EXERCISE EXERCISE EXERCISE

**Mediterranean Guide on Cooperation and Mutual Assistance in responding to**

**Marine Pollution Incidents**

**ANNEX II.5**

**STANDARD FORM FOR OFFER OF ASSISTANCE**

(From assisting party to requesting country)

|  |  |
| --- | --- |
| REFERENCE |  |
| INCIDENT NAME |  |
| LOCATION |  |
| DATE/TIME / (UTC) |  |

**FROM (ASSISTING PARTY)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Name of authority / Company |  |
| Telephone |  |
| Fax |  |
| Email |  |

**TO (REQUESTING COUNTRY)**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Name of authority / Company |  |
| Telephone |  |
| Fax |  |
| Email |  |

**DESCRIPTION OF ASSISTANCE OFFERED**

|  |  |
| --- | --- |
| **Equipment/Product** | |
| Type[[1]](#footnote-1) | Oil Recovery Vessels |
| Quantity |  |
| Specifications |  |
| Current location |  |

|  |  |
| --- | --- |
| **Personnel** | |
| Name |  |
| Area of expertise[[2]](#footnote-2) |  |
| Current location |  |
| CV[[3]](#footnote-3) |  |

**TRANSPORT**

|  |  |
| --- | --- |
| Provided by assisting country | YES/NO |
| Required from requesting country or other organisation | YES/NO |
| Specifications | Indicate any special need related to the transport |

**DESCRIPTION OF DELIVERY POINT (if Assisting Country can provide transport)**

|  |  |
| --- | --- |
| Means of transport required | (land, air, maritime) |
| Transport details |  |
| Final destination | Address, coordinates, landmark |
| Estimated Time of Arrival | Date and time |

**LOGISTICAL INFORMATION**

|  |
| --- |
| *Add any relevant logistical information for instance:*   * *Is in-country warehousing required?* * *Does equipment require trained personnel to accompany/operate it?* * *Does release of equipment from current location create compliance problem with minimum standards of equipment for response* * *Any specific power supply, pumps, or other technical needs to operate this equipment/asset?* * *Who will provide distribution of resource if needed?* * *Other considerations?* |

**TERMS AND FINANCIAL CONDITIONS**

|  |  |  |
| --- | --- | --- |
| Date of commencement of services/mobilization | | |
|  | | |
| Nature of services/ scope of work | | |
|  | | |
| **IAL INFORMATION** | YES | NO |
| **The Assisting Party offers its assistance free of charge:** |  |  |
| If the answer to the above question is “**YES**” specify any particular conditions | | |
|  | | |
| If the answer to the above question is "**NO**" state in detail below the terms and financial conditions including the cost to be reimbursed: | | |
|  | | |
| Mobilization and demobilization charges | | |
|  | | |
| Equipment rates | | |
|  | | |
| Personnel rates | | |
|  | | |
| Basis of hire (lump sum or daily rate) | | |
|  | | |
| Import/export duties ( exemption or no exemption) | | |
|  | | |
| Immigration requirements | | |
|  | | |
| Cleaning and rehabilitation cost | | |
|  | | |
| Invoicing | | |
|  | | |
| Security for payment | | |
|  | | |
| Liability coverage, warranty and insurance | | |
|  | | |
| Health and safety | | |
|  | | |
| Termination | | |
|  | | |
| Other conditions | | |
|  | | |
| Approximate total cost of this deployment for which reimbursement will be requested: | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_(US $/EURO/Other) | | |
| Total costs from Home Base to Staging Area | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_(US $/EURO/Other) | | |

**--FINANC**

Authorized Official's Signature Date

Authorized Official's Name

Title and organization

EXERCISE

1. Refer to Annex II.4 [↑](#footnote-ref-1)
2. Refer to Annex II.5 [↑](#footnote-ref-2)
3. Attach CV of expert/personnel [↑](#footnote-ref-3)