

Application Form OMB Control # 0648-0419 Expires 1/31/2028

Enter application date

Castian 1) Canaval Information

Section 1) General in	<u>itormation</u>				
Enter the Name of Your	Organization*	Enter name			
Primary Contact:	Enter name	Secondary Contact:	Enter name		
Primary Contact Title:	Enter title	Secondary Contact Title:	Enter title		
Primary Contact Email:	Enter email	Secondary Contact Email:	Enter email		
Office Phone:	Enter work phone #	Office Phone:	Enter work phone		
Cell Phone:	Enter cell phone #	Cell Phone:	Enter cell phone #		
*Organization type: County, Parish,	Tribe, Village, City, University, etc.		'		
EOC** (or similar	Enter phone #	911 Center/24 Hour	Enter phone #		
facility) Phone:	Litter priorite #	Warning Point Phone:	Litter priorie #		
EOC (or similar facility)	Street/PO Box/Suite,	911 Center/24 Hour	Street/PO Box/Su	ite, City,	
Address: **EOC – Emergency Operations Cen	City, State, Zip	Warning Point Address:	State, Zip		
	nazardous weather inform enter, etc.), are able to re		er facility (such as disp	oatch ce	nter,
Requirement – At least two ways (re sources include: iNWS, NOAA Weath they share services or do not have 2	· 	nail alerts, etc. Note: not all commu	ities have a dispatch center or	warning p	oint since
•	DC, and/or other facility (s cial watch/warning inform		<u> </u>		,
Your answer, or N/A					
include: reverse 911, social media, v	ecommended three or more ways for vebsite, email distribution list, mass r ce they share services, or do not hav	notification systems, local cable TV o			
2.3 – Do you have an upo	dated Emergency Operation	ns Plan (or similar plan or	weather annex) in		
·	EMA or your organization'	•	·	Yes	No
What was the date the plan		last updated? Enter the date the EOP was last updated			
What are the main hazards covered in your plan? Your answer, or N/A					
	conducted in accordance with state litionally, the most impactful and mo	· · · · · · · · · · · · · · · · · · ·		-	s are
2.4 – Does your plan hav	e instructions for EOC, or s	similar facility, to activate	and request		
weather support for eve	nts such as HAZMATs, SAR	s, large public venues, etc	.)?	Yes	No
Additionally, do these plans include guidance for the receipt & redistribution of critical weather information,					
as well as reporting observed weather conditions back to the NWS, or non-NWS meteorological service?			Yes	No	
Requirement – Plan must include in weather or other emergencies which	structions for activating your EOC (or n require weather support.	similar facility) and local warning re	ays, and contain procedures fo	or reporting	g severe
2.5 – Do you have plans which account for hazardous weather (e.g. Lightning Safety Toolkits) and have a reliable source of weather information for any large public events by using weather support services? Requirement – Planning and establishing a reliable source of weather information is needed for large public events.				□ No	

NOTE: StormReady Community guidelines may be satisfied by incorporating products, data, and services from non-NWS providers (e.g., other government entity, media, academia, and/or our partners in America's Weather/Water/Climate Industry (all elements of the private sector (including media, consultants, equipment providers, etc.)).

Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to: wrn.feedback@noaa.gov



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Section 3 - Coordination and Partnership Development

3.1 – List any NWS partner meetings or workshops, or similar collaborating NWS service providers, your organization has attended over the last two	☐ Yes	□ No			
Your answer, or N/A					
Requirement – Government EM or Public Safety Official participation in at least one partner meeting or a requirement for non-government EM or non-government Safety Official applicants.	workshop every two years af	ter recognition	. This is not		
3.2 – List at least one actual event, or participation in a drill or exercise, that included a weather emphasis or component with your operations.	Your answer, or N/A	A			
Requirement – One event, or drill/exercise, involving your operations every two years.			<u>'</u>		
3.3 – Is your team registered for, and familiar with, NWSChat 2.0 , or simil coordination application or program from a non-NWS service?	lar weather	☐ Yes	□ No		
If Yes, then list the weather coordination application(s) used. Your answe	r, or N/A				
Requirement – Your team is signed up and familiar with <u>NWSChat 2.0</u> , or at least one other non-NWS so requirement for non-government organizations.	ervice weather coordination a	pplication. This	is not a		
3.4 – Do you receive weather information from your local NWS office or non-NWS service through blast/notification email distribution lists?	·	es, from a WS service	□ No		
Requirement – At least two representatives from the organization are included on a blast or distribution	n email list.		<u>'</u>		
3.5 – Do you utilize a distribution list consisting of community or organize leadership, & partners (i.e. school admin., law enforcement, fire depts., etc.) to forward NWS or non-NWS services briefings for hazardous weath	critical facilities,	☐ Yes	□ No		
Requirement – Utilization of a distribution list to share NWS or non-NWS services briefings for hazardou	us weather events.				
3.6 – Have you participated in an office visit or familiarization meeting with your local NWS staff to learn more about products/services available from the NWS & what may be available from non-NWS service providers?		es, with a WS service	□ No		
Requirement – A familiarization meeting with the local NWS (could be virtual) is conducted with to learn about services & support capabilities. Organizations may alternatively use similar services from non-NWS meteorological providers. After the initial recognition this guideline is only required when there is a new EM, Public Safety Official, or Safety Coordinator. This is not required for non-government organizations but is recommended. Section 4 — Community Preparedness					
4.1 List your organization's <u>Weather-Ready Nation Ambassador</u> internal point(s) of contact.	Your answer, or N/A				
List any similar non-NWS preparedness/outreach program(s) you are involved with?	Your answer, or I	Your answer, or N/A			
Requirement – Participation in the Weather-Ready Nation Ambassador Program is required. Participation preparedness/outreach program is optional.	on in at least one similar non-	NWS			
4.2 – List any community events or other outreach efforts used to distrib information through your organization.	ute and promote we	ather safet	У		
Your answer, or N/A					
Requirement – At least two community and/or outreach efforts every two years (recommended three of every two years). Community events may include public presentations, educational activities with school engagements, etc. Other outreach efforts may include relevant social media posts, organizational websites.	ols, participation in safety fair:	s or booths, virt			
4.3 – List the dates of any storm spotter or weather safety training your organization helped to share information about, and/or helped to facilitate/organize an event in your community.	Your answer, or I	N/A			
Requirement – Help share information about a virtual storm spotter or weather safety training event, a	nd/or help to facilitate/organ	ize at least one	storm		

spotter or weather safety training event every 2 years.

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Department of Commerce National Oceanic & Atmospheric Admin. National Weather Service



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	please enter any further ents here, or enter N/A	information from t	he previous se	ctions if neede	d, or any
	,				
NWS Reviewing O	fficial Notes				
NWS Reviewing (Official: please enter any f ents here, or enter N/A	urther explanatior	from the prev	ious sections if	needed, or
Application Appro	oved: 🗆 Yes 🗆 N	o			
NWS Reviewing Official Name	Enter name	Date of Final NWS Review	Enter date	Date of Recognition	Enter date
X					
StormReady Applicant S	Signature				
1. StormReady Applicant image of your signature.	– Please print and sign the docum	ent, <u>or</u> click on the signo	ture section and ins	sert your digital sign	ature, <u>or</u> upload an
X					
NWS Reviewing Official	Signature				

2. NWS Reviewing Official – Click on the signature section and use your Common Access Card to include your digital signature, or include an image of your signature. Please allow a few moments for the signature window to open.

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