

DRAFT

Fire _____ State: _____

**FEMA REGION X – 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 Square Miles: _____

Acres Burning on Tribal Land/Reservation: _____ % 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: _____

