

# Resource Request Process

Requesting and Tracking resources in the State of Washington

#### Benefits of a Standardized Statewide Process

- 1. Ensures consistency with a common process.
- 2. Expedites Resource Request.
- 3. Improves productivity.
- 4. Reduces process errors.
- 5. Increases training effectiveness.
- 6. Assists in staffing EOC/ECC.
- 7. Scalable for large or small incidents or events.

### **Local Jurisdictions**

- Are not required to use only one system.
- Are prepared to accept financial responsibility when requesting resources.

### The Statewide Process does not:

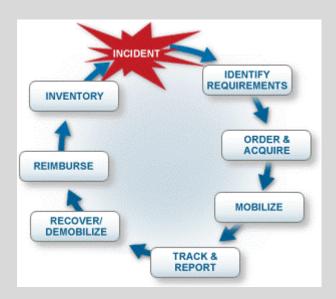
- Address internal staff augmentation procedures.
- Address internal financial processes and procedures

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## Resource Management Principles

Resource management includes processes for:

- Categorizing resources.
- Ordering resources.
- Dispatching resources.
- Tracking resources.
- Recovering resources.
- Reimbursing other organizations.



Remember to address capability / desired end result over specific equipment, supplies, or personnel

# Preferred Resource Request Process

Request Transmitted from County or Tribe to State via:

- WebEOC
- 2. ICS 213 RR (State Request Form)
- 3. Phone

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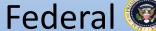
- Radio RFA Transmittal (RACES)
  - County, Tribe & Local Jurisdiction Assets / Agencies
  - Contracts / Purchasing
  - •WAMAS (Intrastate Mutual Aid)
  - Other Mutual Aid agreements
  - NGOs, Volunteer Organizations, & Private Sector

LOCAL JURISDICTIONS, TRIBES, & COUNTY



- State Contracts / Purchasing
- State Assets / Agencies
- State Fire Mob
- PNEMA (International Mutual Aid)
- •EMAC (Interstate Mutual Aid)
- •RRF (Federal Request)

Federal Assets / Agencies





Request Transmitted from State to Federal via:

- RRF Form (Federal Request Form)
- Telephone

# Requests for Assistance (RFA) to the SEOC

### The four options are:

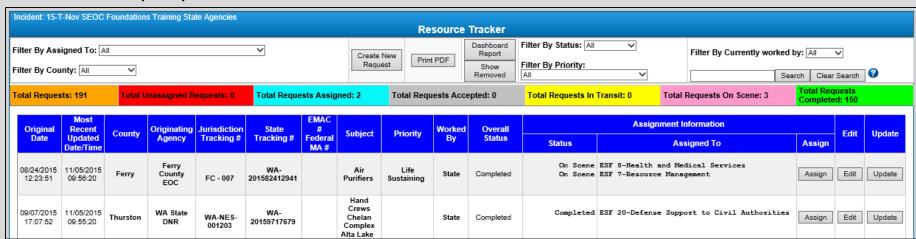
- 1. WebEOC Request for Assistance (preferred option).
- 2. Email completed ICS 213 RR to <a href="mail:wa.gov">rfa@mil.wa.gov</a>
- 3. Telephone Call in to SEOC: 800-854-5406 253-912-4900
- 4. Radio RFA via RACES Operator.

## WebEOC (Option-1)

- Expedites resource requests.
- Can be initiated by a city, county, or tribe.
- Assignments to meet the request can be split among several Emergency Support Functions (ESFs) or agencies.
- Drop-down Priorities are in alignment with ICS:
  - Life Saving

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- Incident Stabilization
- Property Preservation



## WebEOC continued...

- Select WA-EOC RFA and Resource Tracker (Board 04) to access the Resource Tracker.
- Resource Tracker allows the user to:
  - Create new request.
  - Assign the resource request to the appropriate ESF or agency.
  - Update actions taken to meet the request from initial input through demobilization or completion.
- Click "Create New Request" to begin.



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Assign

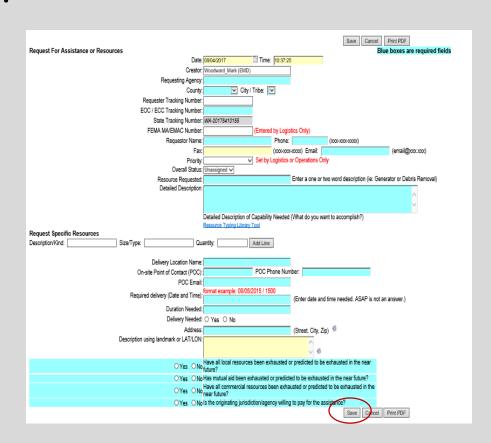
Update

## WebEOC continued...

 All boxes in blue are required fields – the form cannot be saved until all blue field have data.

