

U.S. Department of Homeland Security Federal Emergency Management Agency Action Request	See Reverse for Paperwork Disclosure Notice	OMB No. 1660-0047 Expires November 30, 2007
I. Who is Requesting Assistance? (Completed by Requestor)		
Requestor Name/Title/State:		Temporary Phone/FAX#:
Permanent Phone:		FAX#:
Requestor Organization:		E-mail:
II. Requested Assistance (Completed by Requestor)		
<input type="checkbox"/> See Attached		
Description of Assistance Requested:		
Quantity:	Priority: <input type="checkbox"/> 1 Lifesaving <input type="checkbox"/> 2 Life Sustaining <input type="checkbox"/> 3 High <input type="checkbox"/> 4 Medium <input type="checkbox"/> 5 Normal	Date/Time Needed:
Delivery Site Location:		
Site POC:	24-hour Phone #:	24-hour Fax #:
State Approving Official Signature:		Date:
III. Sourcing the Request – Review/Coordination (Operations Section Only)		
<input type="checkbox"/> Ops Review by: _____ <input type="checkbox"/> Log Review by: _____ <input type="checkbox"/> Other Coordination by: _____ <input type="checkbox"/> Other Coordination by: _____ <input type="checkbox"/> Other Coordination by: _____		<input type="checkbox"/> Donations <input type="checkbox"/> Procurement <input type="checkbox"/> Others (explain) <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Requisitions <input type="checkbox"/> Mission Assignment
Immediate Action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time Assigned:		Action request <input type="checkbox"/> ESF#: assigned to: <input type="checkbox"/> Other:
IV. Statement of Work (Operations Section Only)		
OFA Action Officer:	24-hour Phone #:	24-hour Fax #:
FEMA Project Officer:	24-hour Phone #:	24-hour Fax #:
Justification/Statement of Work:		
Estimated Completion Date:		Cost Estimate:
V. Action Taken (Operations Section Only)		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected Disposition		<input type="checkbox"/> Accountable Property Coordinated with APO
VI. Tracking Information (FEMA Use Only)		
NEMIS Task ID:		
Action Request #	Received by (Name & Organization):	
Program Code/Event #:	State:	Date/Time Submitted: <input type="checkbox"/> Originated as Verbal