

**Instructions for completing comments on the FY 2008 NIMS Implementation  
(Type answers into the table immediately following these instructions.)  
E-mail completed comment form to [NIMScomments@hhs.dhs.gov](mailto:NIMScomments@hhs.dhs.gov)**

**Organization:** Please provide the organization that you are affiliated with or work for.

**Page Number:** Indicate the page number in the original document that is the subject of the revision or comment.

**Line Number:** Indicate the line number in the original document that is the subject of the revision or comment.

**Type of Change:** Indicate the type of change.

**S** - Substantive

**A** - Administrative (Grammar, punctuation, style, etc.)

**Proposed Change:** Provide the proposed language.

**Rationale:** Provide the rationale for the proposed change.

**General Comments:** Provide general comments in the form following the comment matrix.





General Comments

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