

# BLM Wyoming Rural Fire Readiness Direct Transfer Request

Please fill out all the fields on all three pages excluding the agency only columns

## Local Cooperator Information

Local cooperator name:	Date submitted:
Organization mailing address:	
Organization contact person:	Phone number:
Local BLM District you work with:	
Who is your BLM contact representative:	Phone number:

## Rural Fire Readiness Information

Do you have a cooperative fire response agreement with BLM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered yes, is the agreement directly with BLM or is it part of a statewide agreement?	<input type="checkbox"/> Directly	<input type="checkbox"/> Statewide		
Do you feel that your organization is in compliance with the agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many active members (respond to wildland fires) does your organization have?				
Average annual number of wildland fire responses?				
Average annual number of wildland fire responses on BLM administered lands?				
Does your fire organization protect areas of wildland urban interface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How often does your organization participate in training with BLM?	<input type="checkbox"/> Annually	<input type="checkbox"/> Every other year	<input type="checkbox"/> Less frequent	<input type="checkbox"/> Never
Does your organization have wildland fire Personal Protective Equipment (PPE) for all active members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do all your active organizational members have wildland fire training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does your organization have adequate communication devices that are interoperable with BLM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has your organization requested funding this year from other sources (e.g., FEMA, State, VFA, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has your organization received funding in the past year from other sources for items similar to your request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## Requested Equipment for Direct Transfer

Category	Amount Requested (from p. 2)	Cost Amount Approved (agency use)
Safety equipment	\$	
Communications equipment	\$	
Wildland firefighting tools/supplies	\$	
Wildland firefighting apparatus	\$ (estimated buyout costs)	
Other	\$	
TOTAL AMOUNT REQUESTED	\$	TOTAL AMOUNT APPROVED: \$

## Bureau of Land Management use only

BLM State Office SFMO signature:	Review date:
BLM Fire & Aviation Directorate FA300 Cooperator Coordinator:	Review date:

Total funding approved by FAD:	
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Safety Equipment Request		
Item	Quantity	
Total for this category		

Communications Equipment Request		
Item	Quantity	
Total for this category		

Wildland Firefighting Tools and Supplies		
Item	Quantity	
Total for this category		

Wildland Fire Apparatus (See current availability list)			
Item	Quantity	Cost Per Item	Total Cost
Total cost for this category			

Other		
Item	Quantity	
Total for this category		

**Narrative**

Please provide a brief (less than one page) description of how the items your organization is requesting will increase the safety and effectiveness of your wildland fire response with BLM and other fire units. If you are requesting firefighting apparatus (e.g., engines, dozers, implements, slip-on units, etc.) please describe how these resources will provide a strategic benefit to both your organization and the BLM.