

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
ACTION REQUEST FORM (ARF)

See Reverse for
 Paperwork
 Disclosure Notice

O.M.B No. 1660-0047
Expires January 31, 2011

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print)	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail Address

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:

2. Quantity	3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> Life Sustaining <input type="checkbox"/> Normal <input type="checkbox"/> High	4. Date and Time Needed
5. Delivery Site Location	6. Site Point of Contact (POC)	
	7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature		10. Date and Time

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. <input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> LOG Review by: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____	2. Source: <input type="checkbox"/> Donations <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Requisitions <input type="checkbox"/> Procurement <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Mission Assignment	3. Assigned to: ESF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone No.	3. Fax No.
4. FEMA Project Manager	5. 24 Hour Phone No.	6. Fax No.
7. Statement of Work		<input type="checkbox"/> See Attached
8. Estimated Completion Date	9. Estimated Cost	

V. ACTION TAKEN (Operations Section Only)

Accepted Rejected Requestor Notified

Reason / Disposition

TRACKING INFORMATION (FEMA Use Only)

ECAPS/NEMIS Task ID:	Action Request No.	Program Code/Event No.	<input type="checkbox"/> Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

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, reviewing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

INSTRUCTIONS

Items on the Action 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 Assistance Requested: 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.

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

If for DFA or TA, State Approving Official: Signature certifies that:

- (1) State and local governments cannot perform, nor contact for the performance of the requested word;
- (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, 206, 208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief.

Accept/Reject: Operations Section Chief accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., LOG EST's, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief Assigns tasks origination. 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.

Date/Time Assigned: Operations Section Chief provides date and time

Priority: FEMA Operations Section Chief-assigned priority may be different than Section II.

FEMA P.O.: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in NEMIS.

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

Statement of Work: 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 61-1, 40-1, or MA, this goes in "justification" tab in NEMIS.

IV. Action Taken (OPS Section Use Only): Completed by Ops Section Chief, MAC, Logistics.

Action Request Results: Ops Section Chief, MAM, 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.