**Executive Office of Public Safety and Security**

**Office of Grants and Research**

**Homeland Security Division**

**Training Review Request (TRR)**

**This form must be completed and approved by EOPSS before a federal homeland security grant-funded training may occur. Before selecting a training or training provider keep the following in mind:**

1. You must first consider available DHS-funded and state-provided trainings before seeking to hire an outside provider. DHS-funded courses are those offered by DHS/FEMA (i.e., Office of Bombing Prevention), the Emergency Management Institute, and providers associated with the National Domestic Preparedness Consortium and Rural Domestic Preparedness Consortium. More information on DHS-funded trainings is at [www.firstrespondertraining.gov](http://www.firstrespondertraining.gov) and www.dhs.gov/bombing-prevention-training.
2. An outside provider must meet any national standards and qualifications for both the course and trainers.
3. For SHSP-funded homeland security region sub-recipients, this form must be sent to your EOPSS Program Coordinator within one week following the council’s vote to approve the training. For all other sub-recipients, this form must be sent in at least 30 days prior to the training (additional time recommended for DHS-funded courses).
4. Review the current version of the *Guidance for Using Federal Homeland Security Funds for Trainings and Exercises* at [www.mass.gov/eopss/funding-and-training/homeland-sec/grants/hs-grant-guidance-and-policies.html](http://www.mass.gov/eopss/funding-and-training/homeland-sec/grants/hs-grant-guidance-and-policies.html).

**Please provide the information requested below.**

|  |  |
| --- | --- |
| Date Form Submitted |  |
| Sub-Recipient Name and its POC and e-mail |  |
| FFY & Grant Program of Funding, and PJ # if applicable |  |
| Date of Council or JPOC approval, if applicable |  |
| Course Title & DHS course ID if applicable \* |  |
| Briefly Describe Course Purpose and Regional Need(s) - Documented Gap(s) Bring Addressed |  |
| Level of Training (awareness, performance, management, planning, conference) |  |
| Primary DHS National Preparedness Goal Mission Area |  |
| Primary DHS National Preparedness Core Capability |  |
| State or UASI Homeland Security Strategy Implementation Step (i.e., 5.9.1) |  |
| Training Course in Sub-Recipient’s MYTEP? (If yes, provide page #. If no, why is the new training necessary?) |  |
| Training Provider Name \*If an outside provider, were available DHS-funded and state-provided trainings considered?* YES
* NO
 |  |
| Course Date(s) \* |  |
| Disciplines of Participants \*  |  |
| Attach Training Brochure or provide Web Address (not the course curriculum) \* |  |
| An Environmental and Historical Preservation (EHP) Screening Form may need to be submitted to EOPSS for DHS review and approval before a training can be conducted. Review the training description and EHP Guidance, in particular FEMA Policy 108-023-1. Then indicate if an EHP review is necessary, supporting a ‘no’ decision with a specific justification statement. |  |

\* This information can be an estimation, with an update provided later on to EOPSS.

**TRR Budget**

|  |  |
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| **ITEM** | **AMOUNT** |
| Instructor/Consultant Cost(s) |  |
| Estimated First Responder Backfill **(BF)** / Overtime **(OT)** Cost(s) *(Please list by discipline.)* |  |
| Facility Rental Cost(s) |  |
| Supply Cost(s) *(Specify and provide AELs as applicable.)* |  |
| Food Cost(s) *(Only allowable for events 5 hours or longer; agenda and sign-in sheet required for reimbursement. )*  |  |
| Other Costs *(Specify and provide AELs as applicable. Include travel costs here.)* |  |
| **TOTAL** |  |