



SCHEDULE I – FORCE ACCOUNT LABOR

Subrecipient Name:	FIPS #:
Grant Award/Disaster Number:	Disaster/Grant Title:

The California Governor’s Office of Emergency Services (Cal OES) has processed a Reimbursement Request for Project Expenditures totaling \$_____ for the above grant. Please complete the following questionnaire as it relates to **force account labor** costs that were included in your reimbursement request and **return it to the address shown below by Date.**

Cal OES
3650 Schriever Avenue,
Grants Monitoring
Mather, CA 95655
GMD@caloes.ca.gov

For the purpose of this questionnaire, **force account labor** is the term used when an organization utilizes its own labor resources to complete allowable disaster related activities. **(Pre-) disaster** refers to any disaster grant related activities, whether they are pre-disaster or post-disaster, including but not limited to public assistance and/or hazard mitigation.

1. Were any (pre-) disaster grant related personal services performed by your own employees charged to the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were any disaster grant related personal services performed by volunteers? If yes, did you document how you determined the fair market value of the volunteer services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was any contracted labor charged to the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please respond to the first 3 questions, at minimum. If No to questions 1 <u>and</u> 2 above, please sign and return this schedule to the address indicated above. If Yes to questions 1 <u>or</u> 2 above, please continue to the next question.	
4. Do you have a <i>written</i> policy addressing wages and overtime rates? a) Do you use a <i>different</i> policy covering wages and overtime rates during disasters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do disaster grant related personnel complete time and attendance records that indicate: a) the project on which the employee worked? b) if the employee worked on more than one project in a single day? c) the type of work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the staff member who approves the time sheets also prepare the payroll or sign the paychecks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Does the staff member who authorizes the payroll also reconcile the payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Were labor costs based upon the employee's regular rate of pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are fringe benefits paid for regular wages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are fringe benefits paid for overtime wages? a) If yes, are benefits calculated at the regular wage rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Were there straight-time wages claimed for emergency work performed by your own employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are regular and overtime hours recorded separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are the benefits for regular and overtime hours recorded separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you prepare reports summarizing labor costs by project? a.) If yes, do labor cost summaries tie to the official accounting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did anyone backfill positions that were left open by regular staff called to emergency duty? a) If yes, did you have a backfill policy that was written before the emergency? b) Were any changes made to the policy during the emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Was there any standby time (time when work was not being performed) recorded for this grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Were fixed-term employees (seasonally employed personnel) utilized to perform emergency work? a) If yes, were regular wages paid from the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Were any mutual aid costs for labor claimed on this grant? a) If yes, did you have a written Mutual Aid Agreement executed by both entities on file prior to the disaster? b) If you did not have a pre-event Mutual Aid Agreement, did you document your agreement in writing post-event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification Statement

This is to certify that, to the best of our knowledge and belief, the data furnished on this form is accurate, complete and current. We further understand that any fraudulent information contained on this form may have an effect on future OES funding for this organization.

Prepared by (<i>Signature</i>):	Date Signed:
Print Name:	Telephone #:
Authorized Certifying Official (<i>Signature</i>):	Date Signed:
Print Name:	Telephone #:
Address:	