# Appendix H.

## Action Request Form (ARF) for Federal Assistance

**DEPARTMENT OF HOMELAND SECURITY**  
**FEDERAL EMERGENCY MANAGEMENT AGENCY**  
**ACTION REQUEST FORM (ARF)**

### I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print)  
2. Title  
3. Phone No.

4. Requestor's Organization  
5. Fax No.  
6. E-Mail Address

### II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:

2. Quantity  
3. Priority  
   - Lifesaving
   - Lifesaving Sustaining
   - Normal
4. Date and Time Needed

5. Delivery Site Location

6. Site Point of Contact (POC)

7. 24 Hour Phone No.

8. Fax No.

9. State Approving Official Signature

10. Date and Time

### III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1.  
   - ODS Review by:  
   - Log Review by:  
   - Other Coordination:  
   - Other Coordination:

2. Source:  
   - Donations
   - Other (Explain)  
   - Requisitions
   - Procurement
   - Interagency Agreement
   - Mission Assignment

3. Assigned to:  
   - ESF/OFA
   - Other  
   - Date/Time

4. Immediate Action Required  
   - Yes  
   - No

### IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer

2. 24 Hour Phone No.

3. Fax No.

4. FEMA Project Manager

5. 24 Hour Phone No.

6. Fax No.

7. Statement of Work
   - See Attached

8. Estimated Completion Date

9. Estimated Cost

### V. ACTION TAKEN (Operations Section Only)

- Accepted   - Rejected   - Requestor Notified

Reason/Disposition

### TRACKING INFORMATION (FEMA Use Only)

- ECAPS/NEMIS Task ID:  
- Action Request No.  
- Program Code/Event No.

- Received by (Name and Organization)  
- State  
- Date/Time Received

- Originated as verbal

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PREVIOUS EDITION OBSOLETE