



Local Emergency Management Contact Form

Applicant – Please contact a local emergency management agency for the region in which you reside to arrange for an in person (preferred) or virtual visit to complete this form. **Submit this form with your completed application and essay.**

Name of county and location of the local emergency management agency you visited:

Name of the Local Emergency Management Director/Coordinator and their contact number:
(If possible, attach their business card)

List the top three responsibilities of the Local Emergency Management Director/Coordinator.

A. _____

B. _____

C. _____

List the top three projects in which your Local Emergency Management Agency is currently involved.

A. _____

B. _____

C. _____

Date and Time of visit: _____ / _____ / _____ : _____

Name and position of the individual you visited: _____