

## COVID-19 Emergency Resource Request Form Instructions

Please complete a request form for each item you would like to requisition. Fill in the form completely and be as detailed as possible.

For example:

Item Requested: N95 Universal size, 2 or 4oz bottles of hand sanitizer, etc.

Purpose: Medical supplies / PPE

Quantity Requested: i.e. 500, 5000

Current Inventory: on hand supply

Burn Rate: Consumption per day

Projected Outage Date: Current Inventory divided by Burn Rate = x days – use that future date

Vendors Contacted: Please list the commercial vendors you contacted, a minimum of 3, and their backlog date if they have one. If not, write in TBD.

Requestor Information: Your facility name & address. (where you want the supplies delivered)

Point of contact: Name, phone and e-mail – this person must have authority to release payment for resources.

Optimization strategies: Please be descriptive in your process of resource optimization for conservation of resources. Such as only one person will interact with the client or hand sanitizer will be individually issued.

Incomplete or incorrect forms will be returned for correction.

Please scan and consolidate all your request forms into one pdf email attachment.

Please be advised that once a request has been processed, it may or may not be fully or partially fulfilled. There is also a backlog on requests so please continue to communicate with your commercial vendors. We do not have an established timeline for when requests will be fulfilled.

All resources will be billed at the government rate upon delivery.

Send to:

John James <johnj@pbcms.org>

Thank you.