

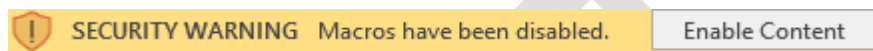
STATE MUTUAL AID REIMBURSEMENT FORM GUIDANCE

TEXAS DIVISION OF EMERGENCY MANAGEMENT – PUBLIC ASSISTANCE PROGRAM

Introduction

The **State Mutual Aid Reimbursement Form** serves as a payment of funds request form for mutual aid costs incurred as a result of a federally declared disaster. This is an interactive, dynamic form meaning the form adapts and changes based on the information you input. Almost the entire form is automated, as well, allowing for automatic calculations and copying to the requisite backup documentation. You will only be prompted for additional information when your selection warrants it.

Before you begin, if you are prompted with the following message, please click **Enable Content** or the form will not work.



Step 1: General Information

- 1) Enter your **Applicant Name** as it appears in the Grants Management System (GMS).
- 2) Enter the **Incident / Event** by disaster name or FEMA declaration number.
- 3) Choose the **Category** of work. The choices are:
 - a. **Category B - Emergency Protective Measures:** This including search and rescue, shelter operations, mass feeding, emergency medical services, evacuation, reentry efforts, traffic control and securing equipment and facilities against disaster damage.
 - b. **Category H - Fire Management:** Aid with the mitigation, management, and control of fires burning on publicly or privately-owned forests or grasslands that would constitute a major disaster. The category covers fire-related activities - firefighting, support services, pre-positioning resources for up to 21 days, evacuations, sheltering, traffic control, emergency operations centers, and temporary repairs of damage caused by firefighting activities.
- 4) Enter the **Period Covering** dates starting from the first date of Mutual Aid utilization to the last day.
- 5) Choose the **Response Type**. Note that the form automatically adapts to the required documentation based on the selection you make. The options are:
 - a. ASRT - Animal Services Response Team
 - b. EMAC - Emergency Management Assistance Compact
 - c. EOC - Emergency Operations Center
 - d. E-SHELTER - Shelter for Evacuees
 - e. FUEL - Remote Fueling Facility
 - f. IMT - Incident Management Team
 - g. MCP - Mobile Command Post
 - h. Law Enforcement - State Troopers, Police, Sheriff, and Constable
 - i. PWRT - Public Works Response Team
 - j. R-SHELTER - Shelter for First Responders
 - k. TERT - Telecommunication Emergency Response Taskforce
 - l. TEMAT - Texas Emergency Management Assistance Team
 - m. TIFMAS - Texas Intrastate Fire Mutual Aid System
 - n. TTF1 - Texas Taskforce One
 - o. TTF2 - Texas Taskforce Two



STATE MUTUAL AID REIMBURSEMENT FORM GUIDANCE

TEXAS DIVISION OF EMERGENCY MANAGEMENT – PUBLIC ASSISTANCE PROGRAM

- 6) Enter the **Location/Site** that the work was performed during the event.
- 7) Enter a brief **Description** of the work performed.

Step 2: Contact Information

In this section, simply fill out the contact information for your organization. The Primary Point of Contact can be anyone from an Administrative Assistant to the department's Chief. This is the person who filled out the paperwork and can answer specific questions about the packet.

Step 3: Reimbursement Cost Types

Here you will choose all the types of reimbursement you are requesting. Click the dropdown box next to each individual category and change the box to read "Yes" for each of work type that will be included. The form will adapt to require only data entry of the items you've selected "Yes" on.

From this point on, the form will look different based on the selections you've input. Please navigate to the respective section for a guide on how to complete it.



Beyond this point, the Step Numbers will vary based on the choices you've made in Step 3. Therefore, the Step Numbers are excluded and are instead replaced by the section's title name.

Payroll Information (this section will only appear if you have **Labor** costs)

General

Numbers 1-5 are optional fields, but it is strongly encouraged (when applicable) to complete them in order to populate the correct data and assist in the review process.

- 1) Enter the default number of **work hours** per year your employees work.
- 2) Enter the number of **pay periods** per year.
- 3) Enter the number of **regular hours** that are part of a pay period.
- 4) Enter the number of **hours worked before overtime** goes into effect. (For example, 40 hours.)
- 5) If there are "**built-in**" overtime hours, use the dropdown box to select "Yes;" otherwise, choose "No" or "N/A."
 - a. If you chose "Yes," please enter an **explanation** of how your "built-in overtime" hours work.

Shift Information

From this point forward, all fields are required to be entered.

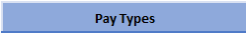
- 1) Choose "Yes" or "No" as to whether or not you utilize a **shift schedule**.
 - a. If you have selected "No," continue to **Pay Types** below.
 - b. If you have chosen "Yes" a new button called **Shift Information** will display. Click this button to enter **Shift Information**. Refer to the instructions at the top of the tab to complete this form. Please note all time should be entered as military time. When you have completed the form, click **Return to Input Form** to return to the original form.



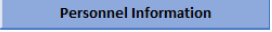
STATE MUTUAL AID REIMBURSEMENT FORM GUIDANCE

TEXAS DIVISION OF EMERGENCY MANAGEMENT – PUBLIC ASSISTANCE PROGRAM

Pay Types

- 1) If you are claiming any nontraditional pay types, choose “Yes” in this box. Non-traditional pay types are those outside of: regular time, overtime, overtime at regular time, and Step Up.
 - a. If you have selected “No” continue on to **Personnel Information** below.
 - b. If you have selected “Yes” a new button called  will display. Click on this button to enter the different pay types you have. Further instructions can be found at the top of the page. When you have completed the form, click to return to the original form.

Personnel Information

- 1) If you are requesting reimbursement for **portal to portal compensation** choose “Yes;” otherwise choose “No.”
 - a. If you have chosen “Yes,” an additional question will pop up asking where you are requesting reimbursement for any **employees that are exempt or not portal-to-portal**. Again, choose “Yes” or “No.”
- 2) Answer “Yes” or “No” as to whether any of your employees received a **pay increase or decrease** during their deployment.
- 3) If you are claiming **fringe benefits** for reimbursement, choose “Yes” otherwise select “No.”
 - a. If you have chosen “Yes” you will be prompted to answer as to whether or not there were **increases/decreases to fringe benefit rates** during the deployment time.
- 4) It is now time to enter the individual **personnel information** for all staff being claimed. Click on the  button.
 - a. On the **Personnel Information** tab, follow the instructions at the top of the page. Be sure to use military time when completing the form. When you have completed the form, click to return to the original form.

Travel Information (this section will only appear if you have **Travel** costs)

General

- 1) Enter **how your employees are being reimbursed for their travel expenses**. Choose from: Per diem, Actual costs, or Combination of Per diem and Actual costs.
 - a. If you choose **Per Diem** you will be prompted to enter the **maximum per diem rate**.
 - b. If you choose **Combination of Per Diem & Actuals** you will be prompted to review the possible travel costs (meals, lodging, rentals, fuel/tolls, & mileage). Select whether each was **Per Diem** or **Actual**.
- 2) If you have any **additional information** regarding your travel policy and reimbursement for travel expenses, enter it into the requisite box.

Cost Entry

This section is dynamic and buttons for the various cost types will only appear if you have selected them in **Step 3**. All of the possible selections are shown below:



STATE MUTUAL AID REIMBURSEMENT FORM GUIDANCE

TEXAS DIVISION OF EMERGENCY MANAGEMENT – PUBLIC ASSISTANCE PROGRAM

Force Account Labor - labor costs incurred related to the work performed by the applicant's personnel (force account)	Force Account Labor
Travel - deployment travel costs incurred	Travel
Group Meals >8 - costs incurred for meals that include 8 or more deployed personnel	Group Meals >8
Force Account Equipment - costs incurred related to the usage of applicant-owned (force account) equipment	Force Account Equipment
Materials - costs incurred for supplies taken from stock/inventory or supplies that have been purchased	Materials
Rental - costs incurred related to the renting/leasing of equipment	Rental
Contract - cost incurred for contracted services performed	Contract
Other - cost incurred that is not included in the other cost categories above	Other

For each, click on the button to enter the data required. Each page has instructions at the top. If you experience any issues with the **Force Account Labor** tab specifically, you can choose “Yes” to the below question to be able to manually enter or manipulate the data.

Are you experiencing any issues with the Force Account Labor tab and would like to enter the data manually?

Submit the State Mutual Aid Reimbursement Forms

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

What to Submit

- 1) An **Invoice Form** is automatically generated for you based on the information you entered. Click on the **Invoice Form** button to view it.



Before you do anything else on this page, click the dropdown box under Question #1 and choose Refresh in order to accurately populate the data.

1. Select the 'Refresh' option in the drop down box to the right. **IMPORTANT! Do this step first.***

Refresh

- a. Replace the words in **red** on the invoice with the applicable information.
 - b. Follow all other instructions as shown then return to the original form.
- 2) Be sure to include all necessary **Supporting Documentation**. A checklist can be viewed by clicking on the **Documentation Checklist** button.
 - 3) Finally, save this spreadsheet to meet the requirement for **State Mutual Aid Reimbursement Form**. Include



STATE MUTUAL AID REIMBURSEMENT FORM GUIDANCE

TEXAS DIVISION OF EMERGENCY MANAGEMENT – PUBLIC ASSISTANCE PROGRAM

it with the **Invoice Form** and **Supporting** documentation above.

Where to Submit

The documents above should be sent to:

Email Address: mary.medina@dps.texas.gov and sean.smith@dps.texas.gov

Address:

Texas Division of Emergency Management
Disaster Finance - Reimbursements
Suite 150
1033 La Posada Drive
Austin, Texas 78752

Phone Number: 512-424-7607 (Information Line)

Fax Number: 512-424-2424

Reference Documents

[National Incident Management System – Guideline for Mutual Aid](#)
[Mutual Aid Agreements and Compacts](#)



STATE MUTUAL AID REIMBURSEMENT FORM GUIDANCE
TEXAS DIVISION OF EMERGENCY MANAGEMENT – PUBLIC ASSISTANCE PROGRAM

This page intentionally blank.

DRAFT

