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**CONTRACTUAL ARRANGEMENTS FOR ASSISTANCE**

**1. General Information**

Office Reference Number:

From:

To:

Day / Date / Time:

Disaster Event Name/ Location(s):

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| **2. Resources to be Mobilised** |
| **a. Personnel** |
| No | Name/ID number | Designation/ Institution | Description(Please indicate the skills, qualification and specific task personnel assigned) | Destination locations |
| 1 | 2 | 3 | 4 | 5 |
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| **b. Equipment and Materials** |
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| No | Type | Description (Please indicate the specification and type of resource to be mobilised, its capabilities and purpose and its use for the incident) | Quantity | Destination Locations |
| 1 | 2 | 3 | 4 | 5 |
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* Add additional sheets as necessary.

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| 1. **Transportation of Assisting Resources**
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| **3a. Mobilisation** (Please indicate details on transportation method, time of departure and arrival, and port of arrival of the assisting resources) |
| Date | Time | Transportation Method | Port of Arrival  |
| Depart | Arrive | Depart | Arrive |
|  |  |  |  |  |  |
| **3b. Demobilisation** (Please indicate details on transportation method, time of departure and arrival, and port of departure of the assisting resources) |
| Date | Time | Transportation Method | Port of Departure  |
| Depart | Arrive | Depart | Arrive |
|  |  |  |  |  |  |

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| **4. Customs and Immigrations** (Please indicate agreed arrangements for customs and immigration, such as exemptions and facilities for the personnel, exemptions from taxation, duties and other charges on the equipment and materials, etc.) |
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| **5. Logistic Support** (Please indicate logistic support to be given by the Requesting/Receiving Party to assist the assisting personnel, such as food, accommodation, transportation, communication arrangements, local contacts and hosting authorities, the consignee and retrieval of the equipment and materials if they are sent through cargo, etc.) |
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| **6. Other Support** (Please indicate other support to be given by the Requesting/Receiving Party to assist the assisting personnel, such as security of personnel, handling and protection for equipment and materials, etc.) |
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| **7. Funding Arrangements** (Pease describe funding arrangements for the assistance) |
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| **8. Others** (Please indicate other details that do not fall into the above categories) |
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| **9. Contact Person** (Please indicate Contact Person that will be in-charge of the overall operation as well as personnel, equipment and materials) |
|  Requesting/Receiving Party:Name:Designation:Institution:Address:Office Phone:Facsimile:Mobile Phone: | Assisting Entity:Name:Designation:Institution:Address:Office PhoneFacsimile:Mobile Phone: |

|  |  |
| --- | --- |
| Requesting/Receiving Party | Assisting Entity |
| signature(Name)[National Focal Point], [Country] | signature(Name)[Focal Point], [Entity] |