

Resource Request Form



Covid-19 related requests – Hospitals submit the resource request to OHA Logistics. Send Emails to esf8.health@multco.us. For County and all non-hospital agency requests, please submit your request to eoc.logisticschief@multco.us. For PPE Request, review the PPE Optimization Strategies and the Stockpile Ordering Form. Please include information that applies in your request.

We have exhausted all 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): <input type="checkbox"/> Personnel <input type="checkbox"/> Team <input type="checkbox"/> Facilities <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Vehicles <input type="checkbox"/> Aircraft <input type="checkbox"/> Assistance Required: Form 204 Form 204 Facilities Specification Sheet Vehicle Specification Sheet	
4. Capability Needed:	5. Priority (select one): <input type="checkbox"/> Life Safety <input type="checkbox"/> Incident Stabilization <input type="checkbox"/> 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