

Virginia Resource Request [Form Instructions](#)

Event Name: WebEOC incident name (ex.: VDEM – 2018-04-15 Severe Weather)  
 Mission Number: Leave this field blank in Winlink entry form

**Requesting Agency/Locality Information**

Note: Authorized Representatives are those individuals within a locality or state agency who have written authority to incur cost or enter into contractual agreements on behalf of agency/locality.

Request Originator:	Person typing this request
Initial Date/Time:	Click for Date/Time
State Agency/Locality:	Enter name of agency or locality
Authorized Representative Name:	Authorized Representative Name
Authorized Representative Title:	Authorized Representative Title
Auth. Representative Approval:	<input type="checkbox"/> I am authorized by my jurisdiction/agency to obligate funds for this request.

**Request for Assistance Information**

1. What CAPABILITY does your agency require and what will the resource be doing (scope of work)?

Required capabilities of this resource

2. Please specify the SIZE and AMOUNT of the resource required to meet this capability requested:

Size:	Size of resource needed
Amount:	Quantity of resource needed

3. Where does this resource need to be delivered to? Please provide address of LOCATION needed.

Address of Location Needed:	Address where this resource should be delivered
Latitude/Longitude:	Coordinates where this resource should be delivered

4. TIME requirements:

Arrival Date/Time:	mm/dd/yyyy, HH:mm resource needed
Work Start Date/Time:	mm/dd/yyyy, HH:mm resource will begin work
Duration of Deployment:	<input checked="" type="radio"/> 24 Hours <input type="radio"/> 48 Hours <input type="radio"/> 72 Hours <input type="radio"/> Other
If Other, Specify:	Complete this field only if 'Other' selected above

5. What POTENTIAL RESOURCE/FEMA TYPED RESOURCE do you believe could meet this request?

Potential Resource:	Potential Resource/FEMA Typed Resource field
---------------------	--

6. POINT OF CONTACT to call about this request:

Note: Points of contact are those individuals resource providers can call and ask questions about the request, get delivery locations, etc. This person may not be the authorized representative.

Contact Name	
Contact Email	
Contact Phone Number	
Alternate 24-hour Phone	

7. COMMENTS:

Enter additional comments here

Enter additional comments here
--------------------------------

[Submit](#) [Reset Form](#) Winlink Senders Base Call:

Ver 1.4 KW6GB