DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

O.M.B. No. 1660-0002 **Expires May 31, 2017**

RESOURCE REQUEST FORM (RRF)

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to

obtain or retain benefits. You are not req regarding the accuracy of the burden estim Security, Federal Emergency Management not send your completed form to this ad-	ate and any suggesti Agency, 500 C Stree	ons for reducing th	is burden to: Info	ormation Collections Mana	geme	ent, Department of Homeland
I. REQUESTING ASSISTANCE (To b	e completed by R	equestor)				
Requestor's Name (Please print)		2. Title	2. Title			3. Phone No.
4. Requestor's Organization		5. Fax No.		6. E-Mail Address	6. E-Mail Address	
II. REQUESTING ASSISTANCE (To	be completed by R	Requestor)		1		
Description of Requested Assistanc	e:					
2. Quantity 3. Pri	ority	•	e Sustaining	Normal	4.	Date and Time Needed
5. Delivery Site Location				6. Site Point of Conta	act (POC)
				7. 24 Hour Phone No	0.	8. Fax No.
9. State Approving Official Signature						10. Date and Time
III. SOURCING THE REQUEST - REV	/IEW/COORDINAT	ION (Operations	s Section Only	y)	-	
Other Coordination:	Yes No		Ot Re	conations ther (Explain) equisitions ocurement eragency Agreement ssion Assignment 2. 24 Hour Phone #	3.	Assigned to: ESF/OFA: RSF/OFA: Other: Date/Time: 3. Fax # 6. Fax #
7. Statement of Work						See Attached
8. Estimated Completion Date			9). Estimated Cost		
V. ACTION TAKEN (Operations Sec	tion Only)		I			
Accepted		Rejecte	d	Requestor N	otifie	ed
Reason / Disposition						

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)							
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #					
Received by (Name and Organization)	State	Date/Time Received	Originated as verbal				

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

- I. Who is requesting assistance? Completed by requestor.
- II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

<u>Site POC:</u> The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

- (1) State and local governments cannot perform, nor contract for the performance of the requested work;
- (2) Work is required as a result of the event, not a pre-existing condition; and
- (3) The State is providing the required assurances found in 44 CFR, Section 206.208.
- III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

<u>Accept/Reject:</u> Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

<u>Assigned to:</u> Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

<u>Date/Time Assigned:</u> Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

<u>Statement of Work:</u> Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.