

**ATTACHMENT A. NON-SUPPRESSION PERSONNEL**

for the

**2016 SALARY SURVEY / ACTUAL ADMINISTRATIVE RATE**

**AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO**

**THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES**

**(California Fire Assistance Agreement)**

Please complete this attachment for all **NON-SUPPRESSION PERSONNEL** and return to:

**California Governor's Office of Emergency Services / Fire and Rescue Division**

**3650 Schriever Ave Mather, California 95655**

Or

**FAX: (916) 845-8396**

*(To ensure receipt by Cal OES, it is recommended that "Certified with Return Receipt Requested" be used.)*

- A. Please provide the hourly Average Actual Rate for each non-suppression classification for suppression personnel. Instructions for calculating the Average Actual Rate are provided in the "Instructions for completing the 2016 Cal OES Salary Survey."**
- B. If "MOU/MOA/GBR or equivalent" is checked "Yes", a complete copy of the document(s) must be submitted with the salary survey for review. Failure to submit will prevent the classification(s) from being considered for portal-to-portal reimbursement. Please review the salary survey instructions regarding the MOU/MOA/GBR or equivalent, for timeline requirements.**

CLASSIFICATION TITLE	A		B	
	Average Actual Rate (Straight Time) as of:		MOU/MOA/GBR or equiv. for Portal-to-Portal	
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		/per Hour	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

*(If more space is required, please use another copy of this form.)*

**NOTE: These rates are not effective until the date they are received by Cal OES. THE RATES REPORTED ON THIS FORM CONSTITUTE DIRECT SALARY COSTS FOR EMPLOYEES AND ARE NOT CONTINGENT UPON THE CFAA FOR REIMBURSEMENT.**

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief that this information is correct. Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA. I also agree to comply with all cooperator agency internal accounting and expense reimbursement standards.

Agency / Dept. 3-Letter MACS I.D.

Print Agency / Department Name

Print Name

Authorized Representative

Date