

Resource Request		Veoci: 20250715 PDF: 20250804
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

This Section to be Completed by Jurisdiction Personnel:				(<u>Underlined</u> =Required)	
Date:		Time: (24hr):		Handling: <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr)	
T O	<u>ICS Position:</u>		F R O M	<u>ICS Position:</u>	
	<u>Location:</u>			<u>Location:</u>	
	<u>Name:</u>			<u>Name:</u>	
	<u>Contact Info:</u>			<u>Contact Info:</u>	
Resource Order					
<u>Title:</u>					
<u>Jurisdiction:</u>					
<u>Date:</u>			<u>Time:</u>		
Item 1	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	Includes Items for Demobilization? <input type="radio"/> Yes <input type="radio"/> No				
Item 2	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	Includes Items for Demobilization? <input type="radio"/> Yes <input type="radio"/> No				
Item 3	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	Includes Items for Demobilization? <input type="radio"/> Yes <input type="radio"/> No				
Item 4	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	Includes Items for Demobilization? <input type="radio"/> Yes <input type="radio"/> No				
Item 5	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	Includes Items for Demobilization? <input type="radio"/> Yes <input type="radio"/> No				
Item 6	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	Includes Items for Demobilization? <input type="radio"/> Yes <input type="radio"/> No				

Resource Request

SCCo ARES/RACES

Priority

Priority: ☐ Urgent (As soon as possible) ☐ Medium (1 - 2 days)
(Pick One) ☐ High (within 24 hours) ☐ Low (2 – 3 days)

Requested By Details**Requested By Name:****Signature:****Requested By Phone:****Requested By Email:****Requested By Position:****Incident Details****Is this request related to a current JURISDICTION activation?** ☐ Yes ☐ No**If above question is Yes, name of Jurisdiction's incident:****Is this request related to a current COUNTY activation?** ☐ Yes ☐ No**If above question is Yes, name of County incident:****Comments****Radio Operator Only:****Relay:****Rcvd:****Sent:****Name:****Call Sign:****Date:****Time (24hr):**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here):

Field	Instructions								
Date / Time	<u>Required</u> . Enter the date and time created. Use 24-hour time.								
Handling	<u>Required</u> . Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.								
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.								
ICS Position/Location	<u>Required</u> . Enter the ICS position name and location.								
Name	Optional. Enter only if the message is to a specific individual.								
Contact Info	Optional. Enter a phone number, frequency or other contact info.								
Title	<u>Required</u> . A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: "City of Sun Park – 2 bulldozers" or "Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations"								
Jurisdiction	<u>Required</u> . Enter the name of the municipality/jurisdiction.								
Date/Time	<u>Required</u> . Enter the date and time of this form creation. Use 24-hour time.								
Item(s)	<u>Required (minimum 1 item)</u> . Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request: <ul style="list-style-type: none">Item 1: Track Dozer, Type III, such as: D6NItem 2: 79 gallons diesel (onboard), plus an additional 200 gallonsItem 3: Qualified operator for three days of 12-hour shifts <table><tr><td><u>Item Name</u></td><td>Name of the item</td></tr><tr><td><u>Quantity Requested</u></td><td>The number requested. Ensure you are descriptive enough ("n pallets" or "nn boxes" may or may not convey the requested quantity)</td></tr><tr><td><u>Description</u></td><td>Gives enough detail to ensure the requested item is clear.</td></tr><tr><td><u>Includes Items for Demobilization?</u></td><td>Identifies items that are inventoried and expected to be returned.</td></tr></table>	<u>Item Name</u>	Name of the item	<u>Quantity Requested</u>	The number requested. Ensure you are descriptive enough ("n pallets" or "nn boxes" may or may not convey the requested quantity)	<u>Description</u>	Gives enough detail to ensure the requested item is clear.	<u>Includes Items for Demobilization?</u>	Identifies items that are inventoried and expected to be returned.
<u>Item Name</u>	Name of the item								
<u>Quantity Requested</u>	The number requested. Ensure you are descriptive enough ("n pallets" or "nn boxes" may or may not convey the requested quantity)								
<u>Description</u>	Gives enough detail to ensure the requested item is clear.								
<u>Includes Items for Demobilization?</u>	Identifies items that are inventoried and expected to be returned.								
Priority	<u>Required</u> . How quickly do you require these supplies.								
Requested By Details	<u>Required</u> . All fields (name, signature, phone, email, and requesting party's position/title) are required.								
Is this request related to a current Jurisdiction's activation?	<u>Required</u> . This checkbox identifies if the jurisdiction is currently activated in response to an incident.								
Name of the Jurisdiction's incident	<u>Required (if above checkbox is yes)</u> . Please enter the name of the Jurisdiction's incident								
Is this request related to a current COUNTY activation?	<u>Required</u> . This checkbox identifies if this Resource Request is associated with a County incident.								
Name of the County incident	<u>Required (if above checkbox is yes)</u> . Please enter the name of the County incident.								
Comments	Please type in any other necessary information. Such as: ramp needed, for access, please call, only accept deliveries between 10 and 12, etc.								

Instructions for Radio Operators: (see other forms for this section)