

## **FEMA and Cal OES Required Documentation**

**In order to process your request for Project Worksheet (PW) funding**, FEMA and Cal OES are requesting documentation supporting your request for funding for those expenses incurred to complete the work. The costs must be itemized and outlined in an easy to read manner, preferably on the enclosed forms. If you use your own forms or computer generated printouts, the information and layout should be similar to the attached forms.

**A Cost Summary Report** that breaks out the costs for each category of expenses. This will include the totals from each of the categories below.

**Detailed summary sheets for labor, equipment, material, rental equipment, and contracts** that show that the work performed and costs incurred were directly related to the scope of work. For instance, the force account labor summary sheet would include the name of each employee that performed work at that PW site, reference to the site, dates worked, base pay, overtime pay, benefits pay, and the total amount received.

**Documentation of force account labor.** Documentation must include regular time and overtime; a salary rates chart; a fringe benefits percentage and components rate chart; and time expense sheets (who, what, when, where, and how long for each employee).

**Documentation of force account equipment costs.** Documentation is to include an equipment rates chart and equipment expense sheets (what equipment, who used it, doing what, when, where, the hourly rate, and for how long for each day of use).

**Documentation of rental equipment costs.** Vendor equipment invoices must identify what was done, when, where, for how long, what kind of equipment, and the charges per project.

**Documentation of force account material costs.** These costs are to be included on the Materials Summary Report. Reimbursement is based on the purchase price and quantities taken from the applicant's stock. If invoices are not available, costs can be developed from the applicant's historical data or from vendors in the area. Donated materials are not eligible, although the value may be credited towards the applicant's cost share. Documentation is to include material use summary sheets (what was used, who used it, when, where, the quantity, and the unit price).

**Documentation of purchased material and supply costs.** These costs are to be included on the Materials Summary Report. Documentation is to include receipts and payment vouchers for each item and material use summary sheets (what was used, who used it, when, where, the quantity, and the unit price).

# MEMORANDUM OF AGREEMENT BETWEEN [NAME] COUNTY AND THE [CITY/COUNTY AGENCY] PERTAINING TO ASSISTANCE UNDER THE LAW ENFORCEMENT MUTUAL AID PLAN

**WHEREAS**, on [Month XX, Year], the [Fire Name] Fire [describe as appropriate: an extreme wildfire, fueled by heavy brush, gusty winds and low humidity swept through the region]; and

**WHEREAS**, on [Month XX, Year], the Federal Emergency Management Agency (FEMA) approved [PICK ONE: emergency assistance through the Fire Management Assistant Grant (FEMA- XXXX-FM-CA) or assistance through the major disaster declaration (FEMA-XXXX-DR-CA)]; and

**WHEREAS**, the Law Enforcement Mutual Aid Plan is issued and revised under the authority of Sections 8550, 8569, 8615 through 8619, and 8668 of the California Government Code, the California Emergency Plan, and the Master Mutual Aid Agreement; and

**WHEREAS**, the Law Enforcement Mutual Aid Plan delineates the current state policy concerning law enforcement mutual aid; and

**WHEREAS**, the Law Enforcement Mutual Aid Plan describes the standard procedures used to acquire law enforcement mutual aid resources and the method to ensure coordination of law enforcement mutual aid planning and readiness; and

**WHEREAS**, the county sheriff is the Operational Area Law Enforcement and Mutual Aid Coordinator; and

**WHEREAS**, Law Enforcement Mutual Aid Plan provides, in pertinent part, "When an emergency develops or appears to be developing which cannot be resolved by a law enforcement agency within an Operational Area, it is the responsibility of the Operational Area Mutual Aid Coordinator to provide assistance and coordination to control the problem;" and

**WHEREAS**, the Law Enforcement Mutual Aid Plan provides, in pertinent part, "A request for law enforcement mutual aid requires the approval of the chief law enforcement officer of the requesting jurisdiction;" and

**WHEREAS**, the Sheriff of [Name] County requested the mutual aid assistance of [city/county agency], pursuant to the Law Enforcement Mutual Aid Plan to support law enforcement services in connection with the [Fire Name] Fire; and

**WHEREAS**, [city/county agency], provided mutual aid assistance consisting of law enforcement personnel, equipment, and materials from [Month XX,

[Year], through [Month XX, Year], to assist with law enforcement services in connection with the [Fire Name] Fire; and

**WHEREAS,** [city/county agency] agrees to document all of its mutual aid assistance costs related to the [Fire Name] Fire as attachments to this MOA and submit to [Name] County as soon as practicable; and

**NOW, THEREFORE, IT IS HEREBY AGREED** by and between the [city/county agency] and [Name] County may reimburse all reasonable costs associated with [city/county agency's] law enforcement mutual aid assistance during the [Fire Name] Fire.

[Name] COUNTY

[CITY/COUNTY AGENCY]

By:

By:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_





## ICS 214 Activity Log

**Purpose.** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

**Preparation.** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

**Distribution.** Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

### Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Name</b>	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	<b>ICS Position</b>	Enter the name and ICS position of the individual in charge of the Unit.
5	<b>Home Agency</b> (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	<b>Resources Assigned</b>	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> <li>• Name</li> </ul>	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> <li>• ICS Position</li> </ul>	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> <li>• Home Agency (and Unit)</li> </ul>	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	<b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.</li> <li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul>
8	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

O.M.B. Control Number: 1660-0017

Expires: December 31, 2019

**APPLICANT'S BENEFITS CALCULATION WORKSHEET**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is not required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) **NOTE: Do not send your completed form to this address.**

APPLICANT	PA ID #
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DISASTER	PROJECT #
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FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
<b>TOTAL IN % ANNUAL SALARY</b>		

COMMENTS

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE

NAME	TITLE	DATE
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DEPARTMENT OF HOMELAND SECURITY  
 Federal Emergency Management Agency  
**CONTRACT WORK SUMMARY RECORD**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

O.M.B. Control Number: 1660-0017  
 Expires: December 31, 2019

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

DATE	PA ID #	PROJECT #	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS- SCOPE
<b>GRAND TOTAL</b> <span style="border-bottom: 3px solid black; display: inline-block; width: 150px;"></span>				

I CERTIFY THAT THE INFORMATION WAS OBTAINED FROM PAYROLL, INVOICES, OR OTHER DOCUMENT THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**FORCE ACCOUNT LABOR SUMMARY**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

O.M.B. Control Number: 1660-0017  
Expires: December 31, 2019

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APPLICANT	PA ID #	PROJECT #	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

NAME	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
JOB TITLE	REG.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												

<b>TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME</b>	_____	\$
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<b>TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME</b>	_____	\$
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**I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.**

CERTIFIED	TITLE	DATE
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## Mutual Aid/Assistance Check list

### Documentation to Support Costs Claimed

The Applicant should submit the following to support costs claimed for Mutual Aid:

- Written agreement signed by both parties (requesting agency and providing agency)
- Services requested by effected Agency and received – (*e-mail, system report, etc.*)
- Same information listed for labor, equipment, and supplies below (as applicable)
- Invoices

#### Applicant (Force Account) Labor:

*For each individual:*

- Name, Job title and function
- Type of employee (i.e., full-time exempt, full-time non-exempt, part-time, temporary, etc.)
- Days and hours worked
- Pay rate(s) and fringe benefit rate(s)
- Description of work performed with daily logs / activity reports/214s
- Time sheets/time cards
- Fringe benefit calculations
- Pay policy - *in place during the incident.*

#### Applicant-Owned (Force Account) Equipment (If applicable):

*For each piece of equipment:*

- Type of equipment and attachments used
- Size/capacity (e.g., horsepower, wattage)
- Locations and days and hours used with usage logs. *Provided hours has to be divided by patrolling (0.65/mile) and stationary (19.75/hour), if applicable.*
- Operator name
- Schedule of rates, including rate components. *Use lesser of FEMA rates vs. State of CA rates in your calculations.*

#### Rented or Purchased Equipment (If applicable):

- Rental or lease agreements, invoices, receipts, rate per hour
- Days used

#### Supplies from Stock (If applicable):

- Historical cost records
- Inventory records
- Type of supplies and quantities used, with support documentation such as daily logs

#### Purchased Supplies (If applicable):

- Receipts or invoices

#### Travel (If applicable):

- Receipts for food, hotels, etc.
- Mileage. Provide GPS records, maps of route any other records for mileage.
- Travel policy

***You can use provided forms (see excel and word spreadsheets) if it is easier however it is not necessary to transfer all the information onto these forms if you already have it or receive it in another format. It is necessary however that we have this information documented in some format. Please note if the information is provided in another format it also has to be certified by the appropriate authorities from your agency. Person who is certifying the information has to provide name, title and date.***

***Based on supporting documents we should be able easily recalculate total amount claimed on the invoice.***