



October 8, 2008

**GREAT BASIN
COORDINATING GROUP**

Department of the Interior

Bureau of Land Management
Nevada, Idaho, Utah, and Arizona
National Park Service
Intermountain Region
Pacific West Region
Bureau of Indian Affairs
Western Region
Fish and Wildlife Service
California and Nevada
Mountain Prairie and Pacific Region

Department of Agriculture

Forest Service
Intermountain Region

State Agencies

Idaho, Utah, and Nevada

To: Agency Administrators, Fire Management Officers, Dispatch
Center Managers and Incident Management Team Members

From: Chair, Great Basin Coordinating Group (GBCG)

The attached form is for submitting nominations to the Great Basin Interagency Incident Management Teams; including all Type 1, Type 2, FUMT and trainee positions. Nomination forms for the above positions will be submitted through supervisors, to their respective FMO and then forwarded to their respective Agency Representative listed on the following page. **Nominations are due to the Agency Representative by December 19, 2008.**

If you are NOT from the Great Basin, your nomination form must be routed through your Geographic Area Coordinating Group, who then approves and forwards on to the Eastern Great Basin Coordination Center.

Trainees from outside the Great Basin will only be considered with a justification submitted to the Chair of the Great Basin Operations Committee. Generally, AD trainees from outside the Great Basin will not be considered.

AD's **do not** have to reapply each year. They have the same three year commitment as regular agency team members. If there is an agency resource who is available for a position that is held by an AD, the AD may be replaced by the regular agency resource.

It is recommended that the following positions be filled by current agency employees; Finance Section Chief, Procurement Unit Leader, Compensation/Claims Unit Leader, and Compensation Specialist.

Christie Neill, Chair GBCG

The following schedule will be used for the selection of all positions on Great Basin Incident Management Teams.

Type 1, Type 2 and Fire Use Team Recruitment and Nomination Process Guidelines.

1. **First week of September:** A recruitment notice will be sent out for Incident Commander and Deputy IC positions.
2. **Mid-October:** Nominations for IC's and Deputy IC's due to respective Geographic Area Coordination Center. Concurrently, a recruitment notice will be sent out for all other team member positions.
3. **November :** GB Ops will forward IC recommendations to GBCG for approval.
4. **Mid-December:** All other team nominations due to Agency Representatives.
5. **Mid-January:** List of verified nominees are sent to Eastern Great Basin Coordination Center and posted on website.
6. **Early February:** GB Ops / Zones, and IC's selection of team members.
7. **After Selection Meeting:** IC's will notify team members of selection and call out rotation, which will be in effect for the next Team Rotation.
8. **Early April:** Annual Team Meeting.

Agency representatives are as follows:

AGENCY	NAME	NUMBER / FAX	EMAIL
AZ Strip	VACANT		
BIA	Kirby Arrive	435-722-4353	karrive@ubtanet.com
BLM-ID	Mark Jones	208-373-3855 / 208-373-3850	mark_jones@blm.gov
BLM – NV	Bob Knutson	775-861-6507 / 775-861-6668	rknutson@blm.gov
BLM-UT	Randy Hart	801-539-4277/ 801-539-4198	r1hart@blm.gov
FWS	Jessica Wade	916-978-6181 / 916-414-6486	Jessica_Wade@fws.gov
NPS	Lisa Elenz	307-739-3310 / 307-739-3325	lisa_elenz@nps.gov
Out of Area	Dave Hart / EGBCC	801-531-5320 / 801-531-5321	dave_hart@blm.gov
State of ID	Tom Paulson	208-666-8652	tpaulson@idl.idaho.gov
State of NV	Kelli Baratti	775-684-2516 / 775-684-2571	kbaratti@forestry.nv.gov
State of UT	Shane Freeman	801-538-5501	shanefreeman@utah.gov
USFS	Tenna Biggs	801-625-5403 / 801-625-5594	tbiggs@fs.fed.us

If you have any questions, please reference the Team Operating Plan in the Great Basin Mobilization Guide (Supplement 1) and the Eastern and Western Great Basin Coordination Centers websites (<http://gacc.nifc.gov/egbc/index.htm>, <http://gacc.nifc.gov/wgbc/>). Contact your Agency Representative or the Great Basin Operations Committee Chair, Mark Jones, 208-373-3855 with any additional questions.

**2009 GREAT BASIN NOMINATION FORM
INCIDENT MANAGEMENT TEAMS**

All individuals applying for positions as a primary or trainee must submit this Great Basin Incident Management Nomination Form and a copy of their current Incident Qualifications record to their Fire Management Officer (FMO). The FMO will submit it to the **Agency Representative**. The applicant's immediate supervisor and agency representative must approve all applications.

APPLICANT BASIC INFORMATION:

Applicant Name: _____ Sponsoring Agency: _____
 Dispatch Center: (i.e. ID-BDC) _____ Unit Identifier: (i.e. ID-BOF) _____
 Phone: _____ Cell Phone: _____
 Office Fax: _____ E-mail: _____
 Portal-Portal: _____ AD: _____
 New Applicant: _____ Team Name: _____
 Re-applying: _____

POSITION(S) APPLIED: *(Be sure to list ALL positions that you would like to be considered for)*

PREFERENCE	POSITION NAME	TEAM TYPE (IMT1, IMT2, FUMT)	POSITION STATUS (Primary, Trainee, Shared)	If in a shared position, list name(s)
1				
2				
3				

CURRENT INCIDENT QUALIFICATION AND CERTIFICATION SYSTEM (IQCS) MASTER RECORD OR AGENCY EQUIVALENT MUST BE ATTACHED.

COMMENTS:

ALL RISK PARTICIPATION*:

I am available for non-fire "All Hazard" assignments. (please circle) **YES** **NO**

AGENCY REPRESENTATIVE APPROVAL:

Agency Representative Signature: _____ Date: _____

Print Name: _____

Title: _____

APPLICANT SIGNATURE:

A selected applicant is committed for 3 years as a member of an Incident Management Team. Shorter commitments may be negotiated prior to selection to a team. Commitments for trainees are for the period necessary to meet training requirements.

Applicant Signature: _____ Date: _____

Print Name: _____

I concur with the goals, commitment, and availability of the applicant for the position(s) applied.

SUPERVISORY APPROVAL SIGNATURE:

Immediate Supervisor Signature: _____

Print Name: _____ Date: _____

AND

Sponsoring Agency Fire Management Officer: _____

Print Name: _____ Date: _____

Applicant or Supervisor Remarks:

REVIEW AND REFERRAL FOR OUT OF GEOGRAPHIC AREA RESOURCES:

I have reviewed this application and the candidate is qualified for the position(s). I acknowledge and approve that this individual has applied for a position on an out of area Incident Management Team.

Geographic Area Coordinating Group Approval Signature: _____

Print Name: _____ Date: _____

Eastern Great Basin Center Manager: _____

Print Name: _____ Date: _____

CURRENT INCIDENT QUALIFICATION AND CERTIFICATION SYSTEM (IQCS) MASTER RECORD OR AGENCY EQUIVALENT MUST BE ATTACHED.