

# NWCG Evolving Incident Management IMT Questions to Geographic Areas

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Name of Geographic Area (GA): [Enter responding GA name]

Date: [Enter date]

Name of GA Contact: [Enter contact person's name]

Phone #: [Enter contact phone #]

1. How many Type 2 IMTs do you currently have? [Enter a number]

How many are federally sponsored Type 2 IMTs: [Enter a number]

How many are state sponsored Type 2 IMTs: [Enter a number]

How many are local government sponsored Type 2 IMTs: [Enter a number]

Are all of the Type 2 IMTs that are federal, state, or local government sponsored available nationally without restriction? (select one) Yes  or No

How many Type 2 IMTs are available nationally without restriction: [Enter a number]

Please identify any restrictions (e.g., draw down levels): [Enter restrictions, if any]

2. Has your Geographic Area completed a formal IMT analysis to determine the number of Type 1 and Type 2 IMTs necessary for your GA? (select one) Yes  or No

a. If Yes, please provide a copy of the analysis and rationale.

b. If No, please describe the method used to determine the necessary number of Type 1 and Type 2 IMTs for your GA: [Enter description of analysis method.]

What is the optimal number of Type 1 and Type 2 IMTs for your GA?

a. Type 1: [Enter a number]

b. Type 2: [Enter a number]

3. Given current IMT membership, how many Type 1 and Type 2 IMTs can your GA field with full time agency, state, local government, and cooperators for the 27 long team members identified in the National Mobilization Guide (without dependence on ADs or Supplemental Fire Department Resources\*)?

a. Type 1: [Enter a number]

b. Type 2: [Enter a number]

\*Note: EIM would like to identify the contribution supplemental local government employees provide to the composition of IMTs for the purpose of future succession planning. "Supplemental Fire Department Resources" are defined as less than full time employees and/or volunteers who are

employed by local fire departments on a part time basis for fire department duties such as training, or solely for the purpose of supporting IMTs. An NWCG memo about supplemental local fire department resources is available at <http://www.nwcg.gov/general/memos/nwcg-004-2009.html>.

How many IMT members are “Supplemental Fire Department Resources”? [Enter a number]

4. How many IMT members are from outside your GA? (For example: A PIO from Michigan serving on a Southwest IMT): [Enter a number]
5. Is IMT membership prioritized among regular agency employees (federal, state, and local government)? (select one) Yes  or No 
  - a. If Yes, please describe: [Enter description]

When do you recruit for the following IMT positions and how long is the tenure?

- a. Incident Commanders  
When recruit: [Enter description] Tenure length: [Enter tenure length]
- b. Command and General Staff  
When recruit: [Enter description] Tenure length: [Enter tenure length]
- c. Long Team positions as stated in the NMG  
When recruit: [Enter description] Tenure length: [Enter tenure length]
- d. Vacant positions  
When recruit: [Enter description] Tenure length: [Enter tenure length]

Please describe how Command and General Staff trainees are recruited, nominated, and selected:  
[Enter description]

When (what month) does your GA typically make team selections? [Enter month]

6. Does your GA have a succession or workforce plan built into the IMT standard operating procedures similar to the Southern Area (attachment 2)? (Any AD or “supplemental resource” in the 27 primary long team positions is required to mentor a trainee.) (select one) Yes  or No

Note: Some state and local government full time employees participate on IMTs through the AD hiring process. It is understandable that these personnel may not be required to mentor a trainee in order to occupy a primary position.

7. Please describe your Type 1 and Type 2 team rotations and how are they managed: [Enter description]

What is the governing body for team management and rotation? [Enter name or description of governing body]

What are the criteria (if any) for assignment equitability amongst IMTs? [Enter criteria]

8. Does your GA have standard operating procedures(SOPs) for IMTs? (select one) Yes  or No

- a. If Yes, please provide a copy. Include individual IMT SOPs, if applicable.
9. Do you have established GA IMT performance measures? (select one) Yes  or No
- a. If Yes, please describe: [Enter description]
- b. If Yes, please describe how IMTs are held accountable to these performance measures: [Enter description]
10. Do you have agreements with non-traditional governmental entities that allow them to participate on IMTs? (select one) Yes  or No
- a. If Yes, please describe: [Enter description]
- What other governmental entities have expressed interest? [List other interested entities]
- Are there known barriers to increasing participation on IMTs? [Enter known barriers]
11. What type of standard Support Modules/Centers have you used in the past? (A Support Module/Center can be described as a functional area that supports multiple incidents and/or GAs) [Enter types used]
- What suggestions do you have regarding the future of Support Modules/Centers? [Click here to enter text.]

Please forward your responses to Kim Christensen at [kachristensen@fs.fed.us](mailto:kachristensen@fs.fed.us) by April 24, 2013.

Thank you for your participation!