ATTACHMENT 4: CADRE RESOURCE COORDINATION FORM

Organization Name ____________________________________________________________

Contact Person ______________________________________________________________

Title ___________________________________________ E-mail ________________________

Phone ____________________________ Cell Phone _________________________________

1. Are you operating at capacity or have you increased your capacity? Will you be able to maintain operations at current capacity level?

2. What essential services are you providing or do you plan to provide in the next 7 days? In the next 21 days?

3. What resources do you need to provide these services? (e.g. power, water, food, etc.)

4. What critical needs (even if not part of your normal services) are emerging in your client populations?

5. Do you need staffing resources such as volunteers? If yes, what skill sets do you need?