California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division

2020 SALARY SURVEY / ADMINISTRATIVE RATE

for

AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES

(California Fire Assistance Agreement)

Print

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Please complete the salary survey information sheet. All fields on this form that pertain to your agency are required, or may be returned due to lack of information. Return your completed survey as soon as possible to:

Cal OES - Fire and Rescue Division
3650 Schriever Ave Mather, California 95655
-or-
cfaareimbursement@caloes.ca.gov

(Cal OES will verify receipt of your emailed salary survey by replying "received")

Agency 3-Letter MACS I.D.:			
Agency / Department Name:			
Chief's Name:			
Chief's Email Address*:			
Department Email Address:			
Physical Address, City, State, Zip:			
Mailing Address, City, State, Zip:			
Telephone Number:			
Federally Recognized Tribe? Yes: ☐ No: ☐	Federal Fire Dept.? Yes: ☐ No: ☐	Dept. of Defense? Yes: ☐ No: ☐	Volunteer/Combo Fire Dept.? Yes: ☐ No: ☐

** Email is for the individual responsible for reviewing and processing the salary survey, administrative rate, and invoices.*

All information provided on this form is subject to audit by Cal OES, CAL FIRE, and the Federal Fire Agencies signatory to the California Fire Assistance Agreement. Please provide the hourly Salary Rate, or Base Rate for each classification used by your agency that is reflected in the chart below.
Instructions for Completing the 2020 Cal OES Salary Survey / *Instructions for Completing Administrative Rate Calculations*

A	B	C	D	E	F
Classification Title	Base Rates (ST) as of *05/01/2020.* Are you utilizing these rates? If no, continue to **D** to enter you agency's Salary Rates. If yes, continue to **C**.	WC and/or UI? If yes, add to the rates listed in **B** and enter new rates in **D**.	Salary Rate or the Base Rate (ST) as of: (If using Base Rate enter the rates from **B** or **B** + **C**)	Above B/C with an MOU/MOA for overtime.	MOU/MOA/GBR for Portal-to-Portal.
Chief	$27.14 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Deputy Chief	$27.14 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Division Chief	$27.14 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Assistant Chief	$27.14 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Battalion Chief	$27.14 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour		Yes: ☐ No: ☐
Co. Officer/Capt./Lt.	$22.58 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour		Yes: ☐ No: ☐
App. Officer/Eng.	$22.58 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour		Yes: ☐ No: ☐
Firefighter/FF-PMedic	$22.58 / hour Yes: ☐ No: ☐	Yes: ☐ No: ☐	$ / hour		Yes: ☐ No: ☐

Administrative Rate** (due by July 1st):		***Enter as Decimal***
Agency Federal Taxpayer I.D. Number or Federal Employee I.D. Number:		
Agency Data Universal Numbering System (DUNS) Number:		
FI$Cal Supplier I.D. Number:		

NOTE: These rates are not effective until the date they are received by Cal OES.

**If your agency has an administrative rate on file, you are required to update and complete an administrative rate calculation sheet (Page 2) by July 1, 2020. After that date, the rate will default to the de minimis of 10%.

What is reported on this form constitutes direct salary costs for employees.

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief, and under penalty of perjury 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.

Print Name _____ *Authorized Representative* _____ *Date* _____

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Agency 3-Letter MACS I.D.:_____ Agency/Dept. Name: _____

FY____/____ Data for use in_____Fire Agreements

Year

Administrative Rate (Include *ONLY* allowable costs and use whole numbers)

PROGRAM	INDIRECT	DIRECT	TOTAL
Emergency Medical Services			
General Administration			
Information Technology			
Logistics / Procurement / Supply / Minor Fire Equipment			
Public Information Office			
Telecommunications			
Arson Investigation			
Community Education			
Facilities			
Fire Comm. Center / Dispatch / Comm. & Control Center			
Fire Hazard Reduction Program			
Fleet			
Hazardous Materials Response Program			
Mapping			
Operations			
Prevention			
Training			
Urban Search and Rescue			
GRAND TOTALS			

ADMINSTRATIVE RATE (INDIRECT COST/DIRECT COST):

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief, and under penalty of perjury that the administrative rate is correct and is established in accordance with the negotiated California Fire Assistance Agreement using the *Instructions for Completing Administrative Rate Calculations* and *ICRP Definitions*. Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA.

Print Name _____ *Authorized Representative* _____ *Date* _____