



**Request to HOST 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](mailto: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**

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

Other: \_\_\_\_\_

**General Information:**

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

	<b>Select an HPP Capability</b>
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
<b>Budget Description</b>	<b>Amount:</b>
Speaker fees/honoraria	
Venue Costs (breakdown costs below)	
Rental space	
Food	
AV equipment	
Other	
Other costs (please describe, ie any cost not listed above, including but not limited to any staff or contractor time/cost)	
Will a subcontract be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If required, is the subcontractor ID packet attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Request to host Training/Conference (Please add agenda/flyer at time of request):**

Name of Training/Conference:	
Date of Training/Conference:	
Organization conducting the Training/Conference:	
Name of Instructor:	
Location of Training/Conference:	
Number of people to be trained or will attend:	

**Approvals:**

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

**HMCC SO:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Reviewed**

**OPEM:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Approved**  **Denied**