GENERAL MESSAGE (ICS 213) TEMPLATE

1. **WebEOC Incident Name (if applicable):** [Insert WebEOC Incident Name]	
2. **STAR #:** [Insert STAR #]	3. **SMA UID:** [Insert SMA version]
4. **To (Name and Position):** [Insert name & position of person receiving the SMA]	
5. **To (Organization):** [Insert organization of person receiving the SMA]	
6. **From (Name and Position):** [Insert SMOC Director's Name & Position]	
7. **Subject:** [Insert subject of SMA]	
8. **Date:** [Insert date SMA issued]	
9. **Time:** [Insert time SMA issued]	

10. **Message:**

11.1 SITUATION: [Insert summary of current disaster]

11.2 MISSION: [Insert what is being activated and what the resources need to do and why the resources are being activated]

11.3 Deploy the following assets:

Location 1: [Insert as many locations as needed for each activated resource]
Location, City, County

DEPLOYMENT DATES	ASSETS	TOTAL LOA	Cost
Initial Activation: [Insert initial dates of activation for the resources from beginning to anticipated end]	[Enter the quantity and type of resource]	**[Insert the number of days to be activated]**	**Estimated Daily:** [Finance enters the estimated daily cost] **Estimated LOA:** [Finance enters the estimated costs over the entire duration of the mission]
Extension [Insert in blue font, any dates for extension of the resource]	[Enter the quantity and type of resource being extended]	**[Insert the new total number of days to be activated]**	**Estimated Daily:** [Daily costs should remain the same] **Estimated LOA:** [Enter the new adjusted costs over the duration of the mission]
DEMOB [Insert in red font, the date of the resource demobilizing]	[Enter the quantity and type of resource being demobed]	**[Insert the total number of days the resource was activated**	**Estimated Daily:** [Daily costs should not change] **Estimated LOA:** [Enter the final estimated costs over the duration of the mission]

11.4 TASKS TO BE EXECUTED:
11.4.1 [Insert any specific tasks that must be completed by the activated resource]
11.4.2 Maintain frequent and direct coordination and communication with DSHS SMOC [Include this is in every SMA]

EXAMPLE

GENERAL MESSAGE (ICS 213) TEMPLATE

11.5 POINT OF CONTACT:

[Insert person and contact information for person these resources will report to downrange]

11.6 REPORTING LOCATION: [Insert location resources will report to]

11.7 COORDINATING INSTRUCTIONS:

[Following language will be included in every SMA]

11.7.1 Submit daily reports with type of resource, location, number of personnel, number/type of vehicles assigned to dshsplanning@dshs.texas.gov no later than 1200 HRS

11.7.2 Coordinate any changes to mission (extension, early demob, reassignment of resources to another mission and demob of resources with SMOC Operations section.

11.7.3 Notify DSHS POC when task is completed at dshsoperations@dshs.texas.gov

11.7.4 **(MOC SMAs Only)** Coordinate with PHR and SMOC POCs during incident to provide consistent updates and tracking.

11.8 FINANCE:

11.8.1 Estimated Total (NOT TO EXCEED): [Insert total amount for all resources activated under this SMA] Updated by [SMOC Finance Name] and date]

11.8.2 DSHS reserves the right to audit any reimbursement requests.

11.8.3 For EMTF Deployments: SCO to include a copy of this SMA with any mission tasking documentation sent to the EMTF member agency(s) tasked to fulfill this mission. Agencies should include it in their reimbursement packet(s) that are sent to SMOC Finance at the completion of the mission.

11.8.4 Refer to DSHS Disaster Response and Recovery website for additional information related to EMTF and HPP reimbursement activities.

11.8.5 Submit all reimbursement requests to smocreimbursement@dshs.texas.gov

11.9 CRITICAL PHONE NUMBERS:

11.9.1 SMOC Director: [Insert SMOC Director and phone number]

11.9.2 SMOC Operations or Logistics Chief: [Insert applicable Chief and phone number]

11. **Approved By:** Signature: //Chris Medina Position: SMOC Director

*Any updates to SMA will be highlighted in yellow and then removed after additional updates are added.

