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.

	Source			
Description	Local	Outside Source		
	Contact Information	Contact Information	MOU date	

* Refer to Handout 2 – Emergency Support Functions Descriptions