|  |  |  |
| --- | --- | --- |
| **Section I: Incident Information** | 1. **Incident Name:**
 | 1. **Incident #:**
 |
| 1. **Emergency Declared?**
 | [ ]  Yes | [ ]  No | 1. **General Description of Authorities Altered Per Declaration:**
 |
| **Date:**  | **Time:**  |
| **Authority Declaring Emergency:**  |
| 1. **Form Completed By:**
 | **Phone:**  | **Fax:**  | **Email:**  |
| **Organization:**  | **Department:**  |
| **Section II: Authorities and Permissions** | **Incident Budget:** |
| 1. **Expenditure Limit (Per Day) for Incident:**
 | 1. **Expenditure Limit (Total) for Incident:**
 |
| 1. **P-Card Limits:**
 | 1. **Allowable P-Card Limit Increase** (upon request):
 |
| **Spending Authorizations (within an EOC):** |
| 1. **EOC Director** (single item):
 | 1. **Section Chief** (single item):
 |
| 1. **Logistics Section Staff** (single item):
 | 1. **Finance Section Staff** (single item):
 |
| 1. **Authority for Greater Expenditures Must Be Authorized By:**
 |
| [ ]  EOC Director | [ ]  Finance Section Chief | [ ]  Other (Specify):  |
| **Spending Authorizations (within an Organization):** |
| 1. **Staff Position (specify)** (single item):
 | 1. **Staff Position (specify)** (single item):
 |
| 1. **Staff Position (specify)** (single item):
 | 1. **Staff Position (specify)** (single item):
 |
| 1. **Authority for Greater Expenditures Must Be Authorized By:**
 |
| [ ]  Staff Position (specify):  | [ ]  Staff Position (specify):  |
| **Section III: Decision Points** | 1. **General Spending and Sourcing Guidelines:**
 |
| [ ]  The EOC Director should maximize the use of low-cost/no-cost resources (e.g., donations, local agency mutual aid, etc.)[ ]  The EOC Director should maximize the use of local providers.[ ]  Other: [ ]  Other:  |
| 1. **Mutual Aid:**
 |
| *Wherever possible, use the following mutual aid agreements:*  |
| **Agreement Name:** | **Used for:** | **Agreement Name:** | **Used for:** |
| [ ]  | Hospital/Health System Facility Emergency Mutual Aid Memorandum of Understanding | Healthcare Resources | [ ]  | Oregon Public Works Emergency Assistance Co-Op Agreement | Public Works |
| [ ]  | Master Interlocal Mutual Aid Agreement - Law Enforcement Assistance Agreement | Law Enforcement | [ ]  | Oregon Resource Coordination Assistance Agreement | Emergency Resources |
| [ ]  | MORE | Public Works | [ ]  | Oregon State Fire Service Mobilization | Fire Resources |
| [ ]  | OR-WARN | Water/Wastewater | [ ]  | WAMAC | Emergency Resources |
| [ ]  | Oregon Inter-County Omnibus Mutual Aid Agreement | Emergency Resources | [ ]  | Washington State Fire Services Resource Mobilization Plan | Fire Resources |

|  |  |
| --- | --- |
| **Section IV: Ordering & Delegations** | 1. **Single Point Ordering:**
 |
| The EOC is authorized to directly order resources and obligate agency funds on behalf of all  |
| agency departments, divisions, and offices. | [ ]  Yes | [ ]  No | [ ]  Yes, with exceptions (list below): |
|  |  |
|  |  |
| 1. **Other Financial Directives:**
 |
|  |
| **Section V: Approvals** | **Authorization:** |
| 1. **Agency Administrator:**
 |
| **Signature:** | **Date:** |
| 1. **Agency Chief Financial Officer:**
 |
| **Signature:** | **Date:** |

## Instructions

### Purpose

This *Worksheet* identifies incident-specific purchasing authorities and decision points that will apply to ordering, procurement, and financial management during an incident. This serves as internal guidance for an organization on the resource ordering process throughout the incident. The *Worksheet* also provides guidance for determining the guidelines for activating mutual aid agreements.

### Preparation

Both the requesting organizations and the Logistics and Finance Sections in an EOC fill out this worksheet to ensure they have documented all appropriate information for managing procurement processes throughout the incident within their organization.

### Notes

Organizations can use this *Worksheet* to communicate the person(s) or position(s) authorized by the organization to request resources to the EOC. This provides a reliable way to ensure that resource requests are authorized.

Table 1: Instructions for Incident Finance and Administration Worksheet

|  |  |  |
| --- | --- | --- |
| Field  | Field Title | Instructions |
| **1** | **Incident Name** | Identify the name of the incident. |
| **2** | **Incident #** | Enter local and/or state incident number. |
| **3** | **Emergency Declared?** | Indicate if the incident has been declared an emergency. If yes, then enter the date and time at which the emergency was declared and the authority declaring the emergency. |
| **4** | **General Description of Authorities Altered per Declaration** | * Identify incident-specific authorities, in any (e.g., expanded purchasing power, adjusted spending limits, no-bid conditions).
* See *Local Governments and Authorities* in *Emergency Resource Request Management Handbook, Appendix 10: References*.
 |
| **5** | **Form Completed By** | Fill out contact information for person completing the form. |
| **6** | **Expenditure Limit (Per Day) for Incident** | Identify the expenditure limit for the incident per day. |
| **7** | **Expenditure Limit (Total) for Incident** | Identify the expenditure limit for the entire incident. |
| **8** | **P-Card Limits** | Identify the set P-Card limit. |
| **9** | **Allowable P-Card Limit Increase** | Identify the increases allowed to the P-Card limits. |
| **10** | **EOC Director** | Enter the amount of money that the EOC Director is authorized to spend on a single item, if applicable. |
| **11** | **Section Chief** | Enter the amount of money that an EOC Section Chief is authorized to spend on a single item, if applicable. |
| **12** | **Logistics Section Staff** | Enter the amount of money that EOC Logistics Section Staff is authorized to spend on a single item, if applicable. |
| **13** | **Finance Section Staff** | Enter the amount of money that EOC Finance Section Staff is authorized to spend on a single item, if applicable. |
| **14** | **Authority for Greater Expenditures Must be Authorized By** | * Check the appropriate box (or boxes) to indicate whether spending authorities in the EOC exceeding those indicated in Fields 10-13 must be authorized by the EOC Director and/or the Finance Section Chief.
* If authorization is acquired from another EOC position, check the box for “Other” and identify the position.
 |
| **15-18** | **Staff Position** | * Enter the amount of money that a particular staff position within an organization is authorized to spend on a single item, if applicable.
* Identify the position.
* Not all fields must be used.
 |
| **19** | **Authority for Greater Expenditures Must be Authorized By** | * Check the appropriate box (or boxes) to indicate whether spending authorities in an organization exceeding those indicated in Fields 15-18 must be authorized by a particular staff position. Identify the position in the space next to the checked box.
* Not all fields must be used.
 |
| **20** | **General Spending and Sourcing Guidelines** | * Check the box for any applicable alterations in incident-specific authorities.
* If the applicable incident-specific authority is not already listed, check the box for “Other” and describe the incident-specific authority in the space to the right.
* More than one box may be checked.
 |
| **21** | **Mutual Aid** | * Check the appropriate box (or boxes) to indicate any mutual aid agreements activated.
* More than one box may be checked.
 |
| **22** | **Single Point Ordering** | Indicate whether the EOC is authorized to directly order resources and obligate agency funds on behalf of all agency departments, divisions, and offices by checking the appropriate box and listing any exceptions below (if applicable). |
| **23** | **Other Financial Directives** | Detail any other special delegations or transfers of authority which have not yet been addressed in the *Worksheet*. |
| **24** | **Agency Administrator** | Enter the printed name of the Agency Administrator. Administrator signs and dates to indicate approval of *Worksheet* contents. |
| **25** | **Agency Chief Financial Officer** | Enter the printed name of the agency chief financial officer (CFO). CFO signs and dates to indicate approval of *Worksheet* contents. |