



Date and time submitted:		NERAC PPE & Medical Supply Resource Request Form		Page 1 of 1 Version 12.8.2021	
I. REQUESTING MUNICIPALITY/FACILITY POINT OF CONTACT - Please Type All Answers					
1. Requestor's Name		2. Title		3. Requestor's Phone No. (24-7)	
4. Requestor's Organization			5. Requestor's E-Mail Address		
6. Delivery Location or pick up? (Delivery is not guaranteed)					
II. REQUEST SPECIFICS - Please Type All Answers (Requests should reflect a 120 hour burn rate. Burn rate is calculated by the number of individuals needing the resource x one individual's daily use of the resource x 5).					
7. Order (Please complete all fields)					
Item	Quantity (Per unit - not boxes, cases, pairs, etc.)	Size (If applicable)	Date Needed (Pending availability)		
N95 Masks					
Gowns					
Face Shields					
Surgical Masks					
Gloves					
8. Have you confirmed that local stock, existing vendor resources, and local mutual aid agreements are unable to fill request? Yes [] No []					

9. If your facility is part of a system, have you looked system-wide first to fill this resource need? Yes [] No []

The following will be used to calculate a 120 hour burn rate. This burn rate can be calculated by the number of individuals needing the resource x one individual's daily use of the resource x 3).

10. How many individuals are you requesting PPE for?

11. For each item being requested, how many are used per day per individual?

12. As of the request date, what is your current supply of each of the items being requested? Please provide quantity in individual units.

FOR CACHE MANAGER ONLY: Has requesting party submitted signed Subscription Form? Yes [] No []