

# Kansas Incident Management Team Assistance Agreement

WHEREAS, as the (Mayor/County Commissioner) of the jurisdiction of \_\_\_\_\_ County, and or the City of \_\_\_\_\_, Kansas do hereby authorize and accept the assistance of an Incident Management Team (IMT) as authorized by KSA 48-928(n). The below named individuals have been detailed by the Kansas Division of Emergency Management (KDEM) and this agreement further authorizes the named IMT to legally assist and operate in this named jurisdiction as agents of the City/County during the emergency that occurred on \_\_\_\_\_ and is known as \_\_\_\_\_.

WHEREAS, It is understood by all that the IMT will adhere to and follow all relevant Federal, State and City/County laws, ordinances, regulations and policies unless legally waived under a appropriate emergency declaration. Further the IMT will maintain required standards of their specific profession.

WHEREAS, it is understood by all parties that the life safety response and the well being of all citizens, local residence and responders is the highest priority. Further, the IMT will follow the requirements and directions of the City/County officials to the best of their ability and will provide to said officials their professional advice based on their experience, training and best judgment. Further the IMT will assist and operate until such times as they are no longer required and are released by the appropriate local or state officials.

WHEREAS, it is agreed and understood that the City/County jurisdiction will provide necessary support including food and shelter to the IMT a soon as possible after their arrival.

## IMT Deployment Period

Start Date & Time \_\_\_\_\_ End Date & Time \_\_\_\_\_

## Requested Positions

<input type="checkbox"/> Incident Commander	<input type="checkbox"/> Liaison Officer
<input type="checkbox"/> Public Information Officer	<input type="checkbox"/> Safety Officer
<input type="checkbox"/> Operations Section Chief	<input type="checkbox"/> Logistics Section Chief
<input type="checkbox"/> Planning Section Chief	<input type="checkbox"/> Communications Unit Leader
<input type="checkbox"/> Finance/Admin Section Chief	

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Signature Page

IMT Members:

\_\_\_\_\_  
Name Team Leader

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

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Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

For the City/County

\_\_\_\_\_  
Name Title/Position Date \_\_\_\_\_

