Fire_____State: ____

FEMA REGION 10 – FIRE MANAGEMENT ASSISTANCE
DECLARATION REQUEST – SUPPLEMENTAL INFORMATION
(Please attach this supplemental fire information to FF-104-FY-21-166)

--------FEMA REGION X USE ONLY---------

Name of FEMA RX Regional Administrator or Acting RA:_____

Regional Administrator's Determination: Approval _____ Denial _____ Date/Time:_____

FDO Name/Signature:_____ MOC Notified via email (Date/Time):_____

I.- EXISTING CONDITIONS

Current Fire Behavior: _____

_____

Fire Type-- Grasslands: Y_____ N_____ Forest: Y _____ N _____ Fuels: _____

Indices-- Indices Scale (eg., 1-100)_____ Indices Value: _____

State & Local Burn Bans: If Yes – Nature/Where: _____

National Watches: If Yes – Nature/Where: _____

Warnings: If Yes – Nature/Where: _____

Names of Fires within Complex: _____

II.- FIRE SITUATION REPORT

Date/Time Fire Started: _____ Cause: _____

Present Fire Containment: _____ % Approx. Loss in Acres: _____

Percent burning on Tribal Land: _____ % Has State Mobilization Been Approved?: Y_____ N_____

Crew Types—   ☐ Type 1 (Highly Skilled Interagency; Mixed Fed/State/Local Resources)

(*Mark all that apply*) ☐ Type 2 (Skilled Initial Attack and/or Mixed w/ Heavy Seasonal and Local Resources)

☐ Type 3 (Primarily Local Resource Crews)

Are there issues in getting needed resources? Y_____ N_____

If so, what are the issues?_____

_____

Are resources being pulled from other fire lines to meet this threat? _____

Other critical considerations: _____

_____

III.- CURRENT THREAT

Evacuation Ordered: Y_____ N_____

Evacuation Level:	3- Get Out	2- Get Set	1- Get Ready
Number Of People:			

Proximity of fire perimeter to threatened areas (by community name, # homes and distance):_____

_____

Has the fire burned facilities within the communities:: Y_____ N_____If so, what/where:_____

_____

III.- CURRENT THREAT(Continued)

Ownership of Threatened Utilities *(Mark all that apply)* if so, Who Owns Them?

☐ Private: _____

☐ State: _____

☐ Federal: _____

☐ Tribal : _____

Are there open shelters: Y_____ N_____ # of open shelters: _____ How many people are in shelters: _____

Shelter locations and who is operating them: _____
_____

Describe Nearby Natural/Man-made Barriers (eg., rivers, roads, etc…): _____
_____

OTHER INFORMATION

Will pre-positioning costs be requested? Y___N___ Will pre-positioning include in-state/local resources? Y___N___
State-Recommended Incident Period Start (Date/Time): _____
Principal Advisor Name/Title: _____
Principal Advisor Recommended Incident Period Start (Date/Time): _____

Narrative/Additional Considerations(ex: unhoused populations at risk, recreational users at risk, potential local or tribal impacts not otherwise captured, limited community resources, etc.)

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