**OPERATIONAL AREA COUNCIL
SUB-CATEGORIZATION MEMBER LIST FORM**

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| **INFORMATION REVIEW** |
| **Name of Submitting Agency:**  |       |
| **Name of Project/Plan/Policy:**  |       |
| **Primary Contact for Submitting Agency:**  |       | **Project #:**  |  |
| **CATEGORIZATION** |
| **Categorization:** |  |
| **[ ]**  | **Developmental—**A new plan, or modification of, an existing emergency or disaster related plan |
| **[ ]**  | **Policy/Procedural—**Issue that affects the management and/or operations of emergency response |
| **SUB-CATEGORIZATION**  |
| **Sub-Categorization:**  |
| **[ ]**  | **Task Force Group—**Short-term, ad-hoc group, formed to provide functional expertise for a specific project. Once assignment has been completed, and accepted by the OAC, group will be disbanded. |
| **[ ]**  | **Specialist Group—**Long-term group that generally already exists. These groups provide functional expertise.  |
| **Group Leader** | **E-Mail Address** | **Phone Number** | **Jurisdiction/Agency** |
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| **Group Members** | **E-Mail Address** | **Phone Number** | **Jurisdiction/Agency** |
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