

ATTACHMENT A. NON-SUPPRESSION PERSONNEL

For

2020 SALARY SURVEY / 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:

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")

- A. Please provide the hourly Salary Rate for each non-suppression classification for Suppression Personnel. Instructions for calculating the Salary Rate are provided in the [Instructions for Completing the 2020 Cal OES Salary Survey](#).
- B. If "MOU/MOA/GBR or equivalent for Portal-to-Portal" is checked "Yes", a complete copy of the relevant 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	
	Salary 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"/>

(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, 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.

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

Print Name _____ Authorized Representative _____ Date _____

Cal OES Fire and Rescue Division - Attachment A. Non-Suppression Personnel May 1, 2020