

Fall 2021 NEP Nomination Form Instructions

These instructions outline how to successfully complete the NEP Nomination Form to request support through the National Exercise Program (NEP).

- All sections must be filled in before the form can be reviewed by the review panel.
- In addition to the Nomination Form, sponsors are required to submit supporting documentation to provide additional background as described in Section 2. Scope and Section 8. Previously Supported Sponsors.

If you have questions about these instructions, please visit www.fema.gov/nep or contact the National Exercise Division at NEP@fema.dhs.gov.

Guide to the Form

Form Section	Section Description and Tips
1. Sponsor Information	<p>This section captures basic information about your organization.</p> <ul style="list-style-type: none"> ▪ <i>Sponsor Type</i> is a drop-down list. Choose the one that best describes your organization.
2. Scope	<p>This section describes the exercise you are requesting support for and why your organization needs to conduct the exercise.</p> <ul style="list-style-type: none"> ▪ <i>Exercise Type</i> is a drop-down list of Homeland Security Exercise and Evaluation Program (HSEEP)-approved exercise types. ▪ <i>Exercise Level</i> is a drop-down list. Hover over <i>Exercise Level</i> first to see the definitions of each exercise level that could be involved in your exercise. Choose the one that indicates the highest level of plan that your exercise will examine. ▪ Checkboxes: select all characteristics that apply to your exercise. ▪ If you select <i>Federally Funded</i>, you must list in the text box provided the names of all federal grants or funding sources that are supporting this exercise. ▪ If this exercise is a part of an exercise series, indicate that by checking the box and providing the name of the exercise series in the associated text box. <ul style="list-style-type: none"> ○ If you are requesting support for multiple exercises in a series during this exercise support round, you must check the box indicating there are more nomination forms submitted for this series. ○ If you are requesting support for multiple exercises in a series as part of the same round, you must submit a separate nomination form for each exercise. <p>SUPPORTING DOCUMENTATION REQUIREMENT:</p> <ul style="list-style-type: none"> ▪ If you check the box for a characteristic that includes an asterisk * on the form (completed plans, draft plans, and/or Integrated Preparedness Plan), you must submit a copy of those plans as supporting documentation with your Nomination Form. ▪ If you reference other documents in the <i>Exercise Purpose</i> text box, please also submit copies of these documents with your Nomination Form.



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Form Section	Section Description and Tips
3. Supported Principals' Strategic Priorities	<p>This section captures how your exercise contributes to the NEP's overall priorities, called 2021-2022 Principals' Strategic Priorities (PSP).</p> <ul style="list-style-type: none"> Exercises must align to at least one PSP to receive support. However, selecting multiple PSPs does not prioritize your exercise for support.
4. Core Capabilities	<p>This section captures the FEMA Mission Areas and Core Capabilities that your exercise will examine.</p> <ul style="list-style-type: none"> Be realistic. Select only the core capabilities that you can reasonably examine, based on the anticipated type and scope of your exercise.
5. Primary Support Requested	<p>This section captures what types of support you are requesting from the National Exercise Division. Use the text box to type specific information on what you need and why, and what resources you plan to provide for this exercise.</p> <ul style="list-style-type: none"> Request support only for those activities for which you do not have the resources or skills to carry out on your own or are unable to utilize other sources of support.
6. Exercise Planning Timeline	<p>This section captures key exercise planning milestone locations and start/end dates based on your exercise type.</p> <ul style="list-style-type: none"> If you plan to hold your key milestone meetings virtually, check the <i>Yes</i> boxes. If the key milestone start/end dates are estimates, check the boxes in the <i>Date is an Estimate?</i> column. If they are already scheduled with confirmed dates, do not check those boxes. If you have already conducted a key milestone, indicate that by checking the <i>Already Conducted?</i> box.
7. Participation	<p>This section captures information on the expected participants in your exercise. Participant lists can change frequently during exercise planning. Please provide your best estimate as of when you submit the form.</p> <ul style="list-style-type: none"> In the <i>Number of Expected Participants</i> text box, indicate how many participating organizations you expect to be involved in your exercise. List all known participating organizations you expect to be involved in your exercise in the <i>List all known participating organizations</i> text box.
8. Previously Supported Sponsors	<p>This section captures whether you have received support from the National Exercise Division within the past five years.</p> <ul style="list-style-type: none"> If you check <i>Yes</i>, you must provide a brief, high-level description of the exercise that received support. Include exercise outcomes and a list of all documentation that demonstrates any progress made on improvements following the exercise. <p>SUPPORTING DOCUMENTATION REQUIREMENT:</p> <ul style="list-style-type: none"> If you check <i>Yes</i>, you must also submit copies of Improvement Plans or other documentation demonstrating improvements with the Nomination Form.
9. Evaluation Agreement	<p>This section captures what you must agree to if you accept support as a part of the NEP. You must read and agree to each statement by checking its box.</p> <ul style="list-style-type: none"> If you do not agree to all of the statements, your request for support will not be reviewed.

1. Sponsor Information

Exercise Sponsor Name		Sponsor Type	
Lead Sponsor Information		Secondary Sponsor Information	
POC Full Name		POC Full Name	
POC Phone Number		POC Phone Number	
POC Email Address		POC Email Address	

2. Scope

Exercise Name			
Exercise Type		Exercise Level	Classification
Check all characteristics that apply to this exercise:		* If selected, required to submit with nomination	
Will examine completed plans* Will validate draft plans* Will examine corrective actions from past real-world events or exercises Included in your Integrated Preparedness Plan (IPP)*	Supports your THIRA/SPR or Organizational Risk Assessment Federally funded List all federal grants and funding sources for this exercise: <input type="text"/>	Required by senior official directive, law, or an executive order Planned as part of an exercise series Provide the full exercise series name: <input type="text"/>	Nomination form(s) submitted this round for other exercises in this series
Exercise Synopsis: Provide a brief, high-level description of the exercise, including any known objectives to be addressed.		Exercise Purpose: At minimum, explain the plans, policies, doctrine, and/or corrective actions from past exercises or real-world events to be examined. Documents explained here should be submitted with your completed nomination form.	
Threat/Hazard			

3. Supported Principals' Strategic Priorities

Indicate the Principals' Strategic Priorities (PSP) supported by this exercise. All NEP exercises **must support at least one** PSP. Descriptions of the PSP can be found [here](#).

Continuity of Essential Functions Cybersecurity Economic Recovery and Resilience National Security Emergencies and Catastrophic Incidents	Operational Coordination and Communication Public Health and Healthcare Emergencies Sheltering and Housing Solutions Stabilization and Restoration of Community Lifelines
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4. Core Capabilities

Select all core capabilities to be examined. Keep in mind it is difficult to effectively examine a high number of capabilities within one exercise. Information on the core capabilities can be found [here](#).

Prevention	Forensics and Attribution Intelligence and Information Sharing	Interdiction and Disruption Screening, Search, and Detection
Protection	Access Control and Identity Verification Cybersecurity Intelligence and Information Sharing Interdiction and Disruption Physical Protective Measures	Risk Management for Protection Programs and Activities Screening, Search, and Detection Supply Chain Integrity and Security
Mitigation	Community Resilience Long-Term Vulnerability Reduction	Risk and Disaster Resilience Assessment Threat and Hazard Identification
Response	Critical Transportation Environmental Response/Health and Safety Fatality Management Services Fire Management and Suppression Logistics and Supply Chain Management Infrastructure Systems	Mass Care Services Mass Search and Rescue Operations On-Scene Security, Protection, and Law Enforcement Operational Communications Public Health, Healthcare, and Emergency Medical Services Situational Assessment
Recovery	Economic Recovery Health and Social Services Housing	Infrastructure Systems Natural and Cultural Resources
Cross-Cutting	Planning Public Information and Warning	Operational Coordination

5. Primary Support Requested

Indicate the types of support needed from the National Exercise Division. Please note that acceptance into the NEP does not guarantee that your full level of requested support will be provided.

* Discussion-Based
** Operations-Based

Exercise Design and Conduct Roles	Planning Meetings	Other
Planning and Development Support Facilitator(s)* Controller(s)** Evaluator(s)	Concept and Objectives (C&O) Meeting Initial Planning Meeting (IPM) Midterm Planning Meeting (MPM) Master Scenario Events List (MSEL) Meeting** Final Planning Meeting (FPM)	Exercise Documentation Exercise Conduct After-Action Meeting

Explain the resource support you need from the National Exercise Division and why it is necessary for your exercise's success.

Explain the resources that you or planning team members expect to provide for the exercise.



6. Exercise Planning Timeline

Milestone	Primary Location		Virtual?	Start/End Dates (mm/dd/yy)	Date is an Estimate?	Already Conducted?
Exercise Conduct	City <input type="text"/>	State/Territory <input type="text"/>	Yes	Start: <input type="text"/>	Yes	N/A
				End: <input type="text"/>	Yes	
Key Milestones	City <input type="text"/>	State/Territory <input type="text"/>	Yes	Start: <input type="text"/>	Yes	Yes
				End: <input type="text"/>	Yes	
	City <input type="text"/>	State/Territory <input type="text"/>	Yes	Start: <input type="text"/>	Yes	Yes
				End: <input type="text"/>	Yes	
	City <input type="text"/>	State/Territory <input type="text"/>	Yes	Start: <input type="text"/>	Yes	Yes
				End: <input type="text"/>	Yes	
City <input type="text"/>	State/Territory <input type="text"/>	Yes	Start: <input type="text"/>	Yes	Yes	
			End: <input type="text"/>	Yes		

7. Participation

Expected Participants	Federal	Territorial	Number of Expected Participating Organizations: <input type="text"/>
	State	Private Sector	
	Local	Non-Profit	List all known participating organizations: <input type="text"/>
	Tribal	International	
	Senior Leadership Involvement		

8. Previously Supported Sponsors

Have you received support from the National Exercise Division within the past five years? Yes No

If yes, please provide a brief, high-level description of the exercise that was supported, the main exercise outcomes and any documentation (e.g., a revised plan, corrective action tracking) that demonstrates improvements made following the exercise to address identified lessons learned.

9. Evaluation Agreement

By submitting this nomination form, I confirm/agree to the following:

I have coordinated with my FEMA Regional Exercise Officer (REO) on the development of this nomination form, at least for awareness.

I will submit all relevant documentation (e.g., any draft or completed plans, current IPP that lists this exercise, relevant After-Action Report/Improvement Plan (AAR/IP) or other documents identified in Section 2 of this nomination form) with this nomination form to nep@fema.dhs.gov before the submission deadline and acknowledge that nominations without supporting documentation may not be considered.

I will follow and/or apply all relevant Homeland Security Exercise and Evaluation Program (HSEEP) guidance on developing and reporting evaluation information, including the [AAR/IP format](#). The AAR/IP will include information regarding the validation of core capabilities that support the Principals' Strategic Priorities. I will submit the AAR/IP to nep@fema.dhs.gov within 90 days of conduct of the exercise.

I will use applicable PrepToolkit functions and have the exercise published as a part of the National Exercise Calendar.

