

# Disaster Relief Request

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

Purpose of distribution: \_\_\_\_\_

\_\_\_\_\_

## Participants

# of Households expecting to serve: \_\_\_\_\_

PWNA encourages the use of a tally sheet to help keep track of the number of households that come to the distribution. Please have one of your volunteers when they mark them down include the number of people in their household and which community they are from.

## Volunteers

Number of volunteers \_\_\_\_\_ Number of staff \_\_\_\_\_

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## 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. A tally sheet is encouraged to assist in accurate recording of participation. PWNA can provide an example if necessary.*