

RESOURCE REQUEST FORM (RRF)

SECTION I. REQUESTING ASSISTANCE (Completed by Requester)		
1. Requester's Name (Please print)	2. Title	3. 24-Hour Phone Number
4. Requester's Organization	5. Fax Number	6. Email Address
SECTION II. REQUESTED ASSISTANCE (Completed by Requester)		
1. Description of Requested Assistance		
2. Quantity	3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> Life Sustaining <input type="checkbox"/> High <input type="checkbox"/> Normal	4. Date/Time Required
5. Delivery Site Location(s)		<input type="checkbox"/> See Attached
6. Site Point of Contact (POC)	7. Site POC 24-Hour Phone Number	8. Site POC Email Address
9. State/Tribal/Territorial Approving Official Signature (Required for DFA)		10. Date/Time
SECTION III. SOURCING THE REQUEST - REVIEW/COORDINATION (Completed by FEMA Operations Section)		
1. <input type="checkbox"/> OPS review by _____ <input type="checkbox"/> LOG review by _____ <input type="checkbox"/> PM 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"/> Interagency Agreement <input type="checkbox"/> Mission Assignment <input type="checkbox"/> FOS <input type="checkbox"/> DFA <input type="checkbox"/> Procurement <input type="checkbox"/> Requisitions <input type="checkbox"/> Other (Explain) _____	3. Assigned to ESF/RSF _____ OFA _____ Other _____ Date/Time _____
		4. Immediate Action Required <input type="checkbox"/> Yes
SECTION IV. STATEMENT OF WORK (Completed by FEMA Operations Section)		
1. OFA Action Officer	2. 24-Hour Phone Number	3. Email Address
4. FEMA Project Manager	5. 24-Hour Phone Number	6. Email Address
7. Statement of Work		<input type="checkbox"/> See Attached
8. Projected Start Date	9. Projected End Date	10. Estimated Cost
SECTION V. ACTION TAKEN (Completed by FEMA Operations Section)		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Requester Notified	Reason/Disposition	
TRACKING INFORMATION		
Internal Control #	FEMA Resource Request #	Program Code/Event #
<input type="checkbox"/> Originated as verbal request	Received By (Name/Organization)	State
Date/Time Received	STT Request #	

PRIVACY NOTICE

FEMA collects, uses, maintains, retrieves, and disseminates the records within this form according to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq) and 44 CFR Part 206.5. FEMA is authorized to provide assistance to States based on needs before, during, and after a disaster has impacted the state. FEMA collects personally identifiable information from the points of contact at the state, local, tribal, and territorial governments; site delivery point of contact; FEMA program manager; and the other Federal agency point of contact, in order to reach these individuals regarding the associated assistance that results from this request form. The non-PII that is collected explains which state(s), tribal, or territorial government(s) require assistance, what needs to be accomplished, details any resource shortfalls, and explains what assistance is required to meet these needs. FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System, 73 Fed. Reg. 71,659 (Nov. 25, 2008), and upon written request, by agreement or as required by law. FEMA may share the personal information of non-citizens, as described in the following Privacy Impact Assessment: DHS/FEMA/PIA-023 Enterprise Coordination and Approval Processing System (eCAPS).

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 required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0047).

NOTE: Do not send your completed form to this address.

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.

Section I. Requesting Assistance (Completed by Requester)

- Identify who is requesting assistance. The requester may be contacted with questions regarding the request, or for additional information for fulfillment of the request

Section II. Requested Assistance (Completed by Requester)

- **Description of Requested Assistance:** Identify what needs to be done. Provide detail of resource shortfalls, statement of deliverable(s), or simply state problem/need. If this request requires an enabler or is an enabler for another resource this should be clearly described in the Description of Requested Assistance. If necessary, attach additional documentation.
- **Quantity:** If necessary, include a qualifier (i.e., each, teams, cases, etc.). If the quantity is ambiguous the need should clearly be described in the description of requested assistance. For example, "Food and water for 300 individuals, for 7 days." or "Provide search and rescue capabilities to rescue approximately 200 people trapped by flood waters."
- **Priority:** The requester's priority.
- **Date and Time Required:** The Date/Time that the resource needs to be delivered or should be operational.
- **Delivery Site Location(s):** Site name and address. For multiple delivery locations, input "various locations see attached" in site name, include attachment with delivery sites and POCs for each location, and breakdown of requirements for each location as appropriate.
- **Site POC:** 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/Tribal/Territorial (STT) Approving Official signature certifies that:**
 - (1) State/Tribe/Territory 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/Tribe/Territory is providing the required assurances found in 44 CFR, Section 206.208.

Section III. Sourcing the Request - Review/Coordination (FEMA Ops Section Use Only) (Completed by the Operations Section Chief (OSC) or Resource and Capability Branch Director (RCBD))

- **Eligibility review:** OSC/RCBD conducts eligibility review of the request.
- **Accept/Reject (annotated in Section V):** OSC/RCBD accepts or rejects the request; provide reason if rejected. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request.
- **Review/Coordination:** All involved in coordination should check appropriate box and sign.
- **Source:** Identifies the sourcing mechanisms for fulfillment of the request. Multiple sources may be utilized to meet the requirements of a single request. For sourcing within FEMA, utilize "other" and identify the component/system. If source is Mission Assignment (MA) identify if MA is Federal Operations Support (FOS) or Direct Federal Assistance (DFA).
- **Assigned to:** OSC/RCBD assigns tasked organization. If Emergency Support Function (ESF) or Recovery Support Function (RSF) Other Federal Agency (OFA) must also be indicated. Internal FEMA Organization (i.e., Logistics), or other organization should be indicated in "other".
- **Date/Time Assigned:** Provide date and time when sourcing was determined.
- **Immediate Action Required:** Indicates requirement for immediate processing of the request.

INSTRUCTIONS (Continued)

Section IV. Statement of Work (FEMA Ops Section Use Only) (Completed by the OSC/RCBD, and/or FEMA Project Manager)

- **OFA Action Officer:** OSC/RCBD obtains from OFA if request fulfilled by an MA; 24-hr phone/fax required.
- **FEMA Project Manager:** Identified by OSC/RCBD; 24-hr phone required.
- **Statement of Work:** Description of task(s) to be performed. Could be to assess a problem and report back or could be to proceed with a specific action.
- **Projected Start Date:** This date may be different from the date/time needed in Section II. For example: to account for mobilization time.
- **Projected End Date:** If end date is not clear, estimate and budget for 30, 60, or 90 days then reevaluate. TBD is not acceptable; a date must be entered.
- **Cost Estimate:** The cost estimate should include the total cost projection for the resource/requirement (e.g. for MAs the estimate should encompass the entire expected duration of the MA, for MA amendments the estimate should encompass the amount for the amendment action.) Enter dollar value and provide a breakdown outlining eligible costs as appropriate.

Section V. Action Taken (FEMA Ops Section Use Only) (Completed by the OSC/RCBD, MA Unit or Logistics)

- **Reason/Disposition:** Note steps taken to complete the action, and personnel, sub-tasked agencies, contracts, and other resources utilized. For example: "Two DMATs deployed for 14 days under Mission Assignment. Separate Mission Assignment issued for Force Protection". If request was rejected, reason for rejection is documented here. If request was canceled by requester, cancellation is documented here.

Tracking Information

- Required for all requests

DRAFT