ Location_____

Event Date(s) _____ Depart_____ Return_____

Event/Course Description (attach additional sheets if necessary):

_____

_____

_____

_____

Name and Titles of Participants:

_____

_____

_____

_____

Federal Grant Year_____

Grant Number _____

Program_____

Training_____ Planning_____ M&A_____

Items	Cost	Number of people	Nights/ Days	Totals
Travel				$ 0.00
Ground Transport				$ 0.00
Lodging				$ 0.00
Meal				$ 0.00
Registration Fee:				$ 0.00
Other Expenses				$ 0.00
Other Expenses				$ 0.00
			Estimated Total Costs	$ 0.00

HSEM ONLY

Grant Program Admin Approves_____ ☐

Grant Program Admin Denied _____ ☐

Reason

_____

_____

_____

Signature_____ Date_____

HSEM Branch Director Request Approves_____ ☐

HSEM Branch Director Request Denied_____ ☐

Reason

_____

_____

Signature_____ Date_____

To receive payment, submit all the following items:
HSEM approved copy of this form
Invoice
Proof of payment

Non-NTED requirements on reverse side

HSEM Routing Number: _____

Conference/Training Authorization Request

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**Complete page one for all requests. Non-NTED training requests must also complete the second*

Non NTED Courses ONLY * All other courses, conferences, and events skip this section

Discipline	Number Attending
Law Enforcement	
Emergency Medical Services	
Emergency Management Agency	
Fire Service	
Hazardous Material	
Public Works	
Governmental Administrative	
Public Safety Communications	
Health Care	
Public Health	
Other	

No. Trained for Typed Teams _____
Resource_____
NIMS Type _____
NIMS Type _____

Capability:
Add_____ Sustain_____

Mission Area: Common_____ Prevent_____ Protect_____
Respond_____ Recover_____

Core Capabilities_____

How does this training support your jurisdiction's EOP and Strategic Plan?

_____
_____
_____

How does this training build capabilities that support an identified training need?

_____
_____
_____

How does this training address specific tasks or competencies found in FEMA Emergency Responder Guidelines and the Homeland Security Guidelines for Prevention and Deterrence?

_____
_____
_____

How does this training support your IJ and the specific program training activities identified in the grant program?

_____
_____
_____

How does this training comply with FEMA Grants Program Directorate Information Bulletin #373: Ensuring Training on Counter Terrorism and Countering Violent Extremism is Consistent with USG and DHS Policy?

_____
_____
_____

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Invoice
Proof of payment

Submit completed for to HSEM.Grants@state.mn.us

Training Program Admin Approves_____
Training Program Admin Denied _____
Reason _____

Signature_____ Date_____

HSEM Routing Number: _____