

## WA RESOURCE REQUEST FORM (ICS 213 RR)

<b>1. Mission Number &amp; Incident Name:</b>		<b>2. Requesting Agency:</b>		<b>3. Date &amp; Time:(mm/dd/yy - 00:00)</b>		<b>4. Requester Tracking Number:</b>	
<b>5. Order</b>						<b>SHADED AREA TO BE FILLED BY LOGISTICS SECTION</b>	
<b>a. Qty.</b>	<b>b. Kind (if known)</b>	<b>c. Type (if known)</b>	<b>d. Detailed item description and/or of task to be accomplished: (<i>Vital characteristics, brand, specs, experience, size, etc.</i>) and, if applicable, purpose/use, diagrams and other info.</b>			<b>g. Cost</b>	
						<b>e. Requested</b>	<b>f. Estimated</b>
<b>6. Personnel/Additional Support Needed: (<i>Driver/Fuel Etc.</i>)</b>						<b>7. Duration needed:</b>	
<b>8. Requested Delivery/Reporting Location: (<i>Address/landmarks etc.</i>)</b>				<b>9. Delivery/Reporting Location POC: (<i>Name &amp; Contact info</i>)</b>			
<b>10. Suitable Substitutes and/or Suggested Sources: (if known)</b>				<b>11. Priority:</b> <input type="checkbox"/> Life Saving <input type="checkbox"/> Incident Stabilization <input type="checkbox"/> Property Preservation			
<b>12. Requestor Provides Funding:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>13. If requestor is unable to provide (full/partial) funding for the resource, specify reason:</b>				
<b>14. Requested by Name/Position &amp; phone/email:</b>				<b>15. Request Authorized by:</b>			
<b>16. EOC/ECC Logistics Tracking Number:</b>			<b>17. Supplier/POC, Phone/Fax/Email:</b>			<b>DEM / Log section / 360-416-1850 / DEM@co.skagit.wa.us</b>	
<b>18. Notes:</b>							
<b>19. Approval Signature of Authorized Logistics Representative:</b>						<b>20. Date &amp; Time: (mm/dd/yy – 00:00)</b>	
<b>21. Order placed by (check box):</b> <input type="checkbox"/> ORD UNIT <input type="checkbox"/> PROC UNIT <input type="checkbox"/> OTHER _____							
<b>22. Elevate to State:</b> <input type="checkbox"/>			<b>23. State Tracking #:</b>			<b>24. Mutual Aid Tracking #:</b>	
<b>25. Reply/Comments from Finance:</b>							
<b>26. Finance Section Signature:</b>						<b>27. Date &amp; Time: (mm/dd/yy – 00:00)</b>	
<b>Original to: Documentation Unit</b>				<b>Copies to: Logistics Section, originating ESF/agency, and Finance &amp; Administration Section</b>			

Requestor

Logistics

Finance

## Instructions for filling out the WA ICS-213RR Form

**REQUESTOR fills in blocks 1 through 15, excluding 5f -5g.**

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 <i>if applicable</i> .
Block # 5d	The detailed description of requirements. ( <i>Be as specific as possible</i> ).
Block # 5e	Time resource is needed.
Block # 5f	Estimated time of arrival ( <i>to be filled out by the Logistic section</i> ).
Block # 5g	Cost of resource ( <i>to be filled out by the Logistics Section</i> ).
Block # 6	List additional support needed; driver, fuels, etc.
Block # 7	How long do you need the resource (number of hours, days etc.).
Block # 8	Location: Where the requesting jurisdiction/agency wants the items delivered to (a specific staging area, address, latitude & longitude, etc.).
Block # 9	Point of contact at the delivery location.
Block # 10	Enter information if known. A suggested source may be a known contract in place or verbal (not written & signed) agreement with a local vendor.
Block # 11	<b>Life saving-</b> This includes rescuing endangered civilians, treatment of the injured, and provisions for the safety, accountability and welfare of response personnel. <b>Incident Stabilization-</b> To keep the incident from escalating and bring it under control to limit the negative consequences. <b>Property Preservation-</b> Protection of property, infrastructure, evidence, economy and the environment.
Block #12	Yes or No.
Block #13	If partial or no funding, specify reason.
Block # 14	Name and contact information of requestor.
Block #15	This must be approved by the appropriate Section Chief or Authorized spending agent.

### Blocks 16 through 24 and blocks 5f- 5g to be filled out by the Logistics Section.

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 #)

### Blocks 25 through 27 are filled out by the Finance Section

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