Application Instructions

National Exercise Master Scenario Events List (NxMSEL). The NxMSEL is an automated system designed to assist in Master Scenario Events List (MSEL) management for national-level exercises (NLEs). A MSEL is a collection of prescripted events intended to guide an exercise toward specific outcomes. The NxMSEL application facilitates the work of exercise planners and supports the execution of exercises with easy-to-use functions. The NxMSEL provides a Web-based graphical user interface (GUI) for developing and viewing the NxMSEL product data. NxMSEL supports subject matter expert (SME) users and MSEL managers.

Use the following instructions to complete the NxMSEL Support Request Application:

- **Section A.** To request a NxMSEL event or NxMSEL exercise support, complete Section A.
- **Section B.** To request NxMSEL training, complete Section B.

Asterisks mark required fields. When you have completed the application, send it via e-mail to *nep@dhs.gov*. This can either be done manually or by clicking on the "Submit" button at the end of either section.

Section A: NxMSEL Exercise Support

To request NxMSEL exercise support, please answer questions 1 through 11.

1. Application Point of Contact (POC)

The application POC is the person responsible for coordinating use of the NxMSEL application. This person also may be the person responsible for MSEL development for the exercise. The application POC will be contacted regarding this application.

*Name: _____

Title: _____

*Agency/Organization: _____

Address: _____

City, State, Zip Code: _____

*Telephone: _____

Fax: _____

*E-mail: _____

If the central POC is not a Federal employee, provide the following information for the POC of the lead sponsoring agency:

Name: _____

Agency/Organization: _____

Telephone: _____

E-mail: _____

2. Exercise Sponsorship

Indicate the entities that are sponsoring and/or contributing resources to the planning and conduct of this exercise.

Organization names: _____

_____

3. Exercise Name

The National Exercise Division (NED) encourages applicants to adopt a naming convention that is consistent with either the name used within the National Exercise Schedule (NEXS) System or that used by the NED for NLEs and principal-level exercises (PLEs). For example, the first PLE occurring in Fiscal Year (FY) 2009 is named PLE 1-09.

Exercise name: _____

4. Proposed Exercise Date(s)

The NED recommends following the Timeline Guidelines found in Homeland Security Exercise and Evaluation Program (HSEEP) Volume I, available online at *hseep.dhs.gov*.

Proposed exercise date(s): _____

5. Exercise Type

Select the specific exercise type, as described in HSEEP Volume I.

☐ Tabletop exercise

☐ Functional exercise

☐ Full-scale exercise

Comments: _____

6. Master Control Cell (MCC) and Venue Control Cell (VCC) Location(s)

Provide the name and address of the physical location(s) of the MCC and VCC (e.g., 1234 Main Street, Reston, VA 20191). If a location is not yet known, provide the general vicinity by indicating the probable city and State.

MCC location: _____

VCC location(s): _____

7. NxMSEL Support Requested

Select the level of support required for the proposed exercise. This should include the specific activities that will require support and the anticipated products and/or deliverables for those activities, as well as the level of training support required. Please note that additional exercise funds may be necessary for advanced levels of support.

☐ **NxMSEL Training** is for those who will use the NxMSEL. This may include MSEL managers, controllers, or evaluators. For more information, see Section B of this application.

☐ **MSEL Working Group Support** is provided during MSEL working group sessions. This may include assistance developing the MSEL and using the NxMSEL application during the development process.

☐ **Exercise Planning Conference Support** is provided during exercise conferences (e.g., Initial Planning Conference, Midterm Planning Conference, MSEL Conference, Red Team, Final Planning Conference).

☐ **Technical Support** is provided during the exercise. This may include the presence of technical staff at the MCC and VCC and 24-hour support during exercise conduct, with dedicated helpdesk support.

Comment(s): _____

8. Anticipated Level of Classification (check the highest level anticipated)

Indicate the highest level of classification anticipated during the development and conduct of the exercise. At minimum, any exercise material produced in accordance with HSEEP guidance is deemed sensitive and should be designated as For Official Use Only (FOUO).

☐ For Official Use Only (FOUO)

☐ Law Enforcement Sensitive (LES)

☐ Secret

☐ Top Secret

☐ Other (specify): _____

9. User Access Requirements (check only one)

According to U.S. Department of Homeland Security (DHS) policy, only government and contractor personnel who are citizens of the United States may be given access to DHS systems.

Exceptions to this policy must be obtained for any non-U.S. citizens for whom access to DHS systems is needed. Exceptions are to be requested and sponsored by a Federal employee of FEMA and granted by FEMA's National Preparedness Directorate (NPD), Security Division, Security Programs, and the Office of International Affairs, or their designees.

Select only one access requirement:

- ☐ U.S. citizens only
- ☐ Request exception to citizenship requirement (non-U.S. citizens)

10. Anticipated Exercise Scope (check all that apply)

Indicate the scope of the exercise by checking all that apply. The scope refers to the jurisdiction(s) taking part in the exercise.

- ☐ Local (at least one local agency or jurisdiction)
- ☐ Regional/intrastate (multiple geographically distinct jurisdictions within a State or territory)
- ☐ State/territory (at least one State/territory-level agency within the same State or territory)
- ☐ Multistate (multiple States and/or territories and State and/or Territory-level agencies)
- ☐ Regional Federal (multiple regional Federal agencies)
- ☐ National Federal (Federal agencies at a headquarters level)
- ☐ International (participation by a foreign country)
- ☐ Private sector (participation by private-sector organizations)
- ☐ Nongovernmental and volunteer (participation by nongovernmental or volunteer organizations)
- ☐ Other (specify): _____

11. Participating Organizations

List the names of agencies and jurisdictions that are expected to participate in the proposed exercise.

Local: _____

County/Parish/Township: _____

State/Territory/Tribe: _____

Federal: _____

International: _____

Private Sector: _____

Nongovernmental: _____

Other (specify): _____

NxMSEL exercise support applicants should stop here and click the "Submit" button below to submit the completed application to the NED. A representative will contact the POC within 7 business days.

Submit

Section B: NxMSEL Training

To request NxMSEL application training, please answer questions 1 through 4.

1. Training Point of Contact (POC)

The training POC is the person responsible for coordinating the training element of the exercise. This person also may be the application POC. The training POC will be contacted regarding the training portion of this application.

Name: _____

Title: _____

Agency/Organization: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

If the central POC is not a Federal employee, provide the following information for the POC of the lead sponsoring agency:

Name: _____

Agency/Organization: _____

Telephone: _____

E-mail: _____

2. Training Type and Number of Trainees

Select the type of NxMSEL training required and the number of individuals to be trained.

☐ NxMSEL Manager Training

☐ NxMSEL Manager and NxMSEL User Training

Estimated number of participants (maximum 50 per class): _____

Comment(s): _____

3. Proposed Training Date(s)

Provide the date(s) of proposed NxMSEL training: _____

4. Proposed Training Location(s)

Provide the name or address of the physical training location(s) (e.g., 1234 Main Street, Reston, VA 20191). If a location is not yet known, indicate a probable city and State.

Proposed training location(s): _____

NxMSEL familiarization and training support applicants should stop here and click the "Submit" button below to submit the completed application to the NED. A representative will contact the training POC within 7 business days.

Submit