

National Incident Management System (NIMS) Compliance Form

This NIMS Compliance Form **MUST** be completed by **EACH** agency requesting or benefiting from funding.

All recipients of (and those receiving direct benefit from) federal preparedness funding are required to comply with the National Incident Management System (NIMS) requirements. Oregon NIMS compliance guidance can be found at: http://www.oregon.gov/oem/emresources/Plans_Assessments/Pages/NIMS.aspx

PLEASE NOTE: If your organization cannot verify compliance with all listed NIMS requirements, you are not eligible to receive or benefit from federal grants. However, organizations that have not yet achieved/maintained NIMS compliance may be eligible if the organization establishes and submits (**before** the application deadline) a Corrective Action Plan (CAP) with the NIMS Point of Contact for becoming fully NIMS compliant.

If you have questions about NIMS compliance and/or need to create a CAP to be eligible for the grant awards, contact your regional coordinator or the State NIMS Point of Contact directly, Sarah Puls, by email at sarah.puls@state.or.us or phone at (503) 934-3282.

Please **CHECK THE BOX** next to each action your organization has completed.

NIMS Adoption Implementation Objectives

- Formally adopt NIMS for your jurisdiction/organization
- Designate a NIMS single point of contact for your jurisdiction/organization
- Ensure agencies/departments within the jurisdiction/organization receiving Federal preparedness funds (or benefit from) are NIMS compliant

Planning Implementation Objectives

- Revise Emergency Operations Plans to incorporate updated NIMS components, principles, and policies
- Develop and maintain intrastate and interagency Mutual Aid Agreements, and assistance agreements for your jurisdiction (including private sector and nongovernmental organizations)

Training Implementation Objectives

- Develop a training plan encompassing all current and in-coming personnel with a current or anticipated role in emergency response to include some or all of the following NIMS courses*:

IS-100 (Intro to ICS)
IS-200 (ICS)
ICS-300 (Intermediate ICS – classroom only)
ICS-400 (Advanced ICS – classroom only)
IS-700 (Intro to NIMS)
IS-703 (NIMS Resource Management)
IS-706 (NIMS Intrastate Mutual Aid)
IS-800 (National Response Framework)

*NOTE: Each agency/department must identify within your jurisdiction/organization "who" must take "what" training. For more information on who needs to take any, some, or all of the above courses reference OEM's "[Who Takes What](#)" on the NIMS webpage.

Exercises Implementation Objectives

- Incorporate NIMS concepts and principles into all appropriate training/exercises
- Incorporate corrective actions (identified in exercises) into preparedness and response plans and procedures

Communications and Information Management

- Use plain language and common/consistent terminology (for example, not using 10 or 12-code)
- Enable interoperable and secure communications within and across jurisdictions and organizations
- Develop and maintain procedures for data collection, analysis and dissemination for situational awareness

Resource Management

- Identify and inventory all deployable resources, using NIMS resource typing definitions for qualified assets
- Adopt NIMS terminology for qualification, certification and credentialing of incident personnel
- Utilize the NIMS Resource Management Process during incidents (identify, order and acquire, mobilize, track and report, demobilize, reimburse and restock)

Command and Coordination

- Apply the Incident Command System (ICS) as the standard approach to on-scene command, control and coordination of incidents
- Implement Joint Information Systems (JIS) for the dissemination of incident information to the public, incident personnel, media and other stakeholders
- Utilize Multi-Agency Coordination (MAC) groups/Policy groups among elected and appointed officials to enable decision making during incidents
- Organize and manage EOCs and EOC teams consistent with NIMS guidance

Authorized signature: _____ Date: _____

Name (please type or print clearly)

Title:

Organization: