All resource requests should be submitted via CHCANYS. **All fields MUST be completed, or the request will be rejected.** Reminder, there may be costs associated with this supply request.

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| **Requestor Information** | |
| **Agency/Facility Name:** | **Association:** *CHCANYS* |
| **Requestor Name:** | **Requestor Title:** |
| **Requestor Phone #:** | **Requestor Email:** |

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| **Delivery Information** | |
| **Street Information:** | **Borough and Zip Code:** |
| **Primary POC Name:** | **Primary POC Phone #:** |
| **Secondary POC Name:** | **Secondary POC Phone #:** |
| **Specific Delivery Instructions:** | |

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| **Facility Type** | | | |
| **Due severe shortages in the supply chain and limited stockpiled resources, NYC is prioritizing personal protective equipment supplies based on facility type. Supplies are prioritized for healthcare providers and facilities that are providing direct patient care in inpatient settings or in specific settings whose staff cannot maintain 6 feet of separation from a patient. More guidance will be forthcoming.** | | | |
| Hospital | Nursing Home | Nursing Home (vent) | EMS |
| Dialysis Center | Other |  |  |
| If ‘Other’ is selected, please indicate the type of services your facility provides.  Federally-Qualified Health Center | | | |
| The following items may be available (quantities are very limited):   * N95’s, Face (Surgical) Masks, Eye Protection (Goggle/Eye Shields, etc.), ISO Gowns and Gloves | | | |
| *If you are requesting for:*   * *A hospital, you may request all items above.* * *A nursing home, you may request facemasks; if you have ventilator patients you may request all items above.* * *An EMS provider, you may request all items above.* * *A dialysis center, you may request face masks.*   *If you do not fall into one of these facility types, your request will be denied.* | | | |

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| **Resource Request Procurement Information** |
| Have you exhausted all purchasing options at your facility’s disposal?   Yes No |
| Have you exhausted all mutual aid agreements, association or coalition agreements?  Yes No |
| Please list all vendors you have contacted. |
| If you have an order pending, what is the estimated delivery date and quantity? |

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| **Resource Requests for N95’s** | | | | |
| Item | Model Numbers or Size | Item Description | Daily Burn Rate (ea) | Current On-Hand Stock (ea) |
| *N95* |  |  |  |  |
| Are employees fit tested on N95’s through an established respiratory protection program?  Yes No | | | | |
| Have your staff been fit tested on the models listed above?  Yes No | | | | |
| Is your facility willing to accept N95 models that your staff has been fit tested on, but that are labeled expired (following CDC guidance)?  Yes No | | | | |
| Is your facility willing to accept N95 models that your staff has not been fit tested on?  Yes No | | | | |

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| **Resource Requests for Medical Supplies** | | |
| *Due to severe shortages in the supply chain, we are unable to provide specific model numbers for items below.* | | |
| Item | Daily Burn Rate (ea) | Current On-Hand Stock (ea) |
| *Face (Surgical) Masks* |  |  |
| *Eye Protection (Goggles/Eye Shields, etc.)* |  |  |
| *Isolation Gowns* |  |  |
| *Gloves* |  |  |
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