

INITIAL REQUEST (A, B, C Form)

for the

FIRE MANAGEMENT ASSISTANCE GRANT (FMAG)



The following are **REQUIRED** documents for an FMAG submission:

A, B, C Form Map (Legible) - Perimeter of Fire & Direction of Travel RAWS Weather

THE FIRE MANAGEMENT ASSISTANCE GRANT (FMAG) REQUEST IS TIME SENSITIVE!

REQUESTER / INCIDENT OVERVIEW

A

*Agency Making Request: _____ *Date / Time of Request: _____
 *Fire / Incident Name: _____ *Inc. Number: _____
 *City / County: _____ *Acreage: _____ *Cause: _____
 *Date / Time Fire Started: _____ *Incident Commander: _____ *IMT Type: _____
 *Contact Name: _____ *Phone Number: _____

FACTORS

B

*Community Threatened: _____ *Population of Community: _____
 *Persons Evacuated - Mandatory: _____ Voluntary: _____
 *Shelter(s) Open (Y/N): _____ How Many: _____ Where: _____
 *Proximity of Fire to Structures: _____ *No. of Structures Threatened: _____
 *Structures (Vacation or Residential): _____ *Subdivision or Rural: _____
 *Natural / Man-Made Barriers: _____
 *Infrastructure / Facilities / Equipment / Resources Threatened: _____

	<i>Agency / Unit</i>	<i>Mutual Aid</i>	<i>Mutual Aid</i>
*Resources Committed % (all types): _____	Local %: _____	Op Area %: _____	Region-to-Region Ordering %: _____
*County EOC Activated (Y/N): _____ Full: <input type="checkbox"/> Limited: <input type="checkbox"/>	Other Information (if applicable) _____		
*Fuel & Terrain Type: _____			
*Fire Containment %: _____			
*Other Critical Considerations: _____			

PROGNOSIS

C

*Weather: _____

	<u>Current</u>	<u>Predicted</u>
*Wind (speed / direction):	____ / ____	____ / ____
*Temp. / Relative Humidity:	____ / ____	____ / ____
*Fire Behavior (Current): _____		
*Fire Behavior Growth / Behavior Potential (next burn period): _____		
*ACRES IN (% of):	*LRA: _____	*SRA: _____
	*FRA: _____	Tribal: _____

**WHEN COMPLETE, NOTIFY THE CAL OES WARNING CENTER AT 916-845-8911 TO ADVISE OF THIS FMAG REQUEST.
 AND
 FAX THIS FORM TO THE CAL OES WARNING CENTER AT 916-845-8910 or EMAIL TO: warning.center@oes.ca.gov**

THE FIRE MANAGEMENT ASSISTANCE GRANT (FMAG) REQUEST PROCESS IS TIME SENSITIVE!

INSTRUCTIONS:

Prior to placing your request, please complete ALL sections of this form. Items marked with an asterisk (*) must be fully answered.

NOTE: Map and Weather documentation is required when submitting this form. The ICS-209 form is ***no longer required*** upon submittal of this request. The ICS-209 will be due at the next routine time as required per ICS 420-1.

When Completed:

1. Call the Cal OES Warning Center at **(916)845-8911** and advise them of this FMAG request.
2. Fax this form to the Cal OES Warning Center at **(916)845-8910**, or email this form to the Warning Center at **warning.center@oes.ca.gov**

*** CAL FIRE Units also need to fax this form to the following:

Sacramento ECC: (916)845-8692

and either

CSR-OCC: (951)782-4900

or

CNR-OCC: (530)224-4308

After normal duty hours, Cal OES Warning Center personnel will contact the Fire and Rescue Division Duty Officer to process your request. You will be kept informed of the progress of your request.