

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.

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.

PART 3: The Requesting Party completes PART 3 (3. Requesting Party) and emails or faxes the form to the Responding Party. 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.**

PART 1: Completed by the **REQUESTING PARTY**

Date:		Time:		Mission Number:	
Requesting Party:					
Contact Person:				Title:	
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: Include number and type of professionals, including education, licensure, credentials, training, and certification requirements, if known, and specific skills and experience needed or offered; equipment, supplies, Personal Protective Equipment, and vaccinations, facilities needed/offered and purpose of use.					
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 Requesting Party's Public Health Officer?	___ Yes ___ No ___ To be determined	Resolution Attached?	___ Yes ___ No ___ To be determined		
Does the incident require Temporary Grant of Tribal Authority to the Requesting Party's Public Health Officer?	___ Yes ___ No ___ To be determined	Resolution Attached?	___ Yes ___ No ___ To be determined		
Authorized Representative's Name:				Title:	
Authorized Representative's Signature:				Date:	

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:	

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

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

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

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

PART 3: Completed by the REQUESTING PARTY

Total Cost Estimate for this Mission:

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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:

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Time:

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Authorized Representative's Signature:

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Date:

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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.