

# Mutual Aid Reimbursement System (MARS) Help Guide

---



# **MARS**

**Mutual Aid Reimbursement System**

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

## Table of Contents

Account Set Up .....	2
<i>Requesting Access</i> .....	2
<i>Agency Information</i> .....	4
<i>Agency Personnel</i> .....	6
<i>Agency Summary</i> .....	8
<i>Notifications</i> .....	9
Rate Submissions .....	10
<i>Salary Survey</i> .....	10
<i>Administrative Rate</i> .....	13
<i>Attachment A Non-Suppression Personnel</i> .....	15
<i>Special Equipment</i> .....	16
Agreement Submissions .....	19
<i>MOU/MOA/GBR</i> .....	19
F-42 Submissions .....	21
<i>F-42s Entries</i> .....	21
<i>F-42 Review</i> .....	30
Expense Claim Submissions.....	31
<i>Expense Claim Entries</i> .....	31
<i>Expense Claim Review</i> .....	33
Invoices.....	34

# Account Set Up

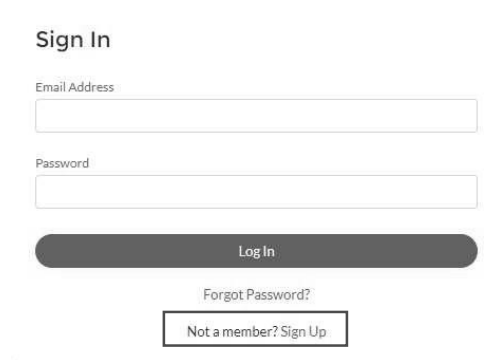
Local Government Fire Agency users can set up a MARS account to manage their reimbursement under the California Fire Assistance Agreement (CFAA).

## Requesting Access

There are two levels of access for Local Government Fire Agency users. The Primary User level is intended for the Fire Chief or administrative staff that manage the rates, agreements, invoices, and other supporting documentation for reimbursements. These users are the individuals that submit the annual salary survey, follow up with reimbursement documentation after responses, review invoices, and track payments. The Secondary User level is intended for field personnel that are responders under the CFAA and submit F-42s and expenses in the field upon incident demobilization.

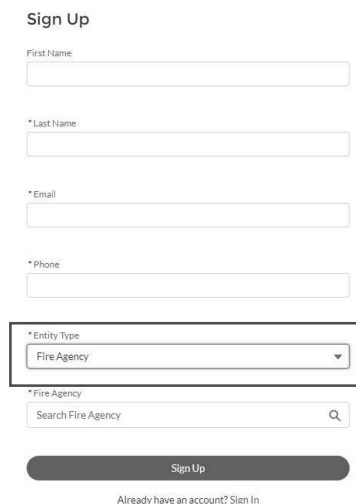
**STEP 1:** Visit the MARS webpage at <https://engage.caloes.ca.gov/s/login/>.

**STEP 2:** At the bottom of the sign in box, select Sign Up.



The screenshot shows a 'Sign In' form with the following elements: a title 'Sign In', an 'Email Address' input field, a 'Password' input field, a dark 'Log In' button, a 'Forgot Password?' link, and a 'Not a member? Sign Up' button. A vertical line is present to the right of the form.

**STEP 3:** Complete the required fields and make sure you are selecting Fire Agency in the Entity Type dropdown.



The screenshot shows a 'Sign Up' form with the following elements: a title 'Sign Up', 'First Name' input field, '\* Last Name' input field, '\* Email' input field, '\* Phone' input field, '\* Entity Type' dropdown menu (with 'Fire Agency' selected), '\* Fire Agency' search input field with a search icon, a dark 'Sign Up' button, and a link 'Already have an account? Sign In'.

**STEP 4:** The system will send you an email to verify your account. Select the link provided within the email to set up a password.

From: No Reply - Cal OES <noreply@caloes.ca.gov>  
Date: Fri, Oct 15, 2021 at 10:54 AM  
Subject: Sandbox: Validate your registration  
To:



Hi,

Please validate your portal

registration by clicking on below link:

<https://qa-caloes.cs3.force.com/s/user-validation?token=NUJst211r8pRMvWP10UquEXIFdEp3D>

Sincerely,  
California Governor's Office of Emergency Services



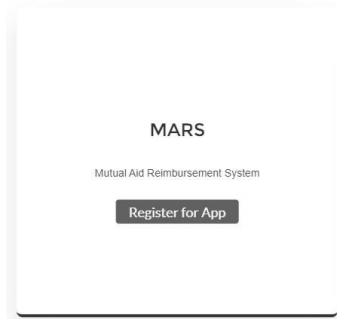
## Enter Password

\*Enter Password

\*Confirm Password

Submit

**STEP 5:** Now that you have access to the platform you will need to request access to the application. Hover over the MARS logo and select Register for App.



**STEP 6:** Once you have determined the access level, make the appropriate selection to Request Primary Access or Request Secondary Access.

### Request for MARS App

FirstName

LastName

Email

Phone

Entity

Fire Agency

Organization

Gov's Office of Emergency Services

#### Primary Access

Primary Access is for personnel responsible for the agency's reimbursement including submittal of rates.

#### Secondary Access

Secondary Access is for responding personnel that submit F-42s and travel only.

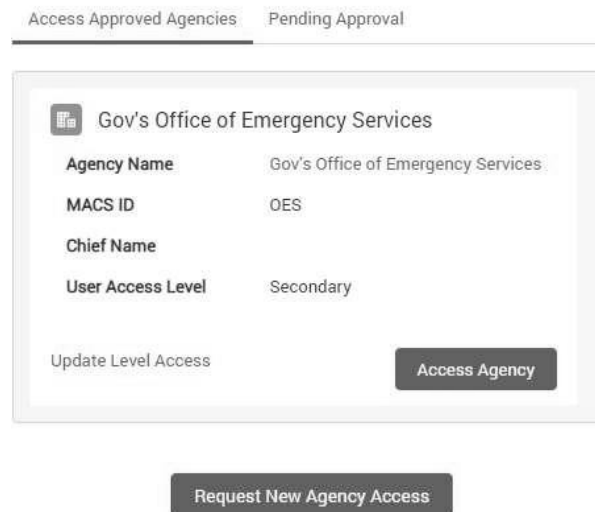
Request Primary Access

Request Secondary Access

**STEP 7:** Once your request for access has been reviewed and approved by your agency's primary users or Cal OES, you will be able to select Go To App when you hover over the MARS logo.



**STEP 8:** On the welcome page you can access approved agencies by selecting Access Agency, view access requests that are pending approval, or request access to additional agencies by selecting Request New Agency Access.

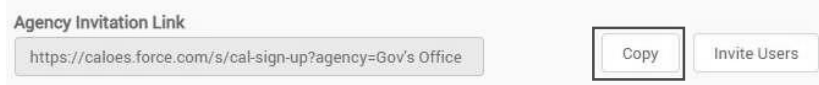


### **Agency Information**

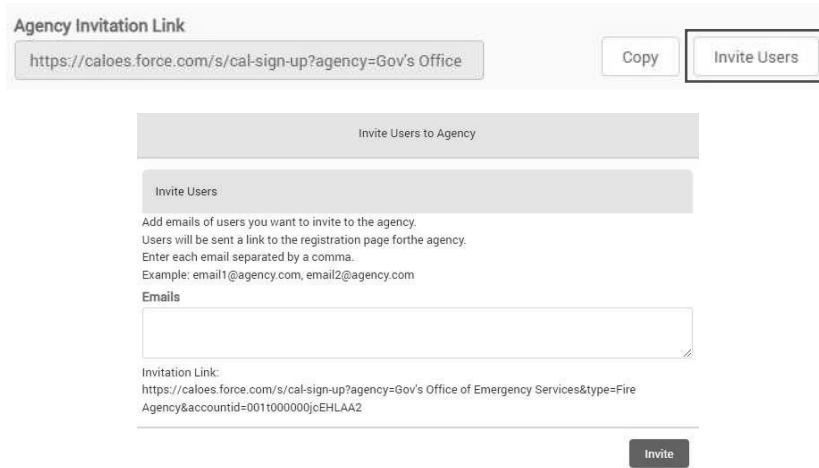
Once you access your agency, you will be taken to the Agency Information screen. The Agency Information screen contains identifying information for Local Government Fire Agencies. This is where users can update contact information, manage addresses, and provide identification numbers for reimbursement. **Primary Users have permissions to edit this information, Secondary Users can only view their agency's data.**

**STEP 1:** The Agency Invitation Link allows users to invite people to create an account for their agency.

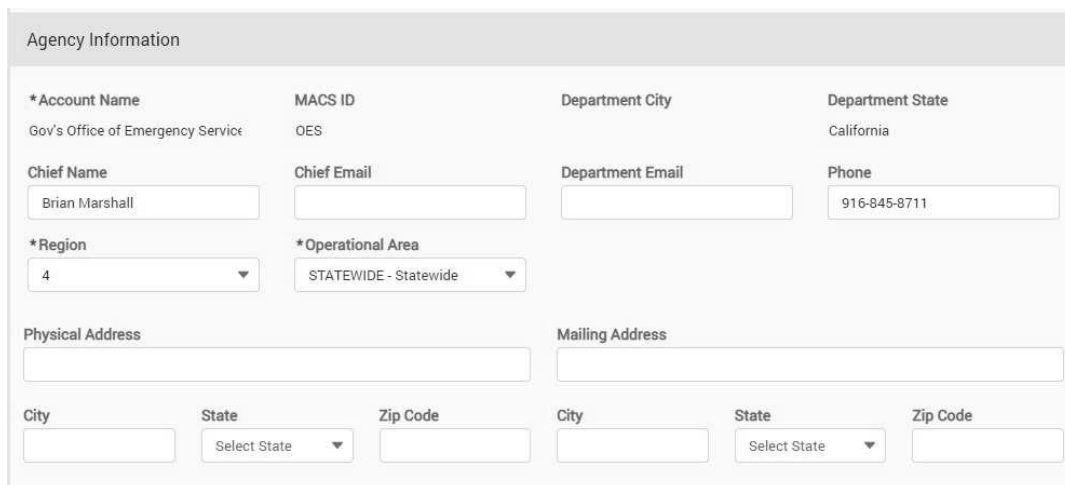
**Option 1:** The Copy button will copy the website URL for the user to paste into an email to send a personalized invite.



**Option 2:** The Invite Users button will open a pop up, asking the user to enter one or more email addresses, to send a system generated email invite.



**STEP 2:** The Agency Information has been migrated into MARS from information that was collected from prior salary survey submissions. Please review each field and update any inaccurate data.



The screenshot shows the "Agency Information" form. The form is divided into several sections:

- \*Account Name:** Gov's Office of Emergency Service
- MACS ID:** OES
- Department City:** (empty)
- Department State:** California
- Chief Name:** Brian Marshall
- Chief Email:** (empty)
- Department Email:** (empty)
- Phone:** 916-845-8711
- \*Region:** 4
- \*Operational Area:** STATEWIDE - Statewide
- Physical Address:** (empty)
- Mailing Address:** (empty)
- City:** (empty)
- State:** Select State
- Zip Code:** (empty)

**STEP 3:** The agency categories reflect information from prior salary survey submissions. Please review each field and update any inaccurate selections.

Please select all appropriate categories that apply to your agency

<b>Federally Recognized Tribe</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Federal Fire Department</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Department of Defense</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Volunteer</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Paid</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Combination</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Other</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	

Please select the appropriate responses for your agency

<b>Active Agency</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Responder</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
---	---

**STEP 4:** The Agency Identification Numbers are from prior salary survey submissions. Please review each field and update any inaccurate selections.

Agency Identification Numbers

<b>Tax Payer ID or FEIN</b> <input type="text" value="00-00000000"/>	<b>DUNS Number</b> <input type="text" value="00000000000"/>	<b>FI\$Cal Supplier ID</b> <input type="text" value="0000000000"/>	<b>FI\$Cal Address ID</b> <input type="text" value="1"/>
---	--	---	---

**STEP 5:** Ensure that you select Save at the bottom of the page.

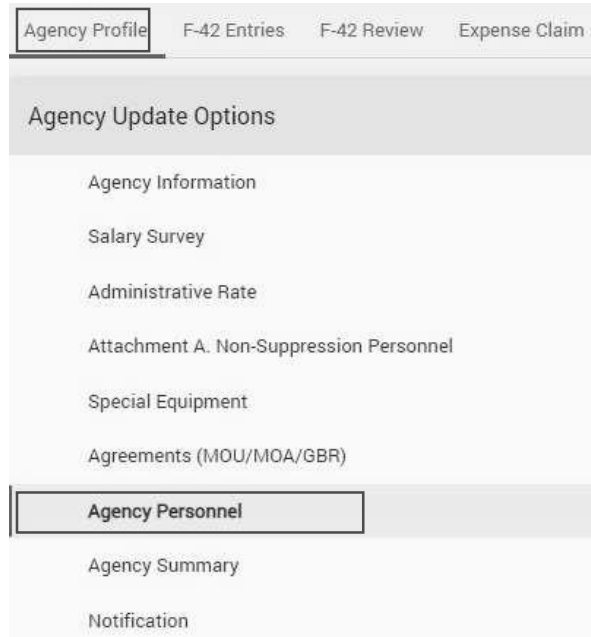


### **Agency Personnel**

The Agency Personnel screen contains a list of users that have access to the Local Government Fire Agency you are logged in under. This is where Primary Users can manage current users and approve pending requests for access to their agency.

**Primary Users have permissions to view and manage this information, Secondary Users do not have access to this screen.**

**STEP 1:** Select the Agency Profile tab on the top navigation bar, then select Agency Personnel in the left-hand navigation bar.



**STEP 2:** Any user requests that are pending for your agency can be viewed in the top table under Agency Personnel Pending Approval. Primary Users can view information about users requesting access and approve or reject requests.

Agency Personnel Pending Approval						
First Name	Last Name	Email	Phone	Access Level Requested	Action	Action
1				Primary	Approve	Reject

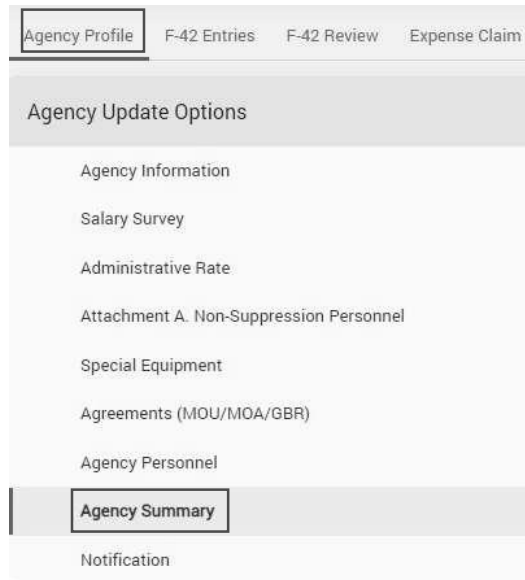
**STEP 3:** Any users that have access to your agency can be viewed in the bottom table under Agency Personnel. Primary Users can view information about the existing users, manage the level of access, or remove access for users.

Agency Personnel							
First Name	Last Name	Email	Phone	Access Level	IsActive	Action	Action
1				Primary	true	Update Access Level	Deactivate


## Agency Summary

The Agency Summary screen allows a user to select a date and view a comprehensive summary of all rates and agreements that were in place on the date selected for that Local Government Fire Agency. **Primary Users have permissions to view this information, Secondary Users do not have access to this screen.**

**STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Agency Summary screen at the bottom of the left-hand navigation bar.



**STEP 2:** Select a date to view all rate and agreement information that is on file that day. The summary can be printed from the bottom of the page.

\* Select a Date  
Jan 1, 2022  Retrieve

Administrative Rate: 0.10000

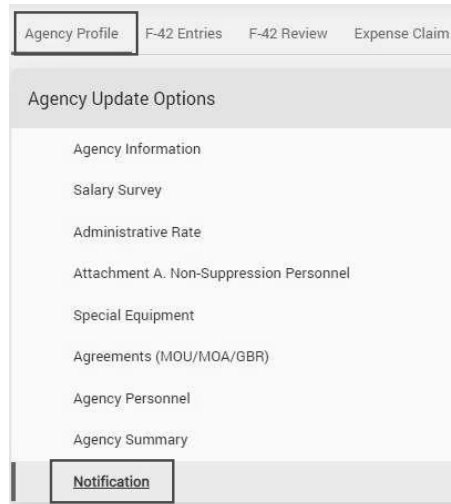
Salary Survey

Classification Title	Salary Rate (ST)	Overtime	Portal-to-Portal
Chief	\$26.95	No	No
Deputy Chief	\$26.95	No	No
Division Chief	\$26.95	No	No
Assistant Chief	\$26.95	No	No
Battalion Chief	\$26.95	Yes	No
Co. Officer/Capt./Lt.	\$22.30	Yes	No
App. Officer/Eng	\$22.30	Yes	No
Firefighter/FF-PMedic	\$22.30	Yes	No

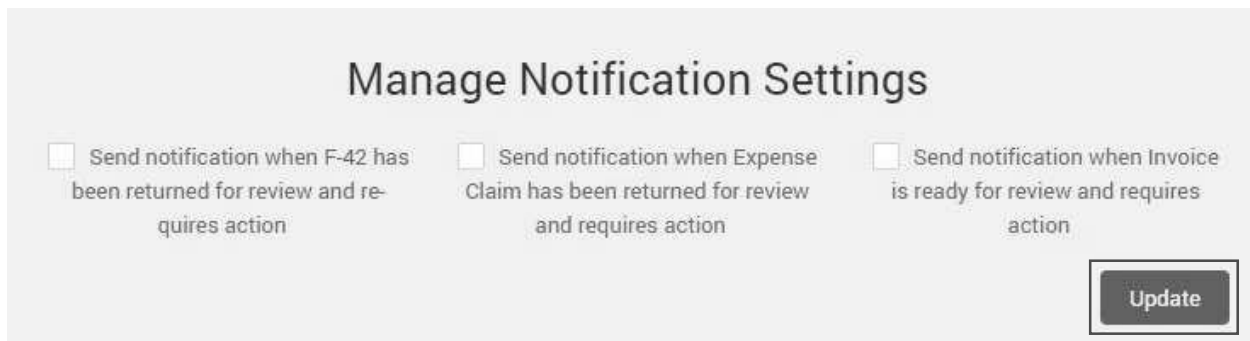
## Notifications

The Notifications tab allows primary users to enable or disable email notifications for a variety of events where action is required by the Local Government Fire Agency. **Primary Users have permissions to manage notifications, Secondary Users do not have access to this screen and do not receive notifications.**

**STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Notifications screen using the left-hand side navigation bar.



**STEP 2:** Check or uncheck the checkbox next to the notification you would like to enable or disable and select the Update button.

A screenshot of the 'Manage Notification Settings' screen. The title 'Manage Notification Settings' is centered at the top. Below the title are three notification settings, each with an unchecked checkbox and a description: 'Send notification when F-42 has been returned for review and requires action', 'Send notification when Expense Claim has been returned for review and requires action', and 'Send notification when Invoice is ready for review and requires action'. In the bottom right corner, there is a dark 'Update' button.

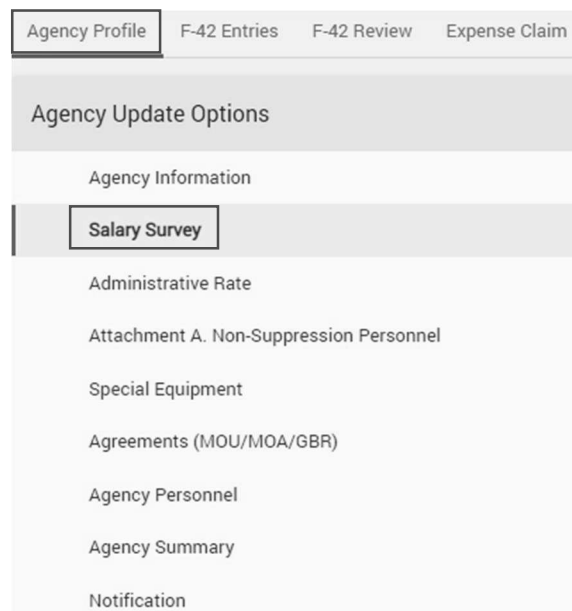
## Rate Submissions

Primary Users have permission to view and submit rate information for personnel and other resources within their agency that will be utilized for the calculation of CFAA reimbursement invoices.

### Salary Survey

The Salary Survey screen includes straight time salary rate input fields for Local Government Fire Agency users to submit salary rates for the eight traditional classification titles. Responding agencies are required to submit an updated form on an annual basis. There is also a history table that allows users to view previous submissions.

**STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Salary Survey screen on the left-hand navigation bar.



**STEP 2:** Complete the “Are you Utilizing the Base Rate?” column for each classification title. If your agency is accepting the base rate for a position, select yes and continue to Step 2. If your agency is submitting a calculated salary rate, select no and skip to Step 3.

Classification Title	③ Base Rates	④ Are you Utilizing the Base Rate?
Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No
Deputy Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No
Division Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No
Assistant Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No
Battalion Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No
Co. Officer/Capt./Lt.	\$22.58	<input type="radio"/> Yes <input type="radio"/> No
App. Officer/Eng	\$22.58	<input type="radio"/> Yes <input type="radio"/> No
Firefighter/FF-PMedic	\$22.58	<input type="radio"/> Yes <input type="radio"/> No

**STEP 3:** Complete the “Are you adding WC/UI?” column for each classification title. If your agency is accepting the base rate and not adding WC/UI, select no and skip to Step 4. If your agency is accepting the base rate and adding WC/UI, select yes and continue to Step 3.

Classification Title	③ Base Rates	④ Are you Utilizing the Base Rate?	⑤ Are you adding WC/UI?
Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Deputy Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Division Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Assistant Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Battalion Chief	\$27.14	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Co. Officer/Capt./Lt.	\$22.58	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
App. Officer/Eng	\$22.58	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Firefighter/FF-PMedic	\$22.58	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

**STEP 4:** Complete the “Salary Rate (ST)” column with the rates you determined by following the calculation outlined in the Salary Survey Instructions. The Overtime and Portal-to-Portal checkboxes are linked to your agreement screen, please refer to that screen to manage compensation methods.

Salary Rate (ST)	Overtime	Portal-to-Portal
<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**STEP 5:** The effective date will default to the date you are submitting the survey. If you wish to future date your submission, please select the date you would like the rates to go into effect.

**\* Effective Date for the Rates Being Submitted**

Jan 1, 2022 

**STEP 6:** Review the verbiage to the right of the signature block and sign your salary survey submission.

\* Please sign here

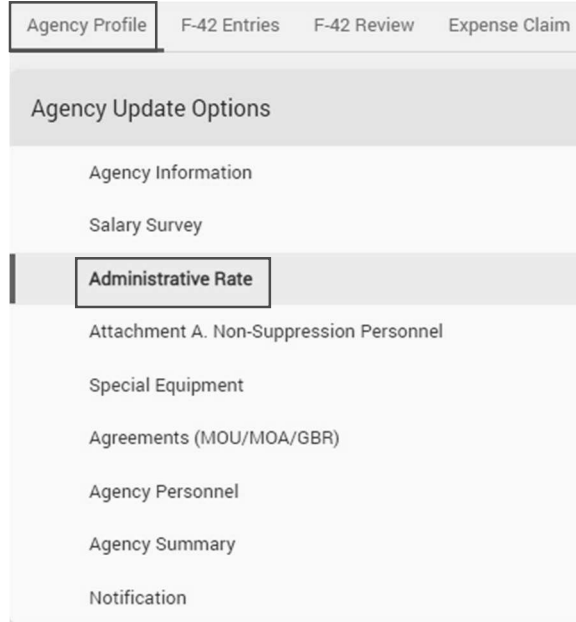
**NOTE: These rates are not effective until the date they are received by Cal OES.**  
 What is reported on this form constitutes direct salary costs for employees.  
 As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief, and under penalty of perjury that this information is correct. Furthermore, my signature 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.

**STEP 7:** Once all fields have been completed and your salary survey is signed, select submit and your entry will appear in the history table at the bottom of the page.

**Submit**

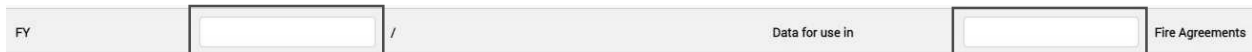
## Administrative Rate

The Administrative Rate screen includes indirect and direct cost input fields for Local Government Fire Agency users to submit fiscal year data to calculate the administrative rate that will be applied to reimbursement invoices. The administrative rate calculation is optional for responding agencies and if not completed, the de minimis rate of 10% will be applied to reimbursement invoices. There is also a history table that allows users to view previous submissions. **STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Administrative Rate screen on the left-hand navigation bar.



The screenshot shows a navigation menu with four tabs at the top: 'Agency Profile', 'F-42 Entries', 'F-42 Review', and 'Expense Claim'. Below the tabs is a list of menu items under the heading 'Agency Update Options'. The 'Administrative Rate' item is highlighted with a dark grey background and a white border. Other items in the list include 'Agency Information', 'Salary Survey', 'Attachment A. Non-Suppression Personnel', 'Special Equipment', 'Agreements (MOU/MOA/GBR)', 'Agency Personnel', 'Agency Summary', and 'Notification'.

**STEP 2:** Complete the fiscal year and calendar year fields at the top of the form. Please note your administrative rate calculation should be based on prior or prior-prior fiscal year actual costs.



The form header contains two input fields. The first field is labeled 'FY' and is followed by a slash. The second field is labeled 'Data for use in' and is followed by the text 'Fire Agreements'.

**STEP 3:** Complete the indirect and direct costs derived from data for the fiscal year entered above following the Instructions for Completing the Administrative Rate Calculations.

Program	Indirect	Direct
Emergency Medical Services	<input type="text"/>	<input type="text"/>
General Administration	<input type="text"/>	
Information Technology	<input type="text"/>	
Logistics/Procurement/Supply/Minor Fire Equipment	<input type="text"/>	
Public Information Office	<input type="text"/>	
Telecommunications	<input type="text"/>	
Arson Investigation		<input type="text"/>

**STEP 4:** The effective date will default to the date you are submitting the form. If you wish to future date your submission, please select the date you would like the rate to go into effect. Please note the administrative rate expires on a fiscal year basis and an updated calculation is required by July 1<sup>st</sup> of each year.

**\* Effective Date for the Rates Being Submitted**

Jul 1, 2022 

**STEP 5:** Review the verbiage to the right of the signature block and sign your administrative rate submission.

<p><small>*Please sign here</small></p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<p>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 represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA.</p>
---	---

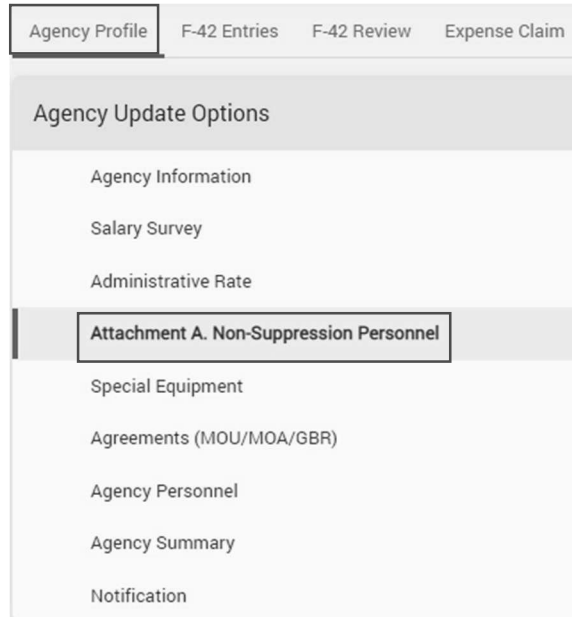
**STEP 6:** Once all fields have been completed and your administrative rate is signed, select submit and your entry will appear in the history table at the bottom of the page.

**Submit**

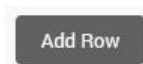
## Attachment A Non-Suppression Personnel

The Attachment A Non-Suppression Personnel screen includes straight time salary rate input fields for Local Government Fire Agency users to submit salary rates for classification titles that are not listed on the Salary Survey screen. Responding agencies are required to submit an updated form on an annual basis. There is also a history table that allows users to view previous submissions.

**STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Attachment A Non-Suppression Personnel screen on the left-hand navigation bar.



**STEP 2:** Select the Add Row button on the right-hand side of the screen to add rows for each of the Non-Suppression classification titles you wish to submit.



**STEP 3:** Complete the "Classification Title" column listing each position within your agency that responds under the CFAA but was not included on the traditional salary survey form.


A form with a header 'Classification Title' above three empty text input fields. The first field is the largest and has a dark border, while the second and third are smaller and have lighter borders.

**STEP 4:** Complete the “Salary Rate (ST)” column with the rates you determined by following the calculation outlined in the Salary Survey Instructions. The Portal-to-Portal checkboxes are linked to your agreement screen, please refer to that screen to manage compensation methods.

Salary Rate (ST)	Portal-To-Portal
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

**STEP 5:** The effective date will default to the date you are completing the survey. If you wish to future date your submission, please select the date you would like the rates to go into effect.

\*Effective Date for the Rates Being Submitted

Jan 1, 2022 

**STEP 6:** Review the verbiage to the right of the signature block and sign your Attachment A submission.

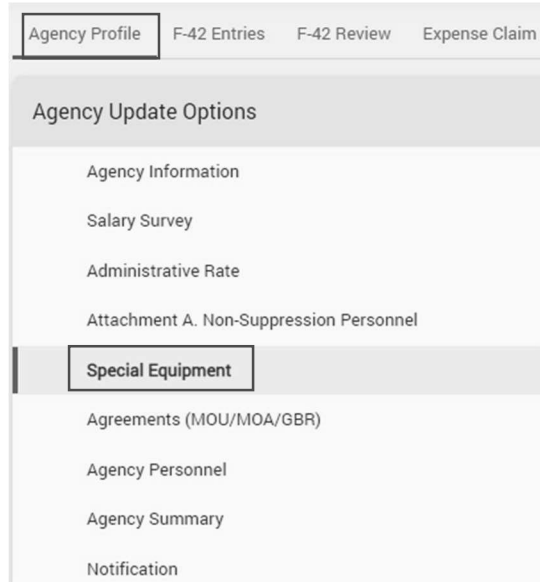
<p>*Please sign here</p> <div style="border: 1px solid black; height: 60px;"></div>	<p><b>NOTE: These rates are not effective until the date they are received by Cal OES.</b></p> <p><b>The rates reported on this form constitutes direct salary costs for employees and are not contingent upon the CFAA for reimbursement.</b></p> <p><small>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 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.</small></p>
---	---

**STEP 7:** Once all fields have been completed and your Attachment A is signed, select submit and your entry will appear in the history table at the bottom of the page.

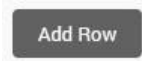
### Special Equipment

The Special Equipment screen includes hourly rate input fields for Local Government Fire Agency users to submit usage rates for equipment that is not outlined in the CFAA Rate Letter. Agencies can select a FEMA cost code or enter their own hourly rate for equipment that is not included in the FEMA list. There is also a history table that allows users to view previous submissions.

**STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Special Equipment screen on the left-hand navigation bar.



**STEP 2:** Select the Add Row button on the right-hand side of the screen to add rows for each piece of the Special Equipment you wish to submit.



**STEP 3:** Complete the “Special Equipment Type” column listing each piece of equipment within your agency that responds under the CFAA but is not outlined in the CFAA Rate Letter.

A form titled 'SPECIAL EQUIPMENT TYPE' in a grey header. Below the header are three empty rectangular input fields stacked vertically, each with a thin border.

**STEP 4:** For each piece of equipment your entered, complete either the “FEMA Code” column if your piece of equipment is listed in the FEMA Schedule of Equipment or complete the “Equipment Rate” column with rates specific to your agency calculated in accordance with Exhibit F of the CFAA.

FEMA CODE	EQUIPMENT RATE
<input type="text" value="SELECT/CHANGE FEMA Code"/> <input type="button" value="Q"/>	<input type="text"/>
<input type="text" value="SELECT/CHANGE FEMA Code"/> <input type="button" value="Q"/>	<input type="text"/>
<input type="text" value="SELECT/CHANGE FEMA Code"/> <input type="button" value="Q"/>	<input type="text"/>

**STEP 5:** Complete the “Description” column for each piece of equipment listed.

DESCRIPTION
<input type="text"/>
<input type="text"/>
<input type="text"/>

**STEP 6:** The effective date will default to the date you are completing the survey. If you wish to future date your submission, please select the date you would like the rates to go into effect.

\*Effective Date for the Rates Being Submitted

Jan 1, 2022

**STEP 7:** Review the verbiage to the right of the signature block and sign your Special Equipment submission.

<p>*Please sign here</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p><b>NOTE: These rates are not effective until the date they are received by Cal OES.</b></p> <p><b>The rates reported on this form constitutes direct salary costs for employees and are not contingent upon the CFAA for reimbursement.</b></p> <p><small>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 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.</small></p>
--	---

**STEP 8:** Once all fields have been completed and your Special Equipment is signed, select submit and your entry will appear in the history table at the bottom of the page.

## Agreement Submissions

Primary Users have permission to view and submit Memorandum of Understanding, Memorandum of Agreement or Governing Body Resolutions to request portal-to-portal or overtime for personnel above the Battalion Chief rank within their agency that will be utilized for the calculation of CFAA reimbursement invoices.

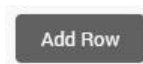
### **MOU/MOA/GBR**

The Agreements (MOU/MOA/GBR) screen includes classification title input fields and portal-to-portal and overtime checkboxes for Local Government Fire Agency users to submit agreements for review. Responding agencies are required to have an approved agreement on file prior to dispatch to receive the requested compensation. There is also a history table that allows users to view previous submissions.

**STEP 1:** Select the Agency Profile tab on the top navigation bar and go to the Agreements (MOU/MOA/GBR) screen on the left-hand navigation bar.



**STEP 2:** Select the Add Row button on the right-hand side of the screen to add rows for each of the classification titles you wish to submit.



**STEP 3:** Complete the “Classification Title” column listing each position within your agency that are covered under the agreement you are submitting for review. Please note that titles need to be listed on your Salary Survey or Attachment A before they can be found on the Agreement screen.

Classification Title	
Enter / Search Title (3 or more characters)	🔍
Enter / Search Title (3 or more characters)	🔍
Enter / Search Title (3 or more characters)	🔍

**STEP 4:** Complete the “Overtime” and “Portal-to-Portal” checkboxes indicating the compensation method requested.

Overtime	Portal-To-Portal
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**STEP 5:** The start date will default to the date you are completing the survey. If you wish to future date your submission, please select the date you would like the agreement to go into effect. If the agreement has an end date, enter the end date.

* Start Date	End Date
Jul 1, 2022 📅	📅

**STEP 6:** Upload a complete copy of the agreement you are submitting for review and select an attachment type from the dropdown.

Attach File <input type="button" value="Upload Files"/> Or drop files	Attachment Type Select Attachment Type ▼
--	---

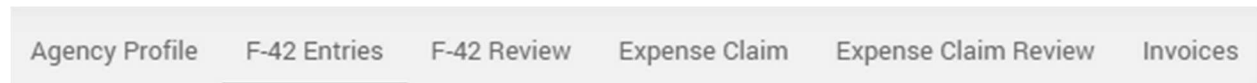
**STEP 7:** Once all fields have been completed and your agreement is uploaded, select submit and your entry will appear in the history table at the bottom of the page.

## F-42 Submissions

All users can enter electronic F-42s for resources that are ordered under the CFAA. Primary Users have permission to view submitted F-42s and communicate with Cal OES to provide clarification or missing information for F-42s to help them progress in the reimbursement process.

### F-42s Entries

The F-42s Entries screen allows Local Government Fire Agency users to complete, save and submit F-42s for reimbursement processing.



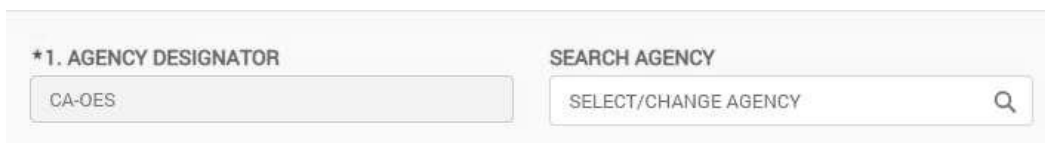
**STEP 1:** Select the Add New F-42 Entry button on the bottom right-hand corner of the screen to open a new form.



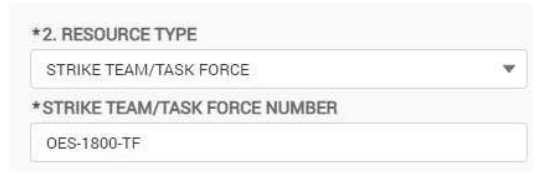
**STEP 2:** Navigate to 1-4. Agency/Incident on the left-hand navigation bar.



**STEP 3:** Verify the Agency Designator in box 1 is correct, or select a different agency by using the Search Agency field.



**STEP 4:** Select an option from the Resource Type dropdown in box 2. If Strike Team/Task Force is selected, an additional field will open to input a Strike Team/Task Force number.



\*2. RESOURCE TYPE  
STRIKE TEAM/TASK FORCE

\*STRIKE TEAM/TASK FORCE NUMBER  
OES-1800-TF


**STEP 5:** Use the Search Incident field to complete the Incident Order Number in box 3. Users can search using part or all of the incident name or incident order number.



\*3. INCIDENT ORDER NUMBER

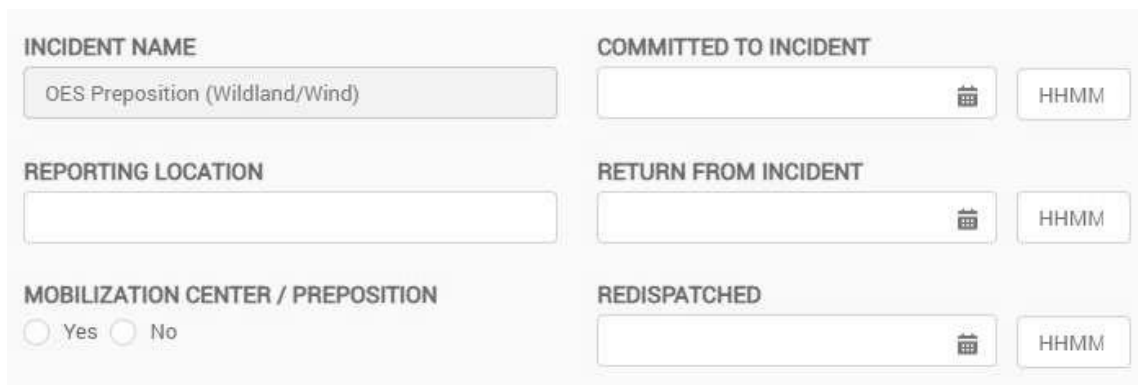
\*SEARCH INCIDENT  
SELECT/CHANGE INCIDENT

**STEP 6:** The Incident Request Number field should have a prefix based on the selection in box 2. Enter the assigned request number after the prefix in box 4. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.



\*4. INCIDENT REQUEST NUMBER  
E-

**STEP 7:** Verify the Incident Name in box 5 is correct. If it is not, navigate back to the Search Incident field for box 3 to select a different incident. Enter the Reporting Location, select yes or no for Mobilization Center/Preposition, enter the Committed to Incident Date and Time, and enter the Return from Incident Date and Time or the Redispached Date and Time. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.



INCIDENT NAME  
OES Preposition (Wildland/Wind)

REPORTING LOCATION

MOBILIZATION CENTER / PREPOSITION  
 Yes  No

COMMITTED TO INCIDENT  
[Calendar icon] HHMM

RETURN FROM INCIDENT  
[Calendar icon] HHMM

REDISPATCHED  
[Calendar icon] HHMM

**STEP 8:** If you were dispatched from a prior incident, complete box 6, otherwise, continue to box 7. Use the Search Old Incident field to complete the Old Incident Name and Old Incident Order Number. Enter the End Date. The Old Incident Request Number field should have a prefix based on the selection in box 2. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

**SEARCH OLD INCIDENT**

SELECT/CHANGE INCIDENT

**OLD INCIDENT NAME**

**END DATE**

**OLD INCIDENT ORDER NUMBER**

**OLD INCIDENT REQUEST NUMBER**

**STEP 9:** If you are being dispatched to a new incident, complete box 7, otherwise, continue to box 8. Use the Search New Incident field to complete the New Incident Name and New Incident Order Number. Enter the Start Date. The New Incident Request Number field should have a prefix based on the selection in box 2. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

**SEARCH NEW INCIDENT**

SELECT/CHANGE INCIDENT

**NEW INCIDENT NAME**

**START DATE**

**NEW INCIDENT ORDER NUMBER**

**NEW INCIDENT REQUEST NUMBER**

**STEP 10:** If you are an overhead resource, complete box 8, otherwise, continue to box 9. Select the appropriate check box. If Overhead is selected, additional fields will open to allow the user to search for their ICS position or enter an Other Title if you are unable to find the appropriate match in the search. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

**OVERHEAD INFORMATION**

STEN  STEN(T)  
 TFLD  TFLD(T)  
 Overhead Position

Clear

**\*SEARCH ICS POSITION**

SELECT/CHANGE ICS TITLE

**ICS TITLE CODE**

**ICS TITLE**

**\*OTHER TITLE**

**STEP 11:** If you have a support vehicle, complete boxes 9 and/or 10, otherwise, continue to box 11. Select the appropriate vehicle and additional fields will open depending upon what is required for each vehicle type. For an agency owned vehicle or CDF/OES owned vehicle, enter the License Number and select the vehicle type. For a privately owned vehicle, enter the license number and the beginning and ending odometer readings. For a rental vehicle, a separate expense claim form will need to be completed with a copy of the rental receipt attached. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

**VEHICLE OWNERSHIP**

Agency  POV  Rental  CDF/OES

Clear

**LICENSE NUMBER**

**VEHICLE TYPE**

Sedan  SUV  Van  Pick-Up (1/2 Ton)  Other (3/4 Ton & Above)

Clear

**STEP 12:** If you have a piece of equipment, complete box 11 otherwise continue to box 12. Select the appropriate equipment type from the Apparatus dropdown. If the equipment is an engine or a water tender, select the appropriate type. If the equipment is more specialized, select the appropriate equipment using the Search FEMA Codes or Search Special Equipment fields. Enter the Unit Number, the License Number, and select yes or no for CDF/OES Vehicle. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

The screenshot shows a form with the following sections:

- APPARATUS:** A dropdown menu with the text "Select apparatus".
- TYPE:** Radio buttons for 1, 2, 3, 4, 5, 6, 7, WT-1, and WT-2. A "Clear" button is below.
- UNIT NUMBER:** A text input field containing "AB-12345".
- LICENSE NUMBER or VIN:** An empty text input field.
- CDF/OES VEHICLE:** Radio buttons for "Yes" and "No".
- SEARCH FEMA CODES:** A search input field with "SELECT/CHANGE FEMA CODE" and a magnifying glass icon. Below it is an "Add" button.
- SEARCH SPECIAL EQUIPMENT:** A search input field with "SELECT/CHANGE SPECIAL EQUIPMENT" and a magnifying glass icon. Below it is an "Add" button.
- Tables:** Two tables with headers "FEMA Code", "Description", and "Action". The first table is empty. The second table has a header "Equipment Type", "Description", and "Action" and is also empty.

**STEP 13:** Enter the Number of Personnel on Apparatus and select yes or no for Documentation Only. If yes is selected, it indicates that the F-42 is not reimbursable and will not be generated into an invoice.

The screenshot shows a form with the following fields:

- \*NUMBER OF PERSONNEL ON APPARATUS:** A text input field.
- DOCUMENTATION ONLY:** Radio buttons for "Yes" and "No".

**STEP 14:** If there was an approved crew rotation, select the Add Approved Personnel Rotation button, otherwise, continue to step 15. If selected, a pop up will appear to add the dates, times, and support vehicle used for the rotation. Enter data in the fields in the pop up and select add.

**Add Approved Personnel Rotation**

---

**Crew Rotation**

<b>Incoming Crew No.</b> <input type="text" value="2"/>	<b>Outgoing Crew No.</b> <input type="text" value="1"/>
<b>Incoming Crew Start Date</b> <input type="text" value=""/>	<b>Outgoing Crew End Date</b> <input type="text" value=""/>
<b>Incoming Crew Start Time</b> <input type="text" value="HHMM"/>	<b>Outgoing Crew End Time</b> <input type="text" value="HHMM"/>

---

**9.SUPPORT VEHICLE INFORMATION**

**VEHICLE OWNERSHIP**  
 Agency  POV  Rental  CDF/OES

**LICENSE NUMBER**

**VEHICLE TYPE**  
 Sedan  SUV  Van  Pick-Up (1/2 Ton)  Other (3/4 Ton & Above)

---

**STEP 15:** Select the Add Personnel button and a pop up will appear to add a name and title. The MACS ID will fill based upon box 1 and the Start Date and Time and End Date and Time will be filled based upon box 5, however, the fields can be changed for each individual. Enter data in the fields in the pop up and select add. Repeat to add additional personnel.

Personnel Info

<p><b>*First Name</b></p> <input style="width: 95%;" type="text"/>	<p><b>*Last Name</b></p> <input style="width: 95%;" type="text"/>
<p><b>*Start Date</b></p> <input style="width: 95%;" type="text"/>	<p><b>*Start Time</b></p> <input style="width: 95%;" type="text" value="HHMM"/>
<p><b>*End Date</b></p> <input style="width: 95%;" type="text"/>	<p><b>*End Time</b></p> <input style="width: 95%;" type="text" value="HHMM"/>
<p><b>Rank or Job Title Lookup</b></p> <input style="width: 95%;" type="text"/>	<p><b>*MACS ID</b></p> <input style="width: 95%;" type="text" value="OES"/>

If you are unable to find the rank or title in the search, please enter the value manually below

<p><b>Rank or Job Title</b></p> <input style="width: 95%;" type="text"/>	<input type="checkbox"/> CAL FIRE <input type="checkbox"/> Base <input type="checkbox"/> Portal-to-Portal
--	---

**STEP 16:** If the personnel do not have a portal-to-portal agreement on file, enter actual hours in box 13, otherwise, continue to box 14. Select the Add Hours button to add a line for each calendar day and enter the hours spent working. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

Crew #	Date	Start	End	Hours	Action
*	*	*	*		
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="HHMM"/>	<input style="width: 95%;" type="text" value="HHMM"/>	<input style="width: 95%;" type="text"/>	Del
*	*	*	*		
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="HHMM"/>	<input style="width: 95%;" type="text" value="HHMM"/>	<input style="width: 95%;" type="text"/>	Del

**STEP 17:** Select the Add Comment button to add a line to document any significant events. Enter the Date, Time and comment. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

**Add Comment**

Date	Time	Comment	Action
*	*	*	
<input type="text" value=""/>	<input type="text" value="HHMM"/>	<input type="text" value=""/>	Del

**STEP 18:** Select yes or no for Loss/Damage and enter any Supply Numbers issued by the incident. Select the Save and Next button on the top right or use the left-hand navigation to move to the next box.

<p><b>15. LOSS/DAMAGE</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>After you have completed your F-42 submission, you will need to submit an Expense Claim Reimbursement Form in order to process this F-42 completely.</p>	<p><b>16. SUPPLY NUMBER</b></p> <input type="text"/>
---	--

**STEP 19:** Complete the required responding personnel fields and sign the form. Users can also attach a copy of any additional documentation that is relevant to their reimbursement. Select the save and next button on the top right and the system will check the form for missing information and then open box 18 to be signed by the authorized incident personnel.

<p><b>*AGENCY NAME</b></p> <input type="text" value="Gov's Office of Emergency Services"/>	<p><b>*YOUR NAME</b></p> <input type="text"/>				
<p><b>*YOUR PHONE NUMBER</b></p> <input type="text"/>	<p><b>*YOUR TITLE</b></p> <input type="text"/>				
<p><b>*Signature of Responding Agency Personnel</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>Attach File</p> <div style="border: 1px dashed gray; padding: 5px; display: flex; gap: 10px;"> <span> Upload Files</span> <span>Or drop files</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Attachment Name</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Attachment Name	Action		
Attachment Name	Action				
<input type="button" value="Reset"/>					

**STEP 20:** Authorized incident personnel can use the summary to review all information entered in the F-42. At the bottom of the page, the authorized incident personnel should complete the required fields. If a Cal OES AREP is assigned to the incident, they should complete that section.

**PAYING AGENCY**

CAL OES  CAL FIRE  USFS  BLM  
 NPS  BIA  FWS  LRA/MMA  OTHER

Clear

**\*PRINTED NAME**

**\*DATE**

**\*Signature of Authorized Incident Personnel**

Reset

**Cal OES REPRESENTATIVE (if assigned)**

**DATE**

**STEP 21:** Select the Submit button in the top right corner. A pop up will appear to verify the user is ready to submit. The pop up also allows for two email addresses to be entered to email a finalized PDF copy of the F-42 upon submission.

Submit

**Confirmation**

NOTE: Once submitted you will not be able to make updates. If you have any corrections after submission please contact Cal OES at [CFAAreimbursement@caloes.ca.gov](mailto:CFAAreimbursement@caloes.ca.gov) or the Fire and Rescue Main Line at (916) 845-8711. Once you select submit, a copy of your F-42 will be electronically routed to Cal OES and your agency.

Email a Copy of the Completed F-42

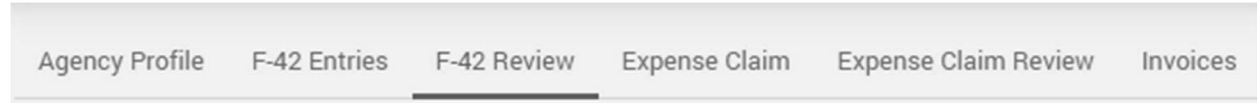
Authorized Incident Personnel (Incident Finance) Email:

Responding Agency Personnel Email:

Cancel Submit

## F-42 Review

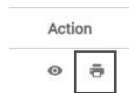
The F-42 Review screen allows Local Government Fire Agency users to view and print submitted F-42s. Secondary users will only have access to F-42s that have their name listed in box 12. Primary users will have access to all F-42s and will be able to communicate with Cal OES to provide missing information and further clarification for processing.



**STEP 1:** Select the eye icon under the Action header to view the F-42 submission. The form will appear below the F-42 table.



**STEP 2:** Select the printer icon under the Action header to print the F-42 submission. The form will open in a new tab.



**STEP 3:** Use the Status column to track the progress of an F-42.

Status	Description
Cal OES Review	F-42 has been submitted to Cal OES and is awaiting review before being generated into an invoice.
Agency Review	F-42 has been reviewed by Cal OES and returned to the local agency for additional information or clarification.
Approved	F-42 has been reviewed and is awaiting invoice generation.
Documentation Only	F-42 was marked as not reimbursable and will not be generated into an invoice.

**STEP 4:** Any F-42s in Agency Review status are requiring information from the local agency. To provide the required information, select the eye icon to view the F-42 and scroll to the bottom of the page. View the Comments from Mutual Aid Staff and use the Local Agency Primary User Comments and/or the Upload Files button to provide the requested information. Select the Submit button to send it back to Cal OES.

COMMENTS FROM MUTUAL AID STAFF

test

File Name	Action
OES-OVERHEAD-0-52.2.pdf	

\*LOCAL AGENCY PRIMARY USER COMMENTS

Attach File

Upload Files Or drop files

## Expense Claim Submissions

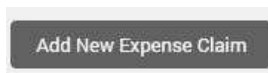
All users can enter electronic Expense Claims for travel expenses that are associated with a resource that was ordered under the CFAA. Primary Users have permission to view submitted Expense Claims and communicate with Cal OES to provide clarification or missing information to help the reimbursement progress.

Agency Profile   F-42 Entries   F-42 Review   **Expense Claim**   Expense Claim Review   Invoices

### Expense Claim Entries

The expense claim tab allows Local Government Fire Agency users to complete, save and submit expense claim reimbursement forms for processing.

**STEP 1:** Select the Add New Expense Claim button on the bottom right-hand corner of the screen to open a new form.



**STEP 2:** Use the select incident field to find the appropriate incident and complete the incident order number.

\*Select Incident

Search Name/Order Number

Incident Order Number

Incident Order Number

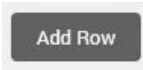
**STEP 3:** Once an incident is selected, a table will populate with F-42s that have been submitted by your agency for the chosen incident. Associate the expense claim with the correct resource by choosing the F-42 from the table. If the F-42 does not appear, select the checkbox under the search incident field and Cal OES will match the F-42s after submission.

F42 Name	Strike Team	Incident Request Number	Unit Number
<input checked="" type="radio"/> OES-OVERHEAD-O-27	OVERHEAD	O-27	
<input type="radio"/> OES-SINGLE RESOURCE-E-100	SINGLE RESOURCE	E-100	E-123
<input type="radio"/> OES-SINGLE RESOURCE-E-200	SINGLE RESOURCE	E-200	E-2605

or

Select if expense claim is not associated with an existing F-42

**STEP 4:** Select the Add Row button in the top right corner to enter a line for each day expenses are being claimed.



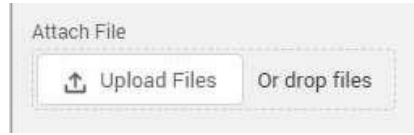
**STEP 5:** Complete the date the purchase was made, the city where the purchase was made, the meal/lodging/miscellaneous costs, and a description.

Date	City	Meals	Lodging	MISC	Description	Total Amount	Action
<input type="text" value="📅"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="🗑️"/>
Sub Totals		\$0.00	\$0.00	\$0.00	Total	\$0.00	

**STEP 6:** Complete the comments field with any additional information.

Comments

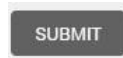
**STEP 7:** Use the upload files button to attach supporting documentation to the expense claim such as receipts, approval, etc.



**STEP 8:** Complete the required fields and sign the form.

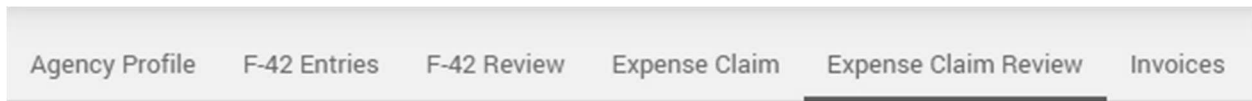
A form section with a light gray background. On the left, there is a large empty rectangular box labeled "\*PLEASE SIGN HERE". To the right of this box, there are three input fields: a date field labeled "\*Date" with a calendar icon, a text field labeled "\*Printed Name" with the placeholder text "Printed Name", and another empty text field below it.

**STEP 9:** Select the Submit button in the bottom right corner.



### ***Expense Claim Review***

The Expense Claim Review tab allows Local Government Fire Agency users to view submitted expense claim reimbursement forms. Primary users will have access to all expense claims and will be able to communicate with Cal OES to provide missing information and further clarification for processing.



**STEP 1:** Select the eye icon under the Action header to view the expense claim submission. The form will appear below the expense claim table.



**STEP 2:** Use the status column to track the progress of an expense claim.

Status	Description
Cal OES Review	Expense claim has been submitted to Cal OES and is awaiting review before being generated into an invoice.
Agency Review	Expense claim has been reviewed by Cal OES and returned to the local agency for additional information or clarification.
Approved	Expense claim has been reviewed and is awaiting invoice generation.
Documentation Only	Expense claim was marked as not reimbursable and will not be generated into an invoice.

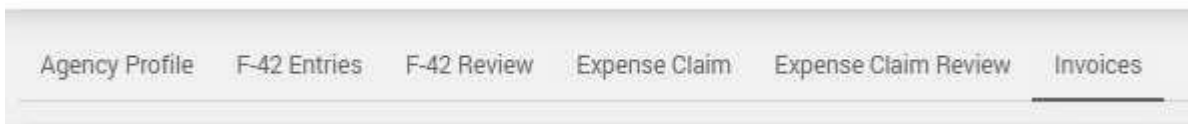
**STEP 3:** Any expense claims in agency review status require additional information from the local agency. To provide the required information, select the eye icon to view the expense claim and scroll to the bottom of the page. View the Comments from Mutual Aid Staff and use the Local Agency Primary User Comments and/or the Upload Files button to provide the requested information. Select the Submit button to send it back to Cal OES.

## Invoices

Primary Users have permission to view and manage CFAA reimbursement invoices that have been generated for their agency.

### Invoices

The Invoices tab allows Local Government Fire Agency users to view, approve, or reject invoices for their agency. Primary users will also be able to track the progress of invoice as they move through the payment process.



**STEP 1:** Select the eye icon under the Action header to view the invoice. The file will open in a separate tab.



**STEP 2:** Select the download icon under the Action header to view the invoice. The file will download onto your device.



**STEP 3:** Select the checkmark icon under the Action header to approve the invoice and send it back for payment. A pop up will appear requiring a signature, name, and title.

A screenshot of a form titled "Invoice For Signature". At the top, there is an "Action" header with four icons: eye, download, checkmark, and 'X'. The checkmark icon is highlighted with a red box. Below the header, the form contains the following information:  
Invoice Number: O-20225007-OES  
Incident: OES Preposition (Mud/Debris)  
Invoice Attachment: [download icon]  
Status: Pending For Local Agency Approval  
Agency: Gov's Office of Emergency Services  
\*Signature of Authorized Agency Personnel: [empty signature box]  
\*Printed Title: [empty text box]  
\*Printed Name: [empty text box]  
At the bottom left is a "Reset" button. At the bottom right are "Cancel" and "Approve" buttons.

**STEP 4:** Select the X icon under the Action header to reject the invoice and send it back for correction. A pop up will appear requiring a comment explaining the needed corrections.

**Action**

Invoice Number O-20225007-OES      Status Pending For Local Agency Approval  
 Incident OES Preposition (Mud/Debris)      Agency Gov's Office of Emergency Services  
 Invoice Attachment

Rejection Document

Attach File

Upload Files    Or drop files

\*Rejection Comments

**STEP 5:** Use the status tables to track the progress of an invoice.

Status	Description
Pending For Local Agency Approval	Invoice has been generated and is awaiting approval or rejection from the local agency.
Local Agency Rejected	Invoice has been rejected by the local agency and is pending review and/or correction by Cal OES.
Local Agency Approved	Invoice has been approved by the local agency and will be sent to the paying entity by Cal OES.
Pending for Paying Entity Approval	Invoice has been sent to the paying entity for review and is pending payment.
Paid	Invoice has been paid.
Documentation Only	Invoice was marked as not reimbursable and will not be paid.