

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY  
RESOURCE REQUEST FORM

Refer to page 2 for instructions

**I. REQUESTING ASSISTANCE (To be filled out by the Requesting Political Jurisdiction or State Agency)**

(1) Date / Time:	(2) Incident Identification Number:	
(3) Requestor's Name:	(4) Title:	
(5) Municipality:	(6) County:	(7) State Agency:
(8) Phone No:	(9) Fax No:	(10) E-mail Address:

**II. REQUESTING ASSISTANCE – REQUESTED RESOURCE (To be filled out by the Requesting Political Jurisdiction or State Agency)**

(1) Description and Capability of Requested Assistance:		
(2) Quantity:	(3) Date / Time Needed:	(4) Municipality or County Declaration of Emergency?
(5) Priority:	<input type="checkbox"/> Lifesaving <input type="checkbox"/> Life Sustaining <input type="checkbox"/> Property Preservation <input type="checkbox"/> Incident Stabilization <input type="checkbox"/> Planned Event	
(6) Was Mutual Aid Attempted?	(7) Was the Organization's Procurement Process Utilized?	
(8) Logistics (List any logistical needs associated with the request):		
(9) Delivery Site Location:	(10) Site Point of Contact (POC):	
(11) Site POC Phone No:	(12) Authorized Representative Signature: <i>(I understand that costs to the requestor may be incurred or associated with this request)</i>	

**III. REVIEW (If Submitted by Municipal Jurisdiction, County Jurisdiction will Review Request)**

(1) County EMC or Designee Signature:	Date / Time:
County EMC or Designee Print:	Phone No:
Comments / Justification:	
(2) PEMA Area Office or Designee Signature:	Date / Time:
PEMA Area Office or Designee Print:	Phone No:
Comments / Justification:	

**IV. SOURCING THE REQUEST – REVIEW / COORDINATION (PEMA Headquarters Only)**

(1) Review:	(2) Source:	(3) Assigned to:
<input type="checkbox"/> OPS Review by: _____	<input type="checkbox"/> Procurement	ESF: _____
<input type="checkbox"/> LOG Review by: _____	<input type="checkbox"/> Mission Assignment	Other: _____
<input type="checkbox"/> Other Coordination: _____	<input type="checkbox"/> Other	(4) Costs: Costs Incurred by: _____
(6) Authorized PEMA Representative Signature:		(5) Mission Number: _____
		Date / Time: _____

**V. ACTION TAKEN (PEMA Headquarters or Assignee Response)**

<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Requestor Notified
Reason / Disposition:		
Requestor notified by whom: _____ Date / Time: _____		

## 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 the requestor.

(2) Incident Identification Number: This number is the number assigned automatically by the emergency management platform or software upon creating an incident or event and will serve as the initial tracking number of the request during the review process and prior to the mission assignment if applicable. In other words, the requestor should have an incident or event created to reference the request.

(7) If the requestor is the municipality or the county, leave this field blank. This field will be the state agency making the request.

### II. Requested Assistance or Resource. What needs to be done?

(6) and (7) are important in reflecting that the requesting jurisdiction or state agency making the formal request had exhausted all local, regional and commercial governmental avenues prior to submitting the request.

(8) List any logistical needs associated with your request. Example: Transportation requirements to deliver a request to a specific staging area.

(12) Authorized Representative Signature - Person authorized by the requesting entity with the ability to allocate funding if there is a cost share for the requesting entity. It is understood that costs to the requestor may be incurred or associated with this request.

### III. Review

(1) If the requesting political jurisdiction is the municipality, the county will review and provide any supporting justification or comments. If the requesting political jurisdiction is the county, this field will be blank.

(2) In most scenarios, the PEMA Area Office will be afforded the opportunity to provide coordinating assistance with the county political jurisdiction making the formal request. The PEMA Area Office or designee will review the request to ensure that the requestor exhausted all local level resources. Upon reviewing the request, the PEMA Area Office or designee, will sign and provide concurring or disapproving supporting justification and comments.

### IV. Sourcing the Request – Review / Coordination

(1) The request will be reviewed and signed by OPS Chief or designee and the LOGS Chief prior to sourcing or assigning the request.

(2) Sourcing the Request. The determination to source the request and to whom or utilize the procurement process.

(4) Costs will identify any funds that the requestor may need to reimburse the provider. Or costs may be incurred by provider or another source to be determined.

(6) Authorized PEMA Representative Signature certifies that municipal and county governments and state agencies (if applicable) cannot perform the mission or actions related to life saving, life sustainment, property and environmental protection, stabilizing an incident or a planned event.

### V. Action Taken

This serves where the assignee will indicate if the mission is accepted or rejected and indicate if the requestor was notified of the disposition of the request to the requestor, when and by whom. This information can be filled in by PEMA Headquarters on behalf of the assignee for tracking purposes.