

# PCACOAD Resource Form

In times of disaster, every organization has something they can contribute to the community. The purpose of this form is to assist in the coordination of emergency response and recovery efforts of the Phelps County Area Community Organizations Active in Disaster in the event of a disaster in our region. By understanding an individual or agency's role we can effectively and efficiently utilize local resources to ensure that those affected are aided quickly.

CONTACT INFORMATION		
Organization:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
Website:		
Org Service Area:    ___ Phelps County            ___ Other _____		
___ City/Town/Village of _____		

POINT(S) OF CONTACT	
PRIMARY	SECONDARY
Name:	Name:
Office Phone:	Office Phone:
Cell:	Cell:
Email:	Email:
Other:	Other:

BRIEF DESCRIPTION OF SERVICES

DESCRIPTION OF DISASTER RELATED SERVICES

Please mark all applicable services/resources for your organization.

SERVICES/RESOURCES PROVIDED	NON-DISASTER	DISASTER
Animal Care		
Building Supplies		
Casework Management		
Child Care/Day Care		
Clothing		
Communication		
Debris/Waste Removal		
Disaster Education		
Equipment		
Financial Assistance		
Food and/or Water		
Functional Needs Population Assistance		
Goods Distribution		
Household Supplies		
Housing – Temporary/Permanent		
Information and Referral		
Mass Feeding – Fixed Site		
Mass Feeding – Mobile		
Medical Supplies		
Mental Health Support		
Shelter Location		
Skilled Labor		
Spiritual Care		
Transportation		
Volunteers		
Other:		
Other:		
Other:		
Other:		

Please provide additional information about the services/resources you checked above that would assist the PCACOAD in matching a need to your organization.

**AUTHORIZED REPRESENTATIVE**

Your Name:
Your Title:
Your Email:

**Please Return To:**  
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