

ESF Goal and Action Worksheet

*ESF Number: _____ ESF Title: _____

Person with Oversight (list at least 3 people in order with contact information):

Fill in after completing ReadyCommunity Step Four.

Name	Contact Information

Goal: *Fill in after completing ReadyCommunity Step Three.*

Actions: *Fill in after completing ReadyCommunity Step Three.*

Quick Resource Access List:

Fill in after completing ReadyCommunity Step Four.

Description	Source		
	Local	Outside Source	
	Contact Information	Contact Information	MOU date

* Refer to Handout 2 – Emergency Support Functions Descriptions