



# STATE OF NEVADA MEETING NOTICE AND AGENDA NEVADA INTRASTATE MUTUAL AID COMMITTEE

**Name of Organization:** Nevada Intrastate Mutual Aid Committee

**Date and Time of Meeting:** December 15, 2021 at 2:00 p.m.

**Place of Meeting:** There will be no physical location for this meeting. The meeting can be listened to, or viewed live, over the Internet through the Nevada Division of Emergency Management YouTube channel at:  
<https://www.youtube.com/channel/UCFGa6exzrZdlgA6PP55kfgg>

**Conference Line:** Conference line #: (669) 219-2599  
Meeting ID# 686 738 8625

When prompted for Participant ID, please press #

Current Voting Membership			
Name	Organization	Name	Organization
Mike Allen	Humboldt County Sheriff	Kerry Lee	Lincoln County Sheriff's Office
Ron Bollier	NV Div. of Forestry	Bill Murwin	NHO—Northern Command
Tod Carlini	East Fork Fire Prot. Dist. Chief	Don Pelt	Pyramid Lake Paiute Tribe
Brett Compston	NV National Guard	Deb Pierce	Civil Air Patrol
Kelly Echeverria	Washoe County Emergency Manager	Ken Quiner	Washoe Tribe of NV and CA
Jeanne Freeman	CC Health and Human Services	Billy Samuels	Clark Co. Fire Dept-Deputy Chief
Heidemann	Churchill County	Jerome Tushbant	CC Sheriffs Dept
Sam Hicks	Truckee Meadows Fire Prot. Dist	James Walker	NV Dept of Transportation
Jeremy Hynds	City of Henderson	Mike Wilson	Clark County School District



# STATE OF NEVADA MEETING NOTICE AND AGENDA NEVADA INTRASTATE MUTUAL AID COMMITTEE

This meeting will be video or teleconferenced as specified beginning at 2:00 p.m. The Intrastate Mutual Aid Committee (Committee) may act on items marked "For Possible Action." Items may be taken out of the order presented on the agenda at the discretion of the Chair. Items may be combined for consideration by the Committee at the discretion of the Chair. Items may be pulled or removed from the agenda at any time.

**Please Note:** Witnesses wishing to have their complete testimony/handouts included in the permanent record of this meeting should provide a written or electronic copy to the Committee's administrative support staff. Minutes of the meeting are produced in a summary format and are not verbatim.

1. **CALL TO ORDER AND ROLL CALL** – Chair, David Fogerson.
2. **PUBLIC COMMENT**– (Discussion Only) – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to 3 minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.

To provide testimony during this period of public comment via telephone, please call in any time after 1:30 p.m. on the day of the meeting by dialing (669) 219-2599. When prompted to provide the Meeting ID, please enter 686 738 8625 and then press #. When asked to provide public comment, please press \*6 to unmute your phone and \*6 again when your comments are complete.

**Please be advised that the YouTube stream will be between 60-90 seconds behind the live meeting. If you would like to present public comment, please call in using the above number to hear the meeting live.**

3. **APPROVAL OF MINUTES** – (Discussion/For Possible Action) – Chair, David Fogerson. The Committee will discuss and review the minutes of the March 29, 2021, Committee meeting. The Committee may vote to amend and approve or approve the minutes as provided.
4. **INTRODUCTION OF NEW IMAC MEMBERS** – (Discussion Only) – Chair, David Fogerson. New Committee members are, Ken Quiner--Washoe Tribe of Nevada and California Emergency Manager, Rodney Wright—Division of Emergency Management Search and Rescue, and Kelly Echeverria--Emergency Manager for Washoe County.
5. **APPROVAL OF IMAC BYLAWS**- (Discussion/For Possible Action) – Chair, David Fogerson. The Committee will discuss and review the minutes of the March 29, 2021 meeting. The Committee may vote to amend and approve the minutes provided.

6. **REVIEW OF INTRASTATE MUTUAL AID SYSTEM (IMAS) POLICIES AND PROCEDURES GUIDE** - (Discussion Only) – Eric Wilson will lead a review of the policies and procedures for IMAS. The Committee will review and discuss the IMAS policies and procedures for possible adoption at the next meeting.
7. **PRESENTATION ON REAL WORLD EVENTS** - (Discussion Only) – Lanita Magee. The Committee will discuss real world incidents and events occurring from April 2021 through October 2021 for which DEM/HS deployed resources to assist local jurisdictions to include the Caldor Fire, Get out the Vaccine drive, Mobile Vaccine Units North and South, and other COVID incidents. Ms. Magee will also provide an update on DEM’s efforts to field an IMAT team as set forth in NRS 414.080.
8. **BRIEFING ON IMAS REIMBURSEMENT FORMS** - (Discussion Only) – Eric Wilson. Mr. Wilson will discuss new IMAS reimbursement forms.
9. **NAC 414A REGULATION REVIEW AND REPORTING REVISIONS** - (Discussion/For Possible Action) – Chair, David Fogerson. Chair Fogerson will lead discussion on any changes or issues with NAC 414A review by the Committee.

NAC 414A: Elements to be contained in the year-end report, as outlined in NAC 414A.050, which is due by June 30<sup>th</sup> of each year, include:

- a. Information relating to declared emergencies and disasters in this during that fiscal year.
- b. Information relating to undeclared emergencies and disasters in this State that were monitored by DEM during that fiscal year.
- c. Resources that were requested through the System and fulfilled within this State during that fiscal year and the status of those requests.
- d. An update, in the form of a financial report, on the status of reimbursements of the costs of requests described in paragraph (c).
- e. Resources that were requested through the System by other states and fulfilled through the Emergency Management Assistance Compact during the fiscal year and the status of those requests.
- f. Information relating to the status of this State’s inventory of resources for responses to emergencies.

**IMAS System Updates:**

- a. Number of political subdivisions who have opted out of the System.
  - b. Number of Tribal Nations who have opted into the System.
  - c. Number, and status, of Emergency Management Assistance Compact (EMAC) deployments.
  - d. Outreach conducted by DEM to participants regarding policies and procedures.
10. **PUBLIC COMMENT** – (Discussion Only) – No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. Public comments may be limited to 3 minutes per person at the discretion of the Chair. Comments will not be restricted based on viewpoint.

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**11. ADJOURN** – (Discussion/For Possible Action)

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This is a public meeting. In conformance with the Nevada Public Meeting Law, this agenda was posted or caused to be posted on or before 9:00 a.m. on December 10, 2021, at the following:

Nevada State Emergency Operations Center, 2478 Fairview Drive, Carson City, NV;

Posted to the following websites:

- Nevada Department of Public Safety's Division of Emergency Management and Homeland Security Public Meeting Notifications/Information Website:  
[https://dem.nv.gov/DEM/DEM\\_Public\\_Meeting\\_Information/](https://dem.nv.gov/DEM/DEM_Public_Meeting_Information/)
- Nevada Public Notice Website: [www.notice.nv.gov](http://www.notice.nv.gov)

To navigate to Division of Emergency Management and Homeland Security administered meetings, please do the following:

- Within the Government column, select **State**.
- Within the Entity column, select **Office of the Military – Nevada National Guard**.
- Within the Public Body column, select the **Nevada Intrastate Mutual Aid Committee**; results will populate on the page.

We are pleased to make reasonable accommodations for members of the public who are disabled. If special arrangements for the meeting are necessary, or if there is a need to obtain copies of any supporting meeting materials, please notify Sherrean K. Whipple with the Division of Emergency Management and Homeland Security, at 775-687-0370. 24-hour advance notice is requested. Thank you.



**STATE OF NEVADA  
MEETING MINUTES  
NEVADA INTRASTATE MUTUAL AID COMMITTEE (IMAC)**

<b>Attendance</b>	<b>Date</b>	<b>Monday, March 29, 2021</b>	
	<b>Time</b>	<b>2:00 p.m.</b>	
	<b>Method</b>	<b>Teleconference Only</b>	
	<b>Recorder</b>	<b>Melanie Wadsworth</b>	
<b>Members</b>	<b>Present</b>	<b>Staff</b>	<b>Present</b>
<b>David Fogerson (Chair)</b>	<b>X</b>	<b>Jon Bakkedahl (DEM/HS staff)</b>	<b>x</b>
<b>Jeanne Freeman (Vice Chair)</b>	<b>X</b>	<b>Melissa Friend (DEM/HS staff)</b>	<b>x</b>
<b>Mike Allen</b>	<b>Absent</b>	<b>Samantha Ladich (Sr. DAG)</b>	<b>x</b>
<b>Ron Bollier</b>	<b>X</b>	<b>Ashley Thompson (DEM/HS staff)</b>	<b>x</b>
<b>Richard Burger</b>	<b>Absent</b>	<b>Melanie Wadsworth (DEM/HS staff)</b>	<b>x</b>
<b>Paul Burke</b>	<b>X</b>	<b>Sherrean Whipple (DEM/HS Staff)</b>	<b>x</b>
<b>Tod Carlini</b>	<b>X</b>	<b>Eric Wilson (DEM/HS Staff)</b>	<b>x</b>
<b>Brett Compston</b>	<b>Absent</b>		
<b>Mike Heidemann</b>	<b>X</b>		
<b>Sam Hicks</b>	<b>X</b>		
<b>Jeremy Hynds</b>	<b>X</b>		
<b>Kerry Lee</b>	<b>X</b>		
<b>Lanita Magee</b>	<b>X</b>		
<b>Bill Murwin</b>	<b>Absent</b>		
<b>Don Pelt</b>	<b>Absent</b>		
<b>Deb Pierce</b>	<b>X</b>		
<b>Billy Samuels</b>	<b>X</b>		
<b>Jerome Tushbant</b>	<b>Absent</b>		
<b>James Walker</b>	<b>Absent</b>		
<b>Mike Wilson</b>	<b>Absent</b>		

**1. Call to Order and Roll Call**

David Fogerson, Administrator of the Nevada Division of Emergency Management and Homeland Security (DEM/HS) and Chairman of the Intrastate Mutual Aid Committee (IMAC) called the meeting to order. Roll call was performed by Melanie Wadsworth; DEM/HS.

Quorum was established for the meeting.

2. **Public Comment**

Chair, David Fogerson, opened discussion for public commentary. No commentary provided.

3. **Approval of Minutes**

Chair, David Fogerson, opened this agenda item for approval of the minutes from the December 4, 2020 IMAC meeting. Vice Chair, Jeanne Freeman, put forward the motion to approve. Mike Heidemann seconded. Motion passed.

4. **Review of IMAC Bylaws**

Chair, David Fogerson, opened this agenda item for periodic review to ensure accuracy and meet the needs of IMAC. Paul Burke, DEM/HS, put forward the motion to approve IMAC bylaws as they are written. Vice Chair, Jeanne Freeman, seconded. Motion passed. Chair discussed having them prepared for signature by Chairman and Vice-Chair. Bylaws are to be included in future packets.

5. **Briefing on the Statewide Resilience Strategy and Legislation Under Consideration in the 2021 Nevada Legislature**

Chair, David Fogerson, opened this agenda item for discussion on legislative efforts Senate Bill 14 (SB 14), Assembly Bill 14, (AB 14), and BDR 1103. To be included until the end of the Legislature cycle. Chair Fogerson provided a status update. SB 14 changes in Nevada Homeland Security Statues regarding what entities are required to produce plans and how they provide them to the Division of Emergency Management as well as guidance pm those plans. AB 14 changes meeting regularity for standing committees. BDR 1103 related to the movement of Division of Emergency Management from under the Department of Public Safety to the Department of Military. The reporting structure will remain in place. No change to the Cabinet level for Chief position: Chief retains a seat on Governors cabinet. BDR 1103 has not yet been heard by the Legislature.

Jeanne Freeman, Carson City Health and Human Services, asked if SB 14, AB14, and BDR 1103 have been heard or still in the status of proposed. Chair Fogerson stated that SB14 and AB 14 have already been heard in Committee and have passed to respective chambers, but BDR 1103 has not yet been heard.

6. **Presentation on Real World Events and 2021 Fire Season Preparations**

Chair, David Fogerson, opened this agenda item for discussion only lead by Lanita Magee, DEM/HS.

Lanita Magee, DEM/HS, presented a pie graph depicting a compilation of Duty Officer (DO) responses that occurred for the calendar year of 2020. There were 138 completed missions by the 9 DEM DO working on a rotating status. Of the 138, 30 that were

Information Only (IO) calls that did not require any particular action; completed require action be taken. Ms. Magee summarized that the majority of completed missions tend to be Search and Rescue and that Paul Burke's, DEM/HS, expertise assisted with those missions.

Lanita Magee, DEM/HS, presented a 2021 report on statistics from January to March 29, 2021. Statistics are following normal trends with Emergency locator transmitter activations, hazardous materials spills.

Billy Samuels, Clark County Fire Department, reported a need for the graphs to be sent to him for review.

Lanita Magee, DEM/HS, provided an update on efforts to field an Incidents Management Assistance Team (IMAT). IMAT has resumed regular meetings after COVID efforts derailed the regularity. Efforts have been focused behind the scenes on position-specific training to include Incident Command System 300 and 400 classes. Classes are foundational classes for all Hazard positions and have worked to support DEM/HS partners in this training. Ms. Magee also stated that IMAT is working on application process for membership screening to accompany an interview and departmental background check and deploy-ability. IMAT is working on standard operating working guidelines: IMAC will view these guidelines by next IMAC meeting. IMAT credentialing committee will decide if applicants qualify for credentialing.

Lanita Magee, DEM/HS, updated regarding Wildfire transfer to Nevada Division of Forestry (NDF). NDF remains the primary coordinating group as second-level incident responders in regards to the Fire Season. DEM/HS is providing backup to assist NDF. Mike Heidemann, Churchill County, asked what type of working relationship does DEM or IMAC have with NDF in regards to training out to Volunteer Firefighting training in rural areas. Chair Fogerson addressed the question by clarifying that it is beyond the scope of IMAC. Chair Fogerson redirected question to Ron Bollier. Ron Bollier, Nevada Division of Forestry, reported that the state is divided by regions. The Volunteer Firefighters reside under the counties. BFE's can go directly to regional Fire Management Officers (FMO) to ask for training. Across the state, the BLM, Forest Service, and NDF combine agencies and offer training for BFE's when requested. Mr. Bollier stated that it could be an issue of submitting requests. Mike Heidemann summarized with a clarifying question that Volunteer Firefighters need to go to their regional resources. Ron Bollier responded that if they reach out to their NDF FMO's within their regions, the FMO's will put together a course to address what the Volunteer Firefighters need based on the requests.

Paul Burke, DEM/HS, directed a question to Lanita Magee that addressed the Minutes and the Supplemental Response Team (SRT) sponsored by Federal Emergency Management Assistance (FEMA). Will FEMA team be subjected to the IMT program after they are created or are the developments parallel. Lanita Magee, the Supplemental Response Team will follow the development of the Incident Management Assistance Team. The members of the SRT will come from the pool of members for the IMAT. FEMA will pay for SRT's to be developed, trained, and exercised to become a temporary Federal asset to be pulled from for national FEMA needs. Jeremy Hynds, City of Henderson, asked if the FEMA

team is just for ES 4 functions, or is it other functions. Lanita Magee stated they will deploy under ES 4, but they will be an all-hazards response team performing under function they are needed to perform in the jurisdiction they are deployed to.

Vice Chair, Jeanne Freeman, asked that when looking at individuals that have taken pre-requisites and working on task books to qualify for Nevada IMAC, are there certain positions and interests resulting in gaps. Lanita Magee, stated that the gaps are in Communications, Finance, Administrative, and Planning teams. These types of positions are the most difficult to fill and requested outreach by IMAC.

Chair Fogerson clarified that IMAT is not part of IMAC, but IMAC will receive updates on IMAT.

#### 7. **NAC 414A Regulation Review and Reporting Requirements**

Chair, David Fogerson, opened this agenda item by providing an overview of the IMAC reporting requirements and deadlines required by NAC 414A and IMAC duties. Chair Fogerson addressed issues presented December 4, 2020 meeting regarding discussing the update and revision of the Policies and Procedures. Also stating that IMAC has time to read and review the Policies and Procedures manual before the next IMAC meeting to determine if the Policies and Procedures are addressing the objective and processes of IMAC. Suggesting also that there are now parts that need to be updated to reflect the change and transition of NDF role. The LCD language has been adopted but has not been codified. Also drawing attention to Section 6 that states “not later than January 1<sup>st</sup> of each year reach out . . .” presenting that a great deal of accomplishments are expected in 1 day. Chair Fogerson is asking IMAC to start considering making recommendations to changes and report by June 30, an outline—without limitations—information related to declaring an emergency all the items to be addressed by Ms. Magee. Chair Fogerson is requesting that IMAC review the Policy and Procedures manual to determine where items need to be revised and updated by August meeting for discussion. Chair Fogerson expressed that with the Fire Season and transition with NDF that the Fire Chief and NDF will present their procedures that they will be following for their response to fire season incidents. Chair Fogerson encouraged IMAC to ensure that suggested revisions to their Policies and Procedures cover the changes made by NDF and the Fire Chiefs.

Vice Chair, Jeanne Freeman supported reviewing the Policies and Procedures for changes. Ms. Freeman requests that IMAC consider the history of the document and ensure that the intent of the document contents are preserved. Ms. Freeman asks that IMAC ensure that changes are focused on making better operational status, better understanding of what IMAC is, the roles of IMAC, and the processes of completed missions.

Chair, Fogerson, reiterated that the whole document is to be reviewed page by page for updating, how to update to reflect changes in Fire Season and allocations and doctrine.

#### 8. **NAC 414A Regulatory Reports**



Chair, David Fogerson, opened this agenda item for an informational review provided by Lanita Magee, DEM/HS.

Lanita Magee, DEM/HS, opened with information related to declared emergencies and disasters in the state with a focus on COVID, and a few civil unrest incidents that were non-operational. She deferred to Eric Wilson, DEM/HS, for resource requests and fulfillments.

Eric Wilson, DEM/HS, reported 4,669 requests for the COVID incident: the majority were for Personal Protective Equipment (PPE) and Personnel needs. The majority of Personnel requests were for Nevada National Guard, Federal Emergency Management Agency (FEMA), and Medical for COVID operations. There were also personnel provided for the possible civil unrest incidents.

Lanita Magee, DEM/HS, in regards to a financial report (report due June 30). The statuses of reimbursements of the costs of requests addressed will be provided in the June 21, IMAC meeting.

Ms. Magee, DEM/HS, reported that for the fiscal year, 2 responses were coordinated by EM Duty Officers for resources that were requested through the System by other states and fulfilled through the Emergency Management Assistance Compact (EMAC) during that fiscal year and the status of those requests. There were a total of 26 non-EMAC responses—the majority of these were for Search and Rescue (SAR); 5 were related to wildfire incidents.

Eric Wilson, DEM/HS, reported that most of the State's inventory of resources for responses to emergencies is not state-owned, but owned by local jurisdictions. The majority of state-owned inventory was primarily assigned to COVID testing and vaccination. There is a plan to update the status of the State's inventory in the near future from mutual aid perspective.

#### IMAC System Updates:

Eric Wilson, DEM/HS, opened this agenda item. He reported that there were no political subdivisions within the fiscal year that have opted out of the System. And that there were no new Tribal Nations who have opted into the System.

Chair, David Fogerson, asked for a clarification on the number of Tribal Nations in the IMAC system. Eric Wilson, DEM/HS, responded that there were no new nations opting in for this last fiscal year. Chair, David Fogerson, verified that the Tribal nations that were already in the system are still part of IMAC from before this fiscal year. Jon Bakkedahl, DEM/HS, stated that there are four Tribal Nations in the system, and they remain in the system until they opt out. Chair Fogerson asked what four nations are in the system. Mr. Bakkedahl, DEM/HS, shared that the four nations in the system are: Reno-Sparks Indian Colony, Yerington Paiute Tribe, Pyramid Lake Paiute, and Duck Valley.

Eric Wilson, DEM/HS, outreach conducted by DEM/HS to participants regarding policies and procedures and NTAC meetings and jurisdictional calls.

9. **Public Comment**

Chair, David Fogerson opened discussion for public commentary. No commentary provided.

10. **Adjourn**

Chair, David Fogerson called for a motion to adjourn the meeting. Paul Burke, DEM/HS, motioned for adjournment. Vice Chair, Jeanne Freeman, seconded. All IMAC present were in favor of adjournment of the meeting. Meeting adjourned.

DRAFT

# **Nevada Intrastate Mutual Aid Committee**

## **Bylaws**

### **I. Authority**

The Nevada Intrastate Mutual Aid Committee (Committee) was established through the authority contained in Assembly Bill 90 as passed by the 78<sup>th</sup> Nevada Legislature and signed into law by Governor Sandoval on May 14, 2015.

### **II. Mission**

It shall be the duty of the Committee to advise the Chief of NDEM on issues related to emergency management and intrastate mutual aid in this state.

### **III. Purpose**

The purpose of the Committee shall be to develop comprehensive guidelines and procedures regarding, without limitation:

- (a) Requesting intrastate mutual aid;
- (b) Responding to a request for intrastate mutual aid;
- (c) Recordkeeping during an emergency or disaster for which intrastate mutual aid has been requested; and
- (d) Reimbursement of costs to assisting participants.

### **IV. Membership**

The Committee consists of the following members:

- (a) The Chief of the Division, or his or her designee, who serves as the Chair of the Committee and is a nonvoting member; and
- (b) Not more than 19 voting members, each of whom:
  - (1) Is appointed by the Chief of the Division;
  - (2) Is selected from participating public agencies or tribal governments;
  - (3) Must have responsibility for public safety programs or activities within his or her public agency or tribe or nation; and

- (4) For the initial terms, which began in October of 2015, an even number of the members will serve a term of 1 year; and an odd number of the members will serve a term of 2 years. Following the initial terms, all members serve a term of 2 years, and may be reappointed.

## **V. Officers and Duties**

The officers of the Committee shall consist of the Chair and Vice Chair.

- a) Chair – The Chair is the Chief of the Division of Emergency Management or his designee. The Chair will be a non-voting member of the Council. The Chair convenes and is the presiding officer at all meetings. The Chair will appoint the subcommittee chairmen.
- b) Vice Chair – The Committee shall select a Vice Chair from among the voting members of the Committee. The Vice Chair serves as Vice Chair until the end of his or her current term as a voting member, and may be re-selected.

## **VI. Meetings**

The Committee shall meet at least annually to evaluate the effectiveness and efficiency of the System and provide recommendations, if any, to the Chief of the Division to improve the System.

Committee meetings are subject to the Nevada Open Meeting Law contained in Chapter 241 of the Nevada Revised Statutes.

## **VII. Subcommittees**

The Chair of the Committee may appoint subcommittees deemed necessary by the Chair to assist in carrying out the duties of the Committee. The Chair shall appoint a Member from the Committee to serve as the Chair of the subcommittee. The Chair shall also appoint the number of subcommittee members he determines to be appropriate. Members of the subcommittees do not need to be members of the Committee.

Subcommittee meetings are subject to the Nevada Open Meeting Law contained in Chapter 241 of the Nevada Revised Statutes.

## **VIII. Voting**

A simple majority of voting members constitutes a quorum for the transaction of business pursuant to the Nevada Open Meeting Law.

Proxies and alternates do not count towards quorum and cannot vote.



State of Nevada

# Intrastate Mutual Aid System Operating Procedures



Revision in Progress

**October 2021**

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## INTRODUCTION

Mutual aid agreements are strongly encouraged by the federal government under the National Incident Management System (NIMS). The National Mutual Aid and Resource Management Initiative established under NIMS provides a comprehensive, integrated national mutual aid and resource management system. All mutual aid agreements must incorporate NIMS and the Incident Management System (ICS). The responsibility of preparedness is tasked to the federal, state, local, and tribal agencies, also to include private, nongovernmental organizations and citizens. The Nevada Intrastate Mutual Aid System (IMAS), which is established in Nevada Revised Statutes (NRS) Chapter 414A, is consistent with the Presidential Policy Directive 8's goal to achieve all hazards national preparedness.

Chapter 414 of the Nevada Revised Statutes (NRS) authorizes the State and its political subdivisions to provide emergency aid and assistance in the event of an emergency or disaster. Chapter 414 authorizes the Nevada Office of the Military, Division of Emergency Management (DEM) to coordinate use of the equipment, services, and/or facilities owned or organized by the State, or its political subdivisions, for use in the affected areas upon request.

The IMAS was established by the 78<sup>th</sup> Session of the Nevada Legislature. Chapter 414A became effective July 1, 2015 and authorizes DEM to administer the System pursuant to the provisions of the chapter and to coordinate mutual aid during the response to, and recovery from, an emergency or disaster. NRS 414A.100.

The initial response to an emergency is the responsibility of the impacted local jurisdiction. The expectation is that the impacted jurisdiction will exhaust their local resources before requesting mutual aid. However, when the size or complexity of an emergency threatens to overwhelm local capabilities, mutual aid may be utilized to request assistance from other political subdivisions, special districts, state agencies, and tribal nations within the State of Nevada. The assistance provided may be through the IMAS or through separate local mutual aid agreements. This Policy and Operating Procedures (OP) guide applies only to assistance provided through the IMAS.

## PURPOSE

To provide for the organization, operation, and mobilization of all resources available for mutual aid within the state, including political subdivisions and participating tribal nations, to assist with the mitigation, response, and recovery from the effects of emergencies or disasters within the State of Nevada.



## IMAS ORGANIZATION

The Nevada IMAS includes all public agencies, which includes, all political subdivisions of the state (as defined in NRS 414.050), as well as, federally recognized Indian tribes or tribal nations who have chosen to participate in IMAS (as outlined in NRS 414A.120(2)&(3)).

The System is organized as follows:

1. Local Official (City/Special District): Responsible for resources available for mutual aid.
2. Emergency Manager (County/Tribe): Responsible for resources available for mutual aid.
3. State Mutual Aid Coordinator: An employee of the Nevada DEM who is responsible for the day-to-day administration and coordination of the system.
4. State Duty Officer: An employee of the Nevada DEM who is responsible for taking appropriate action on requests for mutual aid received through the appropriate channels.
5. Intrastate Mutual Aid Committee (IMAC): A statutorily created advisory body made up of not more than 19 voting members selected, and appointed, by the Chief of DEM. The members must represent participating public agencies or tribal governments and have responsibility for public safety programs or activities within his/her public agency or tribe. NRS 414A.110(1); 414A.110(2)(b).

## IMAS PARTICIPANTS & RESPONSIBILITIES

NRS 414A.120 mandates all public agencies, including political subdivisions, school districts, and special districts participate in IMAS. Public agencies may elect to withdraw from IMAS and federally recognized Indian tribe or nations in Nevada may opt-in to IMAS. NRS 414A.120(2)-(3).

1. Requesting Participant Responsibilities
  - a. A Participant may request aid before, during, or after a declared, or undeclared, incident (NRS 414A.130(1)(a)(b)).
  - b. Requests may be made through DEM or directly to other Participants when an urgent response is needed (NRS 414A.130(2)(a-b)).

- c. All requests must be documented and forwarded to DEM within 24 hours of the request (NRS 414A.130(3)).
  - d. A Requesting Participant shall adequately:
    - i. Describe the resources needed.
    - ii. Provide logistical and technical support to any Emergency Responders provided; and
    - iii. Reimburse the Assisting Participant for costs incurred (NRS 414A.130(4)(c)) by following the process defined in NRS 414A.150(1-7).
  - e. The responsible local official for the impacted jurisdiction who submits a request for mutual aid, shall remain in charge of the incident and can delegate command at such incident; including, the direction of such incident, personnel provided, and the equipment provided.
2. Assisting Participant Responsibilities
- a. Promptly respond to a request for assistance (NRS 414A.140(1)(a)); however, a Participant may deny a request for assistance if it would prevent that jurisdiction from carrying out its duties (NRS 414A.140(4)).
  - b. Ensure that all Emergency Responders have workers compensation insurance in accordance with NRS 414A.140(1)(b); 616A; 617.
  - c. Maintain a policy of liability and property insurance, or self-insurance, on all vehicles and equipment used in response to a request (NRS 414A.140(1)(c)).
  - d. Provide an informational brief to Emergency Responders (NRS 414A.140(1)(d)).
  - e. Submit timely, accurate, and complete records, and requests for reimbursement to the Requesting Participant, if applicable (NRS 414A.140(1)(e)).
  - f. Emergency responders remain under the command and control of their jurisdiction but are under operational control of the Requesting Participant. NRS 414A.140(2).
  - g. The assets and equipment of an Assisting Participant remain under the command and control of their jurisdiction but is under the operational control of the Requesting Participant. NRS 414A.140(3).
3. Participants Who Have Opted Out - This Operating Procedure (OP) is updated annually to reflect political subdivisions who have chosen to opt-out from IMAS and tribal nations who have chosen to opt-in to the System. NAC 414A(6)(1)(a).
- a. No political subdivisions have opted out as of 10/2021.
  - b. Indian Tribes or Nations who have opted in as of 10/2021:
    - i. Reno Sparks Indian Colony
    - ii. Yerington Paiute Tribe

- iii. Pyramid Lake Paiute Tribe
- iv. Las Vegas Paiute Tribe

## IMAS PROCEDURES

This Operating Procedure (OP) implements NRS 414A and the Nevada Intrastate Mutual Aid System (IMAS) Policy. The purpose of this procedure is to outline the process for activating the IMAS resulting in the coordination and ordering of resources to support a planned event or an unplanned incident. The timely provision of resources in support of an affected jurisdiction is a critical function of IMAS at all levels of participation. Having a common, centralized procedure in place will ensure effective resource delivery without unnecessary delays or duplication of effort and costs.

1. **Local** - The following steps should be taken when determined by the local public safety or emergency management official that jurisdictional resources are inadequate to cope with the emergency at hand:
  - a. Activate the jurisdiction's emergency operation plan: this plan is often activated in anticipation of, or at the onset, of an incident; via utilizing the plans resource request and coordination procedures.
  - b. Activate any local mutual aid agreement.
  - c. Notify the County/Tribal EM of resource shortage.
  - d. Notify DEM DO for situational awareness and potential for escalation of the incident.
  - e. Request capability needed to respond to the emergency from the County/Tribal Emergency Manager when local mutual aid has been exhausted or is anticipated to be exhausted: coordinated mutual aid may have a period of time that is without expectation of reimbursement.
    - i. Prepare to receive and utilize the responding mutual aid resources.
    - ii. Evaluate conditions and resource availability and utilization to determine length of time the mutual aid resources will be needed.
    - iii. Communicate with County/Tribal EM each operational period as to demobilization schedule of mutual aid resources.
    - iv. Provide situation report to County/Tribal EM each operational period.
  - f. Demobilize mutual aid resources before local resources are released.
  
2. **County/Tribal** - The following steps should be taken when determined by the County/Tribal EM that jurisdictional resources are inadequate to cope with the emergency at hand:

- a. Activate any County/Tribal mutual aid agreement; these mutual aid agreements may have a period of time that is without expectation of reimbursement.
  - b. Notify Nevada's DEM DO.
  - c. Request capability needed to respond to the emergency from neighboring counties/tribes or the DEM State DO when County/Tribal mutual aid has been exhausted or is anticipated to be exhausted: coordinated mutual aid may have a period of time that is without expectation of reimbursement unless expressly provided for.
    - i. Prepare to receive and utilize the responding mutual aid resources.
    - ii. Evaluate conditions, resource availability, and utilization to determine length of time the mutual aid resources will be needed.
    - iii. Communicate with the DEM DO each operational period as to demobilization schedule of mutual aid resources.
    - iv. Provide situation report to DEM DO each operational period.
  - d. Demobilize mutual aid resources before local resources are released.
3. **Regional** - When an emergency or disaster involves a significant area within a region and multiple local jurisdictions, counties, and tribal nations are impacted, coordination of regional and statewide mutual aid resources shifts to Nevada's DEM DO or SEOC.
- a. Local and County/Tribal mutual aid may have been exhausted at this point.
  - b. Utilizing Local, County/Tribal EOP, coordination of responding resources will be conducted through County/Tribal EOCs.
  - c. Utilizing Nevada's DO Procedures and the SEOC Standard Operating Guidelines will activate the SEOC to the appropriate level to support the incident(s).
  - d. Request capability needed to respond to the emergency from Nevada's DO when County/Tribal mutual aid has been exhausted or is anticipated to be exhausted: coordinated mutual aid may have a period of time that is without expectation of reimbursement unless expressly provided for.
  - e. Provide situation report to SEOC each operational period:
    - i. In the form of a conference call, written situation report or Incident Action Plan (IAP).
    - ii. Include the current conditions, situation, and resource status.
  - f. Prepare to receive and utilize the responding mutual aid resources.
  - g. Evaluate conditions and resource availability and utilization to determine length of time the mutual aid resources will be needed.
  - h. Communicate with the SEOC each operational period as to demobilization schedule of mutual aid resources.
  - i. Demobilize mutual aid resources before local resources are released.

4. **Statewide** - Coordination of regional, statewide, and federal mutual aid resources will be through the SEOC when an emergency, or disaster, involves multiple regions of the state and many local jurisdictions, counties, and tribal nations are impacted.
  - a. Local, County/Tribal and some Regional mutual aid may have been exhausted at this point.
  - b. Utilizing Local, County/Tribal EOPs, coordination of responding resources will be conducted through County/Tribal EOCs.
  - c. Activate the SEOC to the appropriate level to support emergency or disaster.
  - d. Request capability needed to respond to the emergency from when regional mutual aid has been exhausted, or is anticipated to be exhausted, the SEOC may activate these resources--that will require reimbursement:
    - i. Unaffected Regions of the state
    - ii. State to state mutual aid
    - iii. EMAC
    - iv. Federal agencies
  - e. Provide situation report to SEOC at a minimum of each operational period.
    - i. In the form of a conference call, written situation report, or IAP.
    - ii. Include current conditions, situation, and resource status.
  - f. Prepare to receive, and utilize, responding mutual aid resources.
  - g. Evaluate conditions, resource availability, and utilization to determine length of time the mutual aid resources will be needed.
  - h. Communicate with the SEOC each operational period as to demobilization schedule of mutual aid resources.
  - i. Demobilize mutual aid resources before local resources are released.

## **IMAS RESOURCES AND FORMS**

The Nevada SEOC is the designated coordination center for; the mobilization of resources, generating resource orders for, and the tracking of mutual aid resources statewide. DEM will contact the appropriate Participants for resources requested--in accordance with the SEOC SOG--utilizing the closest and most appropriate resource concept and provide the necessary information for mobilization. DEM will contact the Requesting Participant to relay the assisting resource information and provide a copy of the completed Resource Request Form, and Resource Order, once the assisting resources have been identified and confirmed.

**Resource Request Form - DEM** - Upon receiving an IMAS Resource Request Form, the DEM DO will gather the following information from the requesting agency (see Resource Request Form, Appendix E):

- a. Is the request for a/an:
  - i. Initial response
  - ii. Immediate need
  - iii. Planned need
- b. Requesting agency's name, phone number, and email information.
- c. Authorized local official's contact information to include: name, phone number, and email address.
- d. Identify the jurisdictional agency
- e. Local agency:
  - i. incident number
  - ii. incident location
  - iii. Point of contact
  - iv. 24-hour phone number
  - v. radio frequencies
- f. Description of capability needed
- g. Resource size, quantity, and type
- h. Identify when the resources are needed by date/time
- i. Identify where the resources are needed
- j. Identify the priority:
  - i. life-saving
  - ii. life-sustaining
  - iii. high
  - iv. normal

**Pre-Defined Resources** - The State of Nevada has adopted, and continues to implement, the National Incident Management System (NIMS). A component of NIMS is the identification and typing of resources available for response to emergencies and disasters. The IMAS includes an inventory of resources available for mutual aid which will be listed in compliance with NIMS. Acceptable resource types include; but are not limited to personnel, crews, specialized teams, equipment, apparatus, commodities, and facilities. It is also recognized that there are many valuable resources available to Participants that may not fit into one of these recognized resource types. Resources need to be accounted for as inventory.

As identified in NRS 414A, Participants are required to provide an annual inventory of resources available for mutual aid to DEM. The State Mutual Aid Coordinator is available to assist any Participant with questions regarding defining and typing of resources.

To assist Participants in typing their resources, FEMA provides an online resource for the typing of resources (See, Resource Typing Toolkit, Appendix C).

## IMAS RATES

**Establishment of Standardized Rates** - In addition to the identification and typing of resources, it is important to determine the costs associated with resources and the rate that will be charged in the event those resources are utilized in a mutual aid response.

NRS 414A states that participants are required to provide an annual inventory of resources available for mutual aid to DEM; included in this inventory are rates associated with each resource identified. Nevada's Mutual Aid Coordinator is available to assist any Participant with questions regarding the defining of resources, and/or determining the costs associated. FEMA also assists by providing Participants in determining an initial baseline cost for their resources through online guidance found in their Public Assistance Program and Policy Guide at <https://www.fema.gov/media-library/assets/documents/111781>.

See an explanation of FEMA, State and Territorial, Tribal, and Local Rates in Appendix C.

## IMAS REIMBURSEMENT PROCESS

NRS 414A.150 provides an outline for reimbursement.

### 1. Assisting Participant:

- a. Initial notice of reimbursement request must be written and submitted to the Requesting participant within 10 days after the completion of all activities. NRS 414A.150(1).
- b. Final requests for cost reimbursement must be written and submitted to the Requesting participant within 60 days after the completion of the activities. NRS 414.150(2). The final request for reimbursement must include the following details:

1. A summary of the services provided;

2. An invoice setting forth all services provided and the total amount of the reimbursement requested;
  3. Any supporting documentation;
  4. Any additional forms required by the System; and
  5. The name and contact information of a person to contact if more information is needed.
- c. If the Assisting Participant requires more time to complete a request for reimbursement, the Assisting participant my request—in writing—an extension from the Requesting Participant. These requests may be granted by the Requesting participant for a reasonable period of time. NRS 414A.150(3).
2. Requesting Participant:
- a. The Requesting Participant shall reimburse the Assistant Participant for all costs incurred to include personnel, equipment, and travel; however, all costs must be documented unless per agreement; unless, costs related to resources utilized were not requested and in this scenario, the Assistant Participant may not subject the Requesting Participant to these costs. NRS 414A.150(4).
  - b. Reimbursement for resources by a Requesting participant can be facilitated through DEM, if requested. NRS 414A.150(5).

## **DISPUTE RESOLUTION**

In the event of a dispute regarding reimbursement, the following steps should be followed:

- a. A written notice of the dispute regarding reimbursement must be provided from the disputing participant to the opposing participant.
- b. A written notice of disputing terms must include and define the issues of the dispute.
- c. Upon receiving the written notice, the participants have 90 days to resolve the issues before the matter can be submitted to binding arbitration.
- d. Disputes must be conducted in accordance with commercial arbitration as defined by American Arbitration Association.



## Appendix A

### AUTHORITIES and REFERENCES

NRS 239C – Homeland Security (HS)

NRS 277.035 – Implied Agreements related to Law Enforcement

NRS 353.2705 – Disaster Relief Account (DRA)

NRS 388.245(1) –DEM of the Office of the Military

NRS 414 – Emergency Management (EM)

NRS 414A – Intrastate Mutual Aid System (IMAS)

NRS 415 – Emergency Management Assistance Compact (EMAC)

NRS 415A – Emergency Volunteer Health Practitioners (Uniform Act)

NRS 416 – Emergencies Concerning Water or Energy

NRS 450B – Emergency Medical Services (EMS)

NAC 414A – Intrastate Mutual Aid System

Nevada State Comprehensive Emergency Management Plan

State of Nevada Response and Recovery Guide for State, Local Governments and Tribal Nations

Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93288, as amended, 42 U.S.C. 5121 et seq.

## Appendix B

### ACRONYMS

**AOP** – Annual Operating Plan

**CEM** - County Emergency Manager

**DC** – Designated Contact (see designated contact for definition)

**DEM** – Division of Emergency Management (see Division for definition)

**DO** - Duty Officer

**EMAC** – Emergency Management Assistance Compact (NRS 415.010).

**EM** – Emergency Management

**ECC** – Emergency Coordination Center

**EOC** – Emergency Operation Center

**IEC** – Interagency Emergency Communication

**IMAC** - Intrastate Mutual Aid Committee NRS 414A.110

**IMAS** – Intrastate Mutual Aid System NRS 414A.100

**MACC** – Multi-Agency Coordination Center

**NAC** – Nevada Administrative Code

**NRS** – Nevada Revised Statutes

**OP** – Operating Procedure

**SEOC** – State Emergency Operation Center

**SOP** – Standard Operating Procedure

## **DEFINITIONS**

**Assisting Participant** – A Participant that has responded to a Requesting Participant by providing resources. NRS 414A.140.

**Authorized Representatives (AR)** - The Chief of Nevada DEM has designated signatory authorities for EMAC to the following DEM staff: Administrative Services Officer III, Emergency Management Program Manager – Preparedness, and Emergency Management Program Manager – Grants and Recovery, who can sign Req-A forms in response to broadcasts for requests and assistance.

**Designated Contact (DC)** – is a person who is familiar with the EMAC process that serves as a primary point-of-contact (EMAC I(C)).

**Disaster** – an occurrence, or threatened occurrence, for which, in the determination of the Governor, the assistance of the Federal Government is needed to supplement the efforts and capabilities of state agencies to save lives, protect property and protect the health and safety of persons in this state; or, to avert the threat of damage to property, or injury to, or the death of, persons in this state (NRS 414.0335).

**Division** – Division of Emergency Management (DEM) is now under the Office of the Military (NRS 388.245.1).

**Emergency** – an occurrence or threatened occurrence for which, in the determination of the Governor, the assistance of state agencies is needed to supplement the efforts and capabilities of political subdivisions to save lives, protect property, and protect the health and safety of persons in this state; or, to avert the threat of damage to property or injury to, or the death of, persons in this state (NRS 414.0345).

**Emergency (Federal)** – any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

**Emergency Responder** – an employee or volunteer of a Participant who has received such public safety training and licensing or certification as deemed appropriate by the Participant for which he or she is employed or volunteers (NRS 414A.035).

**Friends-and-Neighbors** -- local agencies or jurisdictions with whom a jurisdiction either shares a border or has a local mutual aid agreement.

**Intrastate Mutual Aid Committee (IMAC)** - committee consisting of the Chief of the Division, and no more than 19 voting members appointed by the Chief, to advise the Chief on issues related to emergency management and intrastate mutual aid in the state of Nevada (NRS 414A.110).

**Intrastate Mutual Aid System (IMAS)** – a system administered by the Chief of the Division pursuant to NRS 414A.100: coordinate the provision of mutual aid during the response to and recovery from an emergency/disaster, maintain records of requests for mutual aid, maintain and inventory of and coordinate participant personnel and equipment available for intrastate mutual aid, provide information and assistance to participants concerning reimbursement, and adopting regulations relating to the administration of the system.

**Interstate Reimbursement (R-1Form)** - The requesting state will reimburse a responding state for all reasonable expenses using the R-1 form, within 30 days following the receipt of the assisting state's reimbursement request.

**Interstate Reimbursement (R-2 Form)** - Providing entities (i.e. individual, state agency, local government or organization) will submit their costs to the responding state (Nevada) using the R-2 form. DEM Fiscal issues the R-2 based on the information submitted by the providing entities. This document is included in the EMAC Reimbursement Request package sent to providing entities on completion of a mission. An R-2 form is issued for each providing entity included in the mission.

**Major Disaster (Federal)** – any natural catastrophe to include: hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought; or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207 (the Stafford Act) §401 to supplement the efforts and combined capabilities and available

resources of state and local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

**Mutual Aid** – includes any equipment, vehicle or other support or service provided by a Participant in response to a request made pursuant to NRS 414A.130; 414A.040.

**Participant** – a public agency that has not withdrawn from participation in, or a federally recognized Indian tribe or nation that has elected to join, the System. NRS 414A.120; 414A.045.

**Public Agency** – any political subdivision of this State, including, without limitation, counties, incorporated cities and towns, including Carson City, unincorporated towns, school districts, special districts and other districts. NRS 414A.050.

**Requesting Participant** – a Participant that requests mutual aid from another Participant pursuant to NRS 414A.130; 414A.055.

**Requisition-A (REQ-A)** – a form designated by EMAC as the formal reimbursement document, and utilized in the process of requesting/assisting party states in meeting state-of-emergency needs through mutual aid assistance. It is completed through Web EMAC Operations System and helps coordinate communication in the process of requesting and offering assistance through party state Authorized Representatives. It consists of three parts; section I, completed by requesting state; section II, completed by assisting state and returned with offer and cost estimates to requesting state; section III, is signed by both the requesting state and the assisting state. This includes; incident number, point of contact, address, phone number, equipment needs, etc. The form, once signed, becomes a legal contract to provide and reimburse for services to be rendered under the EMAC Articles of Agreement, Article IV.

**Resource** – any equipment, vehicle, personnel or other support or service owned by a Participant which may be available to respond to a request for mutual aid.

**Response** – the response to an emergency or disaster involves actions taken to save lives and to protect property.

**Special District** - a governmental entity that receives any portion of the proceeds of a tax which is included in the account and which is not a/an county, city, town, or enterprise district. NRS 360.650; 414A.060.

**System** – refers to Nevada’s IMAS established by NRS 414A.100; 414A.065.

**Volunteer** – an unpaid emergency responder who provides services on behalf of a Participant. NRS 414A.070.

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## Appendix C

### Resources Typing Toolkit

FEMA online resource: <https://rtl.preptoolkit.org/Public>

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## Appendix D

### Rates

#### Local Rates

Local rates are those developed under local government guidelines for use in normal day-to-day operations. FEMA generally provides PA funding for equipment usage based on the lower of either the local rate or the FEMA rate. However, if the local rate is lower, but it does not reflect all costs associated with operating the equipment, FEMA may provide PA funding based on the higher FEMA rate. Additionally, if the local rate is higher, the Applicant must document the basis for that rate and obtain approval from FEMA for the higher rate. If determining the lowest rate for each piece of equipment is overly burdensome because of the number of different types of equipment used, or if the Applicant prefers, FEMA will reimburse all equipment use based on the lower of the two rate schedules, rather than based on a comparison of each individual rate. In these cases, the PA Division at FEMA Headquarters will determine which schedule of rates is lower.

#### Tribal Rates

Tribal rates are those developed under Tribal Government guidelines for use in normal day-to-day operations. FEMA generally provides PA funding for equipment usage based on the lower of either the Tribal rate or the FEMA rate. However, if the Tribal rate is lower, but it does not reflect all of the costs associated with operating the equipment, FEMA may provide PA funding based on the higher FEMA rate. Additionally, if the Tribal rate is higher, the Applicant must document the basis for that rate, and obtain approval from FEMA for the higher rate. If determining the lowest rate for each piece of equipment is overly burdensome because of the number of different types of equipment used, or if the Applicant prefers, FEMA will reimburse all equipment use based on the lower of the two rate schedules rather than based on a comparison of each individual rate. In these cases, the PA Division at FEMA Headquarters will determine which schedule of rates is lower.

#### State and Territorial Rates

State and Territorial rates are those established under State or Territorial guidelines for use in normal day-to-day operations. FEMA provides Public Assistance (PA) funding based on State or Territorial rates up to \$75 per hour. FEMA only provides PA funding for a rate above \$75 per hour if the Applicant demonstrates that each of the components of the rate is comparable to current market prices.

#### FEMA Rates



FEMA publishes equipment rates applicable on a national basis. FEMA's rate schedule includes any item powered by fuel or attached to any item powered by fuel. FEMA develops equipment rates based on all costs associated with ownership and operation of equipment, with the exception of operator labor costs. FEMA equipment rate components include; depreciation, overhead, equipment overhaul (labor, parts, and supplies), maintenance (labor, parts, and supplies), lubrication, tires, ground engaging component (if applicable), and fuel. Because the rates include maintenance costs, a mechanic's labor costs to maintain Applicant-owned equipment are not eligible.

### **Equipment with No Established Rate**

If the Applicant uses equipment that has no established State, Territorial, Tribal, or local rate, FEMA reimburses that equipment based on the FEMA rate. If FEMA does not have a rate established for the equipment, the Applicant may either submit a rate for approval or request that FEMA provide a rate. If the Applicant submits a rate, it must include documentation demonstrating that each component of the rate is comparable to current market prices. The rate cannot be based on rental rates as such rates include cost components, such as profit, that are above and beyond what is necessary to operate and maintain force account equipment. FEMA rates may be utilized as the base rate unless jurisdictions already have established rates. In the development of the inventory to be used for mutual aid these rates must be included. (Public Assistance Program and Policy Guide FP 104-009-2: <https://www.fema.gov/schedule-equipment-rates>).

## Appendix E

### Resource Request Forms

NDEM online

[https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/HC\\_Requesting/NDEM%20ARF%20Fillable%20%20Save-able.pdf](https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/HC_Requesting/NDEM%20ARF%20Fillable%20%20Save-able.pdf)

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**NEVADA INTRASTATE MUTUAL AID SYSTEM  
AUTHORIZED REPRESENTATIVE RESOURCE MISSION APPROVAL FORM**

**SECTION 1: TO BE COMPLETED BY THE REQUESTING COUNTY OR TRIBE**

**Incident Name**

**Date**

<b>County Incident #</b>		<b>State Incident #</b>	
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<b>County RRF #</b>		<b>State RRF #</b>	
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**Requesting Agency**

**Requesting County Point of Contact**

	<b>First Name</b>		<b>Last Name</b>		
--	-------------------	--	------------------	--	--

	<b>Phone 1</b>		<b>Phone 2</b>		
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	<b>Email</b>				
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	<b>Incident Description (from RRF)</b>				
--	--	--	--	--	--

	<b>Capability Requested (from RRF)</b>				
--	--	--	--	--	--

	<b>Date / Time Needed</b>				
--	---------------------------	--	--	--	--

<b>Portal to Portal Approved</b>	<b>Yes</b>		<b>No</b>		
<b>State GSA Travel Approved</b>	<b>Yes</b>		<b>No</b>		
<b>Reimbursement % Approved</b>	<b>50%</b>		<b>75%</b>		<b>100%</b>
<b>No Reimbursement Requested</b>	<b>Yes</b>		<b>No</b>		

**The Authorized Representative Signature below certifies that information contained herein and in the attached Requests accurately represent, to the best of their knowledge, the resource request at the time.**

Name of County Authorized Representative

Signature of County Authorized Representative

Date of Signature

**SECTION 2: TO BE COMPLETED BY ASSISTING AGENCY, COUNTY OR TRIBE**

(for details refer to attached Reimbursement Estimate of Costs worksheets)

<b>Total Travel Costs</b>		<b>Total Equipment Costs</b>	
---------------------------	--	------------------------------	--

<b>Total Commodity Costs</b>		<b>Total Other Costs</b>	
------------------------------	--	--------------------------	--

<b>Total Personnel on Mission</b>		<b>Total Personnel Costs</b>	
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**TOTAL ESTIMATE OF COSTS:**

**The Authorized Representative Signature below certifies that information contained in the attached Reimbursement Estimate of Costs is a mission estimate to be accepted or declined by the Requesting County or Tribe**

Name of Assisting Authorized Representative

Signature of Assisting Authorized Representative

Date of Signature

**SECTION 3: TO BE COMPLETED BY THE REQUESTING COUNTY OR TRIBE**

**The Authorized Representative Signature below certifies that they have reviewed Section 2 documentation submitted by the Assisting Agency, County or Tribe and agree to the estimated mission costs, requirements and reimbursement: is accepted.**

Name of County Authorized Representative

Signature of County Authorized Representative

Date of Signature

## Instructions

### **SECTION 1:**

Section 1 is to be completed by the County requesting resource for their incident or for a political subdivision with jurisdiction. This section is also for Tribes who have opted in to the Intrastate Mutual Aid System.

The line items related to funding: Portal to Portal, Travel, Reimbursement MUST be completed prior to requesting assistance. This allows the potential Assisting agency, county or tribe to determine if they can assist.

Section 1 MUST also be accompanied by a detailed resource request that fully outlines the conditions, capability reporting requirements, length of assignment, financial considerations, etc.

### **SECTION 2:**

Section 2 is to be completed by the agency, local jurisdiction or tribe who intends to meet the requirements outlined in the resource request and provide a resource to fulfill the capability requested.

Documentation must accompany the offer of assistance that details any estimated personnel costs.

### **SECTION 3:**

Section 3 when signed by the Authorized Representative certifies that the Requesting Party has reviewed the offer and agrees to the estimated mission costs, requirements, and reimbursements. The signature certifies an agreement between the two Parties for assistance as authorized by NRS 414A.

### **AUTHORIZED REPRESENTATIVE:**

The Authorized Representative is the individual(s) with authority granted by their governing bodies to commit resources.

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**Nevada Intrastate Mutual Aid System**  
**Nevada Standard Incident Reimbursement Package**  
**Response for Mutual Aid in a Pending or Actual Disaster**  
**Reimbursement Submittal Documentation Checklist**

1. **Intrastate Mutual Aid Reimbursement Invoice:** Complete the Intrastate Mutual Aid Reimbursement Invoice form which summarizes amounts claimed for Employee Labor and Backfill, Travel, Equipment, Material, Rented Equipment, and Contract costs. A complete reimbursement packet shall include:
  - a. Force Account Labor Summary Record (Deployed and Backfill Personnel)
  - b. Force Account Equipment Summary Record (if vehicles, trailers or equipment are used)
  - c. Travel Summary Record
  - d. Material Summary Record
  - e. Rented Equipment Summary Record
  - f. Contract Summary Record
  - g. State Mission mobilize/demobilize order (Completed Nevada Resource Request Form)
  - h. Disaster Reimbursement Applicant Contact List (Primary Point of Contact, Alternate, and/or three other contacts)
  
2. **Force Account Labor Summary Record:** Complete the Force Account Labor Summary Record (Deployed Labor, and Backfill Labor and Benefits Calculation Tabs)
  - a. **Deployed Force Account Labor Summary Record (Deployed Labor Tab):** The Force Account Labor Summary Record is an accounting of each individual's daily hours spent on disaster work. The following information is required:
    - i. Employee name; Employee job title; Regular and overtime hours; Fringe benefit amount (calculation);
    - ii. Accounting of each individual's daily hours spent on emergency/disaster work;
    - iii. Crew Time Reports, Activity Logs and/or Unit Logs for deployment;
    - iv. Payroll policy in effect at time of emergency/disaster, include overtime policy, and differential between exempt and non-exempt personnel. Also includes pay rates for regular and O/T personnel by individual employee.
    - v. Payroll database reports for deployment pay period that includes proof of payment, all hours worked for periods involved, pay rates for regular and overtime hours, benefits paid by individual employee. (As a Proof of Payment, a pay stub with itemized breakdown will also work).
    - vi. Time sheets showing all hours worked during the pay periods involved.
    - vii. If applicable, a copy of Minimum Staffing Requirements policy in place prior to the activation.
    - viii. Mobilization and Demobilization orders (Nevada Resource Request Form) should be included when applicable.
  
  - b. **Backfill Force Account Labor Summary Record (Backfill Labor Tab)**
    - i. Employee name, job title, hours worked (regular and overtime), and fringe benefit amount.
    - ii. Accounting of each individual's daily hours spent on backfill duty

**Nevada Intrastate Mutual Aid System**  
**Nevada Standard Incident Reimbursement Package**  
**Response for Mutual Aid in a Pending or Actual Disaster**  
**Reimbursement Submittal Documentation Checklist**

- iii. Designate which deployed personnel the individual is backfilling for.
  - iv. Payroll policy in effect at time of disaster, include overtime policy and differential between exempt and nonexempt personnel. Also includes pay rates for regular and O/T personnel by individual employee.
  - v. Payroll database reports for deployment pay period that includes proof of payment, all hours worked for periods involved, pay rates for regular and overtime hours, benefits paid by individual employee. (As a Proof of Payment, a pay stub with itemized breakdown will also work).
  - vi. Time sheets showing all hours worked during the pay periods involved.
  - vii. If applicable, either a copy of the Backfill Policy or the Minimum Staffing Requirements policy in place prior to the activation.
- c. **Fringe Benefit Calculations Worksheet** (Benefits Calc Tab)
- i. Applicant's Benefit Calculation Worksheet - the employee's fringe benefit information can be calculated by individual employee or an average rate can be calculated for the department.
  - ii. The rates calculated must be carried to the Force Account Labor and Backfill tabs
- d. **Shift Information** (Shift Information Tab)
- i. What are regular shift hours? Number of regular hours in a pay period. What are the number of hours before overtime goes into effect? Are there any "built in" overtime hours in a pay period? What is the total number of work hours in a fiscal year? How many pay periods in a fiscal year?
  - ii. Shift calendar applicable to the pay periods involved.
3. **Travel Summary Record** (Travel Tab) The Travel Summary Record is an accounting of each individual's travel required to support the incident. The following information is required:
- a. Invoice/Receipt must show:
    - i. Vendor and location
    - ii. Transaction Date
    - iii. Amount
    - iv. Provide detailed itemized with per unit cost
    - v. Food and beverage itemized receipts are not required by NDEM unless applicant is submitting for actual cost reimbursement or required by applicant's agency. Credit card receipts with only a total are not acceptable documentation.
  - b. The State of Nevada utilizes the Federal GSA Rates for lodging, per diem, meals and incidental expenses. Please refer to the GSA website for lodging, per diem, meals and incidental expense information: <https://www.gsa.gov/travel-resources>
  - c. Lodging receipt must show a "zero" balance
  - d. Send copies of itemized lodging receipts, in employee and date order
  - e. "Other" costs may include airfare, tolls, parking, laundry, etc.



**Nevada Intrastate Mutual Aid System**  
**Nevada Standard Incident Reimbursement Package**  
**Response for Mutual Aid in a Pending or Actual Disaster**  
**Reimbursement Submittal Documentation Checklist**

- f. Copy of travel policy in effect at time of incident, unless following State Travel Guidelines (GSA guidelines).
  - g. Proof of payment for all expenses, including Purchase Card statement. If purchases were made on an employee credit card, proof that employee was reimbursed must be included.
  - h. Mileage claimed must be for a personal vehicle use only and documented using Google Maps or MapQuest
  - i. Please review the receipts for reimbursement eligibility. Examples of ineligible costs include tobacco products, personal hygiene items, and alcoholic beverages. GSA guidelines allow tip reimbursement.
  - j. Receipts and invoices that have been written over will not be accepted.
4. **Force Account Equipment Summary Record** (equipment owned by applicant - Equipment Tab) The following equipment is eligible for reimbursement:
- a. Provider owned vehicles used during deployment for field supervision or team leaders.
  - b. Personal vehicles of employees which have been pre-authorized to be used on the incident. (Reimbursed at the state rates when pre-authorized for incident use)
  - c. Support trailers or provider owned vehicles that are not supervisor vehicles.
  - d. Any vehicle used on the incident must be approved for activation on the Nevada Resource Request Form, and are eligible for reimbursement at the FEMA rate effective at the time of deployment (i.e. fire trucks, police vehicles, etc.)
  - e. Vehicle/Equipment used to provide services for the incident and listed as a resource on the Resource Orders
    - i. Description including type, make, model, hp, unit number, Incident "E" number, etc.
    - ii. FEMA Equipment Cost Code
    - iii. Daily hours used (provide maps, fleet logs, etc. to support hours claimed)
    - iv. Operator for each piece of equipment, accounting for each hour equipment was used.
    - v. Provide a description of the task equipment performed (attach a separate sheet if necessary.)
    - vi. The Incident Hours Tab can be used if applicant has no other form
  - f. Vehicles used to transport incident personnel
    - i. Description including type, make, model, hp, unit number, etc.
    - ii. FEMA Equipment Cost Code
    - iii. Driver assigned to vehicle
    - iv. Origin and destination of each trip
    - v. Mileage driven per trip (provide maps, fleet logs, etc. to support mileage claimed.)
    - vi. Provide a purpose of each trip (attach a separate sheet if necessary.)
    - vii. The Incident Mileage Tab can be used if applicant has no other form.
  - g. Proof of ownership of equipment (i.e. Title, Asset or inventory list)

**Nevada Intrastate Mutual Aid System**  
**Nevada Standard Incident Reimbursement Package**  
**Response for Mutual Aid in a Pending or Actual Disaster**  
**Reimbursement Submittal Documentation Checklist**

5. **Material Summary Record.** (Material Tab) The following documentation is needed for reimbursement:
  - a. Invoice/Receipt must include:
    - i. Vendor and location
    - ii. Purchase date
    - iii. Provide detailed itemization with per unit cost
  - b. Provide explanation of use of item purchased
  - c. Attach copies of itemized receipts for all claimed expenses
  - d. Review the receipts for reimbursement eligibility. Examples of ineligible costs include tobacco products, personal hygiene items, and alcoholic beverages.
  - e. If material were purchased and not used could they have been returned for credit?
  - f. Proof of payment (i.e. check, petty cash voucher, Purchase Card statement and proof of payment). If purchased on employee credit care, proof that employee was reimbursed.
  - g. If materials were taken from inventory:
    - i. Need inventory report, invoice showing items purchased, cost and proof of payment, or replacement documentation, invoice showing items purchased, the cost and proof of payment
  - h. Signature of receipt of goods purchase
  - i. Receipts and invoices that have been written over will not be accepted
  - j. Proof of payment for all expenses, including Purchase Card statement. If purchases were made on an employee credit care, proof that employee was reimbursed must be included.
  
6. **Rented Equipment Summary Record.** (Rental Tab) Rental/leasing cost must be reasonable and total costs cannot exceed purchase cost. The following documentation is needed for reimbursement:
  - a. Invoices, Contract, and/or Purchase Orders (if applicable) any other documents that outline conditions, terms and rates for services
  - b. Invoices must include:
    - i. Vendor
    - ii. Vendor Location
    - iii. Purchase Date
    - iv. Detailed itemization with per unit cost
    - v. Provide a description of what the purchased item was used for.
  - c. Signature of receipt of goods and when equipment is returned/released
  - d. Proof of payment for all expenses, including Purchase Card statement. If purchases were made on an employee credit card, proof that employee was reimbursed must be included.
  
7. **Complete the Contract Work Summary Record.** (Contract Tab) Provide the following documentation:
  - a. Invoices/receipt must include:
    - i. Vendor
    - ii. Vendor Location

**Nevada Intrastate Mutual Aid System**  
**Nevada Standard Incident Reimbursement Package**  
**Response for Mutual Aid in a Pending or Actual Disaster**  
**Reimbursement Submittal Documentation Checklist**

- iii. Transaction Dates
  - iv. Detailed itemization with per unit cost
  - v. Description of what services were provided
  - vi. Signature of receipt of goods/services
- b. Include:
- i. A copy of the contract, Memorandum of Understanding, Purchase Orders, or other documents that outline the conditions, terms and rates of services
    - 1. Proof of competitive bid (when applicable)
    - 2. Justification for other than lowest bid acceptance (when applicable)
    - 3. All pre-existing procurement rules must be adhered to
    - 4. Terms and rates must be reasonable
- c. Proof of payment for all expenses, including Purchase Card statement. If purchases were made on an employee credit card, proof that employee was reimbursed must be included

# START WITH THIS PAGE

**NOTE:** To populate the repeating fields for each form in this file, fill in the white cells. The text boxes on the Submittal forms will NOT print. The text boxes on this Sample set WILL PRINT. Please do not adjust margins or page layouts. If you need help modifying or working with the forms, please contact NDEM-State Disaster Reimbursement Section (SDRS) 775-687-0300.

<b>APPLICANT</b>	<b>INCIDENT / EVENT</b>	
<b>LOCATION/SITE</b>	<b>CATEGORY</b>	
	Category B - Emergency Protective Measures	
	<b>RESPONSE TYPE</b>	
<b>DESCRIPTION OF WORK PERFORMED</b>	<b>PERIOD COVERING</b>	
		<b>TO</b>

**Applicant** = The City/County/Department/Single Resource submitting the reimbursement request.

**Location/Site** = Location where work was performed during event.

**Description of Work Performed** = Type of work performed (debris removal, search and rescue, fire suppression, etc.) Provide more detail on the invoice if needed.

**Disaster/Event** = The name and/or number assigned to the event (check with NDEM for information.)

**Category** = Refers to the two relevant FEMA categories or State categories (check with NDEM for information.) The relevant categories are listed below.

**Period Covering** = The mobilize and demobilize dates of the Applicant's response.

**Title** = Job title for the person signing the invoice.

**Date** = Date the forms are completed. Please change this date with each revision.

## **How to Submit:**

Signed forms and supporting documents can be sent by scan/email or by mail. Please be sure to keep a copy of all documents sent. Submittals will be considered final when all supporting documents are received and information is correct. Submittals must be submitted within 45 days following demobilization for reimbursement to be considered for funding.

**Email Address:** disaster-recovery@dem.nv.gov

## **Physical Address:**

Office of the Military  
Nevada Division of Emergency Management  
Attn: State Disaster Reimbursement Section  
2478 Fairview Drive  
Carson City, NV 89701

## **Mailing Address:**

Office of the Military  
Nevada Division of Emergency Management  
Attn: State Disaster Reimbursement Section  
2478 Fairview Drive  
Carson City, NV 89701

**Phone Number:** 775-687-0300 Main Office Line

**Fax Number:** 775-687-0323

## **The categories for reimbursement under the State Disaster Reimbursement System/Nevada Division of Emergency Management program are:**

Category B - Emergency Protective Measures: This including search and rescue, shelter operations, mass feeding, emergency medical services, evacuation, reentry efforts, traffic control and securing equipment and facilities against disaster damage.

## **Response Type**

EMAC - Emergency Management Assistance Compact

EMS - Emergency Medical Service Response

EOC - Emergency Operations Center

E-SHELTER - Shelter for Evacuees

FUEL - Remote Fueling Facility

NV IMT 1 - Nevada Incident Management Team 1

MCP - Mobile Command Post

PWRT - Public Works Response Team

R-SHELTER - Shelter for First Responders

TERT - Telecommunication Emergency Response Taskforce

NVTF1 - Nevada Taskforce One

**INTRASTATE MUTUAL AID REIMBURSEMENT INVOICE**

<b>INCIDENT/EVENT:</b>		<b>CATEGORY</b>	Category B - Emergency Protective Measures
		<b>RESPONSE</b>	
<b>PERIOD COVERED:</b>	<b>FROM:</b> 01/00/00 <b>TO:</b> 01/00/00	<b>DATE SUBMITTED:</b>	
<b>REMIT PAYMENT TO:</b> (Make Check Payable to and mailing address info)	Applicant Name		
	Address		
	City, State		
<b>COPIES OF RECEIPTS AND PAYMENT VOUCHERS FOR EACH CLAIM ARE ATTACHED:</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO

**Force Account Labor Cost**

	Regular Time	Overtime	Sub Total	
Time Cost	\$ -	\$ -	\$ -	
Benefit Cost	\$ -	\$ -	\$ -	
			<b>Labor Cost Total</b>	= \$ -

**Travel Cost**

Meals	\$ -	Mileage (POV)	\$ -	Airfare/ Baggage	\$ -	
Lodging	\$ -	Rental Vehicle	\$ -	Fuel/Tolls	\$ -	
					<b>Travel Cost Total</b>	= \$ -

**Force Account Equipment Cost Total** = \$ -

**Materials Cost Total** = \$ -

**Contract Work Cost Total** = \$ -

**Rented Equipment Cost Total** = \$ -

**Description of "Other" Costs:** \_\_\_\_\_ **Other Costs** = \$ -

**GRAND TOTAL** = \$ -

**DESCRIPTION OF SERVICES PROVIDED:**

I certify that the totals for each category/claim are exact costs expended by the Assisting Agency to perform the services requested. All additional supporting documentation not included with this claim will be maintained by the Assisting Agency for \*a period of three years following the final payment to NDEM by FEMA. The supporting documentation may be obtained for audit purposes by notifying the Assisting Agency authorized official named herein, or other appropriate persons. \* In accordance with 2 CFR 200.333 - Retention requirements for records.

**CERTIFIED AND APPROVED BY:**

<b>SIGNATURE:</b>	<b>TITLE:</b>
<b>PRINTED NAME:</b>	<b>DATE:</b>
<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>

**Nevada Division of Emergency Management  
SDRS Disaster Reimbursement Applicant Contact List**

**Applicant Name:** Applicant Name

**Primary Point of Contact (responsible for reimbursement packet)**

The Primary Point of Contact can be anyone from an Administrative Assistant to the department's Chief. This is the person who filled out the paperwork and can answer specific questions about the packet.

**Name** Mr. John Smith

Title

Daytime Phone Number ( ) Alternate Number ( )

Fax Number ( )

E-mail Address

**Alternate Contact**

**Name**

Daytime Phone Number ( ) Alternate Number ( )

Fax Number ( )

E-mail Address

**Chief**

**Name**

Daytime Phone Number ( ) Alternate Number ( )

Fax Number ( )

E-mail Address

**Financial Officer**

**Name**

Daytime Phone Number ( ) Alternate Number ( )

Fax Number ( )

E-mail Address

**Emergency Management Coordinator**

**Name**

Daytime Phone Number ( ) Alternate Number ( )

Fax Number ( )

E-mail Address

To use this form, select the cell to the right of "Name", select the drop down arrow and select the correct title.  
To select different titles on anyone but the primary contact, click on the title in the gray box, select the drop down arrow to the right of that box and select the correct title. The Primary Point of Contact title must be typed in and will not change.

**Nevada Division of Emergency Management  
DEPLOYED FORCE ACCOUNT LABOR SUMMARY RECORD**

<b>Applicant</b>	<b>Disaster / Event</b>	<b>Period Covering</b>
Applicant Name	0	01/00/00 To 01/00/00

					Dates and Hours Worked Each Week											Costs									
					Shift														A	B	C	D	E	F	
					Day	Wed	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours	Hourly Rate	Benefit Rate	Time Cost (A x B =)	Benefit Cost (A x C =)	Total Cost (D + E =)
					Date	1/0	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13						
Name																		0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
Name	b																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
Name	c																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
Name	d																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
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																		0.00	0.0000	0.0000	0.0000				
Name	e																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
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Name	f																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
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Name	g																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
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Name	h																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
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																		0.00	0.0000	0.0000	0.0000				
Name	i																	0.00	0.0000	0.0000	0.0000				
Job Title																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				
																		0.00	0.0000	0.0000	0.0000				

<b>PAYROLL NOTES: Enter information below to explain unique pay policies or circumstances</b>  Regular shift hours worked as indicated on shift calendars and shift assignments Hours worked outside of regular shift hours, paid at overtime hourly rates Hours worked outside of regular shift hours, paid at regular hourly rates Regular shift hours worked but backfilling for higher class position		Total Regular Hours (A)	0.00	Reg Time Subtotal (D)	\$ -	
			Total OT Hours (A)	0.00	Reg Benefit Subtotal (E)	\$ -
			Total OT @ Reg Pay (A)	0.00	Reg Time Total (F)	\$ -
			Total Step Up PAY (A)	0.00	OT Subtotal (D)	\$ -
			Total Hours	0.00	OT Benefit Subtotal (E)	\$ -
					OT Total (F)	\$ -
					OT @ Reg Time Subtotal (D)	\$ -
					OT @ Reg Benefit Subtotal (E)	\$ -
					OT @ Reg Time Total (F)	\$ -
					Step Up Pay Subtotal (D)	\$ -
				Step Up Pay Benefit Subtotal (E)	\$ -	
				Step Up Pay Total (F)	\$ -	
				Labor Cost Total	\$ -	

**Nevada Division of Emergency Management  
BACKFILL FORCE ACCOUNT LABOR SUMMARY RECORD**

<b>Applicant</b>	<b>Disaster / Event</b>	<b>Period Covering</b>
Applicant Name	0	01/00/00 To 01/00/00

Employment Status				Shift	Dates and Hours Worked Each Week												Costs								
					Day	Wed	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	A	B	C	D	E	F
					Date	1/0	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	Total Hours	Hourly Rate	Benefit Rate	Time Cost (A x B =)	Benefit Cost (A x C =)	Total Cost (D + E =)
Name			N	REG														0.00		0.0000	0.0000	0.0000	0.0000		
Job Title				OT														0.00		0.0000	0.0000	0.0000	0.0000		
				OT @ Reg														0.00		0.0000	0.0000	0.0000	0.0000		
				Step Up														0.00		0.0000	0.0000	0.0000	0.0000		
Name			N	REG														0.00		0.0000	0.0000	0.0000	0.0000		
Job Title				OT														0.00		0.0000	0.0000	0.0000	0.0000		
				OT @ Reg														0.00		0.0000	0.0000	0.0000	0.0000		
				Step Up														0.00		0.0000	0.0000	0.0000	0.0000		

<b>PAYROLL NOTES: Enter information below to explain unique pay policies or circumstances</b>  Regular shift hours worked as indicated on shift calendars and shift assignments Hours worked outside of regular shift hours, paid at overtime hourly rates Hours worked outside of regular shift hours, paid at overtime hourly rates Regular shift hours worked but backfilling for higher class position	Total Regular Hours (A)	0.00	Reg Time Subtotal (D)	\$ -
	Total OT Hours (A)	0.00	Reg Benefit Subtotal (E)	\$ -
	Total OT @ Reg Pay (A)	0.00	Reg Time Total (F)	\$ -
	Total Step Up PAY (A)	0.00	OT Subtotal (D)	\$ -
	Total Hours	0.00	OT Benefit Subtotal (E)	\$ -
			OT Total (F)	\$ -
			OT @ Reg Time Subtotal (D)	\$ -
			OT @ Reg Benefit Subtotal (E)	\$ -
			OT @ Reg Time Total (F)	\$ -
			Step Up Pay Subtotal (D)	\$ -
		Step Up Pay Benefit Subtotal (E)	\$ -	
		Step Up Pay Total (F)	\$ -	
		<b>Labor Cost Total</b>	<b>\$ -</b>	



**Nevada Division Of Emergency Management**

**Shift Information**

Applicant	Disaster / Event	Period Covering
Applicant Name	0	01/00/00 To 01/00/00
What are the Regular Shift Hours? (i.e. 07:00 - 07:00) <input type="text"/> to <input type="text"/>		
<b>(Please attach your Shift Calendar and Personnel Designation by shift days)</b>		
Are there any exceptions? (M-F 8-5, 12 hour shifts)	Y ( ) N ( )	
If yes, please specify name and actual shift:		
What are the number of regular hours in a pay period?	<input type="text"/>	
What are the number of hours worked before overtime goes into effect?	<input type="text"/>	
Are there "Built-In" overtime hours in a pay period? FLSA	Y ( ) N ( )	
If yes, please explain:		
Number of Work Hours per year?	<input type="text"/>	
Number of Pay Periods per year?	<input type="text"/>	
Comments:		

**Nevada Division Of Emergency Management**  
**Fringe Benefit Rate Calculation Worksheet**

<input type="checkbox"/> INDIVIDUAL	Applicant
<input type="checkbox"/> DEPARTMENT	Applicant Name

<b>Incident / Event</b>	<b>SDRS/Applicant Invoice Number</b>
0	

Force Account Labor fringe benefits are eligible for reimbursement. FICA (Social Security and Medicare) is required for overtime and some jurisdictions/entities may include retirement, unemployment, workmans compensation on overtime pay.

The following examples will assist in calculating the percentage of fringe benefits paid on an employee's salary:

- 1) The total work hours in a year will vary by employee and position. Examples are: an Administrative Assistant may normally work 2,080 hours in a year, while a Firefighter may work 2,916 hours per year.
- 2) Determine the employee's basic hourly pay rate (annual salary/number of hours worked per year)
- 3) Retirement pay: Use the percentage of salary paid by the employer.
- 4) Social Security and Medicare Unemployment Insurance: Both are a federally set standard of 7.65 percent of salary (Social Security - 6.20%, Medicare - 1.45%).
- 5) Health Insurance, Life Insurance and Workman's Compensation Insurance: This benefit varies by employee. Divide the amount the employer paid by the basic pay rate determined in Step 2.

**This form can be used to calculate each individual, or one form can be used to determine a rate for the entire department, if applicable.**

Fringe Benefits	Regular Time (By %)	Overtime (By %)	Part Time (By %)
Holiday	0.00%		
Vacation Leave	0.00%		
Sick Leave	0.00%		
Social Security	6.20%	6.20%	0.00%
Medicare	1.45%	1.45%	0.00%
Unemployment	0.00%	0.00%	0.00%
Worker's Compensation	0.00%	0.00%	0.00%
Retirement	0.00%	0.00%	
Health Benefits	0.00%		
Life Insurance Benefits	0.00%	0.00%	
Other	0.00%	0.00%	0.00%
<b>Total as % of Annual Salary</b>	7.65%	7.65%	0.00%

**Note: Please contact NDEM if you need assistance completing this form. Sample calculation worksheets are available.**

**Comments:**

Nevada Division of Emergency Management

TRAVEL SUMMARY RECORD

Applicant							Disaster / Event			Period Covering		
Applicant Name							\$ -			01/00/00 To 01/00/00		
Date	Breakfast	Lunch	Dinner	Daily Meal Total	Lodging	Rental Vehicle	Fuel / Tolls	Airfare / Baggage	Mileage For Personal Vehicles			
									Miles	Rate	Cost	
<b>NAME: o</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: b</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
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<b>NAME: c</b>												
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SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: d</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: e</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: f</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: g</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: h</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -

**Nevada Division of Emergency Management  
TRAVEL SUMMARY RECORD**

Applicant								Disaster / Event		Period Covering		
Applicant Name								\$ -		01/00/00 To 01/00/00		
Date	Breakfast	Lunch	Dinner	Daily Meal Total	Lodging	Rental Vehicle	Fuel / Tolls	Airfare / Baggage	Mileage For Personal Vehicles			
									Miles	Rate	Cost	
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME: i</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>NAME:</b>												
WED	01/00/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
THU	01/01/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
FRI	01/02/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SAT	01/03/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
SUN	01/04/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
MON	01/05/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
TUE	01/06/00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 0.540	\$ -
<b>TOTALS</b>				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<b>Comments (For further explanation of combined amounts in a column)</b>												

Nevada Division of Emergency Management  
**GROUP MEALS SUMMARY RECORD**

Applicant		Disaster / Event		Period Covering		
Applicant Name		0		01/00/00	TO	01/00/00
	Restaurant			Number of Meals	Average Meal Cost	Total Cost
<b>Date</b>	<b>10/2/2016</b>					
Breakfast						\$ -
Lunch						\$ -
Dinner						\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/3/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/4/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/5/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/6/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/7/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/8/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Date</b>	<b>10/9/2016</b>					
Breakfast					\$ -	\$ -
Lunch					\$ -	\$ -
Dinner					\$ -	\$ -
Daily Average					\$ -	\$ -
<b>Total Group Meals</b>						\$ -

Nevada Division of Emergency Management  
**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

Applicant			Disaster / Event											Period Covering			
Applicant Name			0											01/00/00	To	01/00/00	
Equipment Description <small>Indicate size, capacity, horsepower, make &amp; model, FMAS "E" number assignment, fleet number, etc.</small>	FEMA Equip. Code #	Operator's Name	Dates / Hours Used Each Day												Total (Hours or Miles)	Equipment Rate	Total Cost
			Date	1/0	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10			
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
			Hours												0.00		\$ -
<b>Equipment Summary Record Total</b>																\$ -	

**Nevada Division of Emergency Management  
MATERIALS SUMMARY RECORD**

Applicant		Disaster / Event				Period Covering			
Applicant Name		0				01/00/00	To	01/00/00	
Vendor	Description of Purchase Materials / Goods / Services Provide justification for purchase who/where/why	Quantity	Unit Cost	Total Original Cost	Validated Cost	Date Purchased	Date Used	Info From (Check One)	
								Invoice/Receipt	Stock
1			\$ -	\$ -	\$ -			x	
2			\$ -	\$ -	\$ -				
3			\$ -	\$ -	\$ -				
4			\$ -	\$ -	\$ -				
5			\$ -	\$ -	\$ -				
6			\$ -	\$ -	\$ -				
7			\$ -	\$ -	\$ -				
8			\$ -	\$ -	\$ -				
9			\$ -	\$ -	\$ -				
10			\$ -	\$ -	\$ -				
11			\$ -	\$ -	\$ -				
12			\$ -	\$ -	\$ -				
13			\$ -	\$ -	\$ -				
14			\$ -	\$ -	\$ -				
15			\$ -	\$ -	\$ -				
16			\$ -	\$ -	\$ -				
17			\$ -	\$ -	\$ -				
18			\$ -	\$ -	\$ -				
19			\$ -	\$ -	\$ -				
20			\$ -	\$ -	\$ -				
21			\$ -	\$ -	\$ -				
22			\$ -	\$ -	\$ -				
23			\$ -	\$ -	\$ -				
24			\$ -	\$ -	\$ -				
25			\$ -	\$ -	\$ -				
<b>Material Summary Record Total</b>					\$ -	\$ -			

**Nevada Division of Emergency Management  
RENTED EQUIPMENT SUMMARY RECORD**

<b>Applicant</b>	<b>Disaster / Event</b>	<b>Period Covering</b>
Applicant Name	0	01/00/00 To 01/00/00

Type of Equipment <small>Indicate size, capacity, horsepower, make &amp; model.</small>	Dates	Rate Per Hour		Total Cost	Vendor	Invoice Number	Date	Proof of Payment
	Hours Used	W/ OPR.	W/OUT OPR.				Amount	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
				\$ -			\$ -	
<b>Rented Equipment Summary Record Total:</b>				\$ -				



Nevada Division of Emergency Management  
**CONTRACT SUMMARY RECORD**

Applicant			Disaster / Event		Period Covering	
Applicant Name			0		01/00/00 To 01/00/00	
Date(s) Worked	Contractor	Invoice Number	Amount Due	Comments / Scope of Work		
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
<b>Contract Summary Record Total:</b>			\$ -			



