

Resource Request		Veoci: 20250811 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>				
	<u>Includes Items for Demobilization?</u> <input type="radio"/> Yes <input type="radio"/> No				
Item 2	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	<u>Includes Items for Demobilization?</u> <input type="radio"/> Yes <input type="radio"/> No				
Item 3	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	<u>Includes Items for Demobilization?</u> <input type="radio"/> Yes <input type="radio"/> No				
Item 4	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	<u>Includes Items for Demobilization?</u> <input type="radio"/> Yes <input type="radio"/> No				
Item 5	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	<u>Includes Items for Demobilization?</u> <input type="radio"/> Yes <input type="radio"/> No				
Item 6	<u>Item Name:</u>			<u>Quantity Requested:</u>	
	<u>Description:</u>				
	<u>Includes Items for Demobilization?</u> <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>Description</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)	Description	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)								
Description	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)