



ACS providers should submit one form per agency.

Please send this resource request form to: AdminCovid19Requests@acs.nyc.gov

Please check which programs you are submitting for:

- [] Prevention (and cc this form to: Winston Quildon: Winston.Quildon@acs.nyc.gov)
- [] Foster Care (and cc this form to: Loren Gano: Loren.Gano@acs.nyc.gov)
- [] Juvenile Justice (and cc this form to: Romie Barriere Romie.Barriere@acs.nyc.gov)

Requestor Information	
Facility/Agency Name:	
Requestor Name:	Requestor Title:
Requestor Phone #:	Requestor Email:
Have you talked with your Citywide Health and Safety representative about this request?	
<input type="checkbox"/> Yes, City Health and Safety rep name and contact info: _____	
<input type="checkbox"/> No	

Resource Requests for Supplies						
	Manufacturer	Model Numbers or Size	Item Description	Total Units Requested (include unit of measure)	How many days will requested supply support operations?	Alternative Manufacturer and Model Numbers
1						
2						
3						
4						
5						
6						

Additional Information
Has your agency made a purchase of the requested PPE within the last year? <input type="checkbox"/> Yes, list which items: _____ <input type="checkbox"/> No
What purposes are the PPE going to be used for?
Are the uses critical for continuity of agency operations?
What is the daily burn rate for the requested PPE?
How much of the requested PPE does your agency currently have on hand?
Are there alternatives to the requested PPE that the agency can use?

Delivery Information	
Street Information:	Borough and Zip Code:
Delivery POC Name:	Delivery POC Phone #:
Specific Delivery Instructions:	