

Disaster Relief Request

PAGE 1/2

TODAYS DATE: _____

The following information is required to be considered.

Partner Organization Name:		Tribe(s) Served:	
Address:		Office Phone #:	
City, State, Zip		Office Fax #:	
Primary Contact:		Alternate Phone #: <i>(other than office number)</i>	
Title:		Email address:	
Secondary Contact:		Alternate Phone #: <i>(other than office number)</i>	
Title:		Email address:	

Delivery Location (cannot be changed):
Days Open/Hours of Operation:
Physical Driving Directions:

Select the Type of Disaster:

<input type="checkbox"/> Natural Disaster (fire, flood, etc.)	<input type="checkbox"/> Community Emergency (lack of drinking water, roads damaged, etc.)	<input type="checkbox"/> Health Emergency (COVID-19, infectious disease outbreak, etc.)
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Describe the Disaster: _____

Purpose of distribution: _____

Participants

of Households expecting to serve: _____

Considering the # of households above, how many participants do you plan to reach with this service? (Write the number next to each age group)

Youth (0-12) ____ Teens (13-18) ____ Adult (19-64) ____ Elders (65+) ____ Total ____

Volunteers

Number of volunteers _____ Number of staff _____

Disaster Relief Request

PAGE 2/2

Distribution Plan for Disaster Relief Products:

Distribution Location: _____ Date(s) of Distribution: _____

Please describe your distribution plan (how will you distribute?) _____

Do you have a pallet jack? Yes No

Do you have a forklift? Yes No

Do you have the facility/space and manpower to accept a truckload of product (~26 pallets)? Yes No

Items requested:

Please list the top 6 items you are requesting for:

1.	4.
2.	5.
3.	6.

Other Resources

Please list all other organizations supporting your project and the resources they will provide.

Program Partner Agreement

I _____ guarantee that the products requested with this Disaster Relief request will be used in the manner specified. Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such a manner, PWNA will be forced to drop the Program Partner.

I will provide a secure and safe storage facility. I will send a follow-up report of the program/event. I will educate a secondary contact on every aspect of my obligations so that in the event I cannot complete my agreement the secondary contact can. This request in no way obligates Partnership With Native Americans.

Program Partner Primary Contact Signature

Date

NOTE: A one-page report will be required 30 days after the delivery. No sign-out sheets are required.