



Resource Request Signature Form

Santa Barbara County Public Health Department Operation Center

Facility/Agency Requesting Name: _____

Incident: COVID-19 Response and Mitigation

The Santa Barbara County Public Health Department has received an extraordinary number of medical supply requests in response to COVID-19. These requests have exceeded the current inventory of supplies on hand. Additional Resource Requests have been submitted to the State, however requests to the State have exceeded their inventory. Additional inventory has been released to California from the Strategic National Stockpile.

By signing the below you are attesting that:

- The above mentioned facility/agency has exhausted all traditional methods to obtain the medical supplies/resources
- The above mention Facility/Agency has exhausted all non-traditional methods to obtain the medical supplies/resources
- The medical supplies/resource have been or will be exhausted within the next 14 days
- The above mentioned facility/agency is not able to obtain the medical supplies/resources ins a reasonable time

I understand that my organization is responsible for all costs related to filling this request.

I authorize the following individuals to make medical supply/resource requests for the above mentioned facility/agency:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

Name: _____

Title: _____

Signature: _____

Date: _____

Submit completed form to the following email: Logs.ResourceBranch@sbcphd.org