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| **ISOLATED COMMUNITY RESUPPLY REQUEST FORM** | | | | | | | | | | | |
| Local Disaster Coordination Centre (LDCC) is to complete this form and forward to the District Disaster Coordination Centre (DDCC) | | | | | | | | | | | |
| **Event:** |  | | | | **Date / Time:** |  | | | :      (24-hr) | | |
| **To:** | Choose an item District Disaster Coordination Centre | | | | **Email:** |  | | | | | |
| **From:** | Choose an item Local Disaster Coordination Centre | | | | **Requester name:** |  | | | | | |
| **Reference:** |  | | | | **Phone:** |  | | | | | |
| **PART A – FOODS AND BASIC GOODS RESUPPLY REQUEST DETAIL** | | | | | | | | | | | |
| **Location:** | | |  | | | | | | | | |
| **Delivery notes:** | | |  | | | | | | | | |
| **Total Weight of Supplies:** | | | Kg | | | | | | | | |
| **Have all businesses/providers been contacted and advised of the situation?** | | | | | | | | Yes  No | | | |
| **Is there bread or other bulky items being requested?** | | | | | | | | Yes  No | | | |
| List retailers/service providers (if more than one) and order requirements. For air carriage, loads to be in kilograms (Kg). For sea carriage, loads to be in cubic metres (m3). | | | | | | | | | | | |
| **Name of Business:** | | | | **Fruit and Vegetables:** | | | **Dry Goods:** | | | **Frozen/Chilled:** | |
|  | | | | KG / m3 | | | KG / m3 | | | KG / m3 | |
|  | | | | KG / m3 | | | KG / m3 | | | KG / m3 | |
|  | | | | KG / m3 | | | KG / m3 | | | KG / m3 | |
|  | | | | KG / m3 | | | KG / m3 | | | KG / m3 | |
| *NOTE: Frozen / chilled food only to be carried if absolutely ‘essential’, if approved by the District Disaster Coordination Centre organising the resupply transport, and if properly packed by the wholesaler to ensure preservation for entire journey until retailer/community take delivery. Weight of frozen/chilled food to include weight of ice and packaging.* | | | | | | | | | | | |
| **Is the local government able to resupply the isolated community utilising available resources?** | | | | | | | | | | | Yes  No |
| **Action taken:**  *LDCC complete resupply or Request State assistance* | | Choose an item | | | | | | | | | |
| **Reference number:** | |  | | | | | | | | | |
| I hereby certify that a resupply operation is necessary to maintain the physical and/or psychological welfare of the community and/or properties. | | | | | | | | | | | |
| **Certified by:** | |  | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | |
| If resupply is being conducted by the LDCC, no further information is required. Forward to the DDCC for information only.  If the LDCC requires assistance to resupply the isolated community, it must complete Part B of the form and forward to the DDCC. The DDCC is to process and forward to the State Disaster Coordination Centre (SDCC) Watch Desk. | | | | | | | | | | | |

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| **PART B – LDCC TO COMPLETE** | |
| **Date last normal supplies received:** |  |
| **Statement about isolation**  *How long have you been isolated, expected duration and reason* |  |
| **Are mail services to area being maintained:** | Yes  No |
| **If approved, date supplies required:** |  |

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| **PART C – DDCC/EMC USE ONLY** | | |
| **Resupply to be conducted by:**  *Air, water vessel or additional road transportation costs* | | Choose an item |
| **DETAILS OF QUOTES**  *Quotes must be attached* | | |
| **Quote 1:**  *Company and cost* |  | |
| **Quote 2:**  *Company and cost* |  | |
| **Quote 3:**  *Company and cost* |  | |
| **RECOMMENDATION AND REASON FOR LESS THAN 3 QUOTES (IF APPLICABLE)** | | |
|  | | |
| **Action taken:** |  | |
| **Certified by:** |  | |
| **Signature:** |  | |

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| **PART D – SDCC COORDINATOR** | |
| I note the contents of the above request for resupply and Choose an item the expenditure associated with the conduct of this resupply. | |
| **Payment to:** |  |
| **For the amount of:** | $ |
| **Approved by:** |  |
| **Position:** |  |
| **Signature:** |  |

|  |  |
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| **FINANCE OFFICER TO COMPLETE** | |
| **Action taken (SAP entry):** |  |
| **Date provided to the supplier:** |  |