

The

Community Wildfire Protection Plan

AN ACTION PLAN FOR WILDFIRE MITIGATION

DATE: _____

Prepared by: _____
Organization: _____
Contact Information: _____
 Address _____
 Phone _____
 E-Mail _____
 FAX _____

(NAME OF CHIEF ELECTED OFFICIAL)

(TITLE)

(NAME OF JURISDICTION)

(NAME OF JURISDICTION) Community Wildfire Protection Plan

The primary role of government is to provide for the welfare of its citizens. The welfare and safety of citizens is threatened during wildfires. The goal of this plan is to ensure that mitigation actions exist so that public welfare and safety is preserved.

The (Name of Jurisdiction) Community Wildfire Protection Plan provides a comprehensive wildfire mitigation plan for (Jurisdiction).

The (Name of Jurisdiction) Community Wildfire Protection Plan ensures consistency with current policy guidance. The plan will continue to evolve, responding to lessons learned from actual wildfires, ongoing planning efforts, State and Federal guidance.

Therefore, in recognition of the responsibilities of (Jurisdiction) government and with the authority vested in me as the Chief Executive Officer of (Name of Jurisdiction), I hereby promulgate the (Name of Jurisdiction) Community Wildfire Protection Plan.

(Name)

(Title), (Name of Jurisdiction)

The following report is a cooperative effort between various entities. The representatives listed below comprise the core decision-making team responsible for this report and mutually agree on the plan's contents.

Community Representative(s):

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Local Fire Department Representative(s):

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Local Oklahoma Division of Forestry Representative(s):

Name _____
 Address _____
 Phone Number _____
 Other Contact Information _____
 Signature/Date _____

Name _____
Address _____
Phone Number _____
Other Contact Information _____
Signature/Date _____

Tribe Representative(s):

Tribe Name _____
Name _____
Address _____
Phone Number _____
Other Contact Information _____
Signature/Date _____

Emergency Management Representative(s):

Name _____
Address _____
Phone Number _____
Other Contact Information _____
Signature/Date _____

State Property Representative(s):

Agency _____
Name _____
Address _____
Phone Number _____
Other Contact Information _____
Signature/Date _____

Federal Property Representative(s):

Agency _____
Name _____
Address _____
Phone Number _____
Other Contact Information _____
Signature/Date _____

Other Representative(s):

Agency _____
Name _____
Address _____
Phone Number _____
Other Contact Information _____
Signature/Date _____

The following federal and other interested parties were consulted and involved in the preparation of this report.

Name	Organization

PLAN CONTENTS

1. Community Background and Existing Situation
2. Community Base Map and Other Visuals
3. Objectives and Goals
4. Prioritized Mitigation Recommendations
5. Plan Maintenance
6. Wildfire Pre-Suppression Plan
7. Additional Comments
8. Attachments

1) COMMUNITY BACKGROUND AND EXISTING SITUATION

Community Description:

County: _____ Latitude/Longitude: _____
Frontage Road: _____ Nearest Intersection: _____
Nearest Fire Department (name/location): _____
Interface Acres: _____ Year Established: _____
Map #: _____

Community Size:

Number of Lots: _____ Number of Structures: _____
Estimated Acres: _____ Development Status: _____

Community Infrastructure:

Home Owners Association/Organization: Yes No *If yes, attach a copy of ordinances.*

Contacts:

Name _____
Address _____
Phone Number _____
Other Contact Information _____

Name _____
Address _____
Phone Number _____
Other Contact Information _____

Resident Population:

Full Time
 Part-Time: 100-75% 75-50% 50-25% less than 25%

Wildfire Hazard Rating: (check one)

Low Moderate High Extreme

Date Evaluated: _____ *Attach Community Assessment Form.*

Community Assessment Highlights (roads, water sources, primary fuel types, utilities and topography)

Community Wildfire History: (include surrounding areas)

Relative Frequency:

Common Causes:

Areas of Future Concern:

Additional Comments:

2) COMMUNITY BASE MAP AND OTHER VISUALS

Attach or insert community base map and other visuals.

3) OBJECTIVES / GOALS

Edit as needed to match community needs.

Objectives:

The objectives of this plan are to set clear priorities for the implementation of wildfire mitigation in the **identified** community. This includes prioritized recommendations for the community as a whole and also for individual homeowners where appropriate.

Goals:

The goals are fuel reduction and structure ignitability reduction that will protect this community and its essential infrastructure. It also includes a wildfire pre-suppression plan.

4) PRIORTIZED MITIGATION RECOMMENDATIONS

The following recommendations were developed by the Community Firewise Working Group as a result of the community wildfire risk assessment and follow-up meetings with local, state, federal and community stakeholders. A priority order was determined based on which mitigation projects would best reduce the hazard of wildfire in the assessment area.

Proposed Community Hazard Reduction Priorities:

List area and treatment recommended.

Examples: 1) Community Clean-up Day. Cut, prune and mow vegetation in shared community spaces. 2) Create an emergency exit. Build an unimproved road from cul-de-sac on Jasper Lane to Old Rd.
(Prepare a detailed report on the Firewise Mitigation Grant Application and attach. That way you are ready to submit a Wildfire Mitigation Grant when your funding allows.)

1.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
2.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
3.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
4.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
5.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable

Proposed Structural Ignitability Reduction Priorities:

Actions to be taken by homeowners.

Example: Clean roofs and gutters.

- 1.
- 2.
- 3.
- 4.

Proposed Education and Outreach Priorities:

Activities planned and implemented by community, local fire department and Others.

Examples: 1) Distribute Informational packets. 2) Create a neighborhood newsletter.

1.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
2.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
3.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable
4.
 - a. Funding Needs described and potential sources of funding.
 - b. Timetable

5) Assessment

Describe the strategy used to assess the plans progress and effectiveness.

Hazard Reductions

- 1.
- 2.
- 3.
- 4.
- 5.

Education and Outreach

- 1.
- 2.
- 3.
- 4.

6) PLAN MAINTENANCE

The maintenance of this CWPP is the responsibility of (Title, Organization). This plan will be updated every 5 years or when conditions warrant.

7) WILDFIRE PRE-SUPPRESSION PLAN

A. Wildfire Protection Responsibility

Structural Protection: _____
 Wildland Protection: _____

B. Incident Command Post Location (street address, latitude/longitude, & National Grid)

C. Incident Staging Area Location (street address, latitude/longitude, & National Grid)

D. Medical Unit Staging Area Location (street address, latitude/longitude, & National Grid)

E. Alarm Response

First Alarm

Fire Department/Rescue Squad	Travel Distance	Response Time

Second Alarm (report to designated staging area)

Fire Department/Rescue Squad	Travel Distance	Response Time

F. Air Support

Fixed Wing

Aircraft	Contact Name	Dispatching Guidelines

Helicopter

Aircraft	Contact Name	Dispatching Guidelines

G. Water Availability (must be accessible to fire engines)

Location: _____ Description: _____
 Location: _____ Description: _____
 Location: _____ Description: _____
 Location: _____ Description: _____

H. Communications (Attach Communications Plan if available)

Name	Phone Number	Radio Frequencies
Dispatch/Fire Departments		
Local Forestry Services Office		
Other		

I. Evacuation (Attach Evacuation Plan)

J. Resource List

Name	Contact Information	Payment Information
Support Agencies		
CDL Drivers		
Crews		
Utilities		

Fuel		
Food and Supplies		
Lodging		

8) ADDITIONAL COMMENTS

9) ATTACHMENTS (List here in order of attachment)

Oklahoma Dept. of Agriculture, Food, & Forestry
FORESTRY SERVICES
OKLAHOMA FIREWISE COMMUNITY HAZARD MITIGATION
GRANT APPLICATION

Applicant (community, county, organization) Name: _____

Mailing address: _____
(Street or P.O. Box) (City) (Zip Code)

County: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Federal Identification Number: *(required)* _____

Local Fire Department: _____

We have an organized Firewise Council or Board.

Contact Name: _____ Phone: _____

Summary of Project:

Project Narrative: (A short narrative should be included that outlines expected results, timeline for completion, who is responsible for the project, and project accomplishment measures.) **Please attach.**

Project Start Date: _____ Time To Complete Project: _____

Grant Funds Requested: 80/20 Matching Funds

Grant Funds Requested: \$ _____ (not more than 80 percent of total)

Cash Match: \$ _____

Value of In-Kind Match: \$ _____

Total Project Amount: \$ _____

OKLAHOMA FIREWISE COMMUNITY HAZARD MITIGATION GRANT APPLICATION (Continued)

Budget Worksheet: (Reminder that grantee must provide 20 percent of project total)

Categories (Describe in detail)	FEDERAL FUNDS Funds Requested	Other Funds	Source	In-Kind Match	Total
Personnel					
Travel					
Equipment*					
Supplies					
Contractual					
Other					
Total					

*Equipment is defined as tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of less than \$5,000 per unit.

Authorized Approval:

To the best of my knowledge the above information is true and correct and I am authorized by _____ to represent their interests.

Signed _____

(Title)

(Address)

Date _____

National Incident Management System Certification

I _____ do here by certify that the _____
(Fire Chief's Name) (Fire Department's Name)

Fire Department uses the National Incident Management System (NIMS) when responding to all emergencies.

Signed _____
(Fire Chief)

Date _____

ERROR: undefined
OFFENDING COMMAND:

STACK: