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 Ganoe: Loren.Ganoe@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?
☐ Yes, City Health and Safety rep name and contact info: ___________________________________
☐ No

Resource Requests for Supplies

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model Numbers or Size</th>
<th>Item Description</th>
<th>Total Units Requested (include unit of measure)</th>
<th>How many days will requested supply support operations?</th>
<th>Alternative Manufacturer and Model Numbers</th>
</tr>
</thead>
</table>
1             |                      |                  |                                               |                                                      |                                          |
2             |                      |                  |                                               |                                                      |                                          |
3             |                      |                  |                                               |                                                      |                                          |
4             |                      |                  |                                               |                                                      |                                          |
5             |                      |                  |                                               |                                                      |                                          |
6             |                      |                  |                                               |                                                      |                                          |

Additional Information
Has your agency made a purchase of the requested PPE within the last year?
☐ Yes, list which items: _______________________________________________________________
☐ 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: