**OPERATIONAL AREA COUNCIL/DISASTER COUNCIL**

**SUBMITTAL FORM**

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| **SUBMITTAL INFORMATION** | | | | | | | | | | |
| **Name of Submitting Agency**: | | | |  | | | | | | |
| **Name of Plan/Project/Policy:** | | | |  | | | | | | |
| **Summary:** What is being submitted and why. If this is a plan, is it a new plan or a modification to an existing emergency or disaster related plan? If it is a policy, explain how it affects the management/operations of emergency response. If informational, please explain the importance to Operational Area Council and/or Disaster Council. | | | | | | | | | | |
|  | | | | | | | | | | |
| Primary Contact for Submitting Agency: | | | | |  | | | | | |
| Title: |  | | | | | | | | | |
| Business Address: | | |  | | | | | | | |
| City: |  | | | | | Zip Code: | |  | State: |  |
| Phone: | |  | | | | Fax #: |  | | | |
| E-mail: | |  | | | | Date Sent: | |  | | |

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| --- | --- |
| **FOR COUNTY USE ONLY** | |
| Project Number: | Date Received: |
| Received by: | Title: |
| Submitted to Operational Area Coordinator for review on: | |