

Massachusetts Emergency Management Agency

EM Grants Unit

2020-2021 HMEP Activity Request

EPC Name:	
Subrecipient Name:	
Total Funding Request	\$

Type of Activity to Fund (<i>check all that apply</i>):	
PLANNING	
TRAINING	
EXERCISE	

Describe your Proposed Activity(ies):

How will the above activity(ies) IMPROVE / ENHANCE your planning/training/exercise program?

PLANNING - Number of Participants:	
TRAINING - Number of Participants:	
EXERCISE - Number of Participants:	

Item	Qty	Price	Product/Vendor Website*
Estimated Total:			\$

**if website is not available; you must attach brochure(s) which provides product details & photos*

Does this activity replace an item which has already been approved?	YES		NO	
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If yes, what activity is bringing replaced and why: