

ALASKA SHIELD PARTICIPATION SURVEY

26 APRIL – 7 MAY 2010

Lead Planner: _____ Agency: _____

Contact information: _____

1. Will your agency be participating in this Exercise?

Yes No Will know by _____

2. Mark potential availability. (Un-shaded dates fall outside anticipated exercise dates.)

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
April							24
	25	26	27	28	29	30	1
May	2	3	4	5	6	7	8

3. What level of exercise participation will best serve your agencies needs:

Full participation, some participation, Observers, or Evaluators? Check option(s) that apply.

Full Participation Some Participation Observers Evaluators

4. What Emergency plan or plans will your agency be exercising? Is that plan current; in draft or revision, or will the plan need to be developed prior to the exercise?

<input type="checkbox"/> Plan:	<input type="checkbox"/> Current	<input type="checkbox"/> Draft	<input type="checkbox"/> In revision	<input type="checkbox"/> To be developed
<input type="checkbox"/> Plan:	<input type="checkbox"/> Current	<input type="checkbox"/> Draft	<input type="checkbox"/> In revision	<input type="checkbox"/> To be developed
<input type="checkbox"/> Plan:	<input type="checkbox"/> Current	<input type="checkbox"/> Draft	<input type="checkbox"/> In revision	<input type="checkbox"/> To be developed

5. What capabilities/assets does your organization have to support disaster response or recovery?

Continued on reverse side

6. Tell us about needs that support your ASX/AE/VG training goals and objectives.
 (a) Which of the following events offered through DHS&EM would your organization use? ^{1 2}

Planning	Training (please prioritize)	Exercise
<input type="checkbox"/> EOP Development	<input type="checkbox"/> Communications Interoperability (575)	<input type="checkbox"/> Emergency Mgmt. & Operations (191)
<input type="checkbox"/> Evacuation Planning	<input type="checkbox"/> ICS/EOC Interface (191)	<input type="checkbox"/> Evacuation Exercise
<input type="checkbox"/> COOP Planning (post-EOP/EVAC)	<input type="checkbox"/> EOC Toolkit	<input type="checkbox"/> ASX Design & Dev: Hub Comm. (Comm. must be a full participant in ASX - See Survey Question 3)
<input type="checkbox"/> Resource Management and Typing	<input type="checkbox"/> Resource Management	<input type="checkbox"/> ASX Design & Dev: Local Play (Limited availability)
<input type="checkbox"/> Vulnerability Assessment	<input type="checkbox"/> Debris Management	
	<input type="checkbox"/> ICS for Senior Officials (402 - 2 hour)	
	<input type="checkbox"/> Who's in Charge? (351 - 6 hours)	
	<input type="checkbox"/> Local Situation (RAPID) Assessment (G 250.7)	
	<input type="checkbox"/> Disaster Declaration Process	
	<input type="checkbox"/> Recovery from Disaster- Loc. Govt.	
	<input type="checkbox"/> Public Assistance Applicant Workshop	
	<input type="checkbox"/> Public Assistance Cost Documentation/Management Workshop	

- (b) What additional training related to ASX does your organization have planned?

<input type="checkbox"/>	<input type="checkbox"/> Internal	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/> Internal	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/> Internal	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____

¹ See course descriptions

² Communities eligible for EMPG/HSGP funds should apply for planning/training/exercise through DHS&EM grants