DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD **COMMAND DIRECTION (ICS 202A-CG)**

PRIVACY NOTICE
AUTHORITY: USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland
Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40
C.F.R. § 300. Zifa(b); 14 U.S.C. § 504. Commandant; general powers.
PURPOSE: USCG collects the information to document the Command's strategic direction and guidance through priorities, key decisions or procedures, and limitations or constraints used during the operational period.
ROUTINE USES: USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may
be disclosed externally as a "routine use" ar "routine use" ar "routine use" ar "routine use" are "routine use" are "routine use" and "routine use" and "routine use" and "routine use" are "routine use" and "routine use" and "routine use" are "routine use" and "routine use" are advised not to disclose any additional personally identifiable information
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GENERAL INSTRUCTIONS

Purpose. The Command Direction form (ICS 202A-CG) supplements the ICS 202-CG form by documenting the Command's strategic direction and guidance through Priorities, Key Decisions/Procedures, and Limitations/Constraints for use during the next operational period.

Preparation. The ICS 202A-CG is completed by the Planning Section following each Unified Command Objectives Meeting conducted (input may be made during the Initial Unified Command Meeting) and aids with Command Direction for the Command and General Staff meeting and when preparing the Incident Action Plan.

Distribution. The ICS 202A-CG may be included with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit. _

Item #	Item Title	Description		
1.	Incident Name	Enter the name assigned to the incident.		
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.		
3.	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.		
4.	Priorities	Enter clear concise statements of strategic direction for managing the response. These priorities are for the incident response for this operational period and the duration of the incident. Priorities are listed in order of importance.		
5.	Key Decisions and Procedures	Enter operational guiding measures from the Incident Commander/Unified Command. Provide Incident Management Team process guidance for delegation of authority, agency cooperation, cost sharing, resource ordering, and other administrative guidance.		
6.	Limitations and Constraints	Enter clear and concise guideline for response limiting factors and restrictions due to operations, weather, jurisdictions, resources, and parameters agreed upon by the Unified Command.		
7.	Prepared by • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).		

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1. Incident Name:	2. Incident Location:			od (Date/Time):			
		From	n:	To:			
4. Priorities:							
5. Key Decisions and Procedures:							
6. Limitations and Constraints:							
7. Prepared by:							
Name:	Position Title:	Signature:		Date/Time:			
		Signator					
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