

**FEMA REGION X – FIRE MANAGEMENT ASSISTANCE
DECLARATION REQUEST – SUPPLEMENTAL INFORMATION**

(Please attach this supplemental fire information to FF 078-0-1)

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: _____

II. – FIRE SITUATION REPORT

Names of Fires within Complex: _____

Estimated Total Acres Burned: _____ (a) Federal: ___ % (b) State: ___ % (c) Private: ___ % (d) Tribal: ___ %

Date/Time Fire Started: _____ Cause: _____

Present Fire Containment: _____ % Approx. Loss in Square Miles: _____

Manpower Resources Presently Deployed: Local ___ State ___ Federal ___ International ___ Out-of-State _____

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 ___ Level # (eg., 1,2,3) _____

Name of community(s)/subdivision(s) threatened: _____

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: _____

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/Manmade Barriers (eg., rivers, roads, etc...): _____

OTHER INFORMATION

Will pre-positioning costs be requested? Y ___ N ___ If so, provide upon approval of FMAG [see 44CFR§204.42(e)].

State-Recommended Incident Period Start (Date/Time): _____

Principal Advisor Name/Title: _____

Principal Advisor Recommended Incident Period Start (Date/Time): _____

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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): _____