Resource Request Form

Multnomah County

We have exhausted <u>all</u> routine options for procuring the requested resources ☐

Resource Request Information	
1. Incident Name: COVID-19 Coordination	**2. OERS Incident #: 2020-0279**
3. Kind of Resource *(select all that apply)*: ☐ Personnel ☐ Team ☐ Facilities ☐ Equipment ☐ Supplies ☐ Vehicles ☐ Aircraft ☐ Assistance Required: Form 204 Form 204 Facilities Specification Sheet Vehicle Specification Sheet	
4. Capability Needed:	**5. Priority *(select one)*:** ☐ Life Safety ☐ Incident Stabilization ☐ Property/Envi. Conservation **6. Estimated Cost:** _____
7. Requesting Organization: _____	**8. Date Request Submitted:** **9. Time Submitted:**
10a. Requesting Point of Contact Name: _____ **10b. Title and/or EOC Position:** _____ **10c. Phone:** _____ **10d. Email:** _____	
11. Does the requester have an associated tracking ID? If yes, please provide: _____	
12. Specific quantity, item description, and objective:	
13. Suggested Vendors and/or Vendors already queried (and status if known): _____	
14. Date Needed:	**15. Time Needed:**
16. Duration Needed:	
17a. Receiving Point of Contact: Name, Title and/or Position (if different than requester): _____ **17b. Phone:** _____ **17c. Email:** _____	
18. Delivery Location:	**19. Special Instructions:**
If RRF is being completed by someone different than the requester, please answer the following. Otherwise, skip to Box 8 ***20a. Form Completed by (Name):*** _____ ***20b. Agency:*** _____ ***20c. EOC/DOC Position:*** _____ ***20d. Phone:*** _____ ***20e. Email:*** _____	

Authorization to Pursue (to be completed by EOC Operations Chief):

_____ _____ _____

Name **Operations Chief Signature** **Date**