EXAMPLE

GENERAL MESSAGE (ICS 213) TEMPLATE

EXAMPLE

EMTF Deployed Resources SMA

1. **Incident Name (Optional):** 23-0001 Wildfire Season 2023	
2. **STAR #:** 18-123456	3. **SMA UID: 18-123456.1**
4. **To (Name and Position):** Sara Jensen, State Coordinating Officer	
5. **To (Organization):** SCO	
6. **From (Name and Position):** Chris Medina (512) 845-2398	
7. **Subject:** EMTF Resources to Support Wildfire Response 2023	
8. **Date:** 1/01/2023	
9. **Time:** 1200 HRS	

10. **Message:**

11.1 SITUATION: Support is needed for active fire behavior for the summer months where property and lives are threatened. These EMTF assets will be critical to support firefighting resources that are assigned.

11.2 MISSION: Provide medical resource support to the personnel responding to wildfire incidents.

11.3 Deploy the following assets:

Location 1:
Location, City, County

DEPLOYMENT DATES	ASSETS	TOTAL LOA	Cost
Initial Activation: 01/01/2023 – 01/07/2023 (7 Days)	[1] WLFS PKG [1] WPU	**7 Days**	**Estimated Daily:** $11,284 **Estimated LOA:** $78,988
Extension 01/08/2023 – 01/14/2023 (7 days)	[1] WLFS PKG [1] WPU	**14 Days**	**Estimated Daily:** $11,284 **Estimated LOA:** $157,976
DEMOB 01/14/2023	[1] WLFS PKG [1] WPU	**14 Days**	**Estimated Daily:** $11,284 **Estimated LOA:** $157,976

11.4 TASKS TO BE EXECUTED:
11.4.1 Support efforts in response to the wildfires in North Texas.
11.4.2 Support and assist with medical assessment and response needs
11.4.3 Maintain frequent and direct coordination and communication with DSHS SMOC
11.4.4 Submit daily updates to DSHSPlanning@dshs.texas.gov as required

EXAMPLE

GENERAL MESSAGE (ICS 213) TEMPLATE

11.5 POINT OF CONTACT: Marty Penny, TDEM (512) 123-4567

11.6 REPORTING LOCATION: EMTF Staging Area in (City, County)

11.7 COORDINATING INSTRUCTIONS:
11.7.1 Submit daily reports with type of resource, location, number of personnel, number/type of vehicles assigned to dshsplanning@dshs.texas.gov no later than 1200 HRS
11.7.2 Coordinate any changes to mission (extension, early demob, reassignment of resources to another mission and demob of resources with SMOC Operations section.
11.7.3 Notify DSHS POC when task is completed at dshsoperations@dshs.texas.gov

11.8 FINANCE:
11.8.1 Estimated Total (NOT TO EXCEED): $157,976
Updated by Tucker Berry 01/01/2023
11.8.2 DSHS reserves the right to audit any reimbursement request.
11.8.3 Include a copy of this SMA with any mission tasking documentation that is sent to the EMTF(s) that you are tasking to fulfill this mission. Agencies should include it in their reimbursement packet that are sent to SMOC Finance at the completion of the mission.
11.8.4 Refer to DSHS Disaster Response and Recovery website for additional information related to EMTF and HPP reimbursement activities.
11.8.5 Submit all reimbursement requests to smocreimbursement@dshs.texas.gov

11.9 CRITICAL PHONE NUMBERS:
11.9.1 SMOC Director: Chris Medina 512-776-4953
11.9.2 SMOC Operations Chief: Jessica Martin 512-921-6582

11. **Approved By:** Signature: //Chris Medina Position: SMOC Director

EXAMPLE