DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

RESOURCE REQUEST FORM (RRF)

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

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, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address**.

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: The State of California requests federal assistance from the National Disaster Medical System (NDMS) to provide medical care to California residents and visitors impacted by _____ *[name of incident]*.

2. Quantity	3. Priority	☐ Lifesaving ☐ Life Sustaining ☐ Normal ☐ 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.
- ☐ OPS Review by: _____
- ☐ LOG Review by: _____
- ☐ Other Coordination: _____
- ☐ Other Coordination: _____
- ☐ Other Coordination: _____

4. Immediate Action Required ☐ Yes ☐ No

2. Source:
- ☐ Donations
- ☐ Other (Explain)
- ☐ Requisitions
- ☐ Procurement
- ☐ Interagency Agreement
- ☐ Mission Assignment

3. Assigned to:
- ESF/OFA: _____
- RSF/OFA: _____
- Other: _____
- Date/Time: _____

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #

7. Statement of Work ☐ See Attached

As requested by California and in coordination with FEMA, HHS will deploy National Disaster Medical Assistance (NDMS) medical response capabilities, including Disaster Medical Assistance Team (DMAT), International Medical Surgical Response Team (IMSuRT) and/or Medical Acute Care Response Team (MAC-T), all of which provide medical surge support to augment State and local medical response resources. Staging locations for requested resources are provided on the sheet attached to this RRF.

8. Estimated Completion Date	9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted ☐ Rejected ☐ Requestor Notified

Reason / Disposition