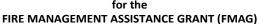
California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division **INITIAL REQUEST (A, B, C Form)**

for the





The following are REQUIRED documents for an FMAG submission: ☐ A, B, C Form ☐ RAWS Weather ☐ Map (Legible) - Perimeter of Fire & Direction of Travel THE FIRE MANAGEMENT ASSISTANCE GRANT (FMAG) REQUEST ISTIME SENSITIVE! REQUESTER / INCIDENT OVERVIEW Agency Making _____ Date / Time of Request:____ Fire / Incident Name: __ _ Inc. Number: ___ City / County/ Multiple Counties: _____ Acreage: Date/Time Fire Started: — _____ IMT Type: _____ **Phone Number: Contact Name: FACTORS** Population of Community: Community(s) Threatened: ___ Persons Evacuated – Mandatory (Order): Voluntary (Warning):_____ Shelter(s) Open (Y/N): How Many: Where: _____ Proximity of Fire to Structures: No. of Structures Threatened / Residences: Commercial/Businesses: _____ Structures (% Primary Res.): _____ Subdivision or Rural: ____ ___ Fire Containment %: ____ Fuel & Terrain Type: ____ Natural / Man-Made Barriers: ____ % Acres in (by land ownership, not Direct Protection Area): LRA: _______ SRA: ______ FRA: ______ Tribal: ____ Infrastructure/Facilities/Equipment/Resources Threatened/Other Critical Considerations: **RESOURCES COMMITTED** Engines Committed: / Other Resources: ______(Crews, Water Tenders, Communications, Mobile Kitchen, etc.) Rotary Wing: _____ No Divert: Yes Aircraft: Fixed Wing: _____ No Resources on Order: Engine _____ Crews _____ Dozers ___ _____Aircraft Other _____ No Full: County EOC Activated: Yes Limited: Other Information (if applicable): **PROGNOSIS** Weather: _____ Wind (Speed/Direction): _____/
Current Temp./Relative Humidity: ___ Predicted Fire Behavior (Current): __ Estimated Fire Acreage Growth Potential (next burn period): WHEN COMPLETE, NOTIFY THE CAL OES WARNING CENTER AT 916-845-8911 TO ADVISE OF THIS FMAG REQUEST AND EMAIL TO: warning.center@oes.ca.gov AND EMAIL TO: sac.ecc@fire.ca.gov AND FAX THIS FORM TO THE CAL OES WARNING CENTER AT 916-845-8910 **OES USE ONLY** Local Gov. Depletion %: _____ Op Area Depletion %: _____ CAL FIRE Unit Depletion %: ____ Federal Depletion %: ___

Adjacent Op Area Order: Yes No What Op Area(s): ______ Region-to-Region Order: Yes No What Region(s): ____

Threat to Adjacent County: Yes