

S-260 Interagency Incident Business Management

Instructor: Linda Blankenship
Location: MidWinter Muster
Western Dakota VoTech
800 Mickelson Drive
Rapid City, SD
Dates: February 13-14, 2010
Times: 0800-1900 (registration begins at 0700)
Course
Coordinator: Tammy Stadel
Tstadel7@gmail.com
(605) 484-7279

Course Description

This course meets the general training needs of all positions for which an understanding of interagency incident business management is required. The Interagency Incident Business Management Handbook, PMS 902, is used as the primary job aid to supplement this course. It provides basic policy and direction for incident business management.

Objectives

Given the Interagency Incident Business Handbook and/or the Fireline Handbook, students will locate and apply the appropriate regulations, established interagency procedures, and necessary forms for each of the following incident management areas:

- Application of conduct and ethics in incident support
- Recruitment, classification, pay provisions and timekeeping/recording, commissary, injury compensation, and travel
- Acquisition
- Managing and tracking government property
- Interagency coordination and cooperation
- Investigation and reporting of accidents
- Investigating, documenting, and reporting claims
- Containing incident costs
- All risk

Course Prerequisites

None

Nomination Deadline

All nomination forms must be received by ***February 1, 2010***. Please provide an e-mail address for confirmation. If no e-mail address is available, class information will be mailed to the address in the "Nominee's Mailing Address" block in the NWCG form.

**NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS**

INSTRUCTIONS: Complete Part I. Complete Part II only if there are charges for the training.

PART I TRAINING NOMINATION

Course Name: S-260 Interagency Business Management		PRIORITY _____ of _____
Course Date(s)	Course Location	Course Tuition (if required) \$15.00
Course Coordinator: Tammy Stadel	Coordinator Phone: (Voice) (605) 484-7279	Coord. E-Mail: Tstadel7@gmail.com
Nominee's Name & IQS or ICQS Number		Date Submitted
Working Job Title	E-mail Address	
	Fax Number:	
Agency (Name, Address)	Nominee's Mailing Address (if different)	
Telephone No.	Telephone No.	
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend).		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		