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- Complete with as much detail as possible.
- Request "capability" rather than a specific item or person.



# Email - ICS 213 RR Form (Option-2)

- Access the form at http://mil.wa.gov/other-links/logistics-and-resources
- Save the form on a local computer.
- Complete with as much detail as possible, with an emphasis on capability, rather than specific equipment or personnel.
- Email to <a href="mailto:rfa@mil.wa.gov">rfa@mil.wa.gov</a> and call the SEOC Operations desk (253-912-4926) to confirm receipt of the form.
- SEOC Staff inputs the new request in the Resource Tracker.

## Email continued...

- The information requested in the form fields are the same as in the WebEOC "Create New Request".
- The ICS 213 RR Form is used at all levels of government when WebEOC is unavailable.

	1. Missi	on Numbe	er & Incide	ent Name:	2. Requesting Agency: 3. Date & Time:(mm/ddl			- 00:00) 4. Requester Tracking Num			ımber:		
	5. Reso	urce Requ	ested					SHADED	AREA TO BE	FILLED BY LOGISTI	CS SECTIO		
	a. Qty.	b. Kind	C. Type		em description and/or of task to be a			Needed	Date & Ti	me	g. Co		
		(if known)	(if known)		tics, brand, specs, experience, size , diagrams and other info.	e, etc.) an	d, if applicable,	e. Requ	ested	f. Estimated			
stor	6. Additional Personnell Support Needed: (Driver/Fuel Etc.)								tion neede	q.			
Requestor	v. Addit	ionari era	omie#5u	pport iteeded		7. Dulu	don neede	u.					
S.	8. Requ	ested Deli	ivery/Rep	orting Locatio	n: (Address/landmarks etc.)		). POC at Delivery/F	eporting Lo	cation: (Na	ame & Contact info	)		
	10 Suit	ahle Suhs	titutes an	d/or Suggest	ad Sources: (if known)		1 Priority: □ Life S	prity: ☐ Life Saving ☐ Incident Stabilization ☐ Property Preservation					
	10. Suitable Substitutes and/or Suggested Sources: (# known)  11. Priority: Life Saving Incident Sta										COCI VALIO		
	12. Have all commercial resources been exhausted:												
				ources been e		no , explain.							
	14. Requested by Name/Position & phone/email:						15. Request A	st Authorized by:					
	16. EOC	ECC Log	istics Tra	cking Numbe	r: 17. Name of Supplier/POC, I	x/Email:							
	18. Notes:												
ģ													
gistics	19. Approval Signature of Authorized Logistics Representative:							20. Date & Time: (mm/dd/yy - 00:00)					
Logistics	19. App	21. Order placed by (check box):   PROC UNIT OTHER											
Logistics		er placed i	by (check	DOX): UCRD				al Aid Tracking #:					
Logistics	21. Orde	er placed I ate to Sta	/ \		. State Tracking #:		24. Mutual	Aid Trackin	g #:				
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Finance	21. Orde 22. Elev 25. Rep	ate to Sta	te:   ents from	23 Finance:	1		24. Mutual		•	mm/dd/yy = 00:00)			

## Email continued...

- The first page of the ICS 213 RR contains fillable fields, some with drop-down menus, for requesting resources from the State.
- The second page contains cell-by-cell instructions explaining how to complete the form.
- Cells 1 5e are basic resource request requirements and 5f-5g are meant to be completed by a county level EOC-ECC Logistics Section.

	1. Mission Number & Incident Name:				2. Requesting Agency:	3. Date & Time:(mm/dd/yy - 00:00)			4. Reques	mber:	
	5. Order							SHADED A	AREA TO BE	FILLED BY LOGISTIC	S SECTION
	(if (if characteristics,				item description and/or of task to be accomplished: (Vital stics, brand, specs, experience, size, etc.) and, if applicable, e, diagrams and other info.			Needed Date & Time			g. Cost
								e. Requested f. Estimated			
stor											

Block # 1	Mission Number is assigned by the State EMD. Incident name is the same as the name stated on
	the ICS-201 Form and Incident Action Plan (IAP).
Block # 2	Name of Jurisdiction/Agency initiating request.
Block # 3	The date (month/day/year) and the time (using the 24 hour clock) when submitting the request.
Block # 4	Jurisdiction or agency generated tracking number.
Block # 5a-c	Items requested: Must include quantity; Include Kind and Type if applicable.
Block # 5d	The detailed description of requirements. (Be as specific as possible).
Block # 5e	Time resource is needed.

