

# **National Urban Search and Rescue Response System**

In Federal Disaster Operations

## **Reimbursement Procedure**

**Federal Emergency Management Agency**

**April 2002**

## **FEMA Urban Search and Rescue Program Acknowledgements**

This publication of the Urban Search and Rescue Reimbursement Process would not have been possible without the input and dedication of the following people:

*Shawn Bailey  
Don Booth  
Dean Scott  
Chris Touzeau  
Peter Smalley  
Mike Fearnehough  
Rita Schmidt  
Taylor Askew, III  
Ted Stretmoyer*

*Carl Ott  
Ann Udland  
Virginia Plummer  
Paul Skedsvold  
Paul Sudmeyer  
Scott Anderson  
Herb Raynes  
Jerry Jones  
Jimmy Noplis*

These people, and others, helped develop this comprehensive reimbursement job aid.

This publication is dedicated to the Task Force personnel who perished on September 11, 2001, and those who responded to help.

Benjamin Strong  
Reimbursement Team Leader

# *Foreword*

In January 2002, a Reimbursement Team comprised of Urban Search & Rescue (US&R) Specialists, Logistics Specialists, and Comptrollers was assembled. The Team's mission was to assist the US&R Program in processing the claims of the Task Forces following the events of September 11, 2001. During the initial review period, it became apparent there was no established method for submitting or processing the claims.

The Reimbursement Team identified the need for a standard procedure by which future reimbursement requests could be processed. The Team was determined to create an all-inclusive package that would define the review process as well as assist the Task Forces in preparing their claims. Using information from a variety of sources including Inspector General audits, administrative procedures prepared by the Federal Emergency Management Agency (FEMA) and the Legal Issues Working Group, Task Force Personnel, and other FEMA guidelines, the Reimbursement Team was able to develop an electronic package that fulfilled the goals of providing an efficient, consistent review process, and an entire set of guidelines to assist the Task Forces with claim compilation.

Task Forces are asked to use the enclosed process to prepare, compile, and submit their reimbursement claim requests. Use of this process provides the review team with a logical and standard format by which to review claims. Furthermore, use of this process will greatly reduce the amount of time needed to process claims by the review team. FEMA understands the individual needs of all the different organizations affiliated with the US&R program. Therefore, it is acceptable for Task Forces to modify certain items as they see fit, provided the information submitted remains in the requested format.

Task Forces are reminded that this process was created under significant time constraints and is considered to be a "work in progress." Although we have meticulously reviewed all information and formulas, please verify all information submitted to be true and correct. Task Forces are reminded that reimbursement claims submitted for review and payment are subject to an official audit by the FEMA Inspector General at any time.

We hope that the enclosed standard allows Task Forces to prepare an all-inclusive claim for review, more easily and efficiently than in the past. We are here to assist you and support you throughout the entire process. Please submit any suggestions, corrections, and comments for possible inclusion in future versions.

# FEMA Urban Search and Rescue Program

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## **FEMA Urban Search and Rescue Program Compact Disk (CD) Instructions**

The “Reimbursement Procedure Version 1.5” Compact Disk (CD) is an update released in April 2002. The previous version is obsolete. The documents and workbooks found on the CD are generated in Microsoft Office 2000, Excel, Access, and Word programs.

All reimbursement claims submitted after April 1, 2002, should use the format on the CD.

The title of the CD is: “Reimbursement Procedure Version 1.5” and is formatted in five folders.

The first folder is labeled “01-Instructions.” This folder contains information about the reimbursement process and detailed instructions for completing each form. The booklet accompanying the CD contains all the printed documents included on the CD. If you do not receive a copy of this booklet, you may print the entire CD to create your own booklet or print just the documents you need.

The second folder is labeled “02-Sample Claim.” It contains a fairly complete sample reimbursement claim to demonstrate how forms should be prepared. The various folders included in this section represent a format for submitting documents and workbooks in an organized electronic format.

The third folder is labeled “03-Task Force Claims Workbooks.” This folder contains the same format, organization, and documents located in the “02-Sample Claim,” but the documents are blank and ready for your use.

The fourth folder is labeled “04-PowerPoint Presentation Folder.” This folder contains PowerPoint Presentations to assist in the familiarization of the Reimbursement process.

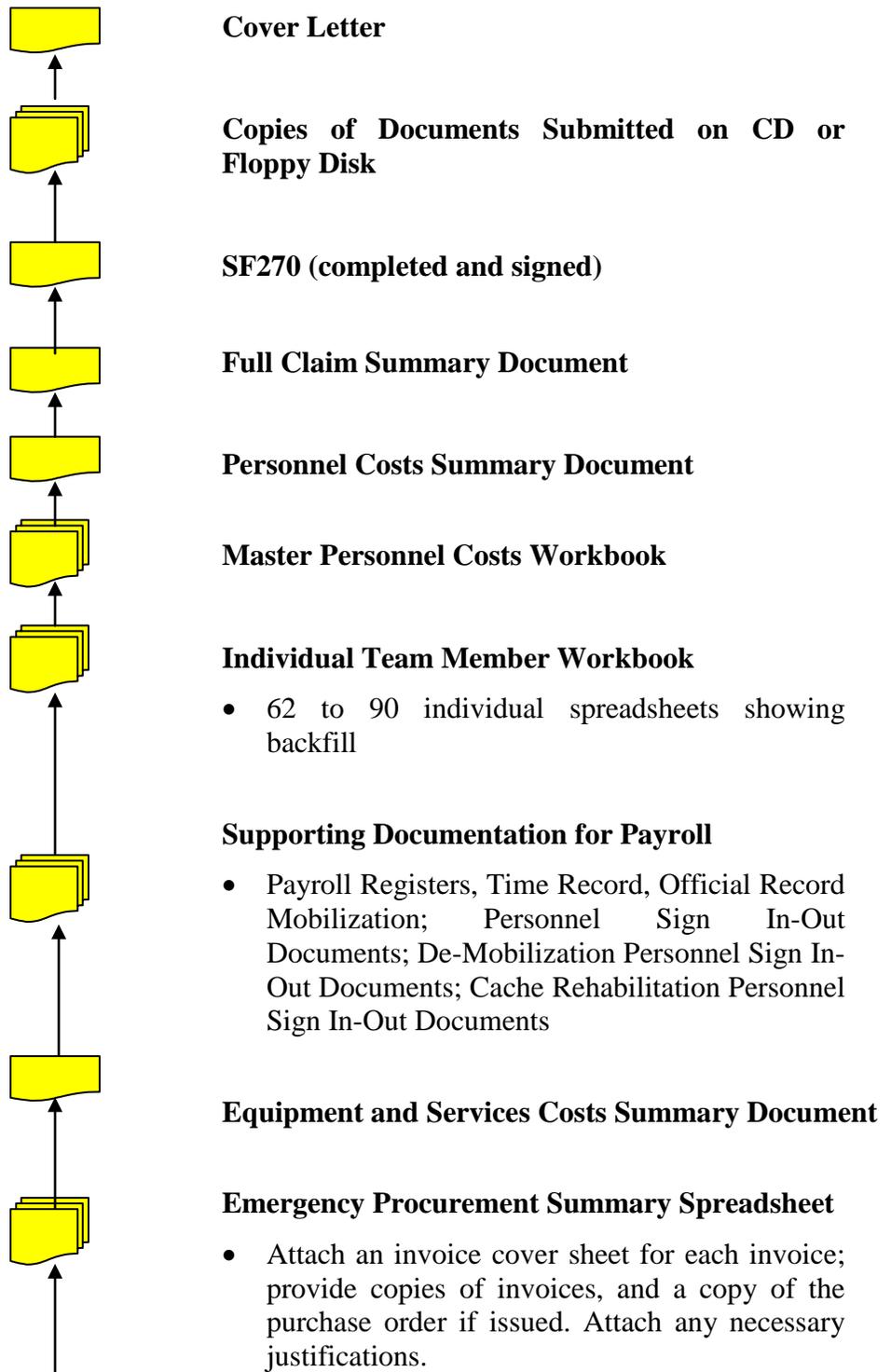
The fifth folder is labeled “05-After-Action Database Folder.” This folder contains an Access Database to assist in the collection of data in the required FEMA format. Task Force personnel are encouraged to use this database during a deployment to collect data.

Prior to starting a claim, copy either the “03-Task Force Claims Workbooks” folder or the subfolder “XX TF1 Reimbursement Claim” and the entire folder contents to a directory on your hard drive. Change XX TF1 to your State designation. From this point forward all documents relating to this claim should be stored in the appropriate claims folder on your hard drive.

When you are prepared to submit either a partial or a final claim, you are able to copy (burn a CD) the main reimbursement folder and its contents directly to a CD. The CD should be submitted with your hard copy reimbursement claim package.

Please remember, when saving or changing the names of files and folders it may be necessary to unlock the different workbooks. This may be accomplished by using the password “usar” in lower case letters.

# FEMA Urban Search and Rescue Program Reimbursement Claim Procedures Flow Chart #1



# FEMA Urban Search and Rescue Program

## Reimbursement Claim Procedures Flow Chart #1 (Continued)



### Equipment and Services Costs Summary Document (Continued)

#### Re-Supply Summary Spreadsheet

- Attach an invoice cover sheet for each invoice; provide copies of invoices, and a copy of the purchase order if issued. Attach any necessary justifications.



#### Transportation and Services Summary Spreadsheet

- Attach an invoice cover sheet for each invoice; provide copies of invoices, and a copy of the purchase order if issued. Attach any necessary justifications.



#### Lost or Damaged Equipment Summary Document

- Complete a GPLD Form 61-10 for each item lost, damaged, or repaired. Attach a GPLD to each copy of invoice used for repair or replacement, and a copy of the purchase order if issued. Attach any necessary justifications.



#### Pharmaceutical Cache Summary Spreadsheet

- Attach an invoice cover sheet for each invoice; provide copies of invoices, and a copy of the purchase order if issued. Attach any necessary justifications.



#### Administrative Costs Summary Document

- Reimbursement Claim Preparation Costs

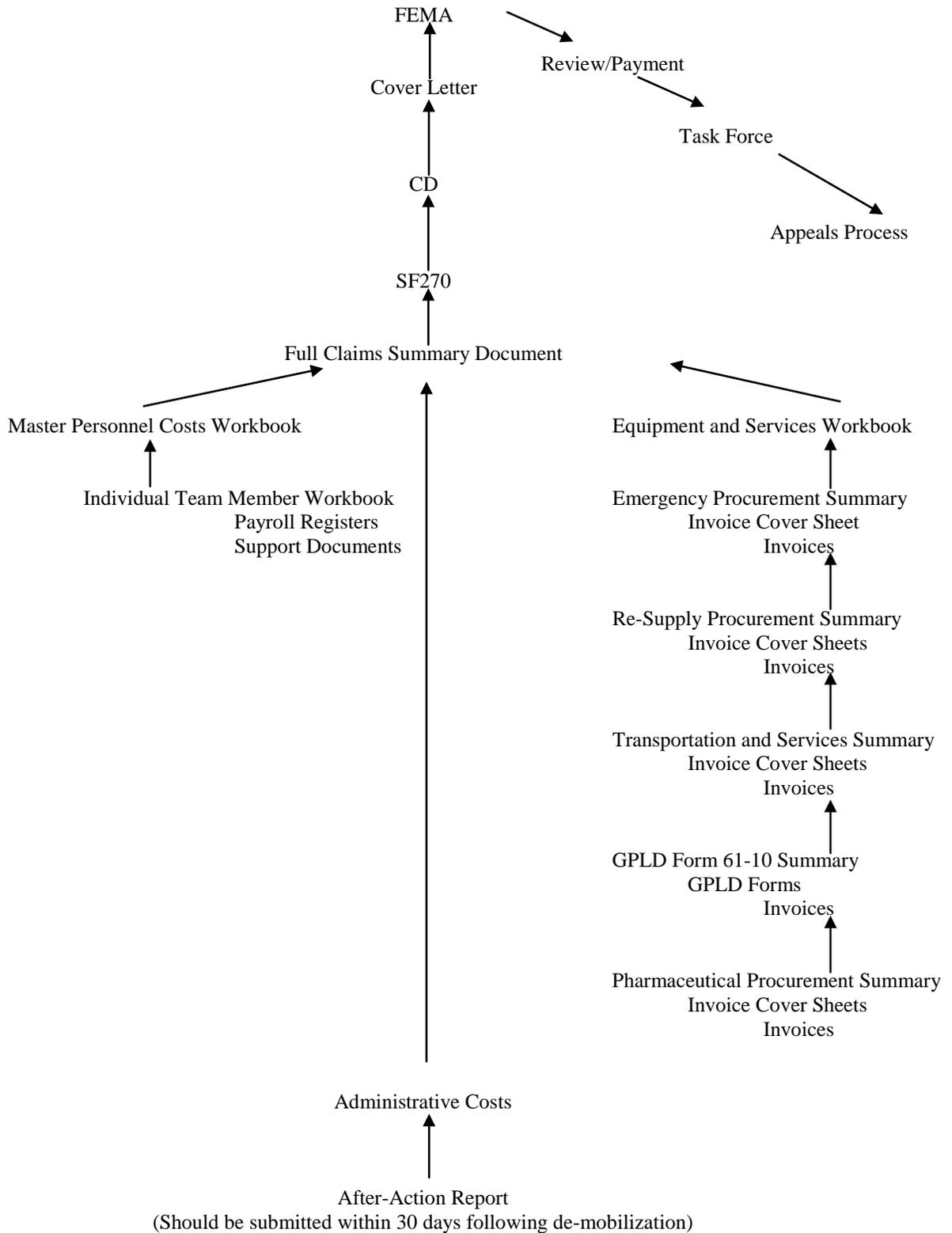


#### Task Force After-Action Report

- Submitted to FEMA within 30 days following de-mobilization

# FEMA Urban Search and Rescue Program

## Reimbursement Claim Procedures Flow Chart #2



## **FEMA Urban Search and Rescue Program Reimbursement Solutions**

FEMA has established several solutions to return funding to the Task Forces as quickly as possible following an alert or deployment.

### **1. 25% Advance on Estimated Personnel Costs.**

The twenty-five percent advance on personnel costs is available when a Task Force is activated or returns from a deployment and requests an advance. The advance should be calculated by FEMA based on the current 24-hour Task Force cost estimate on file. The cost estimate should be updated annually by the Task Force or on request from FEMA.

A cover letter requesting an advance accompanied by a SF270 should be sent to the FEMA US&R Program Manager by fax with originals following by overnight carrier.

*Note: When FEMA receives a completed SF270 including electronic direct-deposit information, the 25% advance is processed and sent to FEMA's finance department within 1 day. From there, the request is sent to the Treasury Department for payment. A payment can be expected in approximately 7 business days from the time it leaves the FEMA office.*

### **2. Partial Payment. Two Categories.**

This payment would include a request for the total of either your Personnel Costs or your Equipment and Services Costs.

Personnel Costs should only include items related to salaries, overtime, backfill, and benefits. This includes categories such as alert personnel costs, Incident Support Team (IST) personnel, mobilization and de-mobilization personnel, deployed personnel, cache rehabilitation personnel costs, civilian, and after-action costs.

Equipment and Services Costs include almost everything else not covered in the personnel costs. The equipment and services portion of the claim includes items such as emergency equipment purchase, re-supply, equipment repairs, transportation, and other services and pharmaceutical costs.

To receive a partial payment for either category, we must receive the following: a letter requesting a partial payment, a completed SF270 with the partial payment request information, a summary document, and all supporting documentation for that portion of the claim.

FEMA will assign personnel to review the claim. Any questions or exceptions with the claim are resolved through the Task Force and the approved reimbursement request is forwarded to the FEMA finance department. From there it is forwarded to the Treasury Department for payment.

### **3. Final Payment.**

Task Forces may elect to receive one payment for all costs associated with the Task Force alert or deployment. Any specific instructions concerning payment must be included in the cover letter accompanying any claim. *Task Forces sometimes utilize this option when the acceptance of more than one payment is a cumbersome process.*

*Note: The time it takes to review the claim package depends upon the clarity and inclusiveness of the package. FEMA Specialists review the documents and identify any exceptions associated with the claim. Once the questions are resolved, the SF270 and approval are forwarded to the finance department for final approval and payment.*

## **FEMA Urban Search and Rescue Program**

# **Instructions**

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## **FEMA Urban Search and Rescue Program**

### **Reimbursement Claims Procedure**

The following information is presented to assist the US&R Task Forces in preparing their activation reimbursement request for payment.

Documents and spreadsheets should be provided in both hard copy and an electronic format, such as on a Compact Disk (CD).

The reimbursement package should include all of the following information in an acceptable format as indicated:

**Cover Letter:** Information in the cover letter should include the Task Force State designation (i.e., XX TF1), the incident name, and the type of claim (i.e., 25% Advance, Partial, or Full Request). A summary of documents should be also be included (i.e., CD, SF270, Personnel Cost Summary Documents, and Equipment Cost Summary Documents).

Additionally, a primary and secondary contact person familiar with the reimbursement claim should be provided. The contact information should include the person's name, telephone number, fax number, and e-mail address.

**Compact Disk:** All documents prepared as part of the claim should be submitted on a CD or other acceptable digital format. This allows the reimbursement team access to review formulas and data located in spreadsheets or reports on the computer and creates a digital archive of submitted documents.

**Completed SF270:** The SF270 is a two-page document and should be completed and signed by an authorized agency representative. Instructions and samples of the SF270 form are included on the Reimbursement procedures CD.

**Categories:** Reimbursement claims are generally separated into three categories:

- Personnel Costs
- Equipment Costs
- Administrative Costs

## **FEMA Urban Search and Rescue Program Reimbursement Claims Procedure (Continued)**

**Summary Document:** The total package should be summarized on a “Full Claim Summary” ([sample](#)) ([blank](#)) document using a spreadsheet or other document that indicates each major category submitted for reimbursement.

**Personnel Costs:** The Personnel Cost Claim portion of the request should contain a separate summary document in a spreadsheet format or other acceptable document. The amount requested on the Personnel Costs Summary document should be entered on the “Full Claim Summary” document.

The summary should identify the number of personnel and hours used during the alert, IST, activation, mobilization, de-mobilization, and cache rehabilitation phases.

The summary should identify the date and time of the alert and activation, and the final release date and time from activation at the Task Force’s primary point of assembly.

Additionally, all major categories of the personnel claim should be identified and the corresponding claim amount pertinent to each category identified (i.e., alert personnel, IST personnel, Task Force members deployed, mobilization personnel, de-mobilization personnel, cache rehabilitation personnel, and all associated backfill).

Critical Incident Stress Management (CISM) personnel costs should be accounted for during the team member rehabilitation period. However, should full team defusing take place beyond the rehabilitation period, costs should be submitted on a separate spreadsheet found in the Master Personnel Costs Workbook. A separate category is identified on the Personnel Costs Summary Document. After-Action personnel costs associated with the After-Action Report and meetings should be identified separately and listed on the Personnel Costs Summary Document.

An “Individual Team Member Workbook” should be prepared for each team member that required backfill during the alert, mobilization, de-mobilization, and cache rehabilitation phases of the operation. Additionally, all IST and Task Force members deployed will have their own sheet completed. Those persons

**FEMA Urban Search and Rescue Program**  
**Reimbursement Claims Procedure (Continued)**

assisting during the alert, mobilization, de-mobilization, and cache rehabilitation periods who did not use backfill personnel should be accounted for on sign-in sheets or other official documents that indicate participation.

Payroll registers or [sign-in sheets](#) should be submitted to support the Individual Team Member Worksheets.

Separate instructions are provided for the Master Personnel Costs Workbook and the Individual Team Member Workbook.

**Equipment and Services Costs:**

There are five equipment categories:

**Emergency equipment procurement**

**Re-supply procurement**

**Transportation and services**

**GPLD Form 61-10, lost, stolen, or damaged equipment and repairs**

**Pharmaceutical purchase or re-supply**

The reimbursement request should include a summary document for each category and a cover page that summarizes the five categories.

**Emergency Equipment Procurement:**

This category refers to the emergency purchase of equipment by the Task Force in the amount stipulated in the Activation Order. Unless specifically instructed otherwise, the emergency procurement of equipment is only authorized during the first 72 hours of activation unless extended, in writing, by the US&R Program Manager. (Proof of an emergency purchase transaction is considered a properly issued purchase order. For reimbursement, an invoice is required and must be dated within the authorized time frame.)

Copies of invoices should be attached to a cover sheet. The invoice cover sheet should itemize each item purchased. A summary document should be provided to list all invoices submitted.

**No reimbursements will be made for items purchased (emergency purchases of equipment) after 72 hours following activation, unless prior arrangements have been made with the US&R Program Manager.**

## **FEMA Urban Search and Rescue Program Reimbursement Claims Procedure (Continued)**

**Re-Supply Procurement:** This category refers to equipment or supplies purchased to re-supply the cache items used during the de-mobilization phase of the Task Force deployment.

The purchase of “Re-Supply Items” at the Task Force’s home base should be limited. Written justification should be provided for each item purchased. The Task Force should identify why the IST Logistics did not complete the purchase during the Task Force’s activation time frame.

Copies of invoices should be attached to a cover sheet. The invoice cover sheet should itemize each item purchased. A summary document should be provided to list all invoices submitted.

**Task Forces are instructed to complete as much Re-Supply as possible through the IST while activated.**

**Transportation and Services:**

This category should include all items not covered by the Emergency Procurement and Re-Supply categories. Items such as contract drivers, bus charters, tractor rentals, cell phone usage, tolls, meals, lodging, etc., should be itemized, and be accompanied by detailed invoices.

Copies of invoices should be attached to a cover sheet. The invoice cover sheet should itemize each item purchased. A summary document should be provided to list all invoices submitted.

**GPLD Form 61-10, Lost, Stolen, or Damaged Equipment and Repairs**

This form refers to equipment that is lost, stolen, or damaged during the activation. One GPLD form should be used for each item lost, stolen, or damaged. Invoices for the purchase or repair of the items should be attached to this form, along with any police reports or reports submitted to the IST. A summary document should be included to list all GPLD forms submitted.

**Pharmaceutical Purchase or Re-Supply:**

This category refers to the consumable pharmaceutical supplies (medicines) purchased to support or re-supply the medical cache. Do not include any purchase or re-supply of items that are not considered a medicine or drug in this category.

Copies of invoices should be attached to a cover sheet. The invoice cover sheet should itemize each item purchased. A summary document should be provided to list all invoices submitted.

## **FEMA Urban Search and Rescue Program Reimbursement Claims Procedure (Continued)**

**After-Action Costs:** This category refers to the personnel costs associated with meetings held after the Task Force returns to its home location for the express purpose of completing the After-Action Report. All personnel costs to complete the After-Action Report should be submitted on a separate spreadsheet. A worksheet is provided as part of the Master Personnel Costs Workbook.

**Critical Incident Stress Management (CISM) Costs:** This category refers to personnel costs associated with the initial CISM defusing. Task Force Leaders are encouraged to complete the defusing prior to the end of the rehabilitation period following demobilization. Personnel costs should be included on the Individual Team Member Workbook and the Master Personnel Costs Workbook. If defusing takes place outside or beyond the rehabilitation period, personnel costs should be identified on a separate spreadsheet located in the Master Personnel Costs Workbook.

