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Tribal-Public Health Mutual Aid Request Form

Form Instructions

PART 1: The Requesting Party completes PART 1 (1. Requesting Party). The form is then emailed or faxed by the Requesting Party to the Responding Party, no later than 7 days after the request is made.

PART 2: The Responding Party completes PART 2 (2. Responding Party, Travel, Personnel, Equipment, Other, Total Cost Estimate). The Responding Party may contact the Requesting Party for clarification, coordination while in the process of completing PART 2. When PART 2 is completed, the Responding Party will email or fax the completed sections to the Requesting Party, no later than 14 days after the request is made. The Responding Party will begin completion of PART 2 immediately upon receiving the initial request.

PART 3: The Requesting Party completes PART 3 (3. Requesting Party) and emails or faxes the form to the Responding Party as soon as possible and no later than 30 days from the initial request. This constitutes final approval of the resource request.

Amendments to any request shall be in writing, and agreed between the Parties, prior to the departure of supplemental assistance, or the extension of time for the provision of assistance.

*****Use the Mutual Aid Plan for further instructions on how to complete this form.*****

DRAFT

PART 1: Completed by the REQUESTING PARTY					
Date:		Time:		Mission Number:	
Requesting Party:					
Contact Person: Provide information to identify the primary contact for responses to the Mutual Aid Request Form and pre-deployment planning and coordination.					
Contact Person Name:					
Title:		ICS Role:			
Phone 1:		Phone 2:			
Email:		Fax:			
INCIDENT DESCRIPTION: General Description of the Incident, Event or Service (type, magnitude, location, number of casualties, illnesses, or injuries, if known).					
ASSISTANCE NEEDED: Describe the current needs - that is, the capability or expertise that is needed. Provide information to help the Responding Party determine necessary number and type of professionals (including education, licensure, credentials, training, certification requirements, specific skills and experience needed), equipment, supplies, PPE, and vaccinations, etc.					
Date and time resources will be needed:	Dates From:		Time:		
	Dates To:		Time:		
Staging Area Information:	Address:				
	Contact Person:		Email:		
	Phone:				
Location of Service Delivery, if known:	Address:				
	Contact Person:		Email:		
	Phone:				
Does the incident require Temporary Grant of Tribal Authority to the Responding Party's Public Health Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined		Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	
Does the incident require Temporary Grant of Tribal Authority to the Requesting Party's Public Health Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined		Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	
Authorized Representative's Name:				Title:	
Authorized Representative's Signature:				Date:	

DRAFT

PART 2: Completed by the RESPONDING PARTY					
Date:		Time:		Mission Number:	
Requesting Party:					
Contact Person:				Title:	
Phone 1:				Phone 2:	
Email:				Fax:	
ASSISTANCE OFFERED:					
Date and time resources will be offered:		Dates From:		Time:	
		Dates To:		Time:	
Has the Responding Party accepted the Temporary Grant of Tribal Authority to the Requesting Party's Public Health Officer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined <input type="checkbox"/> No request made	Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resolution in Process	
Has the Responding Party accepted the Temporary Adoption of the Responding Party's Public Health Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined <input type="checkbox"/> No request made	Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resolution in Process	
Authorized Representative's Name:				Title:	
Authorized Representative's Signature:				Date:	

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Total Travel Expense Estimate		
Travel Expense Description		Cost
1	Total Personal Vehicle Expenses	
2	Total Rental Vehicle Expenses	
3	Total Governmental Vehicle Expenses	
4	Total Meals & Tips (receipt) Expenses	
5	Total Meals & Tips (Per Diem) Expenses	
6	Total Lodging	
7	Total Air Travel Expenses	
8	Total Parking Fee Expenses	
9	Total Shipment & Transportation Expenses	
10	OTHER (provide description)	
11	OTHER (provide description)	
12	OTHER (provide description)	
Total Travel Costs from all Categories		\$0.00

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TOTAL PERSONNEL EXPENSE ESTIMATE – COMPLETED BY RESPONDING PARTY												
First Name:	Last Name:	Phone:	E-Mail:	Regular Salary Hourly Rate	Fringe Benefit Hourly Rate	# of Regular Hours worked per day	Overtime Salary Hourly Rate	Overtime Fringe Benefit Hourly Rate	# of Overtime Hours worked per day	# of Mission Days	Total Daily Cost	Total Mission Cost
EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE	\$20.00	\$6.00	8	\$30.00	\$9.00	4	16	\$364.00	\$5,824.00
TOTAL ESTIMATED PERSONNEL COSTS											\$5,824.00	

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Total Equipment & Materials Expense Estimate

NOTE: Resuable materials and supplies that are returned to the Responding Party in clean, damage free condition, excepting normal wear and tear, shall not be charged to the Requesting Party and no rental fee shall be charged. See Article XII of the MAA.

	Equipment and Materials Description	Cost
1		\$0.00
2		\$0.00
3		\$0.00
4		\$0.00
5		\$0.00
6		\$0.00
7		\$0.00
8		\$0.00
9		\$0.00
10		\$0.00
11		\$0.00
12		\$0.00
13		\$0.00
14		\$0.00
15		\$0.00
16		\$0.00
17		\$0.00
18		\$0.00
19		\$0.00
20		\$0.00
21		\$0.00
22		\$0.00
23		\$0.00
24		\$0.00
TOTAL ESTIMATED EQUIPMENT EXPENSE COSTS		\$0.00

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Total Other Expense Estimate	
Other Description (e.g. supplies, facilities, services)	Cost
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
TOTAL ESTIMATED OTHER EXPENSE COSTS	\$0.00

DRAFT

Total Cost Estimate		Cost
1	Total Travel	
2	Total Personnel	
3	Total Equipment	
4	Total Other	
	Less Responding Party's Waiver of Expenses (Optional)	
Total Cost Estimate		\$0.00

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PART 3: Completed by the **REQUESTING PARTY**

Total Cost Estimate for this Mission:

NOTE: A Requesting Party will be exempt from reimbursing the Requesting Party when (1) a third-party payer, such as the United States Government or the State of Washington has funds or processes available for reimbursement for the requested assistance; or (2) the Responding Party waives the request for reimbursement. All parties agree to exhaust their rights to reimbursement or other payment from local, state, and/or federal governments. To the extent that any third-party payer, such as the United States Government or the State of Washington, has funds or processes available for reimbursement of a party's activities under this Agreement, the parties agree to cooperate fully with one another in submitting any appropriate claim(s) for reimbursement and providing copies of records necessary to submit claims. The Authorized Signature below certifies that they have reviewed PART 2 submitted by the Responding Party and agree to the estimated mission costs and requirements. The mission is accepted.

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Authorized Representative's Name:

Time:

Authorized Representative's Signature:

Date:

Upon the date/time of signature by an Authorized Representative, PART 3 of the Tribal-Public Health Mutual Aid Request Form serves as AUTHORIZATION TO DEPLOY RESOURCES CITED WITHIN. SEE NOTE BELOW.

NOTE: Certain requests for assistance may require immediate deployment before completion of this form. Parties may decide to complete only certain parts of the form immediately and delay completion of other parts of the form such as the cost estimates until a later time. However, this form must be completed as soon as practical and no later than thirty (30) days after the request for assistance.