## Cells 6 – 15: Completed by Requestor

6. Additional Pers	onnel/Support Needed: (Driver/Fuel Etc.)	7. Duration needed:					
8. Requested Deliv	very/Reporting Location: (Address/landmarks etc.)	9. POC at Delivery/Reporting Location: (Name & Contact info)					
10. Suitable Subst	titutes and/or Suggested Sources: (if known)	11. Priority: ☐ Life Saving ☐ Incident Stabilization ☐ Property Preservation					
Have all local r	rercial resources been exhausted:	13. Requestor is willing to provide Funding: ☐ Yes ☐ No If "No", explain:					
14. Requested by	Name/Position & phone/email:	15. Request Authorized by:					
Block # 6	List additional support needed; driver, fu	els, etc.					
Block # 7	How long do you need the resource (nun	ber of hours, days etc.).					
Block # 8	Location: Where the requesting jurisdiction area, address, latitude & longitude, etc.).	on/agency wants the items delivered to (a specific staging					
Block # 9	Point of contact at the delivery location.						
Block # 10	Enter information if known. A suggested written & signed) agreement with a local	source may be a known contract in place or verbal (not vendor.					
Block # 11	for the safety, accountability and welfare Incident Stabilization-To keep the incident egative consequences. Property Preservation- Protection of prenvironment.	ngered civilians, treatment of the injured, and provisions of response personnel. lent from escalating and bring it under control to limit the operty, infrastructure, evidence, economy and the					
Block #12	Yes or No.						
Block #13	If partial or no funding, specify reason.						
Block # 14	Name and contact information of request	or.					
Block #15	This must be approved by the appropriate	e Section Chief or Authorized spending agent.					

# Cells 16 – 24: Completed by the local Logistics Section, with 23-24 completed at the State level.

16. EOC/ECC Logistics Tracking Number:	17. Name of Supplier/POC, Phone/Fax/Email	:	
18. Notes:			
19. Approval Signature of Authorized Logisti	cs Representative:		20. Date & Time: (mm/dd/yy – 00:00)
21. Order placed by (check box): ORD UNIT	PROCUNIT OTHER	-	
22. Elevate to State: 23. Sta	te Tracking #:	24. Mutual Aid	Tracking #:

Block # 16	EOC/ECC Logistics Tracking Number.
Block # 17	Supplier Point of Contact, Phone Number and/or email address.
Block # 18	Actions taken in processing resource request.
Block # 19	Usually the signature of the Logistic Section Chief or Deputy Logistics Section Chief.
Block # 20	Date & Time of Signature.
Block # 21	Ordering Unit (ORD) or Procurement Unit (PROC)). Other block is checked if ORD/PROC positions are not filled. If Other block is checked, fill in position.
Block # 22	If checked, request has been elevated to State EMD for processing.
Block # 23	State EMD assigned tracking number.
Block # 24	Mutual Aid tracking #: (WAMAS-Locally assigned #) (EMAC, PNEMA, FED MA -State EMD assigns #)

## Cells 25 – 27: Completed by the Finance Section

25. Reply/Comments from Finance:	5. Reply/Comments from Finance:						
26. Finance Section Signature:	27. Date & Time: (mm/dd/yy - 00:00)						

Block # 25	Comments from Finance Section Chief, Deputy Finance Section Chief, or Procurement.
Block # 26	Approval: This must be approved in accordance with Jurisdiction/Agency internal procurement policies.
Block # 27	Date & Time of Signature

- Once the form is completed through the appropriate level (city, county, or elevated to State), distribute to:
  - Documentation Unit (Original).
  - Logistics Section (Copy Local or State as appropriate).
  - Finance and Administration Section (Copy Local or State as appropriate).

#### When elevating the request to the State, do the following:

- Save with an identifiable file name.
- Email the document to <u>rfa@mil.wa.gov</u> (read receipt recommended).
- Remember to focus on "Capability", rather than specific equipment.

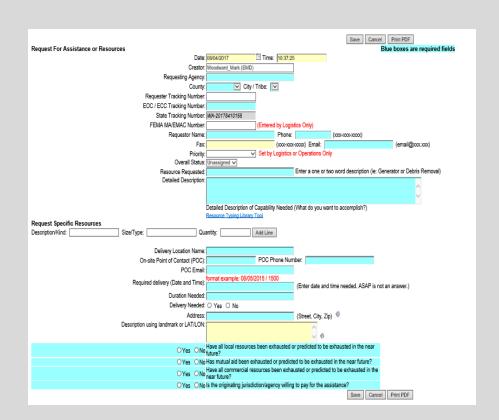
	1. Missi	on Numbe	er & Incide	ent Name:	2. Requesting Agency:	3. Date	& Time:(mm/dd/yy	- 00:00)	4. Requester Tracking Number:				
ŀ	5. Resor	urce Requ	ested					SHADED	AREA TO BI	FILLED BY LOGISTI	CS SECTION		
ı	a. Qty.	b. Kind	C. Type		em description and/or of task to be			Needed	Date & Ti	me	g. Cost		
I		(if known)	(if known)		tics, brand, specs, experience, siz , diagrams and other info.	e, etc.) and,	and, if applicable, e. Reques			f. Estimated			
Requestor	6. Addit	ional Pers	onnel/Su	pport Needed	7. Durat	ion neede	d:	1					
Red	8. Requ	ested Deli	very/Rep	orting Location	n: (Address/landmarks etc.)	9. 1	OC at Delivery/R	eporting Lo	cation: (Na	ame & Contact info	))		
Ì	10. Suita	able Subs	titutes an	d/or Suggest	ed Sources: (if known)	11.	11. Priority: Life Saving Incident Stabilization Property Preservation						
	Have	all local	resources	sources been s been exhau ources been e	sted: Yes No		13. Requestor is willing to provide Funding: \( \subseteq Yes \subseteq No \) If "No", explain:						
Ī	14. Requested by Name/Position & phone/email:						15. Request Authorized by:						
	16. EOC/ECC Logistics Tracking Number: 17. Name of Supplier/POC, Phone/Fax/Email:												
tics	18. Notes:												
Logistics	19. Approval Signature of Authorized Logistics Representative:								20. Date & Time: (mm/dd/yy - 00:00)				
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ı	22. Elev	ate to Sta	te: 🔲	23	. State Tracking #:		24. Mutual Aid Tracking #:						
Finance	25. Reply/Comments from Finance:												
	26. Finance Section Signature:								27. Date & Time: (mm/dd/yy - 00:00)				

## Telephonic Request's (Option-3)

 A county or Tribe calls the SEOC Operations desk with a new request.

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 If WebEOC not available in the SEOC, staff completes the PDF ICS 213 RR version.



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# Radio Request's (Option-4)

- A local Radio Amateur Civil Emergency Service (RACES) operator sends requests to a state RACES Officer via radio transmittal.
- Operators transmit all required fields as indicated, provided they have the Winlock 2000 Template (.HTML), all the data transmitted will auto complete the request form.
- Once information is received, SEOC Operations staff enters the new request into the WebEOC Resource Tracker.

	1. Missi	on Numbe	r & Incide	nt Name:	2. Requesting Agency:	3	3. Date & Time:(mm/dd/yy - 00:00)			4. Requester Tracking Number:			
	5. Resource Requested									AREA TO BE	FILLED BY LOGISTI	CS SECTION	
	a. Qty. b. Kind C. Type d. Detailed item description and/or of task to be acco							mplished; (Vital Need			eeded Date & Time		
		(if known)	(if known)		stics, brand, specs, experience, size, etc.) and, if applicable, e, diagrams and other info.			e. Reque	ested	f. Estimated			
Requestor	6. Addit	ional Pers	onnel/Su	pport Needed:	: (Driver/Fuel Etc.)				7. Durat	ion needed	i:		
Redn	8. Requ	ested Deli	very/Repo	orting Location	n: (Address/landmarks etc.)		9. PC	OC at Delivery/R	eporting Loc	cation: (Na	me & Contact info	)	
	10. Suitable Substitutes and/or Suggested Sources: (if known)							11. Priority: Life Saving Incident Stabilization Property Preservation					
	Have	all local	resources	ources been been exhaus ources been e	ted: Yes N	•	13. Requestor is willing to provide Funding: ☐ Yes ☐ No If "No", explain:						
	14. Requested by Name/Position & phone/email:							15. Request Authorized by:					
П	16. EOC	/ECC Log	istics Trad	cking Number	: 17. Name of Supplier	/POC, Phone	/Fax/Er	nail:					
tics	18. Note	s:			•								
Logistics	19. Approval Signature of Authorized Logistics Representative:								20. Date	20. Date & Time: (mm/dd/yy - 00:00)			
	21. Orde	r placed I	y (check	box): ORD (	JNIT PROCUNIT	OTHER							
	22. Elev	ate to Sta	te: 🔲	23.	. State Tracking #:			24. Mutual	24. Mutual Aid Tracking #:				
25. Reply/Comments from Finance:													
Ē	26. Fina	nce Section	on Signati	ıre:					27. Date	& Time: (n	nm/dd/yy – 00:00)		
_		ocumenta						inating ESF/age					

# Questions?

#### Go to:

http://mil.wa.gov/other-links/logistics-and-resources

For State Logistics contact information and to download training presentations.