



State of Illinois – Illinois Terrorism Task Force
Incident Management Assistance Team
(IMAT) Application Cover Letter



The Illinois Terrorism Task Force (ITTF) has developed Incident Management Assistance Teams (IMAT), as a state asset, to respond to major incidents and natural disasters throughout the State of Illinois and other locations within the United States. An Incident Management Assistance Team provides management “assistance” to local jurisdictions at times when local resources may be over-taxed due to the nature or significance of the incident. **It is stressed that IMATs are to “assist” community leaders with incident management.**

An IMAT provides NIMS compliant Incident Command System (ICS) Command and General Staff positions of Incident Commander/Team Leader, Information Officer, Safety Officer, Liaison Officer, Operations, Planning, Logistics and Finance/Administration. IMAT could also provide other support positions as determined by the incident.

An application and selection process has been established for IMAT team members in the State of Illinois. IMAT members will meet the following requirements:

- Be available to be deployed up to 16 days.
- Deployable to incidents in Illinois and other United States locations.
- Must have completed minimum standard NIMS and ICS training.
 - Required training includes (or equivalency):
 - IS700, IS800, ICS100, ICS200, ICS300, ICS400
- Minimum of five (5) years experience in their discipline.
- Authorized by their agency and jurisdiction.
- Authorized by their ITTF affiliated agencies.

All IMAT applications shall be completed in full and submitted, to the sponsoring agency along with a resume’ and one to two page cover letter outlining the applicant’s relevant qualifications. The sponsoring agency or board will review the applications and send the authorized applications and any accompanying information to the ITTF IMAT Workgroup.

The IMAT Workgroup is made-up of ITTF representatives of all disciplines and will review membership applications. It should be noted that the application process will require a background check. Completed IMAT applications shall be sent to the sponsoring organization (ILEAS, MABAS, IESMA and IEMA) for authorization.

Illinois Incident Management Assistance Team (IMAT)

“The Mission of the Illinois Incident Management Assistance Team is to assist local jurisdictions and their response agencies in managing significant incidents or preparing for events, and to support Illinois State response during major emergencies.”

Since April of 2006 a workgroup dealing with the creation of an Illinois Incident Management Assistance Team (IMAT) has been meeting monthly to determine the composition and functional capabilities and possible deployment of an IMAT for Illinois. The workgroup formed by the Crisis Response and Preparedness Committee is comprised of personnel from the emergency management, law enforcement and the fire service disciplines. ILEAS, IESMA, MABAS and IEMA will promote the concept and solicit applications from within their organizations.

The purpose of creating an IMAT is to provide a valuable resource for state and local Incident Command/Unified Command. The goal for an Illinois IMAT would be to develop teams to assist with Type 3 (significant local event) and Type 2 (significant statewide event) incidents

Examples of Incident Management Teams from other states and the federal government were examined. There were no national standards found for an “all hazard” team incorporating all response disciplines on an equal footing. This no doubt stems from the IMAT concept being developed and used primarily for wild land firefighting and other significant national events. To some extent, the Illinois IMAT concept is breaking new ground and will develop training and selection standards to more fully incorporate human threat and other non-fire events. The Illinois response to New Orleans and other areas affected by Hurricanes Katrina and Rita also illustrates the need for a more comprehensive all-hazards approach.

Training, Selection and Team Maintenance

The workgroup agreed that comprehensive, standardized training; both basic and on-going, will be needed for IMAT personnel. Required basic training for team members shall include ICS100, ICS 200, ICS 300, ICS 400, IS700 and IS800. Relevant courses that satisfy the aforementioned requirements include Unified Command (ICS 100 and 200), BowMac Critical Incident Response Course (ICS 100), BowMac Command Post Operations Course (ICS 200) and National Fire Academy’s (NFA) Command and General Staff Class (ICS 300 and 400). Team members will be required to complete the NFA All Hazards Incident Management Team Training Class once they have been accepted to the team. Additional IMAT training may be identified by the workgroup

The workgroup emphasized the need for real-world experience for IMAT team members, to preclude the possibility of entrusting these positions to persons with nothing more than a “book learning” background. For this reason, a formal application and screening process has been developed.

The workgroup further recommended Illinois' IMAT consist of the following positions:

- Incident Commander/Team Leader
- Safety Officer
- Liaison Officer
- Information Officer
- Operations Section Chief
- Planning Section Chief
 - Resource Unit Leader
 - Situation Unit Leader
- Logistics Section Chief
 - Service Branch Director
 - Support Branch Director
- Finance/Admin. Section Chief

The workgroup has determined that the IMAT will be assigned at the Incident Command/Unified Command level and will consist of two teams of 12 members to provide 24 hour coverage.

Operational Protocol

Illinois Emergency Services Management Association (IESMA) will provide interim administrative management of the IMAT deployment through Illinois Emergency Management Mutual Aid System (IEMMAS).

Because of the emergent nature of events that may require IMAT deployment, the members of the workgroup will serve as the interim IMAT until the process of application, review and selection has been completed.

Program Funding

It will be necessary to identify funding for training, lodging, per diem, overtime, backfill and necessary program support.

Time Line for Roll-Out

Implementation of an Illinois IMAT can begin immediately.



State of Illinois - Illinois Terrorism Task Force
 Incident Management Assistance Team
 (IMAT) Application



Applicant Information

Name: _____ Title: _____

D.O.B: _____ Drivers License Number: _____ State: _____

Employer/Department: _____

Work Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Fax: () _____

Home Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Fax: () _____

E-mail Address: _____

Cellular Phone: _____ Pager Number: _____

Professional Experience (fill in for all that apply):

Profession	Experience (Ck all that apply)	Years of Service	Supervisory Years of Service
Law Enforcement			
Fire			
EMS			
Emergency Management			
Public Works			
Other:			
Other:			

Note: Please ensure your resume reflects pertinent experience.

NIMS and ICS Training (indicate all completed and attach copies)

IS700 and IS800

ICS100 and ICS200

or one of the following:

Unified Command (ICS100 & 200)

or both of the following:

Critical Incident Response (ICS100)

Command Post Operations (ICS200)

ICS300

ICS400

or one of the following:

Command and General Staff

All Hazard IMT

Signature Authorizations:

It is understood that the IMAT workgroup process will require a background check. It should be noted that IMAT deployment can be in any location within the State of Illinois or the United States. This activation can only be authorized through the State Emergency Operations Center and Compacts the State of Illinois is signature thereof.

❶ Applicant Signature

Name (please print): _____

Signature: _____ Date: _____

I certify by this signature that all the information contained in this application and any accompanying material is true.

❷ Employer/Department Authorization

Name (please print): _____ Title: _____

Telephone number: _____

Signature: _____ Date: _____

❸ Chief Elected Official/Agency Administrator Authorization

Name (please print): _____ Title: _____

Telephone number: _____

Signature: _____ Date: _____

❹ Sponsoring Organization Authorization

ILEAS MABAS IEMA IESMA

Other: _____

Name (please print): _____ Title: _____

Telephone number: _____

Signature: _____ Date: _____