



EMERGENCY MANAGEMENT DIVISION

Citizens Serving Citizens

Understanding EMAC *for Washington State*





What is EMAC?

- EMAC is a nationally adopted state-to-state mutual aid compact that facilitates the sharing of resources across state lines during emergencies.
- EMAC became Public Law (104-321) when ratified by the United States Congress in 1996.
- All 50 states, Puerto Rico, the U.S. Virgin Islands, Guam, and the District of Columbia have passed the EMAC legislation and are members of the Compact.
- Under EMAC, a state can share any resource with another member state so long as the governor of the impacted state has declared an emergency.
- The EMAC Mission is to facilitate the efficient and effective sharing of resources between member states during emergencies.



What EMAC Does

- Provides a responsive mutual aid system for sharing resources.
- Maximizes the use Member State Resources.
- Provides immunity and tort protection.
- Provides for Workers Compensation.
- Provides professional license reciprocity.
- Is the primary resource provider when federal support is not warranted.



What EMAC Does not do!

- Replace the need for federal support.
- Permit the use of National Guard resources for military purposes.
- Endorse self deployment.
- Replace existing mutual aid agreements.
- Hoard/stockpile/prioritize/allocate resources.
- Move resources directly from county-to-county or city-to-city level (EMAC is state-to-state *only*).
- Rely upon federal Disaster Assistance Program (DAP) funds to reimburse EMAC costs incurred by Assisting States.



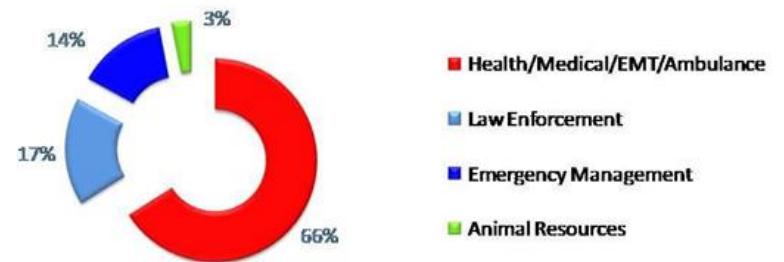
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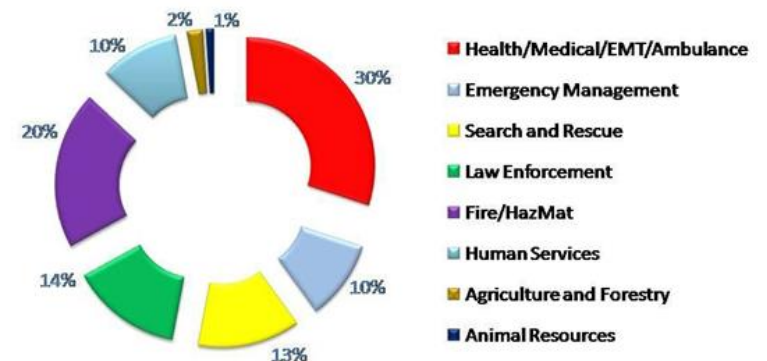
EMAC: Meeting the Need

- During the Red River flooding in North Dakota and Minnesota. 1,029 civilian and National Guard personnel were deployed through the EMAC system. Civilians accounted for 30%.
- During Hurricane Gustav and Ike in 2008, 12,279 civilian and National Guard personnel were deployed through the EMAC system. Civilians accounted for 24%.

Civilian Response Breakdown



Civilian Response Breakdown





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EMAC Terminology

EOS – EMAC Operations System

Online system tracking all open events where interstate mutual aid has been requested.

| Actions | Event... | Date | Event | State | Created by | Your Role |
|---------|----------|------------|--|-------|----------------|-----------------|
| | 575 | 2013-12-12 | AR-001-A | AL | Earl Alexander | Assisting State |
| | 574 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - ARKANSAS ONE | AR | Paul Hogue | Assisting State |
| | 573 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - ARKANSAS TWO | AR | Paul Hogue | Assisting State |
| | 572 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - ARKANSAS THREE | AR | Paul Hogue | Assisting State |
| | 571 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - LOUISIANA ONE | LA | Paul Hogue | Assisting State |
| | 570 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - LOUISIANA TWO | LA | Paul Hogue | Assisting State |
| | 569 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - LOUISIANA THREE | LA | Paul Hogue | Assisting State |
| | 568 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - MISSISSIPPI ONE | MS | Paul Hogue | Assisting State |
| | 567 | 2013-12-12 | EXERCISE - NEMA A-TEAM TNG - MISSISSIPPI TWO | MS | Paul Hogue | Assisting State |



EMAC Roles

Designated Contact

- Trains Staff on the functionality of the EMAC Operations System (EOS).
- Makes assistance recommendations to the Authorized Representative based upon available Assisting State Resources.
- Maintains contact with, and monitors deployed resources.
- Responsible for deployment documentation and assembly of reimbursement package.

Authorized Representative

- Has the authority to commit state resources to a Requesting State or can initiate resource requests.
- Has the authority to sign REQ-A's.



EMAC Roles

A-Teams (Advance Teams)

- Implement the EMAC Request and Offer Phase on behalf of the Requesting and Assisting States and monitor deployed resources throughout the Response Phase.
- Operate as an internal EMAC resource coordinating component of the Requesting State, or be deployed from an Assisting State to an affected state.
- Trained on the EMAC A-Team Standard Operating Guidelines, the EMAC Operations System (EOS), and the use of reports available through the EOS.



Assisting State

- Prepares to offer assistance when requested from affected state(s).
- Evaluates current activities and determines availability of response assets.
- Seeks approval from EMAC Authorized Representative to offer assistance.



Requesting State

- Confirms a Governor-declared State of Emergency in his or her state.
- Evaluates current inventory and identifies potential gaps in response capability.
- Verifies the need for assistance (personnel, equipment, skills, etc.).
- Stands up in-state A-Team.
- Determines the need for an external A-Team.
- Opens an EMAC Event within the EMAC Operations System.
- Posts a SITREP (situation report) on the EMAC website and broadcasts as deemed appropriate.
- Considers standing up a Reception Center based upon the magnitude of the event to check in/out deploying resources.



EMAC Roles

State Contracting

- Process Intergovernmental Agreement (IGA) Amendments or assist in the initial processing of an IGA.

State Finance

- Assign program indexes to charge deploying resource use (deployed resource expenses are reimbursed by the Requesting State).
- Reviews reimbursement package, and prepares an invoice for billing to the Requesting State.



How EMAC works

1. Governor declares a state of emergency due to a natural or man-made disaster.
2. State requests resources from EMAC member states through the state emergency management agencies.
3. State emergency management personnel and local resource providers work together to identify available resources and estimated mission costs.
4. The Requesting and Assisting States execute the EMAC Form REQ-A.



Continued...

5. Personnel deploying are given a Mission Order Authorization Form which outlines the mission, helpful information, and guidance.
6. At the completion of the mission, resources demobilize and return to the home state.
7. Deployed personnel provide required documentation to assemble reimbursement packages.
8. Reimbursement package is sent to the Requesting State.
9. Requesting State reimburses the Assisting State.



Requesting Assistance

Requesting State responsibilities:

- Confirms that the Governor has declared a State of Emergency.
- Evaluates current inventory and anticipated needs to identify potential gaps in response capability. Verifies the need for assistance.
- A designated Contact (DC) or an activated A-Team enters requests for assistance into the EOS (EMAC Broadcast).



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EMAC EOS Broadcast

Requests for resources are posted on the EOS as well as emailed to all selected Authorized Representatives and Designated Contacts and contains information which will appear on Section I of the REQ-A.

Resource Request #514-RR-2096

| | |
|-------------------|---|
| Contact Name: | Jesse Eret |
| Contact Email: | Jesse.Eret@state.nm.us |
| Contact Phone: | (505) 476-0875 |
| Update: | The New Mexico Department of Homeland Security and Emergency Management is looking for three Public Assistance Recovery Specialists. The deployment length may range from 17 to 32 days (including travel days) depending on availability. The deployment date may be as soon as 10/07/2013. Please submit offers to nm.eoc@state.nm.us or (505) 476-9635. For questions concerning mission specifics contact Brian Williams (Recovery Unit Manager) at Brian.Williams@state.nm.us or (505) 476-9601. |
| Broadcasted To: | All |
| Total Recipients: | 368 |



Responding to a request in EOS

- Assisting State staff trained in the EOS evaluate the request and make recommendations to the AR.
- If assistance is available personnel begin working on cost estimates and logging into the EOS to initiate the “Make Offer” process.

Manage Resources

A-Team

Operations Support

View All Resource Requests

Resource Request #2068

Request #2068

Make Offer

Download as PDF

Refresh

| | | | |
|---------------------------------|---------------------|-------------------|-------------|
| Event Name: | MRP Testing | | |
| State Mission TN #: | | EM Software TN #: | |
| Requesting Agency: | | EMAC TN #: | 486-RR-2068 |
| Requesting State REQ-A Contact: | | | |
| First Name: | | Last Name: | |
| Phone 1: | | Phone 2: | |
| Email 1: | | Email 2: | |
| Mission Type/Source: | | Type / Status: | |
| Mission Description: | Type IV EMAC A-Team | | |



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Making an offer

To make an offer, the Assisting State DC logs into www.emacweb.org and clicks on the “EMAC Operations System (EOS)”.

Member Directory

Need contact information for an EMAC member state? Select the map below to begin your search



Documents

-  [EMAC Operations Manual](#)
-  [ETF Operating Protocols](#)
-  [NCS SOG](#)
-  [A-Team Typing Structure](#)
-  [NELT SOG](#)
-  [EMAC REQ-A](#)
-  [EMAC R-1](#)
-  [EMAC R-2](#)

Time Zone Clock

5:04:06 PM Eastern
4:04:06 PM Central
3:04:06 PM Arizona (no DST)
3:04:06 PM Mountain
2:04:06 PM Pacific
12:04:06 PM Alaska
12:04:06 PM Hawaii
8:04:06 AM Guam (+ 1 day)

EOS Sandbox



The Sandbox allows a single state to play the roles of both the Requesting & Assisting State in a closed version of the EMAC Operations System. The best way to learn how to use the system is by exercising it.

[Go to the sandbox!](#)

The EMAC Dashboard - One Stop For Links and Resources

The website dashboard is the springboard for all registered users of the site. Like the EMAC website, the dashboard is controlled by the role that you are assigned within the EMAC system.



Dashboard Quick Links



[EMAC Operations System \(EOS\)](#)



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The Offer

The Assisting State DC