

REQUESTING PARTY

PART 1: Completed by the **REQUESTING** PARTY

The Requesting Party completes PART 1 as soon as possible, and sends it to the Responding Party no later than seven (7) days after the initial request for assistance. The form is emailed or faxed by the Requesting Party to the Responding Party.

Date:		Time:		Mission Number:	
Requesting Party:					
Contact Person for Ongoing Communication:					
Phone:				Title:	
Email:				Fax:	
INCIDENT DESCRIPTION: General Description of the Incident, Event or Service (type, magnitude, location, number of casualties, illnesses, or injuries, if known).					
ASSISTANCE NEEDED: General description of the needs in terms of capability and capacity. The Responding Party will use this information to determine what resources they may provide, for example: number and type of professionals (including education, licensure, credentials, training, certification an specific skills and experience), equipment, supplies, personal protective equipment, vaccinations, facilities, etc.					
Date and time resources will be needed:		Dates From:		Time:	
		Dates To:		Time:	
Staging Area Information:		Address:			
		Contact Person:		Email:	
		Phone:			
Location of Service Delivery, if known:		Address:			
		Contact Person:		Email:	
		Phone:			
Does the incident require Temporary Grant of Tribal Authority to the Responding Party's Public Health Officer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	
Does the incident require Temporary Adoption of another jurisdiction's public health code?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	
Authorized Representative's Name:				Title:	
Authorized Representative's Signature:				Date:	

RESPONDING PARTY

PART 2: Completed by the **RESPONDING PARTY**

The Responding Party completes PART 2. The Responding Party should begin completing Part 2 immediately upon receiving an initial request for assistance (whether verbal or written) and confirm or decline assistance ASAP. The Responding Party may contact the Requesting Party for clarification and coordination while in the process of completing PART 2. The Responding Party will email or fax the completed sections of Part 2 to the Requesting Party ASAP and no later than 7 days after receiving Part 1 of the form.

Date:		Time:		Mission Number:	
Responding Party:					
Contact Person for Ongoing Communication:					
Phone:		Title:			
Email:		Fax:			
ASSISTANCE OFFERED:					
Date and time resources will be offered:	Dates From:		Time:		
	Dates To:		Time:		
Has the Responding Party accepted the Temporary Grant of Tribal Authority to the Requesting Party's Public Health Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined <input type="checkbox"/> No request made	Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resolution in Process		
Has the Responding Party accepted the Temporary Adoption of the Responding Party's Public Health Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined <input type="checkbox"/> No request made	Resolution Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resolution in Process		
Authorized Representative's Name:			Title:		
Authorized Representative's Signature:			Date:		

RESPONDING PARTY

Total Travel Expense Estimate		
Travel Expense Description		Cost
1	Total Personal Vehicle Expenses	
2	Total Rental Vehicle Expenses	
3	Total Governmental Vehicle Expenses	
4	Total Meals & Tips (receipt) Expenses	
5	Total Meals & Tips (Per Diem) Expenses	
6	Total Lodging	
7	Total Air Travel Expenses	
8	Total Parking Fee Expenses	
9	Total Shipment & Transportation Expenses	
10	OTHER (provide description)	
11	OTHER (provide description)	
12	OTHER (provide description)	
Total Travel Costs from all Categories		\$0.00

RESPONDING PARTY

TOTAL PERSONNEL EXPENSE ESTIMATE – COMPLETED BY **RESPONDING PARTY**

First Name:	Last Name:	Phone:	E-Mail:	Regular Salary Hourly Rate	Fringe Benefit Hourly Rate	# of Regular Hours worked per day	Overtime Salary Hourly Rate	Overtime Fringe Benefit Hourly Rate	# of Overtime Hours worked per day	# of Mission Days	Total Daily Cost	Total Mission Cost
EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE	\$20.00	\$6.00	8	\$30.00	\$9.00	4	16	\$364.00	\$5,824.00
TOTAL ESTIMATED PERSONNEL COSTS											\$5,824.00	

RESPONDING PARTY

Total Equipment & Materials Expense Estimate

NOTE: Resuable materials and supplies that are returned to the Responding Party in clean, damage free condition, excepting normal wear and tear, shall not be charged to the Requesting Party and no rental fee shall be charged. See Article XII of the MAA.

	Equipment and Materials Description	Cost
1		\$0.00
2		\$0.00
3		\$0.00
4		\$0.00
5		\$0.00
6		\$0.00
7		\$0.00
8		\$0.00
9		\$0.00
10		\$0.00
11		\$0.00
12		\$0.00
13		\$0.00
14		\$0.00
15		\$0.00
16		\$0.00
17		\$0.00
18		\$0.00
19		\$0.00
20		\$0.00
21		\$0.00
22		\$0.00
23		\$0.00
24		\$0.00
TOTAL ESTIMATED EQUIPMENT EXPENSE COSTS		\$0.00

RESPONDING PARTY

Total Other Expense Estimate	
Other Description (e.g. supplies, facilities, services)	Cost
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
TOTAL ESTIMATED OTHER EXPENSE COSTS	\$0.00

RESPONDING PARTY

Total Cost Estimate		Cost
1	Total Travel	
2	Total Personnel	
3	Total Equipment	
4	Total Other	
	Less Responding Party's Waiver of Expenses (Optional)	
Total Cost Estimate		\$0.00

REQUESTING PARTY

PART 3: Completed by the **REQUESTING PARTY**

Total Cost Estimate for this Mission:

The Authorized Signature below certifies that they have reviewed PART 2 submitted by the Responding Party and agree to the estimated mission costs and requirements. The mission is accepted. **NOTE:** All Parties agree to exhaust their rights to reimbursement or other payment from local, state, and/or federal governments. To the extent that any third-party payer, such as the United States Government or the state of Washington, has funds or processes available for reimbursement of a Party's activities under their Mutual Aid Agreement, the Parties agree to cooperate fully with one another in submitting any appropriate claim(s) for reimbursement and providing copies of records necessary to submit claims. Notwithstanding this section, and notwithstanding the exhaustion of remedies to seek reimbursement, the Requesting Party shall have primary and ultimate financial responsibility for payment to the Responding Party or Parties.

The Authorized Signature below certifies that they have reviewed PART 2 submitted by the Responding Party and agree to the estimated mission costs and requirements. The mission is accepted.

Authorized Representative's Name:

Time:

Authorized Representative's Signature:

Date:

Upon the date/time of signature by an Authorized Representative, PART 3 of the Tribal-Public Health Mutual Aid Request Form serves as AUTHORIZATION TO DEPLOY RESOURCES CITED WITHIN. SEE NOTE BELOW.

NOTE: Certain requests for assistance may require immediate deployment before completion of this form. Parties may decide to complete only certain parts of the form immediately and delay completion of other parts of the form such as the cost estimates until a later time. However, this form must be completed as soon as practical and no later than thirty (30) days after the request for assistance. Requests must still be confirmed in writing within 7 days of the initial request for assistance.