

A. REQUEST FOR ASSISTANCE (To be completed by requesting State DOH) ALL FIELDS REQUIRED

1. Requestor's Name (Please print)		2. Title		3. Phone No.	
Donnie Haynes		Preparedness Director		304-558-6900	
4. Requestor's Organization		5. Cell Phone No.		6. Email Address	
WV DHHR		304-395-2592		Donnie.w.haynes@wv.gov	

7. Description of Requested Assistance (describe resource type and need in plain language – no acronyms). Provide justification for request in detail.

First shipment received on March 16, 2020 was woefully under the allotment that was promised to WV. **See attached supplemental request letter for specifics.** WV just received the first confirmed lab tested case on this day. Based on the current state of COVID-19 and the after evaluating the state of the WV DHHR supply of Personal Protective Equipment (PPE), this request in full is required to keep WV Healthcare systems open and operational. Failure to meet this request could pose severe negative consequences to our healthcare system and have a drastic impact on the public. This material is intended for healthcare use and we have attempted to obtain the requested materials through other means and have exhausted all options. We are in desperate need of at least 300,000 N95 masks, 300,000 surgical masks, 50,000 goggles/face shields, 200,000 gowns, 2000 boxes medium gloves, 2000 boxes large gloves, and 2000 boxes xlarge gloves.

By having this request filled, it will ensure community testing strategies can be initiated in all 55 counties. Failure to grant this request will likely have grave impacts on the healthcare system, and citizens of this state.

8. Requested Item	<input checked="" type="checkbox"/> N-95 Masks <input checked="" type="checkbox"/> Goggles <input checked="" type="checkbox"/> Gowns <input checked="" type="checkbox"/> Gloves: <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input checked="" type="checkbox"/> X-Large <input type="checkbox"/> Medical Providers <input type="checkbox"/> Technical SME				
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10. Date and Time Needed By	ASAP	11. Estimated Duration of Need (days)	180
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12. Delivery Site Location (Address, City, Zip)		13. Site Point of Contact (POC) Name and Title	
WVDHHR Operations – Material Management 900 Bullitt Street Charleston, WV 25301		Christopher Rawlings	

14. Delivery Site Location (<input type="checkbox"/> USNG or <input type="checkbox"/> Decimal Degrees)	15. Site 24 Hour Phone No.	16. Site email Address
	304-558-3417	Christopher.d.rawlings@wv.gov

B. HHS REGIONAL REVIEW (To be completed by HHS Region where request was initiated)

Reviewed By (Name & Title)		Date and Time	
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Disposition
 Sent to IMTNAT
 Sent to SOC/IST
 ASPR/FEMA RSP POCs notified

Priority
 High
 Medium
 Low

Regional Approving Official (Name, Title, Date, Time)

ASPR Region Request Number

HHS RFR ID Number

C. HHS RCB/SNS REVIEW (To be completed by RCB/SNS Section only)

Received By (Name & Title)		Date and Time	
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1. Resource Typing/Adjustment

2. Special Instructions

Entered in EMPortal by (Name & Title)		Date and Time	
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COVID-19 –STATE / LOCAL RESOURCE REQUEST FORM

Disposition	<input type="checkbox"/> New Request	<input type="checkbox"/> Assigned	<input type="checkbox"/> Tasked to: _____	<input type="checkbox"/> In Process
	<input type="checkbox"/> Need More Information	<input type="checkbox"/> Out for Delivery	<input type="checkbox"/> En-route	<input type="checkbox"/> On Hold
	<input type="checkbox"/> Complete	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Request Withdrawn	<input type="checkbox"/> Demobilized
Assigned To (Name and Title)				
Point of Contact (Name and Title)		24-Hr. POC Phone		
Approved By (Name & Title)		Date and Time		
3. Cost Estimate				
4. Priority	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	

State Government Tracking Number	
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D. STATE GOVERNMENT REVIEW (To be completed by requesting State - Department of Health Agency)			
Received By (Name & Title)		Date and Time	
Disposition	<input type="checkbox"/> Requested Federal Resources		
	<input type="checkbox"/> Filled with Local Resource(s)		
	<input type="checkbox"/> Filled with State Resources		
	<input type="checkbox"/> Denied		
Assigned To (Department Name)			
Point of Contact (Name and Title)		24-Hr. POC Phone	
Approved By (Name & Title)		Date and Time	

F. REQUESTOR NOTIFIED (To be handled by HHS RCB/SNS Logistics)			
Region Notified By (Name & Title)		Date and Time	
State Notified By (Name & Title)		Date and Time	
Other Notes:			