# Appendix M: Community Government Request for GNWT Emergency Management Assistance

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| Requesting Entity (local authority) | |
| Name of community government  requesting assistance |  |
| Primary contact  name and number |  |
| Background  *Please check one option* | |
| 1. Local authority is preparing for an emergency or disaster |  |
| 1. Local authority is responding to an emergency event   *.* |  |
| 1. Local authority has experienced a widespread disaster |  |
| Type of Assistance | | |
| Explain in detail the type of essential emergency assistance required?  *Examples: What is the activity you are seeking help with achieving? Do you need resources such as supplies or people? What do you need and what is it for? Do you need assistance in evacuation? to establish an evacuation centre?* | | |
| Timeframe for Assistance | | |
| When is the assistance needed by? | | |
| What are the consequences if assistance is not received by this time? | | |
| How has the community’s capacity to respond or obtain resources been exhausted? | | |
| Additional Information | | |
| Please provide any additional information: | | |

**Please complete this form and submit it to the MACA Regional Superintendent for your area. MACA Regional Superintendents will acknowledge receipt of your request form and will follow up as soon as possible.**