

MT DES Course Request for Assistance Form

Complete one form for each course you are requesting.
 Requests will be considered based on budgets, instructor availability, and described need.



Today's Date:	Requestor's Name:
Course Name and Number:	
First option for date:	Second option for date:
Third option for date:	

Local Course Manager Point of Contact	Name:
	Associated Organization or Agency:
	Phone number:
	Email:
Instructor Information (leave blank if not identified yet)	Lead Instructor Name:
	Unit Instructor Name:
	SMEs:

Course Format	Virtual	In-person
	Hybrid (any combination of virtual/in-person)	

Location of Training (<i>skip for virtual training</i>)	Name of building:
	Address:
	City, State, Zip:

Course Support Requested	Advertise course on MT DES website	
	Create course flyer for promotion	
	Assistance in identifying instructor	
	Course registration link	
	Virtual course logistics (zoom link, facilitation, etc.)	

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	Other (Describe):	
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Description of need for training (How will the training address jurisdiction gaps? How was need identified- real-world incident, THIRA gap assessment, exercise AAR, etc.)

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Additional Comments (optional)

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Requestor agreement

- Trainings should have a minimum of 10 students.
- Training requests will be reviewed by MT DES and notifications will be sent regarding the status of the request using the email for the local POC.
- Any potential costs incurred will be coordinated between the local POC, MT DES and instructors before finalizing the training.

Email completed form to mtdesprep@mt.gov.