|  |  |  |
| --- | --- | --- |
| **Oregon Resource Coordination Assistance Agreement (ORCAA) Request Form (ORF)** |  | OERS # + ORCAA Tracking # |



|  |  |  |
| --- | --- | --- |
| Event Name |  | Date and Time of Request       Check if Verbal |

|  |  |  |
| --- | --- | --- |
| **Requesting Participant** |  | **Responding Participant** |
| Name |  | Name |
|  |  |  |
| Title |  | Title |
|  |  |  |
| Organization |  | Organization |
|  |  |  |
| Contact Information |  | Contact Information |

|  |  |  |
| --- | --- | --- |
| **Resource Request (use one form per resource type)** |  | **Resources Offered** |
| **S**ize |  | **S**ize |
|  |  |  |
| **A**mount/Quantity |  | **A**mount/Quantity |
|  |  |  |
| **L**ocation and person(s) to report/deliver to and contact information |  | **L**ocation and person(s) to report/deliver to and contact information |
|  |  |  |
| **T**ype of resource(s) |  | **T**ype of resource(s)) |
|  |  |  |
| **T**ime to report/deliver and duration of assignment |  | **T**ime reporting/delivering and duration available |

|  |  |  |
| --- | --- | --- |
| **Assignment Details** |  | **Offer Details** |
| Incident Description |  | Estimated cost of fulfilling request (See attached ORF Cost Worksheet) |
|  |  |  |
| Other mission critical information |  | Logistical requirements and estimated travel time |
| Operating environment/conditions |  |
| Required licenses, credentials, etc |  |  |

**Agreement**

An authorized offer of assistance accepted by an officer or designee of the requesting participant constitutes an agreement under ORCAA. If reimbursement is expected, the requesting participant agrees to reimburse associated eligible costs as agreed. The authorized signatures below reflect the agreement.

|  |  |  |
| --- | --- | --- |
| Signature of Authorized Requesting Participant and Date: |  | Signature of Authorized Responding Participant and Date: |

**Oregon Resource Coordination Assistance Agreement**

**(ORCAA) Request Form (ORF)**

**Instructions**

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| **Oregon Resource Coordination Assistance Agreement (ORCAA) Request Form (ORF)** |  | OERS # + ORCAA Tracking #  20182597-1 |

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| --- | --- | --- |
| Event Name Name associated with incident:  Hwy 26 HazMat |  | Date and Time of Request       Check if Verbal  20OCT18, 2145 |

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| --- | --- | --- |
| **Requesting Participant** |  | **Responding Participant** |
| Name  Nicole Mack |  | Name  Harry Finfer |
|  |  |  |
| Title  Emergency Management Director |  | Title  County Administrator |
|  |  |  |
| Organization Name of organization/jurisdiction requesting the resource:  Washington County EMC |  | Organization Name of organization/jurisdiction offering the resource:  Polk County (via Polk County Fire Dept.) |
|  |  |  |
| Contact Information Desk, cell, dispatch, email, EOC or ICP:  503-555-9842 (Cell)  503-555-2318 (Dispatch)  nmack@washco.em.us |  | Contact Information Desk, cell, dispatch, email, EOC or ICP:  503-555-9583 (Cell)  503-555-2946 (Desk)  Harry.Finfer@polk.co.or.us |

|  |  |  |
| --- | --- | --- |
| **Resource Request (use one form per resource type)** |  | **Resources Offered** |
| **S**ize When known/applicable, include size of resource being requested:  N/A |  | **S**ize When known/applicable, include size of resource being offered:  N/A |
|  |  |  |
| **A**mount/Quantity How many are needed:  1 |  | **A**mount/Quantity How many are you able to provide:  1 |
|  |  |  |
| **L**ocation and person(s) to report/deliver to and contact information Tanasbourne Town Center Parking Lot (Staging), Staging Area Manager (Officer Krupke, 503-555-5893) |  | **L**ocation and person(s) to report/deliver to and contact information  Tanasbourne Town Center Parking Lot (Staging); Lt. Dhann is POC, 503-555-7824 |
|  |  |  |
| **T**ype of resource(s) If known, use NIMS typing. If NIMS typing is unknown, unavailable, describe the resource being requested:  Type 1 Fire Engine to assist with decon  Or  Fire Engine with 300 gallon tank to assist with decon |  | **T**ype of resource(s) If known, use NIMS typing. If NIMS typing is unknown, unavailable, describe the resource available:  Type 2 Engine with 250 gallon tank. |
|  |  |  |
| **T**ime to report/deliver and duration of assignment  0100 on 21OCT18, 24 hours. |  | **T**ime reporting/delivering and duration available  0300 on 21OCT18, 72 hours. |

|  |  |  |
| --- | --- | --- |
| **Assignment Details** |  | **Offer Details** |
| Incident Description  Single-Site Hazmat Incident |  | Estimated cost of fulfilling request (See attached cost estimate) Good-faith estimate to provide requested (or available) assistance. Indicate if resource available at no charge:  $0 first 24 hours, $6,000 for each additional 24 hours. |
|  |  |  |
| Other mission critical information Other pertinent information for the deployment.  Portable radios will be provided. |  | Logistical requirements and estimated travel time Other pertinent information for the deployment:  On-site refueling will be needed at the requesting agency’s expense. |
| Operating environment/conditions Known hazards, lodging/meals available, required PPE, etc.: Level B Hazmat Suits, Decon Pools, fog nozzles, no hotels needed due to length of mission, meals provided. |  |
| Required licenses, credentials, etc  Hazmat Technician or higher, EMT-B or higher for all personnel |  |  |

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|  |  |  |
| --- | --- | --- |
| Signature of Authorized Requesting Participant and Date: |  | Signature of Authorized Responding Participant and Date: |