**Fairfax County**

**Community Resiliency Group (CRG)**

**Participant Organization Resource/Capability Acknowledgment**

A Fairfax County Community Resiliency Group (CRG) Participant Organization provides recovery communications, volunteers, and/or resources for a local emergency. *Although not binding*, this document acknowledges a Participant Organization’s communication, volunteer and resource capabilities *that may be available in the event of a local emergency*. The Participant Organization’s capabilities are maintained in a database managed coordinated by the Fairfax County Office of Emergency Management’s Volunteer and Donation Annex.

Please complete this form and sign on the third page. Please mail or email as indicated below.

Mail to:

Fairfax County Office of Emergency Management

Attention: Matthew Marquis

4890 Alliance Drive, Fairfax, VA 22030

Suite 2200

Email to:

matthew.marquis@fairfaxcounty.gov

Direct questions to the Community Engagement Liaison at:

703 638 5710

matthew.marquis@fairfaxcounty.gov

*Please complete and sign the three page document in order to become a CRG Participant Organization.*

1. **Please enter your organization’s contact information as indicated below:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position title within Participant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Email (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Principle Address (including zip code) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fairfax County Supervisor District of Principle Address (if known) (i.e. Sully, Mason, Hunter Mill)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name and Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What type of organization do you represent?**

Homeowner Association \_\_\_\_

Tenant Association \_\_\_\_

Civic Association \_\_\_\_

House of Worship \_\_\_\_

Nonprofit \_\_\_\_

Community Based Organization \_\_\_\_

School \_\_\_\_

School Related Group \_\_\_\_

Business/Private Industry \_\_\_\_

Volunteer Organization \_\_\_\_

Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Some organizations provide services or have members in multiple Fairfax County Supervisor Districts. Check all Districts in which you serve and/or have members.)**

Braddock \_\_\_\_

Dranesville \_\_\_\_

Hunter Mill \_\_\_\_

Lee \_\_\_\_

Mason \_\_\_\_

Mount Vernon \_\_\_\_

Providence \_\_\_\_

Springfield \_\_\_\_

Sully \_\_\_\_

Do Not Know \_\_\_\_

1. **Approximately how many individuals and households does your organization represent or serve?**
2. **Individuals \_\_\_\_**
3. **Households \_\_\_\_**
4. **Resources and Capabilities:**

*\*Please check all resources and capabilities your organization can provide within 2 days to assist with a local emergency.  If you have available resources and capabilities not included on this list please write them next to “other.”*

\_\_\_\_ A. Transportation (4-wheel drive vehicles, buses, vans, large trucks, etc.)

\_\_\_\_ B. Generators

\_\_\_\_ C. Financial assistance

\_\_\_\_ D. Food

\_\_\_\_ E. Food Preparation

\_\_\_\_ E. Clothing

\_\_\_\_ F. Food/Clothing Drive

\_\_\_\_ G. Resource Distribution System (i.e. food, clothing, financial assistance)

\_\_\_\_ H. Storage space

\_\_\_\_ I. Tools (shovels, pry bars, saws, chainsaws, wheel barrels, etc.)

\_\_\_\_ J. Commercial Refrigerators

\_\_\_\_ K. Commercial Washers/Dryers

\_\_\_\_ L. Household/Personal care items

\_\_\_\_ M. General volunteers

\_\_\_\_ N. Translators (specify language(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Q. Communication Networks (email, listserve, newsletter, CB Radio, Assessors, etc.)

\_\_\_\_ S. Large parking lot

\_\_\_\_ T. Licensed childcare services

\_\_\_\_ U. Counseling services (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ V. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Approximately, how many staff members or volunteers could your organization provide for your designated recovery resources and capabilities? Staff \_\_\_\_\_\_\_ Volunteers \_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of Organization)**

**agrees to participate as a Fairfax County Community Resiliency Group (CRG) Participant Organization; and,** to receive requests for supplies, volunteers, and outreach to assist with local and regional disaster recovery.

**Authorized Participant Organization Representative**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**