The initial defusing should be conducted according to FEMA established guidelines. A workbook is provided as part of the Master Personnel Costs Workbook.

Ongoing costs associated with CISM (debriefings, one-on-ones, psychotherapy, peer support) after the initial defusing should be submitted under Workers Compensation.

**Administrative Costs:** This is an allowable claim that includes costs associated with the physical preparation of the reimbursement claim.

The administrative allowance is intended to defray costs incurred by the following activities: collecting expenditure information from sponsoring organizations and participating agencies; compiling and summarizing cost records and reimbursement claims; duplicating cost records and reimbursement claims; and submitting reimbursement claims, including mailing, transmittal, and related costs.

The administrative allowance varies based upon the total allowable costs of the claim as follows:

If total allowable costs are less than \$100,000, the administrative allowance equals 3 percent of total allowable costs;

## **FEMA Urban Search and Rescue Program Reimbursement Claims Procedure (Continued)**

If total allowable costs are greater than \$100,000, but less than \$1,000,000, the administrative allowance is \$3,000 plus 2 percent of costs included in the reimbursement claim greater than \$100,000;

If total allowable costs are greater than \$1,000,000, the administrative allowance is \$21,000 plus 1 percent of costs included in the reimbursement claim greater than \$1,000,000.

The Administrative Costs reimbursement request should be summarized on a summary document and the total amount from this document entered on the "Full Claim Summary." There is a sample worksheet provided on the Reimbursement Procedures CD.

**Workers Compensation Claims:** This category should not be included in the reimbursement package and should be submitted to the US&R Program Manager directly under a separate cover and according to FEMA policy.

The full claim package should be copied and kept on file with the sponsoring organization.

The "Reimbursement Claim" package should be sent to FEMA by certified mail or another method to ensure tracking to:

**US&R Program  
FEMA, RR-OP-SR  
ATTN: Wanda Casey  
500 C Street SW, Room 609  
Washington, DC 20472**

*Note: U.S. Mail sent to FEMA is irradiated prior to reaching FEMA Headquarters. X-Ray machines are used for FedEx and other overnight carriers. Be careful with items that are sensitive to irradiation.*

## **FEMA Urban Search and Rescue Program Cover Letter Instructions**

The following information is provided to assist in completing the “Reimbursement Claim Cover Letter” in a standard manner:

- The letter should be written on letterhead from the Sponsoring Organization or on letterhead identifying the Task Force specifically.
- The letter should be addressed as follows:

**US&R Program  
FEMA, RR-OP-SR  
ATTN: Wanda Casey  
500 C Street SW, Room 609  
Washington, DC 20472**

- The letter should contain a subject line that states the subject matter of the letter.
- The letter should include the following facts:

Date of letter  
Task Force state designation  
Incident name  
Type of reimbursement (25% Advance, Partial, or Full)  
Amount of claim  
Names, telephone numbers, and e-mail addresses of personnel that may  
    be contacted to resolve specific issues with the claim submitted  
Summary of included documents

- An authorized agency representative should sign the letter.

A [sample cover letter](#) is provided in the Reimbursement CD-ROM package.

A [blank cover letter](#) is provided in the Reimbursement CD-ROM package.

*Task Forces are reminded that all U.S. Mail is subject to irradiation procedures prior to opening at FEMA Headquarters and may be damaged. Federal Express and other overnight carriers use x-ray procedures to examine documents. All documents submitted to FEMA should be sent in a manner to provide a tracking number.*

## FEMA Urban Search and Rescue Program

### Instructions for SF270

#### 25% Advance Request Only

#### Request for “Advance or Reimbursement” [Form, SF270](#)

The SF270 form is available on disk and can be electronically forwarded on request. The required newer version of the SF270 is a two-page form and both pages must be submitted.

The following instructions are provided to assist in the completion of the SF270 form when requesting a 25% Advance. The SF270 form included in this packet is interactive. The worksheet is protected to keep the formulas from being erased.

- Block 1. (a)** Indicate this request is an “Advance.”
- Block 1. (b)** Indicate this request is a Partial request.
- Block 2.** Basis of request should be indicated as “Cash.”
- Block 3.** “FEMA, RR-OP-SR” (data is already entered and protected).
- Block 4.** Enter your deployment Cooperative Agreement number.
- Block 5.** Enter “#1, Advance.”
- Block 6.** Enter your agency’s Employer Identification number.
- Block 7.** Enter your Task Force designation (i.e., “XX TF1”).
- Block 8.** Enter time period covered by this request. This begins on the day of the alert or activation and ends up to the point you are submitting the SF270.
- Block 9.** Enter your agency’s full address. Additionally, include an “Attention” line (example, ATTN: Chief XXXXX).
- Block 10.** This block must be completed. Do not use phrases such as “on file” or “same as block 9.” This block should be used for electronic transfer of funds. Include the following:

**Bank Name**

**ABA #**

**Account Number #**

**Attn:** (Bank Representative or contact name)

**Telephone #** (Contact number for bank representative)

#### Block 11. For Advance Request of Personnel Costs

Column (a)	<b>Top Block</b> Indicate Incident Name or Grant Name (example, SLC Deployment, Advance).
Row (a)	Enter date (as of period).
Row (a), Column (a)	Enter amount of advance request.
Row (b), Column (a)	Leave blank.
Row (c), Column (a)	Box will fill in automatically.
Row (d), Column (a)	Leave blank.
Row (e), Column (a)	Box will fill in automatically.
Row (f), Column (a)	Leave blank.
Row (g), Column (a)	Box will fill in automatically.

## **FEMA Urban Search and Rescue Program**

### **Instructions for SF270 (Continued)**

#### **25% Advance Request Only**

Row (h), Column (a) Leave blank.  
Row (i), Column (a) Box will fill in automatically.  
Row (j), Column (a) Leave blank.

**Block 12.** Leave blank.

**Block 13.** Fill out and sign.

See the Sample "[SF270 25% Advance](#)" in the Sample Claim Folder located on the Reimbursement Procedure CD. Use a blank form from the Task Force Claims Workbook Folder. Any questions concerning the filling out of this document may be directed to the US&R Program Office. (The password to unlock the form if needed is "usar".)

## FEMA Urban Search and Rescue Program Instructions for Completing SF270

### Request for “Advance or Reimbursement” [Form, SF270](#)

The form is available on the Reimbursement Procedure CD. The required newer version of the SF270 is a two-page document and both pages need to be submitted.

The following instructions are provided to assist in the completion of the SF270 form when requesting a 25% advance, a partial payment request of either all personnel costs or all logistics costs, and/or a final request for payment. The SF270 form included in this packet is interactive. The worksheet is protected to keep the formulas from being erased.

- Block 1. (a)** Indicate whether this request is an “Advance or Reimbursement.”
- Block 1. (b)** Indicate whether this request is a Final or Partial request. (An advance is considered a partial request for this box.)
- Block 2.** Basis of request should be indicated as “Cash.”
- Block 3.** “FEMA, RR-OP-SR” (data is already entered and protected).
- Block 4.** Enter your deployment Cooperative Agreement number.
- Block 5.** If you are requesting a partial payment, enter the number of this request (example, Request #1, Advance, Request #2, Partial or Request #3, Final).
- Block 6.** Enter your agency’s Employer Identification Number.
- Block 7.** Enter your Task Force designation (i.e., XX TF1).
- Block 8.** Enter time period covered by this request. This begins on the day of the alert or activation and ends up to the point you are submitting the SF270 or when all activities relating to the incident are complete.
- Block 9.** Enter your agency’s full address. Additionally, include an “Attention” line (example, ATTN: Chief XXXXX).
- Block 10.** This block must be completed. Do not use phrases such as “on file” or “same as block 9.” This block should be used for electronic transfer of funds. Include the following:

**Bank Name**

**ABA #**

**Account Number #**

**Attn:** (Bank Representative or contact name)

**Telephone #** (Contact number for bank representative)

### THREE SEPARATE INSTRUCTIONS FOR BLOCK 11.

#### Block 11. For Advance Request of Personnel Costs

- |                     |   |
|---------------------|---|
| Column (a)          | <b>Top Block</b> Indicate Incident Name (example, SLC Deployment, #1, Advance). |
| Row (a)             | Enter date (as of period).  |
| Row (a), Column (a) | Enter amount of advance request.  |
| Row (b), Column (a) | Leave blank.  |
| Row (c), Column (a) | Box will fill in automatically (data is protected).                             |

**FEMA Urban Search and Rescue Program  
Instructions for Completing SF270 (Continued)**

- Row (d), Column (a) Leave blank.
- Row (e), Column (a) Box will fill in automatically (data is protected).
- Row (f), Column (a) Leave blank.
- Row (g), Column (a) Box will fill in automatically (data is protected).
- Row (h), Column (a) Leave blank.
- Row (i), Column (a) Box will fill in automatically (data is protected).
- Row (j), Column (a) Leave blank.

**Block 11. Partial Requests for either Total Personnel Costs or Total Equipment Costs**

- Column (a) **Top Block** Indicate Incident Name (example, SLC Deployment, Request #1, 2, or 3, Partial).
- Row (a) Enter date (as of period).
- Row (a), Column (a) Grand total of all expenses being requested. This includes any amount requested previously and the total amount now being requested.
- Row (b), Column (a) Enter the amount previously requested even if it has not been received yet.
- Row (c), Column (a) Box will fill in automatically (data is protected).
- Row (d), Column (a) Leave blank.
- Row (e), Column (a) Box will fill in automatically (data is protected).
- Row (f), Column (a) Leave blank.
- Row (g), Column (a) Box will fill in automatically (data is protected).
- Row (h), Column (a) Leave blank.
- Row (i), Column (a) Box will fill in automatically (data is protected).
- Row (j), Column (a) Leave blank.

**Block 11. Final Request After a Partial or an Advance Has Already Been Requested**

- Column (a) **Top Block** Indicate Incident Name (example, SLC Deployment, Request #1, 2, or 3, Final).
- Row (a) Enter date (as of period).
- Row (a), Column (a) Grand total of all expenses for this incident. Includes personnel costs, equipment costs, transportation costs, etc.
- Row (b), Column (a) Enter the total amount of all previously requested funds.
- Row (c), Column (a) Box will fill in automatically (data is protected).
- Row (d), Column (a) Leave blank.
- Row (e), Column (a) Box will fill in automatically (data is protected).
- Row (f), Column (a) Leave blank.
- Row (g), Column (a) Box will fill in automatically (data is protected).
- Row (h), Column (a) Leave blank.
- Row (i), Column (a) Box will fill in automatically (data is protected).
- Row (j), Column (a) Leave blank.

## **FEMA Urban Search and Rescue Program Instructions for Completing SF270 (Continued)**

**Block 12.** Leave blank.

**Block 13.** Complete this block as indicated, ensuring the person signing has the proper authority to request the funding.

There are four Sample SF270 forms provided with the CD information packet.

- Sample [SF270 #1](#) is a sample used for “25% Advance Requests.”
- Sample [SF270 #2](#) is a sample used for “Partial Requests.”
- Sample [SF270 #3](#) is a sample used for “Final Requests” when a previous request has already been processed.
- Sample [SF270 #4](#) is a sample used for “Final Requests” with no previous requests submitted.

If a Task Force is not submitting for an “Advance” or “Partial Request” payment the Task Force may elect to receive one **Final Payment**. The information will be the same as in SF270 Sample number #4 except:

Block #1 (a)	Indicate “Reimbursement.”
Block #1 (b)	Indicate “Final.”
Block #5	Indicate “Request #1, Final.”
Block #11, Column (a)	Top Block: Enter the incident name and Request #1, Final.
Block #11, Row (a) Column (a)	Enter the total amount requested for reimbursement.

Sign form as indicated.

Any questions concerning the filling out of this document may be directed to the US&R Program office. (The password to unlock the form if needed is “usar”.)

# FEMA Urban Search and Rescue Program

## Master Personnel Costs Workbook

### Instructions

The Master Personnel Costs Workbook is a multi-sheet Excel<sup>®</sup> document ([sample](#)) formatted to assist the Task Force in preparing the personnel payroll information for personnel involved with a US&R alert or activation.

The Master Personnel Workbook should be used to collect data on all personnel that are utilized during the alert, mobilization, de-mobilization, and cache rehabilitation that have been “backfilled.” The Workbook should be used for all deployed Task Force members or for Personnel used in other phases of the Task Force operations.

The Workbook is divided into seven categories: Personnel Summary, Alert Personnel, IST Personnel, Activated Task Force Personnel, Support Personnel, Critical Incident Stress Management (CISM), and After-Action. This Workbook only relates to personnel costs.

**Personnel Costs Summary Data:** The worksheet is locked to protect the data collected from the other workbook sheets. It summarizes the data collected from the other worksheets and is the first sheet in the Workbook.

**Alert Personnel Costs:** Collects data pertaining to individuals involved in the alert process for a Task Force. Task Forces are reminded they have a dollar amount “limit” authorized in the alert order. Task Forces will not be reimbursed for more than the amount stated in the alert order without written authorization from FEMA to exceed the amount. Backup documentation or information may be collected in the form of sign-in rosters, log books, personnel time or payroll sheets. If backfill is used for a team member, the Individual Team Member Workbook must be used for each person using backfill.

**IST Personnel Costs:** Collects data pertaining to individuals involved in an IST deployment. The Individual Team Member Workbook must be used for each person deployed as an IST member. The data from the Individual Team Member Workbook will be transferred to the Master Personnel Costs Workbook.

**Activated Task Force Members Personnel Costs:** Collects data pertaining to individuals activated for a Task Force deployment. The Individual Team Member Workbook must be used for each person deployed as a Task Force member. The data from the Individual Team Member Workbook will be transferred to the Master Personnel Costs Workbook. The categories in this worksheet are broken down into activated Task Force members, Haz Mat personnel, drivers, and other FEMA authorized miscellaneous personnel and their associated backfill.

<b>Support Personnel Costs:</b>	Collects data pertaining to individuals involved in the mobilization, demobilization, and cache rehabilitation phases of an activation. If backfill is used for any persons involved in either of these processes, the Individual Workbook will be completed for each person and the data transferred to the Master Personnel Costs Workbook. Copies of sign-in sheets, logbooks, or payroll time sheets may be submitted as supporting documentation.
<b>CISM Personnel Costs:</b>	Collects data pertaining to individuals involved in a CISM debriefing or defusing after a deployment. The worksheet is used in a similar manner as the Activated Task Force Members Personnel Costs Spreadsheet as it has the same rows and columns. The Individual Team Member Workbook spreadsheet must be used for each person that has someone backfilling for them. Otherwise, sign-in sheets, payroll registers, or log books showing attendance may be included for documentation. The data from the Individual Team Member Workbook will be transferred to the Master Personnel Costs Workbook. <b>THE CISM WORKBOOK IS NOT USED WHEN MEETINGS ARE CONDUCTED DURING THE REHABILITATION PERIOD AND COSTS ARE ALREADY ACCOUNTED FOR.</b>
<b>After-Action Personnel Costs:</b>	Collects data pertaining to individuals involved in Claim preparation, After-Action meetings and for the preparation of the After-Action Report. If backfill is used for any persons involved in this process, the Individual Team Member Workbook should be completed for those using backfill and the data transferred to the Master Personnel Costs Workbook. Copies of sign-in sheets, logbooks, or payroll time sheets should be submitted as supporting documentation.

**Procedure to complete Master Personnel Costs Workbook:**

1. Open a blank [Master Personnel Costs Workbook](#) and immediately “Save As” the document in the name of the Incident and Task Force (i.e., World Trade Center-XX-TF1.xls). You may be required to “unprotect” the file prior to changing the file name. (Password “usar”)
2. The individual cells on the separate worksheets have “comment boxes” to assist in the completion of each row or column. Each worksheet is “protected” for formula integrity and you are encouraged to re-protect the worksheet if you make changes. You are authorized to add columns and rows as needed. It is suggested to have someone with Excel<sup>®</sup> experience reformat your document after any changes to ensure formulas are correct and pages print correctly.
3. The data from the individual worksheets will be calculated automatically and transferred to the Personnel Costs Summary Data page at the beginning of the workbook.
4. Complete each worksheet in the Workbook as needed. Submit all pages as a complete package.

5. Exempt personnel should be identified by placing an “N” in the “T” column of the Master Personnel Costs Workbook. Non-exempt personnel receiving overtime at the 1.5 rate should be identified by placing a “Y” in the “T” column.
6. Backfill personnel names are never entered on the Master Personnel Costs Workbook. Their names are only entered on the Individual Team Member Workbook.
7. When entering the hourly rate, either on the Master Personnel Costs Workbook or the Individual Team Member Workbook, adjust your decimal point and column size so the hourly rate entered is the same on both workbooks. The rounding off of numbers may cause calculation differences in your total.

# FEMA Urban Search and Rescue Program

## Individual Team Member Workbook

### Instructions

The Individual Team Member Workbook is a three-section Excel<sup>®</sup> workbook (*Version 1.5*) ([sample](#)) formatted to assist the Task Force in preparing the personnel payroll information for Task Force personnel involved with a US&R alert, activation, or de-mobilization.

The Individual Team Member Workbook should be used for all deployed Task Force members. Additionally, the Individual Team Member Workbook should be used for any personnel that worked or assisted during an alert, mobilization, de-mobilization, and cache rehabilitation that used “backfill.”

Section one of the workbook is the “Individual Input” worksheet and section two is the “View and Print Worksheet.” There is a second page to the View and Print worksheet that does not have to be submitted if six or less backfill personnel are used. Data is inputted on sheet one and is calculated automatically to the “View and Print” worksheets.

The third section in the workbook is a Team Member data page. This form may be used when a Task Force is deployed. It is a method to collect normal work schedule data from a team member. The day of the week and date information is entered and all other information is left blank. The form is printed and given to Task Force members to complete by hand. After completion, it is collected and either entered on the team member’s Individual Team Member Workbook by the Technical Information Specialist while deployed or kept on file for the Task Force Administrator.

Personal team member information and backfill information collected on the Individual Team Member Workbook should be transferred to the Master Personnel Costs Workbook. The copy of the Master Personnel Costs Workbook is located in the Task Force Claims Workbook Folder on the Reimbursement Procedure CD or from the US&R Program Office. The View and Print worksheet is submitted along with the Master Personnel Costs Workbook as supporting documentation.

#### **Procedure to complete Individual Team Member Workbook:**

1. Open a [blank Individual Team Member Workbook](#) and immediately “Save As” the document into the name of the Task Force member that was either activated or had backfill. Additionally, save the file into an appropriate folder. Open the Individual Team Member Workbook to make Task Force member entries. You may be required to unprotect the worksheet to save into different file names. (Password “usar”)
2. Enter the Task Force designation and personnel information as indicated on the workbook form in spaces highlighted in yellow. Data will include team member’s position, name, department name or agency designation, social security number (ss#),

hourly rate (hourly rate should be entered to the same decimal point on all workbooks), department, or agency rank.

3. There are three input areas for benefits. Benefits are defined at the State, county, or municipal payroll or finance level. Benefits represent an amount that is not defined in an individual's hourly rate. The percentage indicated must be documented and available to be presented on demand. There are usually different percentages for straight time and overtime. Backfill benefit percentages are only allowable for activated team members and backfilled personnel filling in for a deployed team member. Backfill used during an alert, mobilization, de-mobilization, cache rehabilitation, or any other activities while team members are at their home base are not reimbursed for the benefit percentage. Benefit percentages may sometimes include such items as FICA, insurance, Medicare, pension benefits, etc., as determined by your organization. All percentages begin at 100% (25% equals 125%).
4. Each "Backfill" person hired to replace a team member must be properly accounted for in the Individual Team Member Workbook. Indicate the name, social security number (ss#), and the hourly rate of the person on the proper individual worksheet. Additionally, total backfill hours will be entered on the Master Personnel Costs Workbook. If more than twelve personnel are used to backfill one activated team member, contact the US&R Program Manager for an updated version to reflect additional entry boxes.
5. It is important that beginning and ending dates and times are indicated. Use the boxes located in the upper right hand corner of the input worksheet to distinguish when the Task Force was alerted, activated, or de-mobilized at the team's point of assembly. You are reminded that when completing the worksheets that you must use actual times for personnel beginning and ending time periods.
6. In the boxes labeled "Day of Week" located in row 28 of the worksheet you must physically change the day of the week to correspond with the dates indicated in row 29.
7. Row 29 labeled "Dates" of the worksheet will change automatically after the first date is inputted (i.e., input 9/11/2001 and the other boxes in the row will change automatically).
8. Row 30 labeled "At Home On Duty Work Hours" is the actual work schedule a team member would have worked as part of their normal shift at home. Indicate Kelly days, r-days, or other official days off. Vacation days should be cancelled as part of an activation.
9. Row 31 labeled "US&R Work Hours" is the time the team member is assigned to US&R activities. The first and last days will have beginning and end times. The middle days should be represented as working 24 hours a day or per current FEMA policy.
10. Rows 32 and 33 labeled "Straight Time Hours" and "Overtime Hours" refer to the amount of hours the team member has worked straight time or overtime during this period. (If a team member normally is working a 24-hour shift during this time period at home, then he will receive credit for 24 hours straight time. If a team member normally works an 8-hour shift at home, he would receive credit for 8 hours of straight time and the balance in overtime if it is indicated.) Any additional clarification may be requested through the US&R Program Office.

11. If the team member is an exempt employee, change the “Overtime Hourly Rate” formula in cell “D21” on the View and Print Worksheet to reflect 1.0 instead of 1.5. Make a note in the REMARKS box on the View and Print page referencing this or any other changes.
12. Backfill hours should be filled in for the backfill individual starting at row 38 under “Personnel Backfill Hours.” If more than one person backfilled for a team member, show the different backfilling personnel and the amount of hours worked. Backfill hours should never exceed the time the deployed team member would have worked.
13. Print the “View and Print” worksheet and verify the correctness of the information.
14. Enter the personal team member information and backfill information located on the View and Print Worksheet for the deploying team member in the appropriate boxes on the Master Personnel Costs Workbook.
15. Individual printed worksheets for each team member should be submitted with the Master Personnel Costs Workbook and reimbursement claim as supporting documentation.

**FEMA Urban Search and Rescue Program**  
**Equipment Summary Documents**  
**Instructions**

There are two types of summary documents used in preparing an equipment reimbursement claim. The first is the “Equipment Costs Summary Document” ([sample](#)) and the second is the “Equipment Category Summary” document.

The Equipment Costs Summary Document is a collection of information and data from the separate categories of Emergency Equipment Procurement, Re-Supply, Transportation and Services, Pharmaceutical Cache, and the GPLD, Form 61-10. The Equipment Costs Summary Document is a cover sheet to the equipment package being submitted for reimbursement. The total amount claimed on this form is the amount that will be entered on the “Full Claim Summary” document or the amount that will be submitted for a partial claim payment.

The second summary document is an Excel<sup>®</sup> worksheet used to summarize each category of invoices submitted. This is also a cover sheet used to collect information from the invoice cover sheets and a method to submit the invoices in a chronological order.

The categories are: Emergency Equipment Procurement, Re-Supply, Transportation and Services, Pharmaceutical Cache, and the GPLD, Form 61-10. Use one cover sheet for each of the separate categories to summarize the invoices submitted. The form is interactive and will calculate totals of the data entered.

This form will automatically calculate the data to the Equipment Costs Summary Document.

**FEMA Urban Search and Rescue Program**  
**Invoice Summary Documents**  
**Instructions**

Each invoice submitted to FEMA for reimbursement should have an [Invoice Cover Sheet](#) attached.

The Invoice Cover Sheet should be numbered to track each invoice submitted in chronological order. ([sample #1](#)), ([sample #2](#)), ([sample #3](#)), ([sample #4](#))

Each item purchased on an invoice should be itemized on the cover sheet to include the cost of shipping and freight. The Invoice Cover Sheet will list all items submitted for reimbursement.

The Invoice Cover Sheet provides FEMA with a mechanism to track equipment purchased during disaster operations. Furthermore, the cover sheet provides the means to quickly and systematically review invoices submitted. Additionally, it will be used to assist the Logistics sub-committee in determining items that need to be added to the cache or assigning cache numbers to items that are associated to other items in the cache.

Individuals completing this cover sheet are instructed to fill it out as completely as possible. If an item does not have a specific cache number, you are instructed to fill in a cache number that is associated with the item you purchased.

Task Force personnel are reminded that certain restrictions apply to quantities and cost caps. A written justification or prior written approval from the US&R Program Office must be submitted when there are variations that exceed the allowable purchases on the Equipment Cache List.

**FEMA Urban Search and Rescue Program**  
**GPLD, Form 61-10 Lost or Damaged Survey Certificate**  
**Instructions**

The Government Property Lost or Damaged (GPLD), Form 61-10 Survey Certificate should be used when equipment is damaged, lost, or stolen. The agency using this form should follow its department's normal reporting procedure for damaged, lost, or stolen property (i.e., police reports, agency's internal report) and attach a copy to this form. Additionally, copies of documents and reports made to the IST concerning the claim should be attached.

A summary document should be used to reconcile and identify all certificates submitted.  
([sample #1](#)), ([sample #2](#))

The following information is provided to assist in completing the GPLD Survey Certificate:

- Block 1. Assign a number to all vouchers. Use a number 1 through 20 or more as it applies. Cross-reference this voucher number on the GPLD Summary Document.
- Block 2. **US&R Program Manager**  
**FEMA, RR-OP-SR**  
**500 C Street SW, Room 609**  
**Washington, DC 20472**
- Block 3. Use the full address and Task Force designation normally used by your Task Force to receive correspondence, i.e.,  
**US&R Coordinator, XX TF1**  
**City of XXXX Fire Rescue**  
**1111 SW 1<sup>st</sup> Street**  
**Washington, DC 11111**
- Block 4. Enter the name and title of the individual (i.e., Logistics Specialist) in charge of equipment or the individual responsible for preparing the report.
- Block 5. Check this box to indicate the proper item. If an item was stolen, check the "loss" category.
- Block 6. Enter the Task Force "Item Number" as referenced on the US&R Equipment List.
- Block 7. Enter the full description of the cache item as it appears on the cache list under "Description."
- Block 8. Enter the quantity lost, stolen, or damaged.
- Block 9. Unit of issue: each, roll, package, lot, tube, etc.
- Block 10. Enter the cost of one unit or item.
- Block 11. Represents the calculated total cost of this line item. (Block 8 times block 10).
- Block 12. Represents the calculated total cost of all items in Block 11.

**FEMA Urban Search and Rescue Program**  
**GPLD, Form 61-10 Lost or Damaged Survey Certificate**  
**Instructions (Continued)**

Block 13. **IMPORTANT:** This box should include a description of what, when, where, and how the item was damaged, lost, or stolen, the current disposition of the item and what measures were used to resolve the issue at that time. If the item is permanently taken out of service, state what is being done with the equipment (i.e., discarded, destroyed, donated, sold for scrap, etc.).

Any follow-up to the incident should be documented. Include who was notified at the IST, police report case numbers, reference invoice numbers, and any other reports that will be attached.

Block 14. Task Force Leader's name.

Block 14a. Task Force Leader's signature.

Block 14b. Date the Task Force Leader signs the form.

Blocks 15 through 16b. Are completed by the Task Force Leader or other authorized FEMA personnel.

**Reminder: Be sure to attach such documents as repair estimates, repair invoices, purchase invoices, purchase orders, police reports, or agency reports as required. If an item is taken out of service, provide an explanation as to the disposition of the item (how it was disposed of).**

**An invoice cover sheet should be used if items on an invoice need further explanation or if the invoice submitted is lengthy in nature. The invoice and invoice cover sheet will then be attached to the GPLD 61-10 with any other required documents.**

## **FEMA Urban Search and Rescue Program After-Action Report Instructions**

Reports should be written in a professional manner. The Task Force should provide FEMA with one bound copy of the After-Action Report and a copy in a digital format on a CD.

The report should cover the following subjects at a minimum:

### **After-Action Report**

- Executive summary
- Introduction and Overview of the mission, including where and when the mission occurred
- Provide copies of your alert, activation, and de-mobilization orders
- Provide a chronology of events, including alert, activation, mobilization, on-site operations, reassignment/de-mobilization, and post-mission activities' dates and times (incident stress management, equipment rehabilitation, mission debriefings, etc.)
- Provide copies of the Task Force chronological log and daily reports
- Evaluation of overall response and effectiveness of Task Force organization, call-out procedures, operating procedures, operational checklists, position descriptions, equipment, and prior training

### **Lessons Learned**

- Should be presented in FEMA's standard After-Action Report in the three-section format and in two separate categories.
- For each action item: 1. Identify the issue, 2. Provide an observation or discussion, 3. Provide a formal recommendation, solution, or change request.
- The first category should include system wide issues such as: alert or activation procedures, mobilization, transportation, on-site coordination, coordination issues with other emergency response teams and other emergency support functions, communications, liaison activities with the IST, and effective integration with the local incident management structure, etc.
- The second category should include Task Force issues such as: evaluation of the mission operations, alert and activation procedures, safety, search, rescue team operations, medical issues, communications, planning and logistical movement issues, transportation and re-supply activities, and other on-site coordination issues, etc.

The report should be submitted to FEMA Headquarters with a cover letter no later than 30 days after returning from a deployment. Personnel costs associated with meetings and the preparation of the after-action report are to be entered on the spreadsheet located in the Master Personnel Costs Workbook. ([sample](#)) ([blank](#))

## **FEMA Urban Search and Rescue Program Workers Compensation Submittal Instructions**

Workers compensation claims should not be included in the reimbursement claims package.

Task Forces are directed to compile all claims and submit them in a separate package to the US&R Program at the following address:

**US&R Program  
FEMA, RR-OP-SR  
ATTN: Wanda Casey  
500 C Street SW, Room 609  
Washington, DC 20472**

Claims forwarded to the US&R office should have a cover letter that includes:

- Date of Letter
- Task Force state designation and address
- Subject line identifying the subject matter
- Incident name
- Number of claims
- Type of claims
- Amount of claims
- Names, telephone numbers, and e-mail addresses of personnel that may be contacted to resolve any issues with the claim submitted

The package should include all necessary documents. All forms should be filled out in their entirety and signed as necessary.

The authorized agency representative should sign the letter.

*Task Forces are reminded that U.S. Mail is subject to irradiation procedures prior to opening at FEMA Headquarters and may be damaged. Federal Express and other overnight carriers use x-ray procedures to examine documents. All documents submitted to FEMA should be sent in a manner to provide a tracking number.*

**FEMA Urban Search and Rescue Program  
Administrative Costs Instructions**

The administrative allowance varies based upon the total allowable costs of the claim as follows:

- 1. If total allowable costs are less than \$100,000, the administrative allowance equals 3 percent of total allowable costs:**

Example: Reimbursement Claim for \$90,000.00

$$\begin{array}{r} \$90,000.00 \\ \times \quad 3\% \\ \hline \$ 2,700.00 \end{array}$$

**Administrative claim is for \$2,700.00**

- 2. If total allowable costs are greater than \$100,000, but less than \$1,000,000, the administrative allowance is \$3,000 plus 2 percent of costs included in the reimbursement claim greater than \$100,000:**

Example: Reimbursement Claim for \$700,000.00

\$100,000.00	\$700,000.00
<u>        x 3%</u>	<u>- 100,000.00</u>
\$ 3,000.00	\$ 600,000.00
600,000.00	\$ 3,000.00
<u>        x 2%</u>	<u>\$12,000.00</u>
\$ 12,000.00	\$15,000.00

**Administrative claim is for \$15,000.00**

3. If total allowable costs are greater than \$1,000,000, the administrative allowance is \$21,000 for \$1,000,000 plus 1 percent of costs included in the reimbursement claim greater than \$1,000,000:

Example: Reimbursement Claim for \$1,190,000.00 ([Workbook sample](#)), ([Workbook blank](#))

\$100,000.00	\$1,000,000.00	
x 3%	- 100,000.00	
\$ 3,000.00	\$ 900,000.00	
		\$ 3,000.00
\$900,000.00	\$ 190,000.00	\$18,000.00
x 2%	x 1%	\$ 1,900.00
\$ 18,000.00	\$ 1,900.00	\$22,900.00

**Administrative claim is for \$22,900.00**

The Administrative Costs reimbursement request should be listed on a summary document and the total amount from this document entered on the “Full Claim Summary.”

## **FEMA Urban Search and Rescue Program**

### **Backfill Explanation**

According to FEMA policy concerning differential backfill and quoting the proposed 44 CFR Part 208.39

(g) Reimbursement for backfill costs upon Activation. We will reimburse the cost to backfill System Members. Backfill costs consist of the expenses generated by filling the position in which the Activated System Member should have been working. These costs are calculated by subtracting the non-overtime compensation, including fringe benefits, of Activated System Members from the total costs (non-overtime and overtime compensation, including fringe benefits) paid to backfill the Activated System Members. Backfill reimbursement is available only for those positions that are normally backfilled by the Sponsoring Organization or Participating Agency during Activation. Employees exempt under the Fair Labor Standards Act (FLSA) not normally backfilled by the Sponsoring Organization or Participating Agency are not eligible for backfill during Activation.

**Synopsis:** FEMA policy allows for the 100% reimbursement of personnel costs associated with an activated team member to include benefits. FEMA will reimburse the Task Force for the regular time and overtime hourly rate including benefits for the activated team member.

Backfill is calculated for each individual that backfills for an activated team member and is 100% reimbursement of overtime costs plus benefits. Calculation is based on the number of hours and overtime hourly rate including benefits of the backfill individual. The total of all backfill is then calculated.

The total straight time costs including benefits of the activated team member are subtracted from the total backfill and this amount represents the cost differential for the activated team member. This amount shall not be less than zero.

**Example:** Hypothetically, FEMA activates one team member for one week. During that week the sponsoring agency would normally pay the team member at home a regular time amount of \$1,000.00. FEMA reimburses the agency the \$1,000.00.

During that same week the sponsoring agency hires individuals to backfill for the activated team member for a total cost of \$900.00. The agency receives \$100.00 more than his actual costs to backfill the position.

If the agency hires individuals that cost more than the activated team member, the differential calculation on the individual workbook determines the amount to be reimbursed.

**FEMA Urban Search and Rescue Program**

**Sample Claims Folder**

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**SAMPLE**

**Central City Urban Search and Rescue, CC TF1  
1212 Central Boulevard  
New York, NY 11111**

April 15, 2002

US&R Program  
FEMA, RR-OP-SR  
ATTN: Wanda Casey  
500 C Street SW, Room 609  
Washington, DC 20472

Subject: CC TF1, 3/15/02 Building Collapse Reimbursement Claim

Dear Ms. Casey:

Enclosed is the reimbursement request for CC TF1 following our deployment to the Building Collapse incident.

At this time we are submitting a claim for a full reimbursement of \$900,000.00. Enclosed you will find a completed SF270, the full costs summary document, personnel costs, equipment costs, and administrative costs. Additionally, you will find all supporting documents that relate to this claim.

The following individuals are available to answer specific questions concerning this request. Chief Joe Doe may be reached for personnel issues at (111)-345-4567 or through his e-mail address at [jdoe@city.gov](mailto:jdoe@city.gov). Also, Chief Bill Responder may be reached for equipment issues at (111)-345-6789 or his e-mail address at [bresponder@city.gov](mailto:bresponder@city.gov).

Thank you for your assistance with this request.

Sincerely,

Joe Doe, Chief  
CC TF1

<h1 style="margin: 0;">REQUEST FOR ADVANCE OR REIMBURSEMENT</h1> <p style="font-size: small; margin: 5px 0;">(See instructions on bottom)</p>		OMB APPROVAL NO.		PAGE <b>1</b> OF <b>2</b> PAGES	
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input checked="" type="checkbox"/> <b>ADVANCE</b> <input type="checkbox"/> <b>REIMBURSEMENT</b> b. "X" the applicable box <input type="checkbox"/> <b>FINAL</b> <input checked="" type="checkbox"/> <b>PARTIAL</b>		2. BASIS OF REQUEST <input checked="" type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>ACCRUAL</b>	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>FEMA, RR-OP-SR</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>EMW-94-CA-0000</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  <b>Request # 1, Advance</b>	
6. EMPLOYER IDENTIFICATION NUMBER <b>00-00000000</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>CC TF1</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>3/15/2002</b>		TO (month, day, year) <b>4/1/2002</b>	
9. RECIPIENT ORGANIZATION  Name: <b>Central City Fire Rescue</b> <b>ATTN: Chief John Doe</b> Street: <b>22222 Main Ave</b> City: <b>Central City</b> State: <b>New York</b> and ZIP Code: <b>11111-2222</b>			10. PAYEE (Where check is to be sent if different than item 9)  Name: <b>Bank Name Central City Bank</b> <b>ABA # 111111111</b> Number: <b>Account # 222222222</b> and Street: <b>ATTN: Mary Doe</b>  City, State: <b>Bank Telephone# (111) 222-3333</b> and ZIP Code:		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES ->		(a) <b>Bldg Collapse Incident, Request #1 Advance</b>	(b)	(c)	<b>TOTAL</b>
a. Total program outlays to date (As of date 4/1/2002)		<b>\$ 225,000.00</b>			<b>\$ 225,000.00</b>
b. Less: Previous Requests					<b>\$ -</b>
c. Net program outlays (Line a minus line b)		<b>\$ 225,000.00</b>			<b>\$ 225,000.00</b>
d. Estimated net cash outlays for advance period					
e. Total (Sum of lines c & d)		<b>\$ 225,000.00</b>			<b>\$ 225,000.00</b>
f. Non-Federal share of amount on line e					
g. Federal share of amount on line e		<b>\$ 225,000.00</b>			<b>\$ 225,000.00</b>
h. Federal payments previously requested					
i. Federal share now requested (Line g minus line h)		<b>\$ 225,000.00</b>			<b>\$ 225,000.00</b>
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash					
b. Less: Estimated					
c. Amount requested (Line a minus line b)					

<b>13. CERTIFICATION</b>		
I certify that to the best of my knowledge and belief the data on the page above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)
	<b>Sam Doe, City Manager</b>	<b>222-333-4444</b>
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6. EMPLOYER IDENTIFICATION NUMBER <b>00-00000000</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>CC TF1</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>3/15/2002</b>		TO (month, day, year) <b>4/1/2002</b>	
9. RECIPIENT ORGANIZATION  Name: <b>Central City Fire Rescue</b> <b>ATTN: Chief John Doe</b> Street: <b>22222 Main Ave</b> City: <b>Central City</b> State: <b>New York</b> and ZIP Code: <b>11111-2222</b>			10. PAYEE (Where check is to be sent if different than item 9)  Name: <b>Bank Name Central City Bank</b> <b>ABA # 111111111</b> Number: <b>Account # 222222222</b> and Street: <b>ATTN: Mary Doe</b>  City, State: <b>Bank Telephone# (111) 222-3333</b> and ZIP Code:		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES ->		(a)	(b)	(c)	TOTAL
a. Total program (As of date) outlays to date <b>4/10/2002</b>		<b>\$ 500,000.00</b>			<b>\$ 500,000.00</b>
b. Less: Previous Requests		<b>\$ 225,000.00</b>			<b>\$ 225,000.00</b>
c. Net program outlays (Line a minus line b)		<b>\$ 275,000.00</b>			<b>\$ 275,000.00</b>
d. Estimated net cash outlays for advance period					
e. Total (Sum of lines c & d)		<b>\$ 275,000.00</b>			<b>\$ 275,000.00</b>
f. Non-Federal share of amount on line e					
g. Federal share of amount on line e		<b>\$ 275,000.00</b>			<b>\$ 275,000.00</b>
h. Federal payments previously requested					
i. Federal share now requested (Line g minus line h)		<b>\$ 275,000.00</b>			<b>\$ 275,000.00</b>
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash					
b. Less: Estimated					
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	<b>Sam Doe, City Manager</b>	<b>222-333-4444</b>
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6. EMPLOYER IDENTIFICATION NUMBER <b>00-00000000</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>CC TF1</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>3/15/2002</b>		TO (month, day, year) <b>4/15/2002</b>	
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11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES ->		(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date) <b>4/15/2001</b>		<b>\$ 900,000.00</b>			<b>\$ 900,000.00</b>
b. Less: Previous Requests		<b>\$ 450,000.00</b>			<b>\$ 450,000.00</b>
c. Net program outlays (Line a minus line b)		<b>\$ 450,000.00</b>			<b>\$ 450,000.00</b>
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# FEMA URBAN SEARCH AND RESCUE

## Task Force Full Claim Summary Workbook

Task Force:

CC TF1

Date Submitted:

4/15/02

Category

Total

Personnel Costs:

\$ 806,400.00

Equipment and Services Costs:

\$ 75,000.00

Administration Costs:

\$ 18,600.00

Total Reimbursement Request:

\$ 900,000.00

Enter Previous Request amounts:

Date:

3/15/02 25%, #1 Advance \$ 225,000.00

4/10/02 Partial #2 \$ 225,000.00

Partial #3 \$ -

Total Previous Requests: \$ 450,000.00

	A	B	C	D	E	F	G	H	I	J	K	L	M	
2	<b>Personnel Costs Summary Data</b>						<i>Version 1.5, April 2002</i>							
3	Pertaining to Salary Items Only													
4							Adjustments or Reviewers							
5	Note: This form is locked. All information will be transferred automatically from the following pages of the work book.													
6							Dollars	Disallowed	Final			No. Of		
7							Claimed	Items	Claimed Amt.	Hours			Personnel	
8	<b>Alert Personnel Costs</b>													
9	Alert Salary Costs						\$	-	\$	-	\$	-	0	0
10	Alert Back Fill Salary Costs						\$	-	\$	-	\$	-	0	
11	<b>Total Alert Personnel Costs</b>						<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>0</b>	<b>0</b>
12														
13	<b>IST Personnel Costs</b>													
14	IST Deploying Salary Costs						\$	18,164.00	\$	-	\$	18,164.00	400	2
15	IST Back Fill Salary Costs						\$	1,000.00	\$	-	\$	1,000.00	320	
16	<b>Total IST Salary Costs</b>						<b>\$</b>	<b>19,164.00</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>19,164.00</b>	<b>720</b>	<b>2</b>
17														
18	<b>Activated Task Force Personnel Costs</b>													
19	Task Force Deploying Salary Costs						\$	473,740.00	\$	-	\$	473,740.00	12,400	62
20	Task Force Back Fill Salary Costs						\$	62,000.00	\$	-	\$	62,000.00	9,920	
21	<b>Total Activated Task Force Salary Costs</b>						<b>\$</b>	<b>535,740.00</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>535,740.00</b>	<b>22,320</b>	<b>62</b>
22														
23	<b>Support Personnel Costs</b>													
24	Mobilization Salary Costs						\$	-	\$	-	\$	-	0	0
25	Mobilization Backfill Salary Costs						\$	-	\$	-	\$	-	0	
26	De-Mobilization Salary Costs						\$	-	\$	-	\$	-	0	0
27	De-Mobilization Backfill Salary Costs						\$	-	\$	-	\$	-	0	
28	Cache Rehabilitation Salary Costs						\$	-	\$	-	\$	-	0	0
29	Cache Rehabilitation Backfill Salary Costs						\$	-	\$	-	\$	-	0	
30	<b>Total Support Personnel Salary Costs</b>						<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>0</b>	<b>0</b>
31														
32	<b>Critical Incident Stress Management Salary Costs</b>													
33	Task Force Salary Costs						\$	-	\$	-	\$	-	0	0
34	Task Force Back Fill Salary Costs						\$	-	\$	-	\$	-	0	
35	<b>Total CISM Personnel Salary Costs</b>						<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>0</b>	<b>0</b>
36														
37	<b>After Action Salary Costs</b>													
38	After Action Salary Costs						\$	-	\$	-	\$	-	0	0
39	After Action Back Fill Salary Costs						\$	-	\$	-	\$	-	0	
40	<b>Total After Action Personnel Salary Costs</b>						<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>0</b>	<b>0</b>
41														
42	<b>Grand Total for Salaries</b>						<b>\$</b>	<b>554,904.00</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>554,904.00</b>	<b>23,040</b>	
43														Hours
44														
45	<b>Task Force Alerted</b>				<b>Report To Point of Assembly:</b>				<b>Release from Point of Assembly:</b>					
46	Alert Time:		1/1/04		Report Date:		1/1/04		Release Date:		1/1/04			
47	Alert Date:		12:00 AM		Report Time:		12:00 AM		Release Time:		12:00 AM			
48	(Data Entered on the Alert Sheet)				(Data Entered on the Activated Sheet)				(Data Entered on the Activated Sheet)					
49														
50														
51														

XX TF1  
Incident  
Alert Personnel and Alert Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																								
2	<b>DATES</b>		<b>PERSONNEL INFORMATION</b>					<b>HOURS WORKED</b> (to nearest whole hour)				<b>TOTAL</b>	<b>HOURLY PAY RATES</b>				<b>COST CALCULATIONS</b>							
3								Entries to be made in only one of the following				<b>Hours</b>	Task Force	Employees	Overtime	Overtime	Enter *Y*	<b>Reg. Hours</b>	<b>OT Hours</b>	<b>TOTAL</b>				
4		<b>Task Force</b>	<b>Agency</b>	<b>NAME</b>	<b>Title</b>	<b>Social</b>	Staff	or	Operations	categories:						Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT	Wages plus	Wages x 1.5	<b>COST</b>	
5		<b>Position/Function</b>		<b>(Last Name, First)</b>	<b>Rank</b>	<b>Security #</b>	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.						\$	%	\$	%	at 1.5	Benefits	& Benefits		
6																								
7																								
8																								
9	<b>ALERT PERSONNEL</b>							<b>Hours</b>				<b>Personnel Costs</b>				<b>Cost Calculations</b>								
10	<b>Date</b>	<b>Task Force Position</b>	<b>Agency Name</b>	<b>Title</b>	<b>SSN</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Total Hrs.</b>	<b>Regular Time</b>	<b>Overtime</b>	<b>Eligible for OT</b>	<b>Not Exempt</b>	<b>Wages/Benefits</b>	<b>OT/Benefits</b>	<b>Allowable</b>							
11		01. Alert Personnel				0.0					Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.										
12		02. Alert Personnel				0.0																		
13		03. Alert Personnel				0.0																		
14		04. Alert Personnel				0.0																		
15		05. Alert Personnel				0.0																		
16		06. Alert Personnel				0.0																		
17		07. Alert Personnel				0.0																		
18		08. Alert Personnel				0.0																		
19		09. Alert Personnel				0.0																		
20		10. Alert Personnel				0.0																		
21		11. Alert Personnel				0.0																		
22		12. Alert Personnel				0.0																		
23		13. Alert Personnel				0.0																		
24		14. Alert Personnel				0.0																		
25		15. Alert Personnel				0.0																		
26		16. Alert Personnel				0.0																		
27		17. Alert Personnel				0.0																		
28		18. Alert Personnel				0.0																		
29		19. Alert Personnel				0.0																		
30		20. Alert Personnel				0.0																		
31						0.0																		
32																								
33																								
34																								
35																								
36	<b>Back Fill Information For Alerted Personnel</b>							<b>Enter the Total Back fill hours</b>				<b>Enter the Regular Pay w/benefits</b>				<b>Enter the Back fill dollar amount</b>								
37		<b>Who Was Worked For</b>	<b>Who Was Worked For</b>																				<b>Total Cost</b>	
38		<b>Position</b>	<b>Agency</b>	<b>Alerted Persons Name</b>																			<b>Differential</b>	
39		01. Alerted Personnel																					\$ -	
40		02. Alerted Personnel																					\$ -	
41		03. Alerted Personnel																					\$ -	
42		04. Alerted Personnel																					\$ -	
43		05. Alerted Personnel																					\$ -	
44		06. Alerted Personnel																					\$ -	
45		07. Alerted Personnel																					\$ -	
46		08. Alerted Personnel																					\$ -	
47		09. Alerted Personnel																					\$ -	
48		10. Alerted Personnel																					\$ -	
49																								
50																								
51	Benefits are only paid on backfill when task force members are activated																							
52	If Back Fill is used for Alert Personnel, an individual worksheet must be completed for each task force member that was back filled																							\$ -
53																								
54																								
55																								
56																								
57																								
58		<b>Alert Date:</b>																						
59		<b>Alert Time:</b>																						
60																								
61																								
62																								

XX TF1  
 \_\_\_\_\_ Incident  
 IST Personnel and IST Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W		
1																									
2	DATES	PERSONNEL INFORMATION						HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS								
3								Entries to be made in only one of the following				Hours	Task Force	Employees	Overtime	Overtime	Enter *Y*	Reg. Hours	OT Hours	TOTAL					
4		Task Force	Agency	NAME	Title/	Social	Staff or Operations categories:				Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Enter *Y*	Wages plus	Wages x 1.5	TOTAL							
5		Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.				\$	%	\$	%	at 1.5	Benefits	& Benefits					
6																									
7	Incident Support Team (IST) DEPLOYING PERSONNEL							Hours				Personnel Costs													
8																									
9	Date	IST Position	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time	Wages/Hr	Benefits/Hr.	Overtime	Wages/Hr.	Benefits/Hr.	Eligible for OT	Reg. Hours	OT Hours	Wages/Benefits	OT/Benefits	Total Cost			
10		1. IST Leader	CCFD	Doe, George	CFO	111-11-1111		40	160	200	\$ 40.00	129%	\$ 40.00	107%	N	\$ 2,064.00	\$ 6,848.00	\$ 8,912.00							
11		2. IST Safety	CCFD	Doe, Tim	CPT	111-11-2111		40	160	200	\$ 30.00	129%	\$ 45.00	107%	Y	\$ 1,548.00	\$ 7,704.00	\$ 9,252.00							
12		3.								0		100%	\$ -	100%	Y	\$ -	\$ -	\$ -							
13		4.								0		100%	\$ -	100%	Y	\$ -	\$ -	\$ -							
14		5.								0		100%	\$ -	100%	Y	\$ -	\$ -	\$ -							
15																									
16								RT	OT																
17								Total Hours	80	320															
18								Total IST Hours		400												TOTAL	\$ 18,164.00		
19																									
20	Back Fill Information IST Personnel						Enter the Total Back fill hours				Enter the Regular Pay w/benefits				Enter the Back fill dollar amount				Total Cost						
21	Who Was Worked For		Who Was Worked For:		From Individual Work Sheet				for deployed team member here				total from the Individual Work Sheet				Differential								
22	Position	Agency	IST Persons Name		Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost												
23	1. IST Leader	CCFD	Doe, George		160				\$ 5,000.00				\$ 6,000.00				\$ 1,000.00								
24	2. IST Safety	CCFD	Doe, Tim		160				\$ 4,000.00				\$ 4,000.00				\$ -								
25	3.																\$ -								
26	4.																\$ -								
27	5.																\$ -								
28																									
29								Total IST Back Fill Hours		320															
30																									
31																						TOTAL	\$ 1,000.00		
32																									
33																									
34																									
35																									
36																									
37																									
38								Total IST Hours		400	Hours		IST Personnel Costs		\$ 18,164.00										
39								Total IST Back Fill Hours		320	Hours		Back Fill Costs		\$ 1,000.00										
40																									
41													Total IST Personnel Costs		\$ 19,164.00										
42																									

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Incident  
Activated Task Force Team Members and Team Member Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	DATES	PERSONNEL INFORMATION					HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS							
2		Task Force	Agency	NAME	Title	Social	Entries to be made in only one of the following categories:				Hours	Task Force	Employee's	Overlime	Overlime	Enter *Y	Reg. Hours	OT Hours	TOTAL				
3		Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.		Wages/Hr.	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT at 1.5	Wages plus Benefits	Wages x 1.5 & Benefits	COST				
4																							
5																							
6																							
7																							
8	Activated Task Force Personnel											Personnel Costs											
9																							
10	Date	Task Force Position	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Wages/Hr.	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Eligible for OT	Reg. Hours	OT Hours	Allowable				
11	3/15/2002	01. Task Force Leader	CCFD	Doe, John	CFO	111-11-1111	40.0	160			200	\$ 25.00	129%	\$ 25.00	107%	N	\$ 1,290.00	\$ 4,280.00	\$ 5,570.00				
12	3/15/2002	02. Task Force Leader	CCFD	Doe, Mary	CFO	111-11-1112	40.0	160			200	\$ 25.00	129%	\$ 25.00	107%	N	\$ 1,290.00	\$ 4,280.00	\$ 5,570.00				
13	3/16/2002	03. Safety Officer	CCFD	Doe, Bill	CPT	111-11-1113	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
14	3/15/2002	04. Safety Officer	CCFD	Doe, Peter	CPT	111-11-1114	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
15	3/15/2002	05. Search Team Manager	CCFD	Doe,	LT	111-11-1115	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
16	3/15/2002	06. Search Team Manager	CCFD	xx	LT	111-11-1116	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
17	3/15/2002	07. Tech Search Specialist	CCFD	xx	FF	111-11-1117	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
18	3/15/2002	08. Tech Search Specialist	CCFD	xx	FF	111-11-1118	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
19	3/15/2002	09. Canine Specialist	CCFD	xx	CIV	111-11-1119	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
20	3/15/2002	10. Canine Specialist	CCFD	xx	CIV	111-11-1120	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
21	3/15/2002	11. Canine Specialist	CCFD	xx	CIV	111-11-1121	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
22	3/15/2002	12. Canine Specialist	CCFD	xx	FF	111-11-1122	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
23	3/15/2002	13. Rescue Team Manager	CCFD	xx		111-11-1123	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
24	3/15/2002	14. Rescue Team Manager	CCFD	xx		111-11-1124	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
25	3/16/2002	15. Rescue Squad Officer	CCFD	xx		111-11-1125	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
26	3/15/2002	16. Rescue Squad Officer	CCFD	xx		111-11-1126	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
27	3/15/2002	17. Rescue Squad Officer	CCFD	xx		111-11-1127	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
28	3/15/2002	18. Rescue Squad Officer	CCFD	xx		111-11-1128	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
29	3/15/2002	19. Rescue Specialist	CCFD	xx		111-11-1129	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
30	3/15/2002	20. Rescue Specialist	CCFD	xx		111-11-1130	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
31	3/15/2002	21. Rescue Specialist	CCFD	xx		111-11-1131	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
32	3/15/2002	22. Rescue Specialist	CCFD	xx		111-11-1132	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
33	3/15/2002	23. Rescue Specialist	CCFD	xx		111-11-1133	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
34	3/15/2002	24. Rescue Specialist	CCFD	xx		111-11-1134	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
35	3/15/2002	25. Rescue Specialist	CCFD	xx		111-11-1135	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
36	3/15/2002	26. Rescue Specialist	CCFD	xx		111-11-1136	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
37	3/15/2002	27. Rescue Specialist	CCFD	xx		111-11-1137	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
38	3/15/2002	28. Rescue Specialist	CCFD	xx		111-11-1138	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
39	3/15/2002	29. Rescue Specialist	CCFD	xx		111-11-1139	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
40	3/15/2002	30. Rescue Specialist	CCFD	xx		111-11-1140	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
41	3/15/2002	31. Rescue Specialist	CCFD	xx		111-11-1141	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
42	3/15/2002	32. Rescue Specialist	CCFD	xx		111-11-1142	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
43	3/15/2002	33. Rescue Specialist	CCFD	xx		111-11-1143	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
44	3/15/2002	34. Rescue Specialist	CCFD	xx		111-11-1144	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
45	3/15/2002	35. Rescue Specialist	CCFD	xx		111-11-1145	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
46	3/15/2002	36. Rescue Specialist	CCFD	xx		111-11-1146	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
47	3/16/2002	37. Rescue Specialist	CCFD	xx		111-11-1147	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
48	3/15/2002	38. Rescue Specialist	CCFD	xx		111-11-1148	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
49	3/15/2002	39. Hvy Rigging Specialist	CCFD	xx		111-11-1149	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
50	3/15/2002	40. Hvy Rigging Specialist	CCFD	xx		111-11-1150	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
51	3/15/2002	41. Planning	CCFD	xx		111-11-1151	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
52	3/15/2002	42. Planning	CCFD	xx		111-11-1152	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
53	3/15/2002	43. Tech Info Specialist	CCFD	xx		111-11-1153	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
54	3/15/2002	44. Tech Info Specialist	CCFD	xx		111-11-1154	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
55	3/15/2002	45. Structural Specialist	CCFD	xx		111-11-1155	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
56	3/15/2002	46. Structural Specialist	CCFD	xx		111-11-1156	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
57	3/15/2002	47. Haz-Mat Specialist	CCFD	xx		111-11-1157	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
58	3/15/2002	48. Haz-Mat Specialist	CCFD	xx		111-11-1158	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
59	3/15/2002	49. Logistics Manager	CCFD	xx		111-11-1159	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
60	3/16/2002	50. Logistics Manager	CCFD	xx		111-11-1160	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
61	3/15/2002	51. Logistics Specialist	CCFD	xx		111-11-1161	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
62	3/15/2002	52. Logistics Specialist	CCFD	xx		111-11-1162	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
63	3/15/2002	53. Logistics Specialist	CCFD	xx		111-11-1163	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$ 1,290.00	\$ 6,420.00	\$ 7,710.00				
64	3/15/2002	54. Logistics Specialist	CCFD	xx		111-11-1164	40.0	160			200	\$ 25.00	129%	\$ 37.50	107%	Y	\$						

Activated Task Force Team Members and Team Member Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W																								
1	PERSONNEL INFORMATION															HOURS WORKED (to nearest whole hour)		TOTAL		HOURLY PAY RATES				COST CALCULATIONS				TOTAL																			
2	DATES															Hours		Task Force Employees		Overtime		Overtime		Enter *Y*		Reg. Hours		OT Hours		TOTAL																	
3	Task Force Position/Function															Agency		NAME (Last Name, First)		Title/ Rank		Social Security #		Staff or Operations		Categories:		Wages/Hr		Benefits/Hr		Wages/Hr		Benefits/Hr		Enter *Y* If paid OT at 1.5		Wages plus Benefits		Wages x 1.5 & Benefits		TOTAL COST					
4	Deploying WMD Haz Mat Specialist																																														
5	WMD Haz Mat Position															Agency Name		Title		SSN		Reg. Hrs.		OT Hrs.		Reg. Hrs.		OT Hrs.		Total Hrs.		Regular Time		Overtime		Eligible for OT		Reg. Hours		OT Hours		Total Cost					
6	Date															1.		Haz-Mat Specialist				0								Wages/Hr		Benefits/Hr.		Wages/Hr.		Benefits/Hr.		Not Exempt		Wages/Benefits		OT/Benefits		Total Cost			
7	2.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
8	3.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
9	4.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
10	5.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
11	6.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
12	7.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
13	8.															Haz-Mat Specialist				0										\$ -		Y		Y		\$ -		\$ -		\$ -							
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XX TF1  
 \_\_\_\_\_ Incident  
 Activated Task Force Team Members and Team Member Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W						
1																													
2	<b>DATES</b>							<b>PERSONNEL INFORMATION</b>							<b>HOURS WORKED</b> (to nearest whole hour)		<b>TOTAL</b>	<b>HOURLY PAY RATES</b>							<b>COST CALCULATIONS</b>				
3								Entries to be made in only one of the following							<b>Hours</b>	Task Force Employees		Overtime	Overtime	Enter *Y*	Reg. Hours	OT Hours	TOTAL						
4								Staff or Operations categories:								Wages/Hr	Benefits/Hr	Wages/Hr	Benefits/Hr	If paid OT	Wages plus	Wages x 1.5	TOTAL						
5								Reg. Hrs. OT Hrs. Reg. Hrs. OT Hrs.								\$	%	\$	%	at 1.5	Benefits	& Benefits	COST						
191																	Enter the Regular Pay w/benefits												
192	<b>Back Fill Information for WMD Haz Mat Personnel</b>							Enter the Total Back fill hours							for deployed team member here		Enter the Back fill dollar amount												
193	Who Was Worked For							Who Was Worked For							From Individual Work Sheet		from the Individual Worksheet							Total Cost					
194	Position							Agency							Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost							Differential			
195	01. Haz-Mat Specialist																									\$ -			
196	02. Haz-Mat Specialist																									\$ -			
197	03. Haz-Mat Specialist																									\$ -			
198	04. Haz-Mat Specialist																									\$ -			
199	05. Haz-Mat Specialist																									\$ -			
200	06. Haz-Mat Specialist																									\$ -			
201	07. Haz-Mat Specialist																									\$ -			
202	08. Haz-Mat Specialist																									\$ -			
203																										\$ -			
204								Total WMD Haz Mat Back Fill Hours							0				Task Force WMD Differential for Back Fill							Total \$ -			
205																													
206																													
207	<b>Back Fill Information for Driver Personnel</b>							Enter the Total Back fill hours							for deployed team member here		Enter the Back fill dollar amount												
208	Who Was Worked For							Who Was Worked For							From Individual Work Sheet		from the Individual Worksheet							Total Cost					
209	Position							Agency							Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost							Differential			
210	01. Driver																									\$ -			
211	02. Driver																									\$ -			
212	03. Driver																									\$ -			
213	04. Driver																									\$ -			
214	05. Driver																									\$ -			
215	06. Driver																									\$ -			
216	07. Driver																									\$ -			
217	08. Driver																									\$ -			
218	09. Driver																									\$ -			
219	10. Driver																									\$ -			
220																													
221								Total Driver Back Fill Hours							0				Task Force Driver Differential for Back Fill							Total \$ -			
222																													
223																													
224	<b>Back Fill Information for Miscellaneous Personnel (authorization required)</b>							Enter the Total Back fill hours							for deployed team member here		Enter the Back fill dollar amount												
225	Who Was Worked For							Who Was Worked For							From Individual Work Sheet		from the Individual Worksheet							Total Cost					
226	Position							Agency							Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost							Differential			
227	01.																									\$ -			
228	02.																									\$ -			
229	03.																									\$ -			
230	04.																									\$ -			
231	05.																									\$ -			
232																													
233								Total Misc. Back Fill Hours							0				Task Force Miscellaneous Differential for Back Fill							Total \$ -			
234																													
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242																													
243	Activation Date:														Total Task Force Hours		12,400 Hours		TF Personnel Costs							\$ 473,740.00			
244	Activation Time:														Total Task Force Back Fill Hours		9,920 Hours		TF Back Fill Costs							\$ 62,000.00			
245	Release From Point Of Assembly:																		Total TF Personnel Costs							\$ 535,740.00			
246	Release Date:																												
247	Release Time:																												
248																													

XX TF1  
Incident  
Support Personnel and Support Back Fill Personnel Costs

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																							
2	<b>DATES</b>	<b>PERSONNEL INFORMATION</b>					<b>HOURS WORKED</b> (to nearest whole hour)				<b>TOTAL</b>	<b>HOURLY PAY RATES</b>				<b>COST CALCULATIONS</b>							
3							Entries to be made in only one of the following categories:				<b>Hours</b>	Task Force Employees		Overtime	Overtime	Enter 'Y' if paid OT at 1.5	<b>Reg. Hours</b>	<b>OT Hours</b>				<b>TOTAL COST</b>	
4		<b>Task Force Position/Function</b>	<b>Agency</b>	<b>NAME (Last Name, First)</b>	<b>Title/Rank</b>	<b>Social Security #</b>	Staff	or	Operations						Wages/Hr	Benefits/Hr	Wages/Hr	Benefits/Hr			Wages plus Benefits	Wages x 1.5 & Benefits	
5							Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.					\$	%	\$	%					
6																							
7																							
8	<b>Support Personnel</b>						<b>Hours</b>					<b>Personnel Costs</b>											
9																							
10	<b>Date</b>	<b>Assignment</b>	<b>Agency Name</b>	<b>Title</b>	<b>SSN</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>		<b>Total Hrs.</b>	<b>Wages/Hr</b>	<b>Benefits/Hr.</b>	<b>Wages/Hr.</b>	<b>Benefits/Hr.</b>	<b>Eligible for OT Not Exempt</b>	<b>Reg. Hours</b>	<b>OT Hours</b>			<b>Wages</b>	<b>Wages</b>	<b>Total Cost</b>
11		01. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
12		02. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
13		03. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
14		04. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
15		05. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
16		06. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
17		07. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
18		08. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
19		09. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
20		10. Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
21		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
22		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
23		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
24		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
25		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
26		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
27		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
28		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
29		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
30		Mobilization Personnel									0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
31																							
32																							
33																							
34																							
35	<b>Back Fill Information for Mobilization Personnel</b>						Enter the Total Back fill hours for deployed team member here				Enter the Regular Pay w/benefits for deployed team member here				Enter the Back fill dollar amount total from the Individual Work Sheet								
36	Who Was Worked For		Who Was Worked For		From Individual Work Sheet				from the Individual Worksheet				Back fill total cost					<b>Total Cost</b>					
37	Position	Agency	Deployed Name		Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost					Differential					
38	01. Mobilization Personnel																	\$ -					
39	02. Mobilization Personnel																	\$ -					
40	03. Mobilization Personnel																	\$ -					
41	04. Mobilization Personnel																	\$ -					
42	05. Mobilization Personnel																	\$ -					
43	06. Mobilization Personnel																	\$ -					
44	07. Mobilization Personnel																	\$ -					
45	08. Mobilization Personnel																	\$ -					
46	09. Mobilization Personnel																	\$ -					
47	10. Mobilization Personnel																	\$ -					
48																		\$ -					
49					Total Mobilization Back Fill Hours				Task Force Mobilization Differential for Back Fill				Total				\$ -						
50																		\$ -					

XX TF1  
Incident  
Support Personnel and Support Back Fill Personnel Costs

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																							
2	DATES	PERSONNEL INFORMATION					HOURS WORKED	(to nearest whole hour)					TOTAL	HOURLY PAY RATES				COST CALCULATIONS					
3							Entries to be made in only one of the following categories:					Hours	Task Force	Employees	Overtime	Overtime	Enter "Y" if paid OT at 1.5	Reg. Hours	OT Hours			TOTAL	
4		Task Force	Agency	NAME	Title	Social	Staff	or	Operations						Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.		Wages plus	Wages x 1.5	TOTAL	
5		Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.					\$	%	\$	%	\$	Benefits	Benefits	\$	
51																							
52																							
53		De-mobilization Personnel																					
54																							
55	Date	Assignment	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Not Exempt	Wages	Wages	Total Cost				
56		01. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
57		02. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
58		03. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
59		04. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
60		05. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
61		06. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
62		07. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
63		08. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
64		09. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
65		10. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
66		11. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
67		12. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
68		13. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
69		14. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
70		15. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
71		16. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
72		17. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
73		18. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
74		19. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
75		20. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -					
76																							
77																							
78																							
79																							
80		Back Fill Information for De-Mobilization Personnel					Enter the Total Back fill hours					Enter the Regular Pay w/benefits				Enter the Back fill dollar amount							
81		Who Was Worked For	Who Was Worked For	From Individual Work Sheet					for deployed team member here				total from the Individual Work Sheet				Total Cost						
82		Position	Agency	Deployed Name	Back Fill Hours					Straight Hours w/benefits Total Pay				Back fill total cost				Differential					
83		01. De-Mobilization Personnel																				\$ -	
84		02. De-Mobilization Personnel																				\$ -	
85		03. De-Mobilization Personnel																				\$ -	
86		04. De-Mobilization Personnel																				\$ -	
87		05. De-Mobilization Personnel																				\$ -	
88		06. De-Mobilization Personnel																				\$ -	
89		07. De-Mobilization Personnel																				\$ -	
90		08. De-Mobilization Personnel																				\$ -	
91		09. De-Mobilization Personnel																				\$ -	
92		10. De-Mobilization Personnel																				\$ -	
93																							\$ -
94																							\$ -
95																							\$ -





XX TF1  
 \_\_\_\_\_ Incident  
 CISM Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1																							
2	DATES		PERSONNEL INFORMATION					HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS						
3			Task Force		Agency	NAME	Title/	Social	Entries to be made in only one of the following				Hours	Task Force	Employees	Overtime	Overtime	Enter *Y	Reg. Hours	OT Hours			TOTAL
4			Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	categories:	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT at 1.5	Wages plus	Wages x 1.5			COST	
5								Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.		\$	%	\$	%		Benefits	& Benefits				
76	Critical Incident Stress Management (CISM)																						
77	Deploying WMD Haz Mat Specialist																						
78																							
79	Date	WMD Position	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.		Total Hrs.	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Not Exempt	Wages/Benefits	OT/Benefits	Total Cost			
80		1. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
81		2. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
82		3. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
83		4. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
84		5. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
85		6. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
86		7. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
87		8. Haz Mat Specialist										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
88												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
89												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
90												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
91												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
92												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
92												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
93	Critical Incident Stress Management (CISM)																						
94	Deploying Task Force Drivers																						
95																							
96	Date	Task Force Position	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.		Total Hrs.	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Not Exempt	Wages/Benefits	OT/Benefits	Total Cost			
97		01. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
98		02. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
99		03. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
100		04. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
101		05. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
102		06. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
103		07. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
104		08. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
105		09. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
106		10. Driver										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
107												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
108												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
108												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
109	Critical Incident Stress Management (CISM)																						
110	Miscellaneous Personnel (must be authorized by US&R Program Office)																						
111																							
112	Deploying Miscellaneous Personnel																						
113																							
114	Date	Task Force Position	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.		Total Hrs.	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Not Exempt	Wages/Benefits	OT/Benefits	Total Cost			
115		01.										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
116		02.										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
117		03.										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
118		04.										0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
119												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
120												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
121												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			
122												0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -			

XX TF1  
 \_\_\_\_\_ Incident  
 CISM Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W				
1	DATES		PERSONNEL INFORMATION					HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS				TOTAL						
2								Entries to be made in only one of the following				Hours	Task Force Employees		Overtime		Overtime		Enter *Y*		Reg. Hours	OT Hours	TOTAL				
3			Task Force	Agency	NAME	Title/	Social	Staff	or	Operations	categories:					Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT	Wages plus	Wages x 1.5	COST				
4			Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.					\$	%	\$	%	at 1.5	Benefits	& Benefits					
123																											
124	Critical Incident Stress Management (CISM)															Enter the Regular Pay w/benefits											
125	Back Fill Information for Deployed Task Force Members															Enter the Total Back fill hours		for deployed team member here		Enter the Back fill dollar amount							
126	Who Was Worked For			Who Was Worked For			From Individual Work Sheet				from the Individual Worksheet				total from the Individual Work Sheet				Total Cost								
127		Position	Agency	Deployed Name			Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost				Differential								
128		01. Task Force Leader																					\$ -				
129		02. Task Force Leader																					\$ -				
130		03. Safety Officer																					\$ -				
131		04. Safety Officer																					\$ -				
132		05. Search Team Manager																					\$ -				
133		06. Search Team Manager																					\$ -				
134		07. Tech Search Specialist																					\$ -				
135		08. Tech Search Specialist																					\$ -				
136		09. Canine Specialist																					\$ -				
137		10. Canine Specialist																					\$ -				
138		11. Canine Specialist																					\$ -				
139		12. Canine Specialist																					\$ -				
140		13. Rescue Team Manager																					\$ -				
141		14. Rescue Team Manager																					\$ -				
142		15. Rescue Squad Officer																					\$ -				
143		16. Rescue Squad Officer																					\$ -				
144		17. Rescue Squad Officer																					\$ -				
145		18. Rescue Squad Officer																					\$ -				
146		19. Rescue Specialist																					\$ -				
147		20. Rescue Specialist																					\$ -				
148		21. Rescue Specialist																					\$ -				
149		22. Rescue Specialist																					\$ -				
150		23. Rescue Specialist																					\$ -				
151		24. Rescue Specialist																					\$ -				
152		25. Rescue Specialist																					\$ -				
153		26. Rescue Specialist																					\$ -				
154		27. Rescue Specialist																					\$ -				
155		28. Rescue Specialist																					\$ -				
156		29. Rescue Specialist																					\$ -				
157		30. Rescue Specialist																					\$ -				
158		31. Rescue Specialist																					\$ -				
159		32. Rescue Specialist																					\$ -				
160		33. Rescue Specialist																					\$ -				
161		34. Rescue Specialist																					\$ -				
162		35. Rescue Specialist																					\$ -				
163		36. Rescue Specialist																					\$ -				
164		37. Rescue Specialist																					\$ -				
165		38. Rescue Specialist																					\$ -				
166		39. Hvy Rigging Specialist																					\$ -				
167		40. Hvy Rigging Specialist																					\$ -				
168		41. Planning																					\$ -				
169		42. Planning																					\$ -				
170		43. Tech Info Specialist																					\$ -				
171		44. Tech Info Specialist																					\$ -				
172		45. Structural Specialist																					\$ -				
173		46. Structural Specialist																					\$ -				
174		47. Haz-Mat Specialist																					\$ -				
175		48. Haz-Mat Specialist																					\$ -				
176		49. Logistics Manager																					\$ -				
177		50. Logistics Manager																					\$ -				
178		51. Logistics Specialist																					\$ -				
179		52. Logistics Specialist																					\$ -				
180		53. Logistics Specialist																					\$ -				
181		54. Logistics Specialist																					\$ -				
182		55. Commo Specialist																					\$ -				
183		56. Commo Specialist																					\$ -				
184		57. Medical Team Manager																					\$ -				
185		58. Medical Team Manager																					\$ -				
186		59. Medical Specialist																					\$ -				
187		60. Medical Specialist																					\$ -				
188		61. Medical Specialist																					\$ -				
189		62. Medical Specialist																					\$ -				
190																							\$ -				
191								Total Task Force Back Fill Hours				0				Task Force Member Differential for Back Fill				Total	\$ -						
192																							\$ -				

XX TF1  
 \_\_\_\_\_ Incident  
 CISM Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																								
2	<b>DATES</b>	<b>PERSONNEL INFORMATION</b>							<b>HOURS WORKED</b> (to nearest whole hour)				<b>TOTAL</b>	<b>HOURLY PAY RATES</b>			<b>COST CALCULATIONS</b>							
3								Entries to be made in only one of the following				<b>Hours</b>	Task Force	Employees	Overtime	Overtime	Enter *Y*	Reg. Hours	OT Hours				<b>TOTAL</b>	
4		<b>Task Force</b>	<b>Agency</b>	<b>NAME</b>	<b>Title/</b>	<b>Social</b>	Staff	or	Operations	categories:						Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT	Wages plus	Wages x 1.5	<b>COST</b>	
5		<b>Position/Function</b>		<b>(Last Name, First)</b>	<b>Rank</b>	<b>Security #</b>	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.						\$	%	\$	%	at 1.5	Benefits	& Benefits		
193																								
194		<b>Critical Incident Stress Management</b>															Enter the Regular Pay w/benefits							
195		<b>Back Fill Information for WMD Haz Mat Personnel</b>															Enter the Total Back fill hours			Enter the Back fill dollar amount				
196			<b>Who Was Worked For</b>		<b>Who Was Worked For</b>											for deployed team member here			total from the Individual Work Sheet			<b>Total Cost</b>		
197			<b>Position</b>	<b>Agency</b>	<b>Deployed Name</b>											<b>Back Fill Hours</b>	<b>Straight Hours w/benefits Total Pay</b>			<b>Back fill total cost</b>			<b>Differential</b>	
198		01.	Haz Mat Specialist																				\$ -	
199		02.	Haz Mat Specialist																				\$ -	
200		03.	Haz Mat Specialist																				\$ -	
201		04.	Haz Mat Specialist																				\$ -	
202		05.	Haz Mat Specialist																				\$ -	
203		06.	Haz Mat Specialist																				\$ -	
204		07.	Haz Mat Specialist																				\$ -	
205		08.	Haz Mat Specialist																				\$ -	
206																							\$ -	
207																							\$ -	
208																							\$ -	
209																							\$ -	
210																							\$ -	
211		<b>Critical Incident Stress Management</b>															Enter the Regular Pay w/benefits							
212		<b>Back Fill Information for Driver Personnel</b>															Enter the Total Back fill hours			Enter the Back fill dollar amount				
213			<b>Who Was Worked For</b>		<b>Who Was Worked For</b>											for deployed team member here			total from the Individual Work Sheet			<b>Total Cost</b>		
214			<b>Position</b>	<b>Agency</b>	<b>Deployed Name</b>											<b>Back Fill Hours</b>	<b>Straight Hours w/benefits Total Pay</b>			<b>Back fill total cost</b>			<b>Differential</b>	
215		01.	Driver																				\$ -	
216		02.	Driver																				\$ -	
217		03.	Driver																				\$ -	
218		04.	Driver																				\$ -	
219		05.	Driver																				\$ -	
220		06.	Driver																				\$ -	
221		07.	Driver																				\$ -	
222		08.	Driver																				\$ -	
223		09.	Driver																				\$ -	
224		10.	Driver																				\$ -	
225																							\$ -	
226																							\$ -	
227																							\$ -	
228		<b>Critical Incident Stress Management</b>															Enter the Regular Pay w/benefits							
229		<b>Back Fill Information for Miscellaneous Personnel</b>															Enter the Total Back fill hours			Enter the Back fill dollar amount				
230			<b>Who Was Worked For</b>		<b>Who Was Worked For</b>											for deployed team member here			total from the Individual Work Sheet			<b>Total Cost</b>		
231			<b>Position</b>	<b>Agency</b>	<b>Deployed Name</b>											<b>Back Fill Hours</b>	<b>Straight Hours w/benefits Total Pay</b>			<b>Back fill total cost</b>			<b>Differential</b>	
232		01.																					\$ -	
233		02.																					\$ -	
234		03.																					\$ -	
235		04.																					\$ -	
236		05.																					\$ -	
237																							\$ -	
238																							\$ -	
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249																							\$ -	
250																							\$ -	
251																							\$ -	

After Action Personnel and Back Fill Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																								
2	<b>DATES</b>		<b>PERSONNEL INFORMATION</b>					<b>HOURS WORKED</b> (to nearest whole hour)				<b>TOTAL</b>	<b>HOURLY PAY RATES</b>				<b>COST CALCULATIONS</b>							
3								Entries to be made in only one of the following				<b>Hours</b>	Task Force Employees	Overtime	Overtime	Enter *Y*	Reg. Hours	OT Hours					<b>TOTAL</b>	
4		<b>Task Force</b>	<b>Agency</b>	<b>NAME</b>	<b>Title/</b>	<b>Social</b>	Staff	or	Operations	categories:				Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Enter *Y*	Reg. Hours	OT Hours	Wages plus	Wages x 1.5	<b>TOTAL</b>	
5		<b>Position/Function</b>		<b>(Last Name, First)</b>	<b>Rank</b>	<b>Security #</b>	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.				\$	%	\$	%	at 1.5	Benefits	& Benefits			<b>COST</b>	
6																								
7							<b>TASK FORCE HOURS</b>					<b>TASK FORCE PERSONNEL COST</b>												
8																								
9	<b>AFTER ACTION PERSONNEL COSTS</b>							<b>Hours</b>					<b>Personnel Costs</b>											
10																								
11	<b>Date</b>	<b>Task Force Position</b>	<b>Agency</b>	<b>Name</b>	<b>Title</b>	<b>SSN</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Total Hrs.</b>	<b>Regular Time</b>	<b>Wages/Hr</b>	<b>Benefits/Hr.</b>	<b>Overtime</b>	<b>Wages/Hr.</b>	<b>Benefits/Hr.</b>	Eligible for OT	<b>Reg. Hours</b>	<b>OT Hours</b>	<b>Wages/Benefits</b>	<b>OT/Benefits</b>	<b>Total Cost</b>	
12		01.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
13		02.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
14		03.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
15		04.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
16		05.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
17		06.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
18		07.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
19		08.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
20		09.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
21		10.									0.0	100%	\$ -	100%	N	\$ -	\$ -	N	\$ -	\$ -	\$ -	\$ -	\$ -	
22		11.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
23		12.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
24		13.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
25		14.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
26		15.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
27		16.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
28		17.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
29		18.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
30		19.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
31		20.									0.0	100%	\$ -	100%	Y	\$ -	\$ -	Y	\$ -	\$ -	\$ -	\$ -	\$ -	
32											0.0													
33																								
34						<b>Total</b>	<b>0.0</b>	<b>0.0</b>		<b>Total Admin Hours</b>	<b>0.0</b>											<b>TOTAL</b>	<b>\$ -</b>	
35																								
36	<b>After Action Back Fill Personnel</b>						Enter the Total Back fill hours					Enter the Regular Pay w/benefits				Enter the Back fill dollar amount								
37							From Individual Work Sheet					for deployed team member here				total from the Individual Work Sheet								
38		<b>Who Was Worked For</b>		<b>Who Was Worked For</b>			<b>Back Fill Hours</b>					<b>Straight Hours w/benefits Total Pay</b>				<b>Back fill total cost</b>								
39		<b>Position</b>	<b>Agency</b>	<b>Admin Persons Name</b>																			<b>Total Cost</b>	
40		01.																					<b>Differential</b>	
41		02.																					\$ -	
42		03.																					\$ -	
43		04.																					\$ -	
44		05.																					\$ -	
45		06.																					\$ -	
46		07.																					\$ -	
47		08.																					\$ -	
48		09.																					\$ -	
49		10.																					\$ -	
50																							\$ -	
51	Benefits are only paid on backfill when task force members are activated																							
52	If Back Fill is used for After Action Personnel, an individual worksheet must be completed for each After Action person that was back filled																<b>Total After Action Cost Differential for Back Fill</b>				<b>\$ -</b>			
53																								
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**FEMA Urban Search and Rescue Program**

**Task Force Claims Folder**

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Input Data Page

INDIVIDUAL WORKBOOK (DO NOT SUBMIT THIS PAGE. Only submit the View & Print worksheet as backup documentation)

US&R Task Force

CC TF 1

Version 1.5, March 15, 2002

Fill in Data highlighted in yellow

Data Entry Area:

Enter the task force designation here

Select or type in new position in drop down box

Task Force Position:  Last Name, First Name  
 Name:  Department:   
 SS#:   
 Regular Hourly Rate:   
 Rank or Title:

Task Force Alert Date:   
 Task Force Alert Time:   
 Task Force Activation Date:   
 Task Force Activation Time:   
 Task Force Demobilization Date:   
 Task Force Demobilization Time:   
 Rehabilitation Period Date Ends:   
 Rehabilitation Time Period Ends:

Straight Time % of Benefits:   
 Overtime % of Benefits:   
 Back Fill % of Benefits:

Enter the time the deploying team normally starts his regular shift at home:   
 Enter the time the deploying team normally ends his regular shift at home:   
 Enter the deploying team members normal amount of hours he works per week at home:  (i.e. 40 - 48, 56) per week  
 Enter the deploying team members normal amount of hours per day or shift he works at home:  per shift

The time period below should represent a period from Activation to the end of the Rehabilitation Period.  
 Note: No overtime will be paid to team members during the rehabilitation period.  
 The team members regular time and the differential back fill hours will be reimbursed to the agency.

Enter the day & date of alert or activation in the indicated boxes

Day of Week:	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday										Totals
Dates:	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02		
At Home On Duty Work Hours:	24			24			24			24			24								120
US&R Work Hours:	21	24	24	24	24	24	24	8													173
Straight Time Hours:	21		24							24											93
Overtime Hours:		24			24	24		8													104

Backfill Personnel Data:

Name #1.	Name #4.	Name #7.	Name #10.
Rob Tu			
SS#: 111-11-1111	SS#:	SS#:	SS#:
Rank: LT	Rank:	Rank:	Rank:
Regular Hourly Rate: \$ 20.00	Regular Hourly Rate:	Regular Hourly Rate:	Regular Hourly Rate:
Bill Tu			
SS#: 222-23-2222	SS#:	SS#:	SS#:
Rank: Capt	Rank:	Rank:	Rank:
Regular Hourly Rate: \$ 18.00	Regular Hourly Rate:	Regular Hourly Rate:	Regular Hourly Rate:
Ralph Tu			
SS#: 333-33-3333	SS#:	SS#:	SS#:
Rank: LT	Rank:	Rank:	Rank:
Regular Hourly Rate: \$ 17.00	Regular Hourly Rate:	Regular Hourly Rate:	Regular Hourly Rate:

Personnel Backfill Hours

	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	0	0	0	0	0	0	0	0	0	Total
	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02		
01. Rob Tu	21																				21
02. Bill Tu				24						24											48
03. Ralph Tu							24														24
04. 0																					0
05. 0																					0
06. 0																					0
07. 0																					0
08. 0																					0
09. 0																					0
10. 0																					0
11. 0																					0
12. 0																					0
TOTAL	21	0	0	24	0	0	24	0	0	24	0	0	0	0	0	0	0	0	0	0	93



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**Input Data Page**

**INDIVIDUAL WORKBOOK (DO NOT SUBMIT THIS PAGE. Only submit the View & Print worksheet as backup documentation)**

**US&R Task Force**

**XX TF 1**

Version 1.5, April 2002

Fill in Data highlighted in yellow

**Data Entry Area:**

Enter the task force designation here

Select or type in new position in drop down box

**Task Force Position:**

**Last Name, First Name**

**Name:**

**Department:**

**SS#:**

**Regular Hourly Rate:**

**Rank or Title:**

**Straight Time % of Benefits:**

**Overtime % of Benefits:**

**Back Fill % of Benefits:**  Backfill percentage of benefits are only authorized for activated personnel.

**Task Force Alert Date:**   
**Task Force Alert Time:**

**Task Force Activation Date:**   
**Task Force Activation Time:**

**Task Force Demobilization Date:**   
**Task Force Demobilization Time:**

**Rehabilitation Period Date Ends:**   
**Rehabilitation Time Period Ends:**

Enter the time the deploying team normally starts his regular shift at home:

Enter the time the deploying team normally ends his regular shift at home:

Enter the deploying team members normal amount of hours he works per week at home:  (i.e. 40, 48, 56) per week

Enter the deploying team members normal amount of hours per day or shift he works at home:  per shift

**Note:** IF EMPLOYEE IS EXEMPT: CHANGE FORMULA ON "VIEW & PRINT WORK SHEET" IN OVERTIME HOURLY RATE CELL "D21" TO "=>D18\*1.0"

The time period below should represent a period from Activation to the end of the Rehabilitation Period.  
**Note:** No overtime will be paid to team members during the rehabilitation period.  
 The team members regular time and the differential back fill hours will be reimbursed to the agency.

Enter the day & date of alert or activation in the indicated boxes

Day of Week:	Tuesday	Wednesday	Thursday	Friday	Saturday	etc	etc	etc	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	Totals
<b>Dates:</b>	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	0
<b>At Home On Duty Work Hours:</b>																				0
<b>US&amp;R Work Hours:</b>																				0
<b>Straight Time Hours:</b>																				0
<b>Overtime Hours</b>																				0

**Backfill Personnel Data:**

Last Name, First Name		Last Name, First Name		Last Name, First Name	
<b>Name #1.)</b> <input type="text"/>	<b>Name #4.)</b> <input type="text"/>	<b>Name #7.)</b> <input type="text"/>	<b>Name #10.)</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>
<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>
<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Regular Hourly Rate:</b> <input type="text"/>	<b>Regular Hourly Rate:</b> <input type="text"/>
<b>Regular Hourly Rate:</b> <input type="text"/>	<b>Name #8.)</b> <input type="text"/>	<b>Name #11.)</b> <input type="text"/>			
<b>Name #2.)</b> <input type="text"/>	<b>Name #5.)</b> <input type="text"/>	<b>Name #9.)</b> <input type="text"/>	<b>Name #12.)</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>
<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>
<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Regular Hourly Rate:</b> <input type="text"/>	<b>Regular Hourly Rate:</b> <input type="text"/>
<b>Regular Hourly Rate:</b> <input type="text"/>	<b>Name #3.)</b> <input type="text"/>	<b>Name #6.)</b> <input type="text"/>			
<b>Name #3.)</b> <input type="text"/>	<b>Name #6.)</b> <input type="text"/>	<b>Name #9.)</b> <input type="text"/>	<b>Name #12.)</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>
<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>SS#:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>
<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Rank:</b> <input type="text"/>	<b>Regular Hourly Rate:</b> <input type="text"/>	<b>Regular Hourly Rate:</b> <input type="text"/>
<b>Regular Hourly Rate:</b> <input type="text"/>					

**Personnel Backfill Hours**

	Tuesday	Wednesday	Thursday	Friday	Saturday	etc	etc	etc	0	0	0	0	0	0	0	0	0	0	0	0	Total
	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	0	
01.	0																				0
02.	0																				0
03.	0																				0
04.	0																				0
05.	0																				0
06.	0																				0
07.	0																				0
08.	0																				0
09.	0																				0
10.	0																				0
11.	0																				0
12.	0																				0
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0





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**US&R Task Force XX TF 1**  
**Personnel Activation Payroll Form**

Team Position: \_\_\_\_\_ SS#: 0 Rank or Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Department: 0

Task Force Activation Date: 1/1/02  
 Task Force Activation Time: 8:00 AM

Task Force Alert Date: 1/1/02  
 Task Force Alert Time: 8:00 AM

Task Force Demobilization Date: 1/1/02  
 Task Force Demobilization Time: 8:00 PM

For this team member:  
 Workday at home begins: 8:00 AM  
 Workday at home ends: 8:00 AM  
 Total hours per week at home: 40 per week  
 Total hours per day or shift: 24 per day or shift

Dates	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	Totals
Home On Duty Work Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
US&R Work Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Straight Time Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overtime Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Straight Time Hrs. Worked	0
Straight Time Hourly Rate	\$ -
Straight Time % Benefits	100%

Straight Time Total Pay Without Benefits: \$ -  
 Benefits Only: \$ -  
 Straight Time Pay With Benefits: \$0.00

Overtime Hours Worked	0
Overtime Hourly Rate	\$ -
Overtime % of Benefits	100%

Over Time Total Pay Without Benefits: \$ -  
 Benefits Only: \$ -  
 Overtime Pay With Benefits: \$0.00

Deployed Team Member Activation Total: \$0.00

IF EMPLOYEE IS EXEMPT: CHANGE FORMULA  
 IN OVERTIME HOURLY RATE CELL "D21" TO "="+D18\*1.0"

Personnel Backfill Payroll Form

	Dates:	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	Total
01	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
02	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
03	Total Hour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
04	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
05	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
06	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
<b>Total Column Hours</b>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Page 1: 0  
 Back Fill Hours

#1) Reimbursable Amt:	
#2) Reimbursable Amt:	
#3) Reimbursable Amt:	
#4) Reimbursable Amt:	
#5) Reimbursable Amt:	
#6) Reimbursable Amt:	

Page 1	0
Page 2	0
<b>Total Back Fill hours</b>	<b>0</b>
Enter TOTAL Back Fill Hours on Master Personnel Costs Spread Sheet in Back Fill Spread Sheet	
<b>Backfill Total</b>	
Page 1	\$ -
Page 2	\$ -
	\$ -
<b>Back Fill% of Benefits</b>	
	100%

Calculation Area		Back Fill Differential Calculation		Total Calculation	
Enter back fill dollar amount on Master Spread sheet					
Back fill w/benefits total dollar amount	\$ -	Team Member Activation Total	\$0.00		
Enter Straight time dollar amount on Master Spread sheet					
Straight time w/benefits dollar amount	\$0.00	True Differential	\$0.00		
For Deployed Team Member					
True Differential	\$0.00	Grand Total	\$0.00		
If back fill costs are less than straight costs, this box will equal zero.					

**Grand Total Reimbursement: \$0.00**

Enter comments in this box if there is a need to explain any extraordinary circumstances surrounding the claim for this individual:  
 Remarks:



**Team Member Data Page**

**US&R Task Force**

Version 1.5, April 2002

Enter the task force designation here

**Data Entry Area:**

**Task Force Position:**

**DO NOT SUBMIT THIS PAGE. This page may be printed and given to the task force member to fill out by hand.**

**Last Name, First Name**

**This form is used by the Technical Information Specialist to collect team member information during or after a deployment .**

**Name:**

**This form can be printed just prior to or during a deployment. Type the corrected days & dates prior to printing.**

**The information collected will be used by the person responsible for completing the Individual Team Workbooks after an activation.**

**Department:**

**SS#:**

**Regular Hourly Rate:**

The hourly rate information shall be verified by department payroll time sheets

**Rank or Title:**

Enter the time the deploying team member normally starts his regular shift at home:

Enter the time the deploying team member normally ends his regular shift at home:

Enter the deploying team members normal amount of hours he works per week at home:

Enter the deploying team members normal amount of hours per day or shift he works at home:


(i.e. 40 , 48, 56) per week

per shift

**Activation Time Period**

Enter the day & date of activation in the indicated boxes prior to printing page

<b>Day of Week:</b>	Tuesday	Wednesday	Thursday	Friday	Saturday	etc	etc	etc									
<b>Dates:</b>	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11
<b>At Home On Duty Work Hours:</b>																	

Team member enters his normal schedule of "on duty hours" of work in row 35 . Amount of hours is represented from the beginning of your shift.

Days off should be left blank. Vacation days should be cancelled. Show Kelly days, r-days or any other name or appropriate symbol indicating an authorized day off per your department policy.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
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4																
5																
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Version 1.5, April 2002

**Equipment Costs Summary Document**

**CC TF1**

<b>Equipment Costs</b>	<b>Dollars Claimed</b>	<b>Adjustments or Reviewers Disallowed Items</b>	<b>Final Claim Amount</b>
<b>Emergency Equipment Procurement</b>	\$ 71,850.00	\$ -	\$ 71,850.00
<b>Re-Supply and Replacement</b>	\$ 10,000.00	\$ -	\$ 10,000.00
<b>GPLD, Lost Equipment and Repairs</b>	\$ 50,000.00	\$ -	\$ 50,000.00
<b>Transportation and Services Costs</b>	\$ 100,000.00	\$ -	\$ 100,000.00
<b>Pharmaceutical Costs</b>	\$ 50,000.00	\$ -	\$ 50,000.00
<b>Grand Total for Equipment Costs</b>	<b>\$ 281,850.00</b>	<b>\$ -</b>	<b>\$ 281,850.00</b>

**EMERGENCY PROCUREMENT EQUIPMENT SUMMARY COSTS**

Summary Document Cover Sheet for Emergency Procurement								
Invoice Summary Document: <b>Emergency Equipment Procurement,</b>								
Current Date:		12/12/2001						
Task Force Designation:		CC TF1						
Invoice Cover Sheet #	List each invoice by number							
	General Description of Invoice	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification
1	Stanley Tools	RB-0110.01	111111	A3456	9/12/2001	XZY Hydraulic Supply	\$5,000.00	First Time Purchase
2	Search Cam	TF-0101.00	22222	B23455	9/13/2001	XZTY Electronic Company	\$11,500.00	First Time Purchase
3	Delsar Listening Device	TF-0111.00	333333	12132	9/14/2001	XZTY Electronic Company	\$10,000.00	First Time Purchase
4	Chain Saws	RD-0101.01	444444	2132	9/15/2001	XZY Hardware Company	\$5,350.00	First Time Purchase
5	Safety Boots	LG-0102.00	555555	242143	9/16/2001	GHT Shoe Company	\$20,000.00	First Time Purchase
6	BDU's pants	LG-0112.00	666666	433532	9/17/2001	TYZ Uniform Comapany	\$20,000.00	First Time Purchase
7								
8								
9								
10								
11								
12								
13								
14								
15								
						<b>Total</b>	<b>\$ 71,850.00</b>	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.								
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.								
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.								
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.								

EQUIPMENT INVOICE COVER SHEET COSTS

<b>Invoice Cover Sheet</b>										
Mark the appropriate categories with an "X" or Check Mark										
Invoice Summary Document: <input checked="" type="checkbox"/> <b>Emergency Equipment Procurement,</b> <input type="checkbox"/> <b>Re-Supply,</b> <input type="checkbox"/> <b>Transportation &amp; Services,</b> <input type="checkbox"/> <b>Pharmaceutical Cache</b>										
Cover Sheet # :		1 (number your cover sheets)			Current Date:		10/22/2001			
Task Force Designation:		CC TF1			Invoice Number #:		11111			
					Date of Invoice:		9/12/2001			
Attach one cover sheet to each invoice.		List each item on the invoice on this form.				Vendors Name:		Blacks Equipment Company		
Item Description		Cache Item #	Part Number	Model Number	QTY Authorized In Cache	Quantity Purchased	Unit Cost	Cost Cap	Total Cost	Notes or Justification
1	Breaker, Stanley, 90 LB	RC-0101.00	2345	23435	1	1	\$ 2,500.00	\$ 2,800.00	\$ 2,500.00	First Time Purchase
2	Saw, Chain, Stanley DS-11	RC-0103.00	4747	2343	1	1	\$ 2,100.00	\$ 2,300.00	\$ 2,100.00	
3									\$ -	
4									\$ -	
5									\$ -	
6									\$ -	
7									\$ -	
8									\$ -	
9									\$ -	
10									\$ -	
11									\$ -	
12									\$ -	
13									\$ -	
14									\$ -	
15									\$ -	
					Shipping or Freight				\$ 400.00	
									\$ 5,000.00	
Provide a copy of your purchasing document and invoice.										
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.										
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.										
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.										
Complete this form by itemizing each item purchased on the attached invoice. Add additional row as needed.										

EQUIPMENT INVOICE COVER SHEET COSTS

<b>Invoice Cover Sheet</b>										
Mark the appropriate categories with an "X" or Check Mark										
Invoice Summary Document: <input checked="" type="checkbox"/> Emergency Equipment Procurement, <input type="checkbox"/> Re-Supply, <input type="checkbox"/> Transportation & Services, <input type="checkbox"/> Pharmaceutical Cache										
Cover Sheet # :		2 (number your cover sheets)			Current Date:		10/22/2001			
Task Force Designation:		XX TF1			Invoice Number #:		22222			
					Date of Invoice:		9/13/2001			
Attach one cover sheet to each invoice.					List each item on the invoice on this form.					
Item Description		Cache Item #	Part Number	Model Number	QTY Authorized In Cache	Quantity Purchased	Unit Cost	Cost Cap	Total Cost	Notes or Justification
1	Search Cam	TF-0101.00	2354	97868	1	1	\$11,500.00	\$ 14,000.00	\$ 11,500.00	First Time Purchase
2									\$ -	
3									\$ -	
4									\$ -	
5									\$ -	
6									\$ -	
7									\$ -	
8									\$ -	
9									\$ -	
10									\$ -	
11									\$ -	
12									\$ -	
13									\$ -	
14									\$ -	
15									\$ -	
					Shipping or Freight					
									\$ 11,500.00	
Provide a copy of your purchasing document and invoice.										
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.										
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.										
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.										
Complete this form by itemizing each item purchased on the attached invoice. Add additional row as needed.										



EQUIPMENT INVOICE COVER SHEET COSTS

<b>Invoice Cover Sheet</b>										
Mark the appropriate categories with an "X" or Check Mark										
Invoice Summary Document: <input checked="" type="checkbox"/> Emergency Equipment Procurement, <input type="checkbox"/> Re-Supply, <input type="checkbox"/> Transportation & Services, <input type="checkbox"/> Pharmaceutical Cache										
Cover Sheet # :		4 (number your cover sheets)			Current Date:		10/22/2001			
Task Force Designation:		XX TF1			Invoice Number #:		4444444			
					Date of Invoice:		9/15/2001			
Attach one cover sheet to each invoice.					List each item on the invoice on this form.					
Item Description		Cache Item #	Part Number	Model Number	QTY Authorized	Quantity	Unit Cost	Cost Cap	Total Cost	Notes or Justification
1	Saw, Chain, 16" Stihl 044	RD-0101.00	858940	5754257	8	6	\$ 600.00	\$ 650.00	\$ 3,600.00	First Time Purchase
2	Chain, Chain Saw, 16" carbide tip	RD-0101.01	87458	4565	24	20	\$ 85.00	\$ 90.00	\$ 1,700.00	First Time Purchase
3									\$ -	
4									\$ -	
5									\$ -	
6									\$ -	
7									\$ -	
8									\$ -	
9									\$ -	
10									\$ -	
11									\$ -	
12									\$ -	
13									\$ -	
14									\$ -	
15									\$ -	
									\$ 50.00	Shipping or Freight
									\$ 5,350.00	Total
Provide a copy of your purchasing document and invoice.										
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.										
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.										
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.										
Complete this form by itemizing each item purchased on the attached invoice. Add additional row as needed.										

**RE-SUPPLY EQUIPMENT SUMMARY COSTS**

Summary Document Cover Sheet for Re-Supply invoices								
Invoice Summary Document:		Re-Supply						
Current Date:		12/12/2001						
Task Force Designation:		CC TF1						
Invoice Cover Sheet #	List each invoice by number							
	General Description of Invoice	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification
1								
2								
3								
4								
5								
6								
7								
8							\$ 10,000.00	
9								
10								
11								
12								
13								
14								
15								
<b>Total</b>							<b>\$ 10,000.00</b>	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.								
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.								
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.								
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.								

**GPLD FORM 61-10 EQUIPMENT SUMMARY COSTS**

Summary Document Cover Sheet for GPLD FORM 61-10								
GPLD & Invoice Summary Document:		GPLD Form 61-10 Cover Sheet						
Current Date:		12/12/2001						
Task Force Designation:		CC TF1						
GPLD Cover Sheet #	List each GPLD by number							
	General Description of GPLD	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification
1	Generator, 5000W	LH -0102-00		22222	3/20/2002	ABC Repair Company		notes entered here
2	Stanley Tools	RC-0101.00		3333	3/20/2002	Stanley Company		notes entered here
3								
4								
5								
6								
7								
8							\$ 50,000.00	
9								
10								
11								
12								
13								
14								
15								
						<b>Total</b>	<b>\$ 50,000.00</b>	
Complete this form with summary information from each GPLD Form 61-10 cover sheet. Add additional rows as needed.								

**GOVERNMENT PROPERTY LOST OR DAMAGED (GPLD) SURVEY CERTIFICATE**

1

2. TO /Name and Address of Reviewing Authority:

US&R Program Manager  
FEMA, RR-OP-SR  
500 "C" Street, SW  
Washington, DC 20472

3. FROM (Name and address of Activity assigned responsibility for

US&R Coordinator, XX TF1  
City of XXXX Fire Rescue  
1111 SW 1st Street  
Washington, DC 11111

4. NAME AND GRADE OF PERSON PERFORMING OR DIRECTING RESEARCH

Joe Doe, Logistics Specialist

5. I certify that the  loss  damage of Item(s) described below was not caused by simple/gross negligence, willful misconduct or deliberate unauthorized use. I further certify that the loss of or damage to the item(s) occurred under the circumstances described herein.

6. NATIONAL STOCK NO. OR MANUFACTURERS PART NO.	7. NOMENCLATURE	B. QUANTITY	9. UNIT OF ISSUE	10. UNIT	11. EXTENDED COST
LH-0102.00	Generator, 5000W	1	EACH	\$ 500.00	\$ 500.00
	SAMPLE #1				

12. TOTAL COST OF LISTED ITEMS:  
\$ 500.00

13. CIRCUMSTANCES OF LOSS OR DAMAGE

The above described items was used at the World Trade Center Disaster site. This claim is for a repair. The generator stopped working and could not be started. Generator sent to Honda for repair. Description of problem and Invoice for repair is attached.

14. TYPED NAME & GRADE OF ACCOUNTABLE/RESPONSIBLE OFFICER

Joe Doe, Task Force Leader

14a. SIGNATURE

14b. DATE

1/2/2002

THIS PORTION TO BE COMPLETED BY REVIEWING AUTHORITY AND RETURNED TO ACTIVITY INDICATED IN ITEM NO. 2

15

I have reviewed the evidence pertaining to the loss or damage and  agree  do not agree that the loss or damage to the property was not due to simple/gross negligence, willful misconduct, or deliberate unauthorized use. The following action is authorized:

- a. An inventory adjustment for the property which was not lost through simple/gross negligence, willful misconduct, or deliberate unauthorized use.
- b. Repair the damaged property and charge to O&M/stock fund as fair wear and tear as damage was not caused by gross negligence, willful misconduct, or deliberate unauthorized use.
- c. The circumstances surrounding the loss or damage warrant the processing of a report of survey, FEMA Form 61-5, to be initiated immediately.
- d. Other action (Specify): \_\_\_\_\_

16. TYPED NAME & GRADE OF REVIEWING OFFICER

16a. SIGNATURE

16b. DATE

**GOVERNMENT PROPERTY LOST OR DAMAGED (GPLD) SURVEY CERTIFICATE**

2

2. TO /Name and Address of Reviewing Authority:

US&R Program Manager  
FEMA, RR-OP-SR  
500 "C" Street, SW  
Washington, DC 20472

3. FROM (Name and address of Activity assigned responsibility for

US&R Coordinator, XX TF1  
City of XXXX Fire Rescue  
1111 SW 1st Street  
Washington, DC 11111

4. NAME AND GRADE OF PERSON PERFORMING OR DIRECTING RESEARCH

Joe Doe, Logistics Specialist

5. I certify that the  loss  damage of Item(s) described below was not caused by simple/gross negligence, willful misconduct or deliberate unauthorized use. I further certify that the loss of or damage to the item(s) occurred under the circumstances described herein.

6. NATIONAL STOCK NO. OR MANUFACTURERS PART NO.	7. NOMENCLATURE	B. QUANTITY	9. UNIT OF ISSUE	10. UNIT	11. EXTENDED COST
RC-0101.00	BREAKER, HYDRAULIC, STANLEY, 90 LB	1	EACH	\$ 2,500	\$ 2,500.00
RC-0101.01	BREAKER, HYDRAULIC, MOIL POINT BIT, 14'	2	EACH	\$ 35.00	\$ 70.00
Sample #2					

12. TOTAL COST OF LISTED ITEMS:

\$ 2,570.00

13. CIRCUMSTANCES OF LOSS OR DAMAGE

The above described items were used at the World Trade Center Disaster site. The items were signed out to Squad 1 and during the operational period on 9/12/01 the items disappeared from the site. A police report has been submitted and the case# is: US2345. The invoice to replace the items is attached.

14. TYPED NAME & GRADE OF ACCOUNTABLE/RESPONSIBLE OFFICER

Joe Doe, Task Force Leader

14a. SIGNATURE

14b. DATE

1/2/2002

THIS PORTION TO BE COMPLETED BY REVIEWING AUTHORITY AND RETURNED TO ACTIVITY INDICATED IN ITEM NO. 2

15

I have reviewed the evidence pertaining to the loss or damage and  agree  do not agree that the loss or damage to the property was not due to simple/gross negligence, willful misconduct, or deliberate unauthorized use. The following action is authorized:

- a. An inventory adjustment for the property which was not lost through simple/gross negligence, willful misconduct, or deliberate unauthorized use.
- b. Repair the damaged property and charge to O&M/stock fund as fair wear and tear as damage was not caused by gross negligence, willful misconduct, or deliberate unauthorized use.
- c. The circumstances surrounding the loss or damage warrant the processing of a resport of survey, FEMA Form 61-5, to be initiated immediately.
- d. Other action (Specify): \_\_\_\_\_

16. TYPED NAME & GRADE OF REVIEWING OFFICER

16a. SIGNATURE

16b. DATE

**TRANSPORTATION SERVICES SUMMARY COSTS**

Summary Document Cover Sheet for Transortation & Services invoices								
Invoice Summary Document:		Transportation & Services,						
Current Date:		12/12/2001						
Task Force Designation:		CC TF1						
Invoice Cover Sheet #	List each invoice by number							
	General Description of Invoice	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification
1								
2								
3								
4								
5								
6								
7							\$ 100,000.00	
8								
9								
10								
11								
12								
13								
14								
15								
<b>Total</b>							<b>\$ 100,000.00</b>	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.								
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.								
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.								
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.								

**PHARMACEUTICAL CACHE SUMMARY COSTS**

Summary Document Cover Sheet for Pharmaceutical Cache invoices								
Invoice Summary Document:			Pharmaceutical Cache					
Current Date:			12/12/2001					
Task Force Designation:			CC TF1					
Invoice Cover Sheet #	List each invoice by number							
	General Description of Invoice	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification
1								
2								
3								
4								
5								
6								
7								
8							\$ 50,000.00	
9								
10								
11								
12								
13								
14								
15								
<b>Total</b>							<b>\$ 50,000.00</b>	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.								
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.								
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.								
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.								



# FEMA URBAN SEARCH AND RESCUE

## Administrative Costs Work Book

**Task Force:**

**CC TF1**

**Total Deployments Costs:**

**\$ 880,000.00**

If total allowable costs are less than \$100,000, the administrative allowance equals 3 percent of total allowable costs;

**Enter amount 100,000 and below:**

\$ 100,000.00
3%
\$ 3,000.00

If total allowable costs are greater than \$100,000, but less than \$1,000,000, the administrative allowance is \$3,000 plus 2 percent of costs included in the reimbursement claim greater than \$100,000;

**Enter amount 100,000.01 to 1,000,000.00:**  
(subtract 100,000 from your total deployment costs)  
(Leave blank if total deployment cost is less than \$100,000.00)

\$ 780,000.00
2%
\$ 15,600.00

If total allowable costs are greater than \$1,000,000, the administrative allowance is \$21,000 for \$1,000,000.00 plus 1 percent of costs included in the reimbursement claim greater than \$1,000,000.

**Enter amount above 1,000,000.00:**  
(subtract 1,000,000 from your total deployment costs)  
(Leave blank if total deployment cost is less than \$100,000.00)

\$ -
1%
\$ -

**Total Amount of Administrative Claim:**

**\$ 18,600.00**

**FEMA Urban Search and Rescue Program**

**Task Force Claims Folder**

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**XYZTZ Task Force 1, XY TF1  
1212 Central Boulevard  
New York, NY 11111**

January 1, 2002

US&R Program  
FEMA, RR-OP-SR  
ATTN: Wanda Casey  
500 "C" Street SW, Room 609  
Washington, DC 20472

Subject:

Dear :

Thank you for your assistance with this request.

Sincerely,

<h1 style="margin: 0;">REQUEST FOR ADVANCE OR REIMBURSEMENT</h1> <p style="font-size: small; margin: 5px 0;">(See instructions on bottom)</p>		OMB APPROVAL NO.		PAGE <b>1</b> OF <b>2</b> PAGES	
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>FEMA, RR-OP-SR</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>EMW-00-00-0000</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  Request # ,	
6. EMPLOYER IDENTIFICATION NUMBER  <b>00-00000000</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  <b>XX TF1</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>4/1/2002</b> TO (month, day, year)			
9. RECIPIENT ORGANIZATION  Name: <b>ATTN:</b> Street City State and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9)  Name: <b>Bank Name</b> <b>ABA #</b> Number <b>Account #</b> and Street: <b>ATTN:</b>  City, State <b>Bank Telephone#</b> and ZIP Code:			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES ->	(a)	(b)	(c)	TOTAL	
a. Total program outlays to date (As of date) <b>4/1/2002</b>	\$ -			\$ -	
b. Less: Previous Requests	\$ -			\$ -	
c. Net program outlays (Line a minus line b)	\$ -			\$ -	
d. Estimated net cash outlays for advance period					
e. Total (Sum of lines c & d)	\$ -			\$ -	
f. Non-Federal share of amount on line e					
g. Federal share of amount on line e	\$ -			\$ -	
h. Federal payments previously requested					
i. Federal share now requested (Line g minus line h)	\$ -			\$ -	
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month				
	2nd month				
	3rd month				
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash					
b. Less: Estimated					
c. Amount requested (Line a minus line b)					

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Next Page)

Standard Form 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110

<b>13. CERTIFICATION</b>			
I certify that to the best of my knowledge and belief the data on the page above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE		TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY**

**INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12, and 13 are self explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the total column on the first page.
4	Enter the Federal grant number or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for good and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees, and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>			
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or		

# FEMA URBAN SEARCH AND RESCUE

## Task Force Full Claim Summary Workbook

Task Force:

**XX TF1**

Date Submitted:

**Category**

**Total**

**Personnel Costs:**

**Equipment and Services Costs:**

**Administration Costs:**

**Total Reimbursement Request:**

Enter Previous request amounts:

Date:

25% Advance \$ -

Partial #1 \$ -

Partial #2 \$ -

Total Previous Requests: \$ -

**Personnel Costs Summary Data**

*Version 1.5, April 2002*

**Pertaining to Salary Costs Only**

Note: This form is locked. All Information will be transferred automatically from the following pages of the workbook.

	Dollars Claimed	Adjustments or Reviewers Disallowed Items	Final Claimed Amt.	Hours	No. Of Personnel
<b>Alert Personnel Costs</b>					
Alert Salary Costs	\$ -	\$ -	\$ -	0	-
Alert Back Fill Salary Costs	\$ -	\$ -	\$ -	0	-
<b>Total Alert Personnel Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>-</b>
<b>IST Personnel Costs</b>					
IST Deploying Salary Costs	\$ -	\$ -	\$ -	0	-
IST Back Fill Salary Costs	\$ -	\$ -	\$ -	0	-
<b>Total IST Salary Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>-</b>
<b>Activated Task Force Personnel Costs</b>					
Task Force Deploying Salary Costs	\$ -	\$ -	\$ -	0	-
Task Force Back Fill Salary Costs	\$ -	\$ -	\$ -	0	-
<b>Total Activated Task Force Salary Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>-</b>
<b>Support Personnel Costs</b>					
Mobilization Salary Costs	\$ -	\$ -	\$ -	0	-
Mobilization Backfill Salary Costs	\$ -	\$ -	\$ -	0	-
De-Mobilization Salary Costs	\$ -	\$ -	\$ -	0	-
De-Mobilization Backfill Salary Costs	\$ -	\$ -	\$ -	0	-
Cache Rehabilitation Salary Costs	\$ -	\$ -	\$ -	0	-
Cache Rehabilitation Backfill Salary Costs	\$ -	\$ -	\$ -	0	-
<b>Total Support Personnel Salary Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>-</b>
<b>Critical Incident Stress Management Salary Costs</b>					
Task Force Salary Costs	\$ -	\$ -	\$ -	0	-
Task Force Back Fill Salary Costs	\$ -	\$ -	\$ -	0	-
<b>Total CISM Personnel Salary Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>0</b>
<b>After Action Salary Costs</b>					
After Action Salary Costs	\$ -	\$ -	\$ -	0	-
After Action Back Fill Salary Costs	\$ -	\$ -	\$ -	0	-
<b>Total After Action Personnel Salary Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>-</b>
<b>Grand Total for Salaries</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	

Hours

**Task Force Alerted**

Alert Time:   
 Alert Date:

(Data Entered on the Alert Sheet)

**Report To Point of Assembly:**

Report Date:   
 Report Time:

(Data Entered on the Activated Sheet)

**Release from Point of Assembly:**

Release Date:   
 Release Time:

(Data Entered on the Activated Sheet)

XX TF1  
Incident  
Alert Personnel and Alert Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1																							
2	<b>DATES</b>		<b>PERSONNEL INFORMATION</b>					<b>HOURS WORKED</b> (to nearest whole hour)				<b>TOTAL</b>	<b>HOURLY PAY RATES</b>				<b>COST CALCULATIONS</b>						
3								Entries to be made in only one of the following				<b>Hours</b>	Task Force	Employees	Overtime	Overtime	Enter *Y*	<b>Reg. Hours</b>	<b>OT Hours</b>	<b>TOTAL</b>			
4		<b>Task Force</b>	<b>Agency</b>	<b>NAME</b>	<b>Title</b>	<b>Social</b>	<b>Staff</b>	<b>or</b>	<b>Operations</b>	<b>categories:</b>						<b>Wages/Hr</b>	<b>Benefits/Hr.</b>	<b>Wages/Hr.</b>	<b>Benefits/Hr.</b>	<b>If paid OT</b>	<b>Wages plus</b>	<b>Wages x 1.5</b>	<b>COST</b>
5		<b>Position/Function</b>		<b>(Last Name, First)</b>	<b>Rank</b>	<b>Security #</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>						\$	%	\$	%	<b>at 1.5</b>	<b>Benefits</b>	<b>&amp; Benefits</b>	
6																							
7																							
8																							
9	<b>ALERT PERSONNEL</b>							<b>Hours</b>				<b>Personnel Costs</b>				<b>Eligible for OT</b>	<b>Reg. Hours</b>	<b>OT Hours</b>	<b>Allowable</b>				
10	<b>Date</b>	<b>Task Force Position</b>	<b>Agency Name</b>	<b>Title</b>	<b>SSN</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Reg. Hrs.</b>	<b>OT Hrs.</b>	<b>Total Hrs.</b>	<b>Regular Time</b>	<b>Overtime</b>	<b>Not Exempt</b>	<b>Wages/Benefits</b>	<b>OT/Benefits</b>	<b>Total Cost</b>							
11		01. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
12		02. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
13		03. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
14		04. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
15		05. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
16		06. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
17		07. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
18		08. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
19		09. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
20		10. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
21		11. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
22		12. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
23		13. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
24		14. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
25		15. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
26		16. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
27		17. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
28		18. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
29		19. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
30		20. Alert Personnel				0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
31						0.0					100%	\$ -	100%	Y	\$ -	\$ -	\$ -						
32																							
33						<b>Total</b>	<b>RT</b>	<b>OT</b>	<b>Total Alert Hours</b>	<b>0.0</b>	<b>ALERT PERSONNEL COSTS</b>					<b>TOTAL</b>	<b>\$ -</b>						
34																							
35																							
36	<b>Back Fill Information For Alerted Personnel</b>							<b>Enter the Total Back fill hours</b>				<b>Enter the Regular Pay w/benefits</b>				<b>Enter the Back fill dollar amount</b>							
37		<b>Who Was Worked For</b>	<b>Who Was Worked For</b>					<b>From Individual Work Sheet</b>				<b>for deployed team member here</b>				<b>total from the Individual Work Sheet</b>							
38		<b>Position</b>	<b>Agency</b>	<b>Alerted Persons Name</b>					<b>Back Fill Hours</b>				<b>Straight Hours w/benefits Total Pay</b>				<b>Back fill total cost</b>						
39		01. Alerted Personnel																					
40		02. Alerted Personnel																					
41		03. Alerted Personnel																					
42		04. Alerted Personnel																					
43		05. Alerted Personnel																					
44		06. Alerted Personnel																					
45		07. Alerted Personnel																					
46		08. Alerted Personnel																					
47		09. Alerted Personnel																					
48		10. Alerted Personnel																					
49																							
50																							
51	Benefits are only paid on backfill when task force members are activated																						
52	If Back Fill is used for Alert Personnel, an individual worksheet must be completed for each task force member that was back filled															<b>Total Alert Cost Differential for Back Fill</b>							
53																							
54																							
55																							
56																							
57																							
58		<b>Alert Date:</b>							<b>Total Alert Hours</b>				<b>0</b>	<b>Hours</b>	<b>Alert Personnel Costs \$ -</b>								
59		<b>Alert Time:</b>							<b>Total Alert Back Fill Hours</b>				<b>0</b>	<b>Hours</b>	<b>Back Fill Costs \$ -</b>								
60																							
61													<b>Total Alert Personnel Costs \$ -</b>										
62																							

XX TF1  
 \_\_\_\_\_ Incident  
 IST Personnel and IST Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																								
2	DATES		PERSONNEL INFORMATION					HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS							
3								Entries to be made in only one of the following				Hours	Task Force	Employees	Overtime	Overtime	Enter *Y*	Reg. Hours	OT Hours	TOTAL				
4			Task Force	Agency	NAME	Title/	Social	Staff	or	Operations	categories:			Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Wages plus	Wages x 1.5	TOTAL				
5			Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.			\$	%	\$	%	at 1.5	Benefits	& Benefits				
6																								
7	Incident Support Team (IST) DEPLOYING PERSONNEL							Hours				Personnel Costs												
8																								
9	Date	IST Position	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time	Overtime	Eligible for OT	Reg. Hours	OT Hours	Wages/Benefits	OT/Benefits	Total Cost						
10	1.					0				0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -						
11	2.					0				0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -						
12	3.					0				0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -						
13	4.					0				0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -						
14	5.					0				0	100%	\$ -	100%	Y	\$ -	\$ -	\$ -	\$ -						
15																								
16								RT	OT															
17								Total Hours	0	0														
18								Total IST Hours		0												TOTAL	\$ -	
19																								
20	Back Fill Information IST Personnel					Enter the Total Back fill hours				Enter the Regular Pay w/benefits				Enter the Back fill dollar amount										
21	Who Was Worked For		Who Was Worked For:		From Individual Work Sheet				for deployed team member here				total from the Individual Work Sheet				Total Cost							
22	Position	Agency	IST Persons Name		Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost				Differential							
23	1.																\$ -							
24	2.																\$ -							
25	3.																\$ -							
26	4.																\$ -							
27	5.																\$ -							
28																								
29					Total IST Back Fill Hours				0															
30																								
31													Total IST Differential for Back Fill				TOTAL	\$ -						
32																								
33																								
34																								
35																								
36																								
37																								
38									Total IST Hours				0	Hours	IST Personnel Costs	\$ -								
39									Total IST Back Fill Hours				0	Hours	Back Fill Costs	\$ -								
40																								
41													Total IST Personnel Costs				\$ -							
42																								



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 Activated Task Force Team Members and Team Member Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	PERSONNEL INFORMATION															HOURLY PAY RATES				COST CALCULATIONS			
2	DATES															HOURLY PAY RATES				COST CALCULATIONS			
3	PERSONNEL INFORMATION															HOURLY PAY RATES				COST CALCULATIONS			
4	PERSONNEL INFORMATION															HOURLY PAY RATES				COST CALCULATIONS			
5	PERSONNEL INFORMATION															HOURLY PAY RATES				COST CALCULATIONS			
6	PERSONNEL INFORMATION															HOURLY PAY RATES				COST CALCULATIONS			
76	Deploying WMD Specialist															HOURLY PAY RATES				COST CALCULATIONS			
77	Deploying WMD Specialist															HOURLY PAY RATES				COST CALCULATIONS			
78	Date	WMD Haz Mat Position	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time Wages/Hr	Benefits/Hr.	Overtime Wages/Hr.	Benefits/Hr.	Eligible for OT Not Exempt	Reg. Hours Wages/Benefits	OT Hours OT/Benefits	Total Cost					
79		1.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
80		2.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
81		3.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
82		4.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
83		5.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
84		6.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
85		7.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
86		8.	Haz-Mat Specialist							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
87																							
88																							
89										0													
90																							
91	Deploying Task Force Drivers															HOURLY PAY RATES				COST CALCULATIONS			
92	Date	Task Force Position	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time Wages/Hr	Benefits/Hr.	Overtime Wages/Hr.	Benefits/Hr.	Eligible for OT Not Exempt	Reg. Hours Wages/Benefits	OT Hours OT/Benefits	Total Cost					
93		01.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
94		02.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
95		03.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
96		04.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
97		05.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
98		06.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
99		07.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
100		08.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
101		09.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
102		10.	Driver							0			\$ -	Y	Y	\$ -	\$ -	\$ -					
103																							
104																							
105										0													
106																							
107																							
108	Miscellaneous Personnel (must be authorized by US&R Program Office in writing prior to activation)															HOURLY PAY RATES				COST CALCULATIONS			
109	Miscellaneous Personnel (must be authorized by US&R Program Office in writing prior to activation)															HOURLY PAY RATES				COST CALCULATIONS			
110	Deploying Miscellaneous Personnel															HOURLY PAY RATES				COST CALCULATIONS			
111	Date	Task Force Position	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time Wages/Hr	Benefits/Hr.	Overtime Wages/Hr.	Benefits/Hr.	Eligible for OT Not Exempt	Reg. Hours Wages/Benefits	OT Hours OT/Benefits	Total Cost					
112		01.								0			\$ -	Y	Y	\$ -	\$ -	\$ -					
113		02.								0			\$ -	Y	Y	\$ -	\$ -	\$ -					
114		03.								0			\$ -	Y	Y	\$ -	\$ -	\$ -					
115		04.								0			\$ -	Y	Y	\$ -	\$ -	\$ -					
116		05.								0			\$ -	Y	Y	\$ -	\$ -	\$ -					
117																							
118																							
119										0													
120																							

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 Activated Task Force Team Members and Team Member Back Fill Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W							
1	PERSONNEL INFORMATION															HOURS WORKED		HOURLY PAY RATES		COST CALCULATIONS				TOTAL						
2	DATES															Entries to be made in only one of the following		Task Force Employees		Overtime		Enter *Y*		Reg. Hours		OT Hours		TOTAL		
3																Reg. Hrs. OT Hrs.		Wages/Hr. Benefits/Hr.		Wages/Hr. Benefits/Hr.		If paid OT at 1.5		Wages plus Benefits		Wages x 1.5 & Benefits		TOTAL COST		
4	Task Force Agency NAME Title Social															Staff or Operations categories:		Wages/Hr. Benefits/Hr.		Wages/Hr. Benefits/Hr.		If paid OT at 1.5		Wages plus Benefits		Wages x 1.5 & Benefits		TOTAL COST		
5	Position/Function (Last Name, First) Rank Security #															Reg. Hrs. OT Hrs.		Reg. Hrs. OT Hrs.		Wages/Hr. Benefits/Hr.		Wages/Hr. Benefits/Hr.		If paid OT at 1.5		Wages plus Benefits		Wages x 1.5 & Benefits		TOTAL COST
121																												TOTAL		
122	Back Fill Information for Deployed Task Force Members															Enter the Total Back fill hours		Enter the Regular Pay w/benefits		Enter the Back fill dollar amount				TOTAL						
123	Who Was Worked For															From Individual Work Sheet		for deployed team member here		total from the Individual Work Sheet				Total Cost						
124	Position Agency Deployed Name															Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost				Differential						
125																														
126	01. Task Force Leader																							\$ -						
127	02. Task Force Leader																							\$ -						
128	03. Safety Officer																							\$ -						
129	04. Safety Officer																							\$ -						
130	05. Search Team Manager																							\$ -						
131	06. Search Team Manager																							\$ -						
132	07. Tach Search Specialist																							\$ -						
133	08. Tach Search Specialist																							\$ -						
134	09. Canine Specialist																							\$ -						
135	10. Canine Specialist																							\$ -						
136	11. Canine Specialist																							\$ -						
137	12. Canine Specialist																							\$ -						
138	13. Rescue Team Manager																							\$ -						
139	14. Rescue Team Manager																							\$ -						
140	15. Rescue Squad Officer																							\$ -						
141	16. Rescue Squad Officer																							\$ -						
142	17. Rescue Squad Officer																							\$ -						
143	18. Rescue Squad Officer																							\$ -						
144	19. Rescue Specialist																							\$ -						
145	20. Rescue Specialist																							\$ -						
146	21. Rescue Specialist																							\$ -						
147	22. Rescue Specialist																							\$ -						
148	23. Rescue Specialist																							\$ -						
149	24. Rescue Specialist																							\$ -						
150	25. Rescue Specialist																							\$ -						
151	26. Rescue Specialist																							\$ -						
152	27. Rescue Specialist																							\$ -						
153	28. Rescue Specialist																							\$ -						
154	29. Rescue Specialist																							\$ -						
155	30. Rescue Specialist																							\$ -						
156	31. Rescue Specialist																							\$ -						
157	32. Rescue Specialist																							\$ -						
158	33. Rescue Specialist																							\$ -						
159	34. Rescue Specialist																							\$ -						
160	35. Rescue Specialist																							\$ -						
161	36. Rescue Specialist																							\$ -						
162	37. Rescue Specialist																							\$ -						
163	38. Rescue Specialist																							\$ -						
164	39. Hvy Rigging Specialist																							\$ -						
165	40. Hvy Rigging Specialist																							\$ -						
166	41. Planning																							\$ -						
167	42. Planning																							\$ -						
168	43. Tach Info Specialist																							\$ -						
169	44. Tach Info Specialist																							\$ -						
170	45. Structural Specialist																							\$ -						
171	46. Structural Specialist																							\$ -						
172	47. Haz-Mat Specialist																							\$ -						
173	48. Haz-Mat Specialist																							\$ -						
174	49. Logistics Manager																							\$ -						
175	50. Logistics Manager																							\$ -						
176	51. Logistics Specialist																							\$ -						
177	52. Logistics Specialist																							\$ -						
178	53. Logistics Specialist																							\$ -						
179	54. Logistics Specialist																							\$ -						
180	55. Commo Specialist																							\$ -						
181	56. Commo Specialist																							\$ -						
182	57. Medical Team Manager																							\$ -						
183	58. Medical Team Manager																							\$ -						
184	59. Medical Specialist																							\$ -						
185	60. Medical Specialist																							\$ -						
186	61. Medical Specialist																							\$ -						
187	62. Medical Specialist																							\$ -						
188																								\$ -						
189																Total Task Force Back Fill Hours		0		Task Force Member Differential for Back Fill				Total	\$ -					
190																														

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W								
1	PERSONNEL INFORMATION															HOURS WORKED		TOTAL		HOURLY PAY RATES		COST CALCULATIONS				TOTAL					
2	DATES															Entries to be made in only one of the following		Hours		Task Force Employees		Overtime		Enter *Y*		Reg. Hours		OT Hours		TOTAL	
3	Task Force															Staff or Operations categories:		Wages/Hr		Benefits/Hr		Wages/Hr		Benefits/Hr		Wages plus		Wages x 1.5		TOTAL	
4	Position/Function															Reg. Hrs. OT Hrs. Reg. Hrs. OT Hrs.		Wages/Hr		Benefits/Hr		Wages/Hr		Benefits/Hr		Wages plus		Wages x 1.5		TOTAL	
5	Agency NAME (Last Name, First) Title/ Rank Social Security #															Reg. Hrs. OT Hrs. Reg. Hrs. OT Hrs.		Wages/Hr		Benefits/Hr		Wages/Hr		Benefits/Hr		Wages plus		Wages x 1.5		TOTAL	
191	Back Fill Information for WMD Haz Mat Personnel															Enter the Total Back fill hours		TOTAL		Enter the Regular Pay w/benefits		Enter the Back fill dollar amount		TOTAL		TOTAL					
192	Who Was Worked For															From Individual Work Sheet		Back Fill Hours		for deployed team member here		total from the Individual Work Sheet		Differential		Total Cost					
193	Position Agency Deployed Name															Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost											
194	01. Haz-Mat Specialist																														
195	02. Haz-Mat Specialist																														
196	03. Haz-Mat Specialist																														
197	04. Haz-Mat Specialist																														
198	05. Haz-Mat Specialist																														
199	06. Haz-Mat Specialist																														
200	07. Haz-Mat Specialist																														
201	08. Haz-Mat Specialist																														
202																															
203																															
204	Total WMD Haz Mat Back Fill Hours															0				Task Force WMD Differential for Back Fill		Total		\$ -							
205	Back Fill Information for Driver Personnel															Enter the Total Back fill hours		TOTAL		Enter the Regular Pay w/benefits		Enter the Back fill dollar amount		TOTAL		TOTAL					
206	Who Was Worked For															From Individual Work Sheet		Back Fill Hours		for deployed team member here		total from the Individual Work Sheet		Differential		Total Cost					
207	Position Agency Deployed Name															Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost											
208	01. Driver																														
209	02. Driver																														
210	03. Driver																														
211	04. Driver																														
212	05. Driver																														
213	06. Driver																														
214	07. Driver																														
215	08. Driver																														
216	09. Driver																														
217	10. Driver																														
218																															
219																															
220	Total Driver Back Fill Hours															0				Task Force Driver Differential for Back Fill		Total		\$ -							
221	Back Fill Information for Miscellaneous Personnel (authorization required)															Enter the Total Back fill hours		TOTAL		Enter the Regular Pay w/benefits		Enter the Back fill dollar amount		TOTAL		TOTAL					
222	Who Was Worked For															From Individual Work Sheet		Back Fill Hours		for deployed team member here		total from the Individual Work Sheet		Differential		Total Cost					
223	Position Agency Deployed Name															Back Fill Hours		Straight Hours w/benefits Total Pay		Back fill total cost											
224	01.																														
225	02.																														
226	03.																														
227	04.																														
228	05.																														
229																															
230																															
231																															
232	Total Misc. Back Fill Hours															0				Task Force Miscellaneous Differential for Back Fill		Total		\$ -							
233																															
234																															
235																															
236																															
237																															
238																															
239																															
240																															
241																															
242	Activation Date:																	Total Task Force Hours		- Hours		TF Personnel Costs		\$ -							
243	Activation Time:																	Total Task Force Back Fill Hours		- Hours		TF Back Fill Costs		\$ -							
244	Release From Point Of Assembly:																					Total TF Personnel Costs		\$ -							
245	Release Date:																														
246	Release Time:																														
247																															
248																															

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Support Personnel and Support Back Fill Personnel Costs

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1	DATES		PERSONNEL INFORMATION			HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS				TOTAL				
2						Entries to be made in only one of the following categories:				Hours	Task Force Employees		Overtime	Overtime	Enter 'Y' if paid OT at 1.5	Reg. Hours	OT Hours			TOTAL			
3										Hours	Wages/Hr	Benefits/Hr	Wages/Hr	Benefits/Hr		Wages plus Benefits	Wages x 1.5 & Benefits			COST			
4	Task Force Position/Function		Agency	NAME (Last Name, First)	Title/Rank	Social Security #	Staff Reg. Hrs.	or OT Hrs.	Operations Reg. Hrs.	OT Hrs.						\$	%	\$	%				
5																							
6											Benefits are only paid during Activations												
7											Personnel Costs												
8	Support Personnel					Hours					Regular Time	Overtime	Eligible for OT Not Exempt		Reg. Hours	OT Hours							
9											Wages/Hr	Benefits/Hr	Wages/Hr	Benefits/Hr		Wages	Wages			Total Cost			
10	Date	Assignment	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Wages/Hr	Benefits/Hr	Wages/Hr	Benefits/Hr	Not Exempt	Wages	Wages			Total Cost			
11		01. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
12		02. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
13		03. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
14		04. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
15		05. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
16		06. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
17		07. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
18		08. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
19		09. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
20		10. Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
21		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
22		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
23		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
24		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
25		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
26		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
27		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
28		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
29		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
30		Mobilization Personnel				0				0	100%	\$ -	100%	Y	\$ -	\$ -			\$ -				
31																							
32						Total Mobilization Hours				0	TOTAL COST FOR MOBILIZATION PERSONNEL				TOTAL		\$	-					
33											Enter the Regular Pay w/benefits for deployed team member here				Enter the Back fill dollar amount total from the Individual Work Sheet				Total Cost				
34											from the Individual Worksheet				Back fill total cost				Differential				
35	Back Fill Information for Mobilization Personnel					Enter the Total Back fill hours from Individual Work Sheet					Straight Hours w/benefits Total Pay				Back fill total cost				Differential				
36	Who Was Worked For		Who Was Worked For			Back Fill Hours													Differential				
37	Position		Deployed Name																Differential				
38		01. Mobilization Personnel																	\$ -				
39		02. Mobilization Personnel																	\$ -				
40		03. Mobilization Personnel																	\$ -				
41		04. Mobilization Personnel																	\$ -				
42		05. Mobilization Personnel																	\$ -				
43		06. Mobilization Personnel																	\$ -				
44		07. Mobilization Personnel																	\$ -				
45		08. Mobilization Personnel																	\$ -				
46		09. Mobilization Personnel																	\$ -				
47		10. Mobilization Personnel																	\$ -				
48																			Total				
49						Total Mobilization Back Fill Hours				0	Task Force Mobilization Differential for Back Fill				Total		\$	-					
50																							

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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1																							
2	DATES	PERSONNEL INFORMATION					HOURS WORKED	(to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS						
3							Entries to be made in only one of the following categories:				Hours	Task Force	Employees	Overtime	Overtime	Enter %	Reg. Hours	OT Hours	TOTAL				
4		Task Force	Agency	NAME	Title	Social	Staff	or	Operations						Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT	Wages plus	Wages x 1.5	TOTAL	
5		Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.					\$	%	\$	%	at 1.5	Benefits	& Benefits	COST	
51																							
52																							
53	De-mobilization Personnel																						
54																							
55	Date	Assignment	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Not Exempt	Reg. Hours	OT Hours	Wages	Wages	Total Cost		
56		01. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
57		02. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
58		03. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
59		04. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
60		05. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
61		06. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
62		07. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
63		08. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
64		09. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
65		10. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
66		11. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
67		12. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
68		13. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
69		14. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
70		15. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
71		16. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
72		17. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
73		18. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
74		19. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
75		20. De-Mobilization Personnel					0					100%	\$ -	100%	y	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
76																							
77																							
78																							
79																							
80	Back Fill Information for De-Mobilization Personnel						Enter the Total Back fill hours				Enter the Regular Pay w/benefits				Enter the Back fill dollar amount								
81		Who Was Worked For		Who Was Worked For			From Individual Work Sheet				for deployed team member here				total from the Individual Work Sheet				Total Cost				
82		Position	Agency	Deployed Name			Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost				Differential				
83		01. De-Mobilization Personnel																			\$ -		
84		02. De-Mobilization Personnel																			\$ -		
85		03. De-Mobilization Personnel																			\$ -		
86		04. De-Mobilization Personnel																			\$ -		
87		05. De-Mobilization Personnel																			\$ -		
88		06. De-Mobilization Personnel																			\$ -		
89		07. De-Mobilization Personnel																			\$ -		
90		08. De-Mobilization Personnel																			\$ -		
91		09. De-Mobilization Personnel																			\$ -		
92		10. De-Mobilization Personnel																			\$ -		
93																						\$ -	
94																						\$ -	
95																						\$ -	

XX TF1  
Incident  
Support Personnel and Support Back Fill Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W				
1	PERSONNEL INFORMATION															HOURS WORKED		HOURLY PAY RATES		COST CALCULATIONS					TOTAL		
2	DATES		PERSONNEL INFORMATION													HOURS WORKED		HOURLY PAY RATES		COST CALCULATIONS					TOTAL		
3																Entries to be made in only one of the following categories:		Task Force Employees		Overtime	Overtime	Enter %	Reg. Hours	OT Hours	TOTAL		
4																Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	If paid OT at 1.5	Wages plus	Wages x 1.5 & Benefits	COST
5																Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	\$	%	\$	%				
96																Benefits are only paid during Activations											
97																											
98																											
99	Cache Rehab Personnel																										
100																											
101	Date	Assignment	Agency Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time Wages/Hr	Benefits/Hr.	Overtime Wages/Hr.	Benefits/Hr.	Eligible for O Not Exempt	Reg. Hours Wages	OT Hours Wages	Total Cost									
102		01. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
103		02. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
104		03. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
105		04. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
106		05. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
107		06. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
108		07. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
109		08. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
110		09. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
111		10. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
112		11. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
113		12. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
114		13. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
115		14. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
116		15. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
117		16. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
118		17. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
119		18. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
120		19. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
121		20. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
122		21. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
123		22. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
124		23. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
125		24. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
126		25. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
127		26. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
128		27. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
129		28. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
130		29. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
131		30. Cache Rehab Personnel				0				0	100%	\$ -	100%	y	\$ -	\$ -	\$ -										
132																											
133																											
134																											
135																											
136																											
137																											
138																											
139																											
140		01. Cache Rehab Personnel																					\$ -				
141		02. Cache Rehab Personnel																					\$ -				
142		03. Cache Rehab Personnel																					\$ -				
143		04. Cache Rehab Personnel																					\$ -				
144		05. Cache Rehab Personnel																					\$ -				
145		06. Cache Rehab Personnel																					\$ -				
146		07. Cache Rehab Personnel																					\$ -				
147		08. Cache Rehab Personnel																					\$ -				
148		09. Cache Rehab Personnel																					\$ -				
149		10. Cache Rehab Personnel																					\$ -				
150																											
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XX TF1  
 \_\_\_\_\_ Incident  
 CISM Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W				
1	DATES		PERSONNEL INFORMATION					HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS				TOTAL						
2								Entries to be made in only one of the following				Hours	Task Force Employees		Overtime		Overtime		Enter *Y*		Reg. Hours		OT Hours		COST		
3			Task Force		Agency	NAME	Title/	Social	Staff	or	Operations	categories:				Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Enter *Y*	Reg. Hours	OT Hours	Wages x 1.5	TOTAL			
4			Position/Function		(Last Name, First)	Rank	Security #	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.					\$	%	\$	%	at 1.5	Benefits	& Benefits					
123																											
124	Critical Incident Stress Management (CISM)															Enter the Regular Pay w/benefits											
125	Back Fill Information for Deployed Task Force Members															Enter the Total Back fill hours		for deployed team member here		Enter the Back fill dollar amount							
126	Who Was Worked For					Who Was Worked For					From Individual Work Sheet				from the Individual Worksheet				total from the Individual Work Sheet				Total Cost				
127	Position		Agency		Deployed Name					Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost				Differential					
128	01.	Task Force Leader																						\$ -			
129	02.	Task Force Leader																						\$ -			
130	03.	Safety Officer																						\$ -			
131	04.	Safety Officer																						\$ -			
132	05.	Search Team Manager																						\$ -			
133	06.	Search Team Manager																						\$ -			
134	07.	Tech Search Specialist																						\$ -			
135	08.	Tech Search Specialist																						\$ -			
136	09.	Canine Specialist																						\$ -			
137	10.	Canine Specialist																						\$ -			
138	11.	Canine Specialist																						\$ -			
139	12.	Canine Specialist																						\$ -			
140	13.	Rescue Team Manager																						\$ -			
141	14.	Rescue Team Manager																						\$ -			
142	15.	Rescue Squad Officer																						\$ -			
143	16.	Rescue Squad Officer																						\$ -			
144	17.	Rescue Squad Officer																						\$ -			
145	18.	Rescue Squad Officer																						\$ -			
146	19.	Rescue Specialist																						\$ -			
147	20.	Rescue Specialist																						\$ -			
148	21.	Rescue Specialist																						\$ -			
149	22.	Rescue Specialist																						\$ -			
150	23.	Rescue Specialist																						\$ -			
151	24.	Rescue Specialist																						\$ -			
152	25.	Rescue Specialist																						\$ -			
153	26.	Rescue Specialist																						\$ -			
154	27.	Rescue Specialist																						\$ -			
155	28.	Rescue Specialist																						\$ -			
156	29.	Rescue Specialist																						\$ -			
157	30.	Rescue Specialist																						\$ -			
158	31.	Rescue Specialist																						\$ -			
159	32.	Rescue Specialist																						\$ -			
160	33.	Rescue Specialist																						\$ -			
161	34.	Rescue Specialist																						\$ -			
162	35.	Rescue Specialist																						\$ -			
163	36.	Rescue Specialist																						\$ -			
164	37.	Rescue Specialist																						\$ -			
165	38.	Rescue Specialist																						\$ -			
166	39.	Hvy Rigging Specialist																						\$ -			
167	40.	Hvy Rigging Specialist																						\$ -			
168	41.	Planning																						\$ -			
169	42.	Planning																						\$ -			
170	43.	Tech Info Specialist																						\$ -			
171	44.	Tech Info Specialist																						\$ -			
172	45.	Structural Specialist																						\$ -			
173	46.	Structural Specialist																						\$ -			
174	47.	Haz-Mat Specialist																						\$ -			
175	48.	Haz-Mat Specialist																						\$ -			
176	49.	Logistics Manager																						\$ -			
177	50.	Logistics Manager																						\$ -			
178	51.	Logistics Specialist																						\$ -			
179	52.	Logistics Specialist																						\$ -			
180	53.	Logistics Specialist																						\$ -			
181	54.	Logistics Specialist																						\$ -			
182	55.	Commo Specialist																						\$ -			
183	56.	Commo Specialist																						\$ -			
184	57.	Medical Team Manager																						\$ -			
185	58.	Medical Team Manager																						\$ -			
186	59.	Medical Specialist																						\$ -			
187	60.	Medical Specialist																						\$ -			
188	61.	Medical Specialist																						\$ -			
189	62.	Medical Specialist																						\$ -			
190																											
191								Total Task Force Back Fill Hours				0				Task Force Member Differential for Back Fill				Total	\$ -						
192																											



After Action Personnel and Back Fill Personnel Costs

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1																							
2	DATES		PERSONNEL INFORMATION					HOURS WORKED (to nearest whole hour)				TOTAL	HOURLY PAY RATES				COST CALCULATIONS						
3			Task Force	Agency	NAME	Title/	Social	Entries to be made in only one of the following				Hours	Task Force Employees	Overtime	Overtime	Enter *Y*	Reg. Hours	OT Hours	TOTAL				
4			Position/Function		(Last Name, First)	Rank	Security #	Staff	or	Operations	categories:		Wages/Hr	Benefits/Hr.	Wages/Hr.	Benefits/Hr.	Wages plus	Wages x 1.5	TOTAL				
5								Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.		\$	%	\$	%	Benefits	& Benefits	COST				
6																							
7								TASK FORCE HOURS					TASK FORCE PERSONNEL COST										
8																							
9	AFTER ACTION PERSONNEL COSTS							Hours				Personnel Costs				Cost Calculations							
10																							
11	Date	Task Force Position	Agency	Name	Title	SSN	Reg. Hrs.	OT Hrs.	Reg. Hrs.	OT Hrs.	Total Hrs.	Regular Time	Wages/Hr	Benefits/Hr.	Overtime	Wages/Hr.	Benefits/Hr.	Eligible for OT	Reg. Hours	OT Hours	Total Cost		
12		01.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
13		02.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
14		03.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
15		04.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
16		05.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
17		06.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
18		07.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
19		08.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
20		09.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
21		10.									0.0	100%	\$	-	100%	N	\$	-	\$	-	\$	-	
22		11.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
23		12.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
24		13.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
25		14.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
26		15.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
27		16.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
28		17.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
29		18.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
30		19.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
31		20.									0.0	100%	\$	-	100%	Y	\$	-	\$	-	\$	-	
32								RT	OT														
33						Total	0.0	0.0	Total Admin Hours	0.0		AFTER ACTION PERSONNEL COSTS				TOTAL	\$	-					
34																							
35																							
36	After Action Back Fill Personnel							Enter the Total Back fill hours				Enter the Regular Pay w/benefits				Enter the Back fill dollar amount							
37	Who Was Worked For			Who Was Worked For			From Individual Work Sheet				for deployed team member here				total from the Individual Work Sheet								
38	Position		Agency	Admin Persons Name			Back Fill Hours				Straight Hours w/benefits Total Pay				Back fill total cost								
39		01.																					
40		02.																					
41		03.																					
42		04.																					
43		05.																					
44		06.																					
45		07.																					
46		08.																					
47		09.																					
48		10.																					
49																							
50				Total After Action Back Fill Hours			0.0																
51	Benefits are only paid on backfill when task force members are activated																						
52	If Back Fill is used for After Action Personnel, an individual worksheet must be completed for each After Action person that was back filled																Total After Action Cost Differential for Back Fill				\$	-	
53																							
54																							
55																							
56																							
57																							
58								Total After Action Hours	0	Hours	After Action Costs	\$	-										
59								Total After Action Back Fill Hours	0	Hours	Back Fill After Action Costs	\$	-										
60								Total After Action Hours	0														
61											Total After Action Personnel Costs	\$	-										
62																							

**Input Data Page**

**INDIVIDUAL WORKBOOK (DO NOT SUBMIT THIS PAGE. Only submit the View & Print worksheet as backup documentation)**

**US&R Task Force**

**XX TF 1**

Version 1.5, April 2002

Fill in Data highlighted in yellow

**Data Entry Area:**

Enter the task force designation here

Select or type in new position in drop down box

**Task Force Position:**

**Name:**

**Department:**

**SS#:**

**Regular Hourly Rate:**

**Rank or Title:**

**Straight Time % of Benefits:**

**Overtime % of Benefits:**

**Back Fill % of Benefits:**  Backfill percentage of benefits are only authorized for activated personnel.

**Task Force Alert Date:**   
**Task Force Alert Time:**

**Task Force Activation Date:**   
**Task Force Activation Time:**

**Task Force Demobilization Date:**   
**Task Force Demobilization Time:**

**Rehabilitation Period Date Ends:**   
**Rehabilitation Time Period Ends:**

Enter the time the deploying team normally starts his regular shift at home:

Enter the time the deploying team normally ends his regular shift at home:

Enter the deploying team members normal amount of hours he works per week at home:  (i.e. 40, 48, 56) per week

Enter the deploying team members normal amount of hours per day or shift he works at home:  per shift

**Note:** IF EMPLOYEE IS EXEMPT: CHANGE FORMULA ON "VIEW & PRINT WORK SHEET" IN OVERTIME HOURLY RATE CELL "D21" TO "=>D18\*1.0"

The time period below should represent a period from Activation to the end of the Rehabilitation Period.  
**Note:** No overtime will be paid to team members during the rehabilitation period.  
 The team members regular time and the differential back fill hours will be reimbursed to the agency.

Enter the day & date of alert or activation in the indicated boxes

Day of Week:	Tuesday	Wednesday	Thursday	Friday	Saturday	etc	etc	etc	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	Totals
Dates:	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	0
At Home On Duty Work Hours:																				0
US&R Work Hours:																				0
Straight Time Hours:																				0
Overtime Hours:																				0

**Backfill Personnel Data:**

Last Name, First Name		Last Name, First Name		Last Name, First Name	
<b>Name #1.)</b> <input type="text"/>	<b>Name #4.)</b> <input type="text"/>	<b>Name #7.)</b> <input type="text"/>	<b>Name #10.)</b> <input type="text"/>	<b>Name #3.)</b> <input type="text"/>	<b>Name #6.)</b> <input type="text"/>
<b>SS#:</b> <input type="text"/>					
<b>Rank:</b> <input type="text"/>					
<b>Regular Hourly Rate:</b> <input type="text"/>					
<b>Name #2.)</b> <input type="text"/>	<b>Name #5.)</b> <input type="text"/>	<b>Name #8.)</b> <input type="text"/>	<b>Name #11.)</b> <input type="text"/>	<b>Name #9.)</b> <input type="text"/>	<b>Name #12.)</b> <input type="text"/>
<b>SS#:</b> <input type="text"/>					
<b>Rank:</b> <input type="text"/>					
<b>Regular Hourly Rate:</b> <input type="text"/>					

**Personnel Backfill Hours**

	Tuesday	Wednesday	Thursday	Friday	Saturday	etc	etc	etc	0	0	0	0	0	0	0	0	0	0	0	0	Total
	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	0	
01.	0																				0
02.	0																				0
03.	0																				0
04.	0																				0
05.	0																				0
06.	0																				0
07.	0																				0
08.	0																				0
09.	0																				0
10.	0																				0
11.	0																				0
12.	0																				0
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0





185
186

**US&R Task Force XX TF 1**  
**Personnel Activation Payroll Form**

Team Position: **SS#: 0 Rank or Title:**  
 Name: **Department: 0**

Task Force Activation Date: **1/1/02**  
 Task Force Activation Time: **8:00 AM**  
 Task Force Demobilization Date: **1/1/02**  
 Task Force Demobilization Time: **8:00 PM**  
 Rehabilitation Period Ends Date: **1/1/02**  
 Rehabilitation Time Period Ends: **8:00 PM**

Task Force Alert Date: **1/1/02**  
 Task Force Alert Time: **8:00 AM**  
 For this team member:  
 Workday at home begins: **8:00 AM**  
 Workday at home ends: **8:00 AM**  
 Total hours per week at home: **40** per week  
 Total hours per day or shift: **24** per day or shift

Dates	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	Totals
Home On Duty Work Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
US&R Work Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Straight Time Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overtime Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Straight Time Hrs. Worked	0
Straight Time Hourly Rate	\$ -
Straight Time % Benefits	100%

Straight Time Total Pay Without Benefits: \$ -  
 Benefits Only: \$ -  
 Straight Time Pay With Benefits: \$0.00

Overtime Hours Worked	0
Overtime Hourly Rate	\$ -
Overtime % of Benefits	100%

Over Time Total Pay Without Benefits: \$ -  
 Benefits Only: \$ -  
 Overtime Pay With Benefits: \$0.00

Deployed Team Member Activation Total: **\$0.00**

IF EMPLOYEE IS EXEMPT: CHANGE FORMULA  
 IN OVERTIME HOURLY RATE CELL "D21" TO "="+D18\*1.0"

Personnel Backfill Payroll Form

	Dates:	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13	Total
01	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
02	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
03	Total Hour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
04	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
05	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
06	Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SS#:	0	Rank:																		
	Hourly Over time Rate	\$0.00																			
<b>Total Column Hours</b>		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Page 1: **0**  
 Back Fill Hours

#1) Reimbursable Amt:	
#2) Reimbursable Amt:	
#3) Reimbursable Amt:	
#4) Reimbursable Amt:	
#5) Reimbursable Amt:	
#6) Reimbursable Amt:	

Page 1	0
Page 2	0
<b>Total Back Fill hours</b>	<b>0</b>
Enter TOTAL Back Fill Hours on Master Personnel Costs Spread Sheet in Back Fill Spread Sheet	
<b>Backfill Total</b>	
Page 1	\$ -
Page 2	\$ -
	\$ -
<b>Back Fill% of Benefits</b>	
	100%

Calculation Area		Back Fill Differential Calculation		Total Calculation	
Enter back fill dollar amount on Master Spread sheet					
Back fill w/benefits total dollar amount	\$ -	Team Member Activation Total	\$0.00		
Enter Straight time dollar amount on Master Spread sheet					
Straight time w/benefits dollar amount	\$0.00	True Differential	\$0.00		
For Deployed Team Member					
True Differential	\$0.00	Grand Total	\$0.00		
If back fill costs are less than straight costs, this box will equal zero.					

**Grand Total Reimbursement: \$0.00**

Enter comments in this box if there is a need to explain any extraordinary circumstances surrounding the claim for this individual:  
 Remarks:



**Team Member Data Page**

**US&R Task Force**

Version 1.5, April 2002

Enter the task force designation here

**Data Entry Area:**

**Task Force Position:**

**DO NOT SUBMIT THIS PAGE. This page may be printed and given to the task force member to fill out by hand.**

**Last Name, First Name**

**This form is used by the Technical Information Specialist to collect team member information during or after a deployment .**

**Name:**

**This form can be printed just prior to or during a deployment. Type the corrected days & dates prior to printing.**

**Department:**

**The information collected will be used by the person responsible for completing the Individual Team Workbooks after an activation.**

**SS#:**

**Regular Hourly Rate:**

The hourly rate information shall be verified by department payroll time sheets

**Rank or Title:**

Enter the time the deploying team member normally starts his regular shift at home:

Enter the time the deploying team member normally ends his regular shift at home:

Enter the deploying team members normal amount of hours he works per week at home:

Enter the deploying team members normal amount of hours per day or shift he works at home:


(i.e. 40 , 48, 56) per week

per shift

**Activation Time Period**

Enter the day & date of activation in the indicated boxes prior to printing page

Day of Week:	Tuesday	Wednesday	Thursday	Friday	Saturday	etc	etc	etc									
Dates:	3/26	3/27	3/28	3/29	3/30	3/31	4/01	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11
At Home On Duty Work Hours:																	

Team member enters his normal schedule of "on duty hours" of work in row 35 . Amount of hours is represented from the beginning of your shift.

Days off should be left blank. Vacation days should be cancelled. Show Kelly days, r-days or any other name or appropriate symbol indicating an authorized day off per your department policy.

<b>CHECK IN LIST</b>		1. INCIDENT NAME	2. DATE	3. INCIDENT NUMBER	4. CHECK IN LOCATION	
			<b>TIMES</b>			
	PRINT LAST NAME, FIRST NAME	AGENCY/TEAM	TIME IN	TIME OUT	HOURS	SIGNATURE
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
<b>TOTAL HOURS</b>						
<b>ICS 211B</b> FEMA 2/02		PAGE _____ OF _____		5. PREPARED BY _____		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	<i>Version 1.5, April 2002</i>														
2															
3															
4												<b>XX TF1</b>			
5	<b>Equipment Costs Summary Document</b>											Enter Task Force State Designation			
6															
7															
8	<b>Equipment Costs</b>		<b>Adjustments or</b>			<b>Reviewers</b>			<b>Disallowed</b>			<b>Final Claim</b>			
9			<b>Dollars</b>												<b>Items</b>
10			<b>Claimed</b>												
11	<hr/>														
12															
13	<b>Emergency Equipment Procurement</b>		\$	-	\$	-	\$	-							
14	<hr/>														
15															
16	<b>Re-Supply and Replacement</b>		\$	-	\$	-	\$	-							
17	<hr/>														
18															
19	<b>GPLDForm 61-10, Damaged Equipment &amp; Repairs</b>		\$	-	\$	-	\$	-							
20	<hr/>														
21															
22	<b>Transportation and Services Costs</b>		\$	-	\$	-	\$	-							
23	<hr/>														
24															
25	<b>Pharmaceutical Costs</b>		\$	-	\$	-	\$	-							
26	<hr/>														
27															
28	<b>Grand Total for Equipment Costs</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>							
29	<hr/>														
30															
31															
32															
33															
34															
35															
36															
37															
38															

**EMERGENCY PROCUREMENT EQUIPMENT SUMMARY COSTS**

<b>Summary Document Cover Sheet for Emergency Procurement</b>								
<b>Invoice Summary Document: Emergency Equipment Procurement,</b>								
<b>Current Date:</b>								
<b>Task Force Designation:</b>		XX TF1						
<b>Invoice Cover Sheet #</b>	<b>List each invoice by number</b>							
	<b>General Description of Invoice</b>	<b>Cache Item #</b>	<b>PO Number</b>	<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Vendor Name</b>	<b>Total Invoice Amount</b>	<b>Notes or Justification</b>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
						<b>Total</b>	\$ -	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.								
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.								
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.								
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.								

**RE-SUPPLY EQUIPMENT SUMMARY COSTS**

Summary Document Cover Sheet for Re-Supply invoices									
Invoice Summary Document:		Re-Supply							
Current Date:									
Task Force Designation:		XX TF1							
Invoice Cover Sheet #	List each invoice by number								
	General Description of Invoice	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
							<b>Total</b>	\$ -	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.									
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.									
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.									
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.									



**TRANSPORTATION SERVICES SUMMARY COSTS**

Summary Document Cover Sheet for Transportation & Services invoices								
Invoice Summary Document:		Transportation & Services,						
Current Date:								
Task Force Designation:		XX TF1						
Invoice Cover Sheet #	List each invoice by number							
	General Description of Invoice	Cache Item #	PO Number	Invoice Number	Invoice Date	Vendor Name	Total Invoice Amount	Notes or Justification
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
						<b>Total</b>	\$ -	
Items must be on the cache list to be an allowable reimbursement. The latest version of the cache list is dated January 28, 2000.								
Purchase shall not exceed the amount allowed in your activation letter for emergency procurement.								
You are authorized emergency procurement for 72 hours following activation. If additional time is required written permission must be obtained from the US&R Program Manager. If approved, the US&R Program Manager will establish a maximum time frame.								
Complete this form with summary information from each invoice cover sheet. Add additional rows as needed.								





**GOVERNMENT PROPERTY LOST OR DAMAGED (GPLD) SURVEY CERTIFICATE**

2. TO /Name and Address of Reviewing Authority:

US&R Program Manager  
 FEMA, RR-OP-SR  
 500 "C" Street, SW, Room 609  
 Washington, DC 20472

3. FROM (Name and address of Task Force)

4. NAME AND GRADE OF PERSON PERFORMING OR DIRECTING RESEARCH

5. I certify that the  loss  damage of Item(s) described below was not caused by simple/gross negligence, willful misconduct or deliberate unauthorized use. I further certify that the loss of or damage to the item(s) occurred under the circumstances described herein.

6. NATIONAL STOCK NO. OR MANUFACTURERS PART NO.	7. NOMENCLATURE	8. QUANTITY	9. UNIT OF ISSUE	10. UNIT COST	11. EXTENDED COST

12. TOTAL COST OF LISTED ITEMS:

13. CIRCUMSTANCES OF LOSS OR DAMAGE

14. TYPED NAME & GRADE OF ACCOUNTABLE/RESPONSIBLE OFFICER

14a. SIGNATURE

14b. DATE

**THIS PORTION TO BE COMPLETED BY REVIEWING AUTHORITY AND RETURNED TO ACTIVITY INDICATED IN ITEM NO. 2**

15

I have reviewed the evidence pertaining to the loss or damage and  agree  do not agree that the loss or damage to the property was not due to simple/gross negligence, willful misconduct, or deliberate unauthorized use. The following action is authorized:

- a. An inventory adjustment for the property which was not lost through simple/gross negligence, willful misconduct, or deliberate unauthorized use.
- b. Repair the damaged property and charge to O&M/stock fund as fair wear and tear as damage was not caused by gross negligence, willful misconduct, or deliberate unauthorized use.
- c. The circumstances surrounding the loss or damage warrant the processing of a report of survey, FEMA Form 61-5, to be initiated immediately.
- d. Other action (Specify): \_\_\_\_\_

16. TYPED NAME & GRADE OF REVIEWING OFFICER

16a. SIGNATURE

16b. DATE

## FEMA URBAN SEARCH AND RESCUE

### Administrative Costs

Task Force:

XX TF1

Total Deployment Costs:

\$ -

If total allowable costs are less than \$100,000, the administrative allowance equals 3 percent of total allowable costs;

Enter amount 100,000 and below:

3%
\$ -

If total allowable costs are greater than \$100,000, but less than \$1,000,000, the administrative allowance is \$3,000 plus 2 percent of costs included in the reimbursement claim greater than

Enter amount 100,000.01 to 1,000,000.00:

(subtract 100,000 from your total deployment costs)

(Leave blank if total deployment cost is less than \$100,000.00)

2%
\$ -

If total allowable costs are greater than \$1,000,000, the administrative allowance is \$21,000 for \$1,000,000.00 plus 1 percent of costs included in the reimbursement claim greater than \$1,000,000.

Enter amount above 1,000,000.00:

(subtract 1,000,000 from your total deployment costs)

(Leave blank if total deployment cost is less than \$100,000.00)

1%
\$ -

Total Amount of Administrative Claim:

\$ -