



Washington Military Department

Emergency Management Division



*The Emergency Management Assistance Compact
(EMAC)*



Agenda

1. Introduction
2. EMAC Overview
3. What employee classification is deployable
4. Explain Intergovernmental Agreements (IGA)
5. Request & Mobilization Process
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7. 2023 EMAC R-2 Workbook
8. Incident Time Reports (ITRs) (Fire Packets Only)
9. ICS 214 (All other Deployments)
10. References
11. Questions



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Introductions



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Washington State EMAC Staff

- **Mark Douglas, Logistics Supervisor and State EMAC Coordinator**
- **Greg F. Glinski, Logistics Coordinator and EMAC Designated Contact**



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EMAC Overview

Disclaimer

The reimbursement process and documents described within this presentation are applicable only to missions conducted in support of the Emergency Management Assistance Compact (EMAC).



EMAC Overview Continued

- EMAC is a nationally adopted state-to-state mutual aid compact that facilitates the sharing of resources across state lines during emergencies.
- EMAC became State Law, RCW 38.10, when ratified by the Washington State Congress in 2001.
- All 50 states, Puerto Rico, the U.S. Virgin Islands, Guam, and the District of Columbia have passed the EMAC legislation and are members of the Compact.



What EMAC Does

- Enables state legislation to provide immunity and tort protection
- Enables state legislation to provide for Workers Compensation
- Provides professional license reciprocity

What EMAC Does NOT Do

- Endorse self-deployment
- Replace existing mutual aid agreements
- Hoard/Stockpile/prioritize/allocate resources
- Move resources within the boundaries of the state
- Circumvent State legislation, administrative codes, or policies



Basic Operational Principles

- The member states have the right to restrict the amount of assistance provided or decline to aid.
- Washington resources operating within a Requesting State are afforded the same powers (except arrest, unless specifically authorized), duties, rights, and privileges as afforded the Requesting State's resources.
- Washington resources are under the command and control of their regular leaders.
 - *When deployed the administration of the mission is controlled by and thru the EMD (this includes demobilizing resources or extending resources).*
- Washington resources are under the operational control of the receiving entity.



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Deployable personnel



Deployable Personnel

- Deployable personnel must be “public agencies”, which is defined in RCW 39.34.020(1) as “any agency, political subdivision, or unit of local government of this state including, but not limited to, municipal corporations, quasi municipal corporations, special purpose districts, and local service districts; any agency of the state government; any agency of the United States; any Indian tribe recognized as such by the federal government; and any political subdivision of another state.”
- Tort Liability and death/injury liability is provided for emergency workers pursuant to the immunity protections of RCW 38.52.180(3), (4) and (5).



WA State can only deploy “agents of the State”

- When employees of a jurisdiction are deployed, the employees will be treated as state employees for the duration of the EMAC deployment only and will be entitled to the rights and benefits available to state officers and employees, but not for any other purpose.
- To address the use of political subdivision officers and employees as EMAC resources, a policy decision was made to enter interagency agreements (under the authority of the Interlocal Cooperation Act (ch. 39.34 RCW)) between MIL and political subdivisions in which political subdivision employees are treated as state employees or agents for the limited purpose of deploying the political subdivision employees out of state as state officers or employees.



Key Limitations

RCW 38.10

ARTICLE VIII COMPENSATION

Each party state shall provide for payment of compensation and death benefits to injured members of the emergency forces of that state and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid under this compact, in the same manner and on the same terms as if the injury or death were sustained within their own state.

WA State Mil Dept AAG legal opinion regarding EMAC Article VIII:

Adding private resources under EMAC will be another additional set of risk that the State or MIL do not currently assume.

Current Policy:

This policy decision was justified as: (1) arguably being authorized under the Interlocal Cooperation Act; and (2) the State understood and agreed to assume the EMAC responsibility for paying compensation for injuries/death to political subdivision employees deployed as state employees under EMAC.



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Inter-Governmental Agreement (IGA)



IGA Defined

- Tools used by the state to ensure deployable personnel are “agents of the State” and are authorized to deploy.
- IGAs are made between the non-state agency and the Washington Military Department.
- An IGA facilitates reimbursement of allowable resource costs incurred resulting from an authorized mutual aid deployment in accordance with all applicable EMAC laws, policies, and procedures.



Intergovernmental Agreement (IGA)

Local jurisdictions owning potential resources (equipment or personnel) for deployment under EMAC must first have an IGA on file with EMD. Selection of resources for potential deployment will first be made from the pool of executed IGAs.

In response to a request for assistance, the IGA on file is amended with the same cost estimates as cited in the Mission Readiness Packet provided by the responding jurisdiction.

Note:

The process for drafting and executing an IGA is lengthy and should be completed well in advance of potential deployments.



Intergovernmental Agreement (IGA)

The process to initiate an IGA begins with a request to WA EMD. The Following information is required:

- Jurisdiction/Agency Name
- Street Address:
- City, state, zip + 4
- IGA Contact Person name
- IGA Contact Person phone #
- IGA Contact Person Fax
- IGA Contact Person Email
- Universal Business Identification Number (UBI)
- Name of Person Authorized to sign IGA
- Title of Person Authorized to sign IGA



Intergovernmental Agreement (IGA)

Agreement definitions:

Authorizing Authority: Generally, the person(s) signing this portion heads up the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive office may have been delegated this authority to the Department Chief or others.

Authorized to Sign Contracts/Contract Agreements: The person(s) with this authority should sign in this space. Usually, it is the county commissioner, mayor, executive director, city clerk, etc.

Authorized to Sign Requests for Reimbursement: Often the executive director, city clerk, treasurer, or administrative assistant have this authority. It is advisable to have more than one person authorized to sign reimbursement requests. This will help prevent delays in processing a request if one person is temporarily unavailable.



Intergovernmental Agreement (IGA)

Once EMD has the initial information, a draft base IGA contract will be prepared, it will be sent to the jurisdiction along with the following forms:

- Vendor Payee Direct Deposit Form (OFM 02-2020)
- Debarment Certification Form
- Signature Authorization Form (SAF)
- SWV is completed online if the agency does not have one established

Once all forms have been completed and returned to EMD the contract will be finalized and the executed contract will be sent to the jurisdiction. The contract will be valid for 5 years from the executed date and will allow participation in EMAC/PNEMA mobilization.

Note:

The process can be lengthy, as such, jurisdictions should begin the process far in advance of anticipated EMAC Mobilization.



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Resource Identification and Mobilization Process For All EMAC Responses (Non-Fire/Fire)



Mobilization Process For Non-Fire/Fire Responses

Notification

When Washington State Emergency Management Division receives an EMAC request for assistance Designated Contacts (DCs) will review the request and send the request to EMD partners through a tiered resource ordering process. There are two separate processes, one for wildland fire response and one for all other resource requests.

Non-Wildland Fire Notification:

The request for a typed resource, once vetted will go to the Statewide Incident Management Team Coalition.

The request for a non-typed or all other resources will go to the state then to the local level, SAL (First), Local DEMS (second) to be filled.

Wildland Fire Notification:

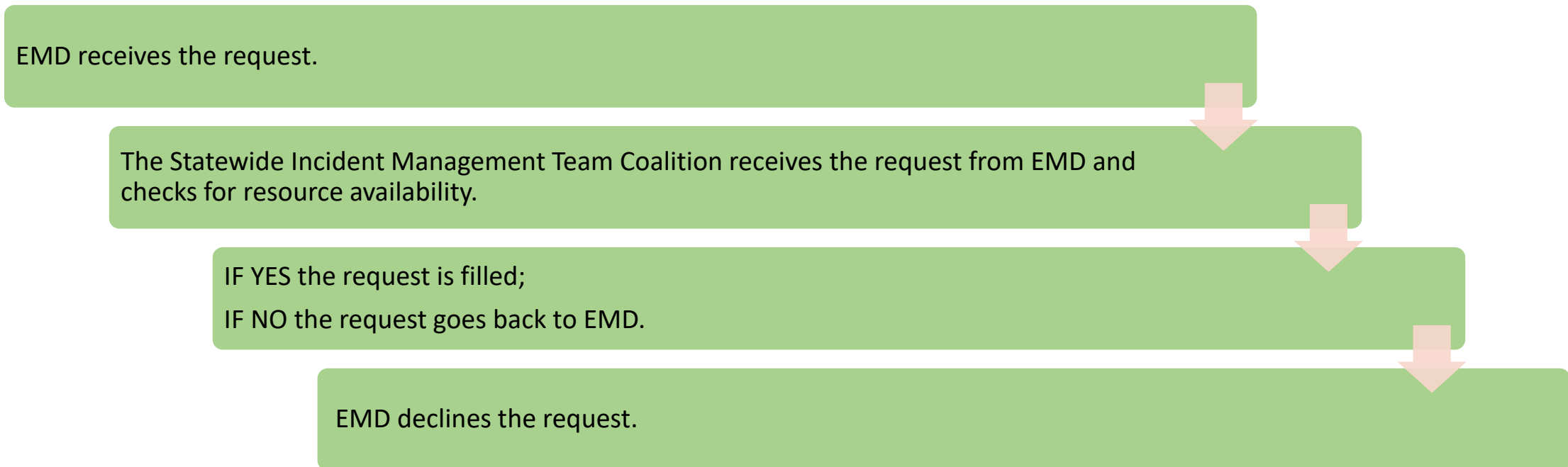
The request for fire response resources will be vetted by EMD. WA EMD will contact the State Fire Defense Committee (FDC), the State Fire Marshal and DNR to determine if anything within WA State would inhibit a response. If a response is decided upon then EMD EMAC DCs will work with the AREP and FDC Regional Coordinators to complete the process.

Resources are not authorized to deploy until given authorization from EMD EMAC Coordinator or DC that an EMAC offer has been authorized.



We use a tiered approach, like the statewide resource ordering process, for fulfilling EMAC resource requests. There is a separate process for typed resources versus non-typed resources.

Typed Resource





Non-Typed Resource

EMD receives the request.

State Agency Liaisons receive the request from EMD and checks for resource availability.

IF YES the request is filled;
IF NO the request is forwarded to Local DEM's. If Local DEMs can't fill order, request is sent back to EMD.

EMD declines the request.



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Offer of Support and Mobilization Process For All EMAC Responses (Non-Fire)

Once a resource provider (Statewide Incident Management Team Coalition, State Agency, Local DEM with valid IGA) has been identified, the State EMAC Designated contact will work with the resource provider to determine financial reimbursement rates through a Mission Ready Package (MRP). Rates and other pertinent information will be compiled in an official offer of support to the requesting state. Upon acceptance of an offer the State EMAC Designated Contact will provide the following:

- Mission Order Authorization (MOA).
- Ensure personnel receive as much time as possible between the notification of the mission and deployment to complete personal business.
- Provide a pre-deployment briefing and deployment checklist.



Offer of Support and Mobilization Process For All EMAC Responses (Fire)

EMD will be in direct contact with the FDC Regional Coordinators to begin working a manifest to offer resources to the requesting state. An MRP workbook will be sent to resource providers to aid in the calculation of estimated costs (used for the IGA Amendment and to develop a offer to the requesting state) and populate the manifests and any Task Force combination of resources.

IGA Amendment:

Upon Completion of the MRP, the IGA amendment for the participating local jurisdiction is finalized and sent to the jurisdiction for signature. Specific instructions for final amendment execution will accompany the document when sent for signatures.

Mission Authorization:

Jurisdictions preparing to assist must remember the amendment attachment is not an authorization to deploy.



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Example of MRP



Mission Ready Packages

An MRP contains everything you need to conduct a mission cost estimate (personnel, equipment, commodities, travel, lodging, meals, and more) identified in a single file with their associated cost. **Req-As are no longer used**

MRP Section breakdown:

MRP Details: Contact information, NIMS, Resource Type, Job Position, qualification, equipment, and timeline.

Travel: Includes meals, airfare, mileage, rental vehicle, lodging, and parking fees.

Personnel: Job Title, regular salary, fringe benefits rates, estimated number of hours and mission days.

Equipment: Equipment by quantity or by rate and number of days used.

Commodities: Items that are consumed during the mission entered by quantity and cost.

Other: Costs not included elsewhere in the MRP such as the shipment of good or uniform laundry fees.

Total Costs Estimate: Total cost estimates per category and the number of personnel assigned to the mission.



2011-500

Assisting State Emergency Management
Mission Reference Number:
Resource Provider Tracking Number:

NOTE: Development of a Mission Ready Package does not guarantee deployment on an EMAC mission through your state emergency management agency (SEMA). Development of the MRP should be coordinated with your SEMA. NIMS Resource Typing is not a requirement for developing an MRP under EMAC as all resources are valuable. All costs are estimated based on current data and should be validated at the time the MRP is requested. Costs may vary from the costs estimated in the MRP or the actual costs incurred during the deployment. Therefore, the MRP should be maintained in an operational state of readiness to facilitate both deployment and reimbursement requirements.

1. MRP Title:

2. Resource Provider / Agency Name:

3. Location:
Address:
City:
State: Zip:

4. Point of Contact:
First Name: Last Name:
Phone: Mobile:
24-hr Phone: Email:

5. NIMS Resource Typing (if applicable):
NIMS Category: Kind: Type:
Components:
Metrics:

6. Identify Emergency Support Functions (ESFs) Supported:

7. Mission Capabilities:

8. Detailed Resource Description:

9. Resource is: Select one:

10. Space and Size Requirements Needed to Carry out Mission:

11. Limiting Factors to the Resource:

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12. Logistical Support Needed During Mission:
Page 2

13. Deployment Timeline:
N+
Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:
14. Travel:
Enter all Travel cost details under "Travel" tab in worksheet.
Total Personal Vehicle Costs: \$ - Total Rental Vehicle Total Costs: \$ -
Total Governmental Vehicle Costs: \$ - Total Air Travel Costs: \$ -
Total Expenses Meals & Tips (Receipts): \$ - Total Meals & Tips (Per Diem): \$ -
Total Lodging: \$ - Total Parking Fees: \$ -
Total Shipment and Transportation Costs: \$ -
Identify any transportation requirements:

15. Personnel:
Enter all personnel cost details under "Personnel" tab in worksheet.
Number of Lines of Data Entered: 0 Total Number of Personnel Assigned to Mission: 0
Total Daily Personnel Costs: \$ - Total Personnel Costs: \$ -
List personnel by Type (if applicable):
Identify the minimum licenses or certifications carried by the personnel on mission:
Requirements for Rotation of Personnel:
16. Equipment:
Enter all Equipment cost details under "Equipment" tab in worksheet.
Number of Fuel Consuming Equipment: 0 Number of Non-Fuel Consuming Equipment: 0
Total Equipment Cost Calculated by Quantity: \$ - Total Equipment Cost Calculated by Rate: \$ -
List all Equipment Requirements:
Identify the Type of Property (Expendable, Accountable, or Sensitive):

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Identify any maintenance and rehabilitation requirements needed for this equipment:
Page 4

17. Commodities:
Enter all Commodities cost details under "Commodities" tab in worksheet.
Lines of Commodity Data Entered: 0 Total Costs of Commodities: \$ -
18. Other:
Enter all Other cost details under "Other" tab in worksheet.
Lines of Other Data Entered: 0
Total Other Cost Calculated by Quantity: \$ - Total Other Cost Calculated by Rate: \$ -
19. ESTIMATED DAILY COSTS ARE GENERATED BELOW. THESE ARE ONLY APPROXIMATIONS FOR DAILY COSTS AND MAY NOT ACCURATELY REFLECT TRUE DAILY COSTS.
Personnel: Equipment: Commodities: Other:
\$ - \$ - \$ - \$ -
ESTIMATED AVERAGE DAILY COSTS WITHOUT TRAVEL, EQUIPMENT (by daily rate), & OTHER (by daily rate):
Enter total number of estimated mission days:
Travel (costs that are fixed and are not calculated by a daily rate): #DIV/0!
Equipment (costs fixed by quantity & not calculated by a daily rate): #DIV/0!
Other (costs fixed by quantity & not calculated by a daily rate): #DIV/0!
ESTIMATED AVERAGE DAILY COST WITH TRAVEL, EQUIPMENT, OTHER (from above): #DIV/0!
20. TOTAL MISSION READY PACKAGE ESTIMATED COSTS:
Travel: Personnel: Equipment: Commodities: Other:
\$ - \$ - \$ - \$ - \$ -
ESTIMATED TOTAL MISSION COST: \$ -

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Note: When the MRP is opened, administrative information will go into the MRP first, then the rest of the workbook will be completed (i.e. Travel, personnel, equipment, commodities, and other) will auto-calculate onto the first tab.



MRP – Travel Tab

Assisting State Emergency Management Mission Reference Number:		0					
Resource Provider Tracking Number:		0					
Total Travel Costs:		\$ -					
Enter Detailed Travel Costs Below:							
Personal Vehicle:							
Personal vehicle rates are calculated by the mileage rates available at www.gsa.gov. Mileage rate includes fuel & wear/tear on vehicle.							
	Mileage	Mileage on Mission Site	Return Mileage	Rate Per Mile	Total:		
					\$ -		
Rental Vehicle:							
Rental vehicle fee includes the rental rate and fuel.							
Vehicle Rental	Insurance (optional)	Total Purchase Cost for Fuel (must submit receipts for reimbursement)			Total:		
					\$ -		
Governmental Vehicle Costs:							
Governmental vehicle costs are for only fuel. Costs for wear/tear on vehicle should be expensed under "Equipment".							
Total Purchase Cost for Fuel (must submit receipts for reimbursement)		Total:					
		\$ -					
Total Air Travel:							
Price of air ticket includes cost to and from mission site.		Cost for Air Travel Ticket(s):	Additional Fee Not Included in the Ticket Purchase Price	Total:			
				\$ -			
Meals/Tips:							
Total Meal Expense:		Total Meal Expense plus tips (must submit receipts for reimbursement)			Total Actual Meals/Tips		
					\$ -		
While traveling to and from or while on a mission, per diem rates may change. Use a different box to note changes in per diem rates. If more per diem rate boxes are needed, please contact NEMA.	Daily Per Diem Rate:	Per Diem Rate	# of Days @ Rate	# of Personnel	Meals/Tips at Per Diem Rate	\$ -	
					\$ -		
	Daily Per Diem Rate:	Per Diem Rate	# of Days @ Rate	# of Personnel	Meals/Tips at Per Diem Rate		\$ -
					\$ -		
	Daily Per Diem Rate:	Per Diem Rate	# of Days @ Rate	# of Personnel	Meals/Tips at Per Diem Rate		\$ -
					\$ -		
	Daily Per Diem Rate:	Per Diem Rate	# of Days @ Rate	# of Personnel	Meals/Tips at Per Diem Rate		\$ -
				\$ -			

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Lodging						
Lodging can be input at per diem or actual costs.	Lodging	Lodging Rate	# of Nights @ Rate	# of Rooms	Total Per Day	Total Lodging
					\$ -	\$ -
	Lodging	Lodging Rate	# of Nights @ Rate	# of Rooms	Total Per Day	Total Lodging
					\$ -	\$ -
	Lodging	Lodging Rate	# of Nights @ Rate	# of Rooms	Total Per Day	Total Lodging
					\$ -	\$ -
	Lodging	Lodging Rate	# of Nights @ Rate	# of Rooms	Total Per Day	Total Lodging
					\$ -	\$ -
Total Lodging Per Day:		\$ -	Total Lodging per Mission:		\$ -	\$ -
Parking Fees						
Parking may include hotel, airport, or lot fees.		Total Parking Expenses				Total Parking Fees
						\$ -
Shipment & Transportation Costs for Equipment, Commodities, & Supplies						
Costs for shipping and transporting equipment, commodities, and supplies to and from the mission site.		Equipment	Commodities	Supplies	Total Shipping & Transportation Costs	
					\$ -	
Notes/Comments:						

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MRP- Equipment Tab

Assisting State Emergency Management Mission Reference Number:		0					
Resource Provider Tracking Number:		0					
<p>Equipment is nonexpendable resources. It is expected that equipment used during a mission is the property of the mission provider. Equipment purchased to conduct the mission is the property of the Requesting State and must be left with the state emergency management agency at time of demobilization unless reimbursement for the newly purchased equipment is not requested. Equipment should be fully accounted for both during the mission and when returned home. Costs to decontaminate or restore equipment to pre-mission condition should be included under the "Other" tab within this worksheet. Damaged or destroyed equipment must be documented. Costs for deductibles or items not covered by insurance must be documented and included in the reimbursement package. Rental equipment should be entered under the "Other" tab of this worksheet.</p>							
Total Equipment Calculated by Quantity:		\$ -	Total Equipment Calculated by Rate:	\$ -			
Lines of Equipment Entered:	0	# of Fuel Consuming Equipment:	# of Non-Fuel Consuming Equipment:				
Equipment Costs:							
Equipment Description:	Priced by Quantity			Priced by Equipment Rate			
	Cost Per Item	Quantity	Total Costs	Rate Per Day	Quantity	# of Days Used	Total Cost:
1			\$ -				\$ -
2			\$ -				\$ -
3			\$ -				\$ -
4			\$ -				\$ -
5			\$ -				\$ -
6			\$ -				\$ -
7			\$ -				\$ -
8			\$ -				\$ -
9			\$ -				\$ -
10			\$ -				\$ -
11			\$ -				\$ -
12			\$ -				\$ -
13			\$ -				\$ -
14			\$ -				\$ -

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MRP – Commodities Tab

Assisting State Emergency Management Mission Reference Number:		0	
Resource Provider Tracking Number:		0	
Commodities are expendable (or consumable) resources such as office supplies, sundries, water, ice, snacks, fuel, and other one-time use items. All receipts for commodities must be submitted at the time of reimbursement and must be directly related to the mission.			
Lines of Commodity Data Entered:	0	Total Commodity Costs for Mission Calculated by Quantity:	\$ -
Commodity Costs:			
	Commodity Description:	Priced by Quantity	
		Cost Per Item	Quantity
Total Mission Costs			
1			\$ -
2			\$ -
3			\$ -
4			\$ -
5			\$ -
6			\$ -
7			\$ -
8			\$ -
9			\$ -
10			\$ -
11			\$ -
12			\$ -
13			\$ -
14			\$ -
15			\$ -
16			\$ -
17			\$ -
18			\$ -
19			\$ -
20			\$ -
21			\$ -
22			\$ -
23			\$ -
24			\$ -
25			\$ -



MRP – Other Tab

Assisting State Emergency Management Mission Reference Number:		0					
Resource Provider Tracking Number:		0					
Other costs includes anything that would not fall under equipment (non-expendable resource) and commodity (expendable resource). Examples may include mobile phone fees, laundry costs, decontamination, vaccination costs, equipment rental costs, and any other cost not specified elsewhere within the worksheet.							
Lines of Other Data Entered:	0	Total Other Costs Calculated by Quantity:	\$ -	Total Other Costs Calculated by Rate:	\$ -		
Other Costs:							
Other Description:	Priced by Quantity			Priced by Rate			
	Cost Per Item	Quantity	Total Mission Costs	Rate Per Day	Quantity	# of Days Used	Total Cost:
1			\$ -				\$ -
2			\$ -				\$ -
3			\$ -				\$ -
4			\$ -				\$ -
5			\$ -				\$ -
6			\$ -				\$ -
7			\$ -				\$ -
8			\$ -				\$ -
9			\$ -				\$ -
10			\$ -				\$ -
11			\$ -				\$ -
12			\$ -				\$ -
13			\$ -				\$ -
14			\$ -				\$ -
15			\$ -				\$ -
16			\$ -				\$ -

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R-2 Workbook



Reimbursement Process

Paperwork Submission for reimbursement:


- Copy of the IGA Amendment/ RSA (Completed).
- EMAC R-2 workbook (Updated - 2023 version).
- IGA amendment signed and returned to EMD (If applicable).
- All supporting documents; i.e. payroll report, airfare proof, rental car receipt, fringe benefits report, GSA rate, lodging receipt, and other receipts/ supporting documents as deemed needed per mission/ deployment, to include the State Chief's equipment rate and internal policies.
- Reimbursements need to be submitted to EMD for processing within 45 days of mission completion.
- Failure to provide or submit reimbursement packet/supporting documentation will result in a significant delay in the reimbursement process or denial of pay based off contract deadline.

NOTE: Failure to submit reimbursement packet with in the 45-day window may alter the availability to receive a reimbursement and is a breach of contract of the resource provider's behalf. Please adhere to all tools provided on WA EMD Website.



R-2 EMAC Reimbursement Workbook – Summary Tab

- The "EMAC R2" tab contains the Emergency Management Assistance Compact (EMAC) Intrastate Reimbursement Form (R-2). This form is used as an invoice to summarize the reimbursement packet.



EMAC
Emergency Management Assistance Compact

**Emergency Management Assistance Compact (EMAC)
Intrastate Reimbursement Summary Form R-2**

Event: _____

Requesting State/Province: _____ Date Submitted: _____

Resource Provider: _____

Resource Provider / Vendor Num: _____

State Mission Number: _____ EMAC Mission Number: _____

Copies of all source documentation to support expenses in this claim are attached (please select): _____

Personnel Costs					
Total Regular Hours	\$	-	Total Regular Fringe	\$	-
Total Overtime Hours	\$	-	Total Overtime Fringe	\$	-
Total Backfill Hours	\$	-	Total Backfill Fringe	\$	-
Total Holiday Pay Hours	\$	-	Total Holiday Pay Fringe	\$	-
Total Compensatory Hours	\$	-	Total Compensatory Fringe	\$	-
			Total Personnel Costs	\$	-
Travel Costs					
Meals: Per Diem	\$	-	Meals: Receipt	\$	-
Air Travel	\$	-	Airfare Baggage and Fees	\$	-
Lodging	\$	-	Parking/Tolls	\$	-
POV/GOV/Rental	\$	-	POV/GOV/Mileage and Fuel	\$	-
			Total Travel Costs	\$	-
Equipment Costs					
Equipment by Rate	\$	-	Equipment Repair/Replacem	\$	-
			Total Equipment Costs	\$	-
Commodity Costs					
			Total Commodity	\$	-
			Total Commodity Costs	\$	-
Other Costs					
Other by Rate	\$	-	Other by Quantity	\$	-
			Total Other Costs	\$	-
Total Reimbursement				\$	-
Total Donated				\$	-

Comments: _____

REIMBURSEMENT PACKAGE CERTIFICATION

By signing below, you the authorized official of the Resource Provider, certifies that the totals for each category/claim represents the actual costs expended in performance of the requested services identified in the RSA/Mission Order and that all expenditures were made in accordance with the Resource Provider's pre-existing policies. You also certify that all accompanying support to the claim is source documentation and shall be considered accurate and complete.

Certified and Authorized By: _____

Print Name	Title	Date
Signature		

v 10/23/21



R-2 EMAC Reimbursement Workbook – Personnel Tab

Total					Date and Hours/Days Worked																															
Hour/Day	Time Curt	Benefit Curt	Benefit %	Total Curt	First Name	Last Name	Job Title	Employee Status	Overtime	Type	Time Description	Hourly/Daily Rate \$	Benefit Rate \$	1/10/00	1/11/00	1/12/00	1/13/00	1/14/00	1/15/00	1/16/00	1/17/00	1/18/00	1/19/00	1/20/00	1/21/00	1/22/00	1/23/00	1/24/00	1/25/00	1/26/00	1/27/00	1/28/00	1/29/00	1/30/00		
0.00	\$ -	\$ -	%00%	\$ -																																
0.00	\$ -	\$ -	%00%	\$ -																																
0.00	\$ -	\$ -	%00%	\$ -																																
0.00	\$ -	\$ -	%00%	\$ -																																
0.00	\$ -	\$ -	%00%	\$ -																																

Regular, Overtime, and Fringe

- Entry of all personnel salary and fringe benefits on the EMAC Intrastate Reimbursement Summary Form R-2 that aligns with source documentation from timekeeping systems, pay stubs, etc. Proof of payment: Payroll register or report from the financial system (or pay stubs if the Resource Provider does not have a payroll system). Copy of timesheets documenting hours being claimed. Copy of labor policy or collective bargaining agreement section that substantiates the rates of pay and eligibility of expenses. The policy must be in effect prior to the deployment and must note the jurisdiction name and effective date.

Backfill (only eligible if backfill was on the executed RSA)

- Entry of backfill personnel costs into the EMAC Intrastate Reimbursement Summary.
- Form R-2 that aligns with source documentation from timekeeping systems, paystubs, etc. Proof of payment: Payroll register or report from the financial system (or pay stubs if the Resource Provider does not have a payroll system). Copy of timesheets documenting hours being claimed. Copy of labor policy or collective bargaining agreement section that substantiates the rates of pay and eligibility of expenses. The policy must be in effect prior to the deployment and must note the jurisdiction name and effective date.



R-2 EMAC Reimbursement Workbook – Benefits Tab (If Applicable)

Enter in the below cells the benefit type or description

Last Name	Type	Hourly Rate (Reg or OT)	Medicare	Social Security	Workers' Compensation	Retirement	Holiday	Vacation	Sick	Health Insurance	Life Insurance	Uniform Allowance	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	<Enter Benefit Descip.>	Comments	

- **Retirement Plan** - please select the appropriate retirement plan from the drop-down menu (LEOFF, PERS 1, PERS 2, PERS 3, PSES or none). Please contact your department finance or review the departmental policies to determine which is appropriate for each employee. *Documentation Needed: Please provide a copy of the employee pay stub or similar finance report which shows this employer benefit for the period of the mobilization.*
- **Social Security Eligible** - please select "Yes" or "No" from the drop-down menu. Please contact your department finance or review departmental policies to determine which is appropriate for each employee. *Documentation Needed: Please provide a copy of the employee pay stub or similar finance report which shows this employer benefit for the period of the mobilization.*
- **Medicare Eligible** - please select "Yes" or "No" from the drop-down menu. Please contact your department finance or review departmental policies to determine which is appropriate for each employee. *Documentation Needed: Please provide a copy of the employee pay stub or similar finance report which shows this employer benefit for the period of the mobilization.*
- **Base Hourly Rate (Regular)** please input the base hourly rate (regular) for the employee here. *Documentation Needed: Please provide documentation showing regular hourly rate. Pay stub will be sufficient if it clearly shows base hourly rate. If employee is a salary employee and base hourly rate (regular) is determined by a set number of hours per month/year, please provide a copy of the departmental policy or collective bargaining agreement which shows how this is determined.*
- **Base Hourly Rate (Holiday)** If being claimed for reimbursement please input the holiday hourly rate for the employee here. If reimbursement does not include any holiday pay (separate from regular, or overtime) please leave blank. *Documentation Needed: Please provide documentation showing holiday rate. Pay stub will be sufficient if it clearly shows holiday rates. If holiday rates are being claimed for any period of the mobilization, please provide a copy of the departmental policy which describes holiday pay.*



R-2 EMAC Reimbursement Workbook – Benefits Tab (If Applicable) Continued

Enter in the below cells the benefit type or description

Last Name	Type	Hourly Rate (Reg. or OT)	Medicare	Social Security	Workers' Compensation	Retirement	Holiday	Vacation	Sick	Health	Life Insurance	Uniform Allowance	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	<Enter Benefit Descrip.>	Comments		

- **Base Hourly Rate (Overtime)** please input the overtime hourly rate for the employee here. *Documentation Needed: Please provide documentation showing overtime rate. Pay stub will be sufficient if it clearly shows holiday rate.*
- **Base Hourly Rate (Comp Time)** If being claimed for reimbursement please input the comp time hourly rate for the employee here. If reimbursement does not include any comp time pay (separate from regular, or overtime) please leave blank. *Documentation Needed: Please provide documentation showing how the comp time rate is determined. Pay stub will be sufficient if it clearly shows comp time rate. If comp time rates are being claimed for any period of the mobilization, please provide a copy of the departmental policy which describes comp time pay.*
- **Social Security** - the ITR and BF-ITR form will automatically calculate the social security benefit (employer contribution) per hour at a rate of 6.2% if applicable. *Pay stub will be sufficient if it clearly shows social security. Documentation must show employer provided benefits in order to be reimbursed.*
- **Medicare** - the ITR and BF-ITR form will automatically calculate Medicare benefit (employer contribution) per hour at a rate of 1.45% if applicable. *Documentation Needed: Please provide documentation showing department paid Medicare entitlement on behalf of employee. Pay stub will be sufficient if it clearly shows Medicare. Documentation must show employer provided benefits in order to be reimbursed.*
- **Medical/Dental** - please enter in the hourly benefit for Medical/Dental (employer contribution). If Employee is not eligible for medical/dental, please leave blank. Normally Medical/Dental entitlement is provided by employer for Regular Hours only and not overtime. Please contact the WA EMD Logistics section if there are specific circumstances where this applies differently for a specific employee. *Documentation Needed: Please provide documentation showing medical/dental entitlements were paid by employer. Pay stub will be sufficient if it clearly shows Medical/Dental entitlement paid by employer.*



R-2 EMAC Reimbursement Workbook – Meals Per Diem continued

When claiming reimbursement for meals, the departments/agencies should have their own internal policy on mealtime breakdown for reimbursement claims. If your department or agency does not have a meal per diem policy. Departments/agencies are authorized to use Washington State EMD policy pertaining to the SAAM breakdown below when claiming meal reimbursement.

- Incidental expenses at the current approved rate are not authorized unless the entire day is in travel status or working outside of the state and all three meals are paid that day.
- Personnel must be in travel status or on shift out-of-state during the entire meal hours, as follows, to be eligible for reimbursement:
- Breakfast: 6:30 am – 8:00 am
- Lunch: 11:00 am – 1:00 pm
- Dinner: 5:00 pm – 6:30 pm
- **Documentation Needed: For mobilized employees who are being compensated for a straight per diem rate, please provide a copy of the employee pay stub showing per diem was paid, or other documentation such as a check, warrant or departmental pay register showing the per diem was paid directly to the employee.**



R-2 EMAC Reimbursement Workbook – Meals Receipt

Amount	Vendor Name	First Name	Last Name	Date	Meal

- **Reimbursement based on Receipts** - The department can claim direct reimbursement of meal costs up to the GSA limit (and in accordance with the guidance above). Entry of all receipts being claimed with vendor, name of personnel, date, and amount on the “Meals Receipt” worksheet on the EMAC Intrastate Reimbursement Summary Form R-2.
- Itemized receipts that show the vendor’s name, date, location, items purchased, and payment method.
- Travel policy which identifies meals by receipt and reasonableness of the purchase of meals.
- Proof of reimbursement by the Resource Provider to the Deployed Personnel (only when the purchase of the meals (by receipt) is made by the Deployed Personnel).



R-2 EMAC Workbook – Air Travel

Total	Airline Name	First Name	Last Name	Flight Out Date	Return Flight Date	Airfare	Baggage Fees	Airline Fees	Explanation of any Airline Fees
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									
\$ -									

- Entry of all airfare being claimed with airline name, name of personnel, date, and amount, baggage feeds, and airline fees on the “Air Travel” worksheet on the EMAC Intrastate Reimbursement Summary Form R-2.
- Airline receipt or paid invoice showing name of traveler, dates of travel, destination(s), itemization of costs, and confirmation of payment.
- Proof of reimbursement by the Resource Provider to the Deployed Personnel (only when the purchase of the ticket is made by the Deployed Personnel).
- Flights to and from the mission area are reimbursable. You or your employer shall make every attempt to secure the lowest available rate. Baggage fees shall be included with the cost of airfare. You will not request reimbursement for airfare when paid by the Requesting State on your behalf. Transportation to/from airport (POV or shuttle) will be listed under the rental category.
- (Does not normally apply to Fire Service related EMAC reimbursements).



R-2 EMAC Workbook - Lodging

Total Lodging	Hotel Name	First Name	Last Name	12/31/19	1/1/20	1/2/20	1/3/20	1/4/20	1/5/20	1/6/20	1/7/20	1/8/20	1/9/20	1/10/20	1/11/20	1/12/20	1/13/20	1/14/20
\$ -																		
\$ -																		
\$ -																		
\$ -																		
\$ -																		
\$ -																		
\$ -																		
\$ -																		
\$ -																		

- Entry of all lodging being claimed with hotel name, name of personnel, dates, and amount on the “Lodging” worksheet on the EMAC Intrastate Reimbursement Summary Form R-2.
- Receipt of paid invoice from vendor showing dates of stay, charges, name of guest, and zero balance due.
- Proof of reimbursement by the Resource Provider to the Deployed Personnel (only when the lodging is paid by the Deployed Personnel).
- The department can claim direct reimbursement of lodging costs up to the GSA limit for location. If local lodging rates at the time of the incident exceed the GSA limit for location authorization from WA EMD is required prior to exceeding GSA rates.



R-2 EMAC Workbook – Equipment Repair & Replace

Total Cost to Repair/Replace Equipment	Equipment Description Indicate make, model & year, fleet number, size, capacity, horsepower, etc.	Justification of Claim Briefly describe the event that led to equipment damages	Repair or Replacement	Book Value of Equipment	Cost of Repairs or Replacement	Insurance Proceeds Less Deductible
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						

- Reasonable costs to repair or restore damaged equipment to its pre-deployment condition or replace destroyed equipment.
- It is incumbent upon the Resource Provider to demonstrate the damage occurred within the mission dates and that the damage is mission related (through reporting of the damages to the state, territory, or district EMA, images, affidavits, email, etc.). Damages that are not reported within a reasonable timeframe may not be allowed.
- It is recommended the RSA be amended to include damaged or destroyed equipment.
- If an insurance claim is filed, the deductible would be eligible for reimbursement.

Documentation:

• Equipment Repair

- Photographs documenting equipment damage, Written explanation on how the equipment was damaged (e.g., affidavits or police reports) Copy of insurance claim, if applicable, and Repair receipt.
- Maintenance records showing the equipment was in good operational condition prior to the deployment.
- Depreciation schedule for the equipment showing the book value, useful life, salvage value, and accumulated depreciation.



R-2 EMAC Workbook - Vehicle

Mileage Total	Rental Cost (\$)	Fuel (only if not claiming mileage)	Operator First Name	Operator Last Name	Vehicle Vendor	Vehicle Description	Type of Transportation	Date	Mileage	Rate
\$ -										
\$ -										
\$ -										
\$ -										
\$ -										
\$ -										
\$ -										
\$ -										
\$ -										
\$ -										

- (Does not normally apply to Fire Service related EMAC reimbursements) You may be need to rent a vehicle as indicated in the Resource Support Agreement (RSA) or in a justifiable emergency. The cost of the rental, insurance coverage, fuel, etc. is reimbursable. please enter on the day or days when the bill was paid (if paid in advance of mission start date, please include on the first day).
- Please provide a copy of the receipt (the reservation will not be sufficient as the final bill may include fuel and other incidentals which are not depicted on the reservation). If paid by department or organizational credit card please provide both the credit card statement showing the charge as well as proof that the charge has been paid (in the form of check, warrant or subsequent credit card bill showing a zero balance on the statement). If paid by personal credit card, please provide a copy of the check or warrant to the deployed employee in which they were reimbursed for the charge.



R-2 EMAC Workbook – Equipment Rate

Total Hours	Equipment Rate	Total Cost for Equipment by Rate	Operator	Operator	Equipment Description <small>Indicate make & model, fleet number, size, capacity, horsepower, etc.</small>	Rate Type (state, jurisdiction, FEMA)	FEMA Equip. Code #	6/1/21	6/2/21	6/3/21	6/4/21	6/5/21	6/6/21	6/7/21	6/8/21	6/9/21	6/10/21	
			First Name	Last Name														
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																
0.00		\$ -																

- For Fire packets only, Fire Departments use the “**Wet Rate**” for equipment usage during their activation/deployment.
- Daily equipment logs showing the name of the operator(s), equipment description, dates, and hours of use per day.
- The actual cost of fuel and maintenance incurred during the mission or the cost of using the equipment based on an equipment usage rate, are eligible (**Non-Fire Packets**).
- Equipment rates can be those established under the Resource Provider’s own guidelines, Assisting State guidelines, or FEMA’s *Schedule of Equipment Rates*. See section on the reasonableness of rates when using jurisdictional policies (these must be approved prior to deploying).

Documentation:

- Daily equipment logs showing the name of the operator(s), equipment description, dates, and hours of use per day
- Documentation demonstrating the equipment rate (unless using the FEMA equipment rate)



R-2 EMAC Workbook – Parking & Tolls

Total Parking & Tolls	First Name	Last Name	Date	Parking Fees	Toll Fees
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					

- Entry of all parking and tolls being claimed with name, date, parking fee or toll fee on the “Parking & Tolls” worksheet on the EMAC Intrastate Reimbursement Summary Form R-2
- Receipts with date, location, and amount paid
- If for parking a justification on why it was mission essential may be required.



R-2 EMAC Workbook – Other Rate

Total Cost for Other by Rate	Other Description	Established Rate	Dates & Rate	
			Rate	# of Days @ Rate
\$ -				
\$ -				
\$ -				
\$ -				
\$ -				
\$ -				
\$ -				
\$ -				
\$ -				

Eligible Costs:

Non-equipment costs such as service charges that are billed by rate.

Examples of other by rate includes, **but is not limited to**, the following:

- Deployed Personnel government issued cell phone, Satellite phone usage, Hotspot usage, and GPS service.

Documentation:

Receipt that establishes the rate

Ineligible Costs:

- Replacement of non-equipment (cell phone)

Note: This will only apply if it is a part of the mission and in the RSA prior/ before the response/approval.



R-2 EMAC Workbook – Other Quantity

Total Cost on Receipt	Date	Vendor Name	Other Description

Eligible Costs:

Non-equipment costs that are billed by receipt or invoice.

Examples of other by quantity includes, **but is not limited to**, the following:

- Laundry , Transportation of equipment and supplies, Costs for the decontamination of equipment, and Replacement or repair of non-equipment (mobile phone)

Documentation:

- Receipts or paid invoices and Written explanation describing the reasoning for the repair/replacement

Ineligible Costs:

- Damage or replacement of personal property



Washington Military Department

Emergency Management Division



Example of ITR Hours and Comments



Individual Time Records

The Individual Time Record (ITR) form is used to document mobilized personnel time and rates for reimbursement. Please use only one table per employee. These tabs can be to "ITR-Employee Last Name. There are a total of 60 tabs for mobilized personnel and 60 Backfill tabs for personnel that cover those mobilized and deployed from their home station. Only 4 in each section will be displayed at a time in the ITR Workbook. If more is needed, right click on the ITR tabs and unhide the ones you need. Please leave the unused tabs in place and EMD will remove them from the completed packet.

Note: All time should be entered in military format, i.e. 16:00. You must use a colon. For a midnight end of day, enter 24:00. For midnight start of day, enter 00:00. In both cases, the form will read 00:00. Hours under regular, holiday, overtime, comp time, or backfill should be recorded in quarter hour increments, i.e., 15 minutes.

Backfill Employee name (if applicable) - If your department or organization has procedures in place for backfilling mobilized personnel, then enter the names of all personnel who are being reimbursed for backfill on the right. If your department is not claiming backfill, please leave blank.

Mobilized or Backfill - on the ITR tabs (blue) this should already be selected to show "Mobilized", if not, please select "Mobilized" on the drop-down menu.

Note: At the bottom of the ITR, there is a note section to identify backfill dates, by who, kelly days, vacation days, etc (See example provide).



Hours Worked at Incident and Hours Scheduled to Work at Home Unit									
Date	Start	End	Total Hours	Regular	Holiday	O/T	Comp	On/Off Shift?	Backfill
5/1/21	8:00	0:00	16.00	16				On Shift	
5/2/21	0:00	8:00	8.00	8				On Shift	

Hours Worked at Incident and Hours Scheduled to Work at Home Unit									
Date	Start	End	Total Hours	Regular	Holiday	O/T	Comp	On/Off Shift?	Backfill
5/1/21	8:00	0:00	16.00					On Shift	16
5/2/21	0:00	8:00	8.00					On Shift	8

Comments:

On Shift indicates workdays that were scheduled prior to deployment (reimburse at regular pay or backfilled).

Off Shift indicates regular days off, vacation days, Kelly days, shift trade off days that were scheduled prior to deployment (Reimbursed as OT).

*Please use sperate lines for REG and OT when it occurs on same day.

Ex. Smith, Jones (A Shift) was previously scheduled on 5/1, 5/4, 5/7, and 5/9. He was backfilled on 5/1 and 5/4 by Anderson and on 5/7 by Jones. On 5/9, he had a vacation day and was compensated at an OT rate.

Shift premium is calculated as follows: 1.1% longevity pay and 2.2% education incentive as per attached departmental policy.



Washington Military Department

Emergency Management Division



Example of ICS 214



ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period: Date From:		Date To:
		Time From:		Time To:
3. Name:		4. ICS Position:	5. Home Agency (and Unit):	
6. Resources Assigned:				
Name		ICS Position	Home Agency (and Unit)	
7. Activity Log:				
Date/Time	Notable Activities			

- We are using the ICS 214 on all deployments (minus fire as the ITR takes the place).
- Account for time, location of duty, duty assignment, hours worked, and to align with AHIMT best practices.



Guide/ Handouts

- **EMAC R-2 Intrastate Reimbursement Package Job Aid with Checklists, v. 1.0, July 2023, National Emergency Management Association (NEMA)**
- **EMAC Operations Manual; May 2023**
- **Washington State Wage & Equipment Rate Guide 2023**
- **EMAC Guide to eligible Expenses and Source Documentation; June 2023**
- **Fringe Benefits Explained Job Aid; October 2021**

Reference

- **RCW 38.10.010 – Emergency Management Assistance Compact**
- **RCW 39.34.020 – Interlocal Cooperation Act**
- **RCW 38.52.180 – Emergency Management**



Washington Military Department

Emergency Management Division



Questions/Comments