**National Incident Management System (NIMS)**

**COMPLIANCE FORM**

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

In Federal Fiscal Years 2005-2019, 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](https://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 the FY2019 Homeland Security 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 Corrective Action Plan (CAP) to be eligible for the FY2018 Homeland Security grant, please contact the Interim State NIMS Point of Contact, Bill Martin, by email at bill.martin@state.or.us or by phone at (503) 378-3514.

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

**NIMS Adoption Implementation Objectives**

* Formally adopt NIMS for your agency/department
* Designate a NIMS single point of contact for your agency/department
* Ensure agencies/departments receiving Federal preparedness funds (or benefit from) are NIMS compliant.

**Planning Implementation Objectives**

* Revise Emergency Operations Plans to incorporate NIMS components, principles, and policies
* Promote and develop intrastate and interagency Mutual Aid Agreements, and assistance agreements for your jurisdiction

**Training Implementation Objectives**

* Train all 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-702** (Public Information Systems/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 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](https://www.oregon.gov/oem/Documents/nims_who_takes_what.pdf)” on the NIMS webpage (see link above).

**Exercises Implementation Objectives**

* Incorporate NIMS concepts and principles into all training/exercises
* Plan for/participate in all-hazards exercise program (Homeland Security Exercise and Evaluation Program)
* 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)
* Present consistent and accurate information during an incident or event (common operating picture)

**Resource Management**

* Inventory resource assets
* Ensure interoperability of equipment, communications, data
* Utilize resource typing for mutual aid requests
* Initiate credentialing system/processes

**Command and Management**

* Implement ICS (manage all events and incidents using ICS)
* Coordinate response objectives through use of integrated Multi-Agency Coordination Systems (MACS)
* Institutionalize Public Information (Joint Information Systems and Joint Information Centers) during an incident or planned event
* Ensure Public Information procedures and processes can gather, verify, coordinate and disseminate information during an incident or planned event

**Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (please type or print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**