

NORTHWEST PENNSYLVANIA REGION 2 EMERGENCY RESPONSE GROUP

APPLICATION FOR REQUESTING ERG TRAINING AND EXERCISE FUNDING

Purpose: This form shall be used by NW PA ERG emergency planning and response agencies who desire to apply for ERG funding to support the delivery of training, planning and exercises for Region 2. All hazards training, exercises, workshops and seminars (as allowable) in accordance with NW PA ERG Training Policy, PEMA and DHS/SLGCP policies and procedures.

Section 1 – General Information

REQUESTING AGENCY: _____

COUNTY: _____ DATE OF APPLICATION: _____

AGENCY CONTACT PERSON: _____

CONTACT INFORMATION ADDRESS: _____

PHONE (WORK): _____ CELL: _____

NATURE OF REQUEST:

TRAINING: _____ EXERCISE: _____ CONFERENCE: _____

TRAINING SUPPLIES: _____ PERSONNEL COSTS: _____

OTHER: _____

NAME OF COURSE/EVENT: _____

DATE(S) OF COURSE/EVENT: _____

LOCATION OF COURSE/EVENT: _____

NUMBER OF STUDENTS ATTENDING COURSE/EVENT: _____

SECTION 2

Is the requesting agency a participating member of NW PA ERG? Yes ___ No ___

Has this request been coordinated and approved through the respective county EMA:

Yes _____ No _____

Is this training an Office of Domestic Preparedness (ODP) sponsored course or curriculum?

Yes _____ No _____

Will funds be required to cover overtime or backfill costs? If yes, complete section 4a of this form:

Yes _____ No _____

SECTION 3 – Supporting Information/Justification

Explain how this training/event will enhance the emergency service agencies ability to respond to WMD or other large scale emergencies in NW PA.

SECTION 4 – Funding and Cost Reimbursement Information

If an agency is requesting funding or reimbursement for individuals attending a NW PA ERG approved course, exercise, seminar or workshop, please complete section 4a. If requesting funding or reimbursement for other eligible expenses incurred as part of NW PA ERG approved training or exercise, please complete Section 4b.

SECTION 4a: Request for overtime or backfill reimbursement

Name of individual Attending training Or exercise	Name of individual providing backfill as appropriate	hourly rate	hours	total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROOF OF WAGES OR RATE OF PAY FOR EACH INDIVIDUAL MUST BE PROVIDED. SEE ERG TRAINING POLICY FOR MORE INFORMATION.

SECTION 4b: Request for reimbursement of eligible training/exercise expenses

Airfare _____

Hotel: _____

Registration: _____

Mileage: _____

Meals: _____

Other (explain): _____

RECEIPTS MUST BE ATTACHED FOR ALL REIMBURSEMENT REQUESTS!!!

SIGNATURE OF SUBMITTING INDIVIDUAL: _____

Training Coordinator: _____ Date: _____

Training Committee: _____ Date: _____

County EMA(if applicable): _____ Date: _____

Executive Board: _____ Date: _____

Program Manager: _____ Date: _____

Section 6: Additional information:

