



Request to attend a Training or Conference

Sponsoring Organization/Region: Choose Region

This form must be completed, signed, and submitted to the OPEM HMCC mailbox (dphhmcc@mass.gov) by the HMCC Sponsoring Organization ***at least 30 days prior to*** the conduct of, or attendance at, any training/conference that is supported by PHEP, HPP, or state funds. Failure to submit the form prior to conducting, or attending a training or conference may result in restrictions on the use of federal or state emergency preparedness funding. Please refer to the *Policy for Use of Emergency Preparedness Funds to Attend Conferences and Trainings* in the OPEM Grants Management Manual for additional details. Please note funds cannot be used to pay for trainings if they are offered and available at no charge elsewhere.

Per federal grant requirements, all trainings and conferences need to address clearly identified gaps. As such, DPH OPEM conducted statewide training workshops to help identify broad statewide gaps that are applicable to all HMCC disciplines across the Commonwealth. The top 17 are listed below, and can be used to assist in the determination of appropriate training/conference hosting and attendance requests. If there are other gaps that have been identified by the requesting entity, please indicate them that below in the appropriate sections.

Statewide Training Gaps – please check all that apply

- After Action Review/Improvement Planning
- Animals in Disaster
- Behavioral Health
- Continuity of Operations
- Cross-discipline coordination
- Demobilizing
- Effective Communications
- Emerging Infectious Diseases
- Incident Command System
- Language Needs
- Making it Simple/Real World/Operationalize
- Media/PIO
- People with disabilities and others with access and functional needs
- Personal Protective Equipment
- Volunteer-related
- WebEOC
- Workplace Violence/Mass Shooter

Other: _____

General Information:

Requesting Entity Name:	
Date Submitted:	
Form Submitted by:	
Submitter email:	
Capability(ies) associated with this training/conference. <i>Please choose more than one, if appropriate</i>	Select a PHEP Capability

	Select an HPP Capability
Outline objectives of training/conference:	
Please specify funding source: <i>Check all that apply</i>	<input type="checkbox"/> PHEP Funds <input type="checkbox"/> HPP Funds <input type="checkbox"/> MRC Funds <input type="checkbox"/> HMCC SO Funds
Budget Description	Amount:
Registration fees	
Travel fees (breakdown costs below)	
Transportation (airfare, mileage, parking, etc)	
Lodging	
Per Diem Costs	
Other costs (please describe, ie any cost not listed above, including but not limited to any staff or contractor time/cost)	

Request to Attend Training (Please add agenda/flyer at time of request):

Name(s) and affiliation(s) of proposed attendees: (Please attach a separate list if more than 3 attendees.)	
Organization sponsoring the Training/Conference:	
Name of Training/Conference:	
Date of Training/Conference:	
Location of Training/Conference:	
Agenda/Flyer attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approvals: *Please submit to your HMCC who will review and submit to OPEM for final approval.*

HMCC SO: _____ Date: _____ Reviewed

OPEM: _____ Date: _____ Approved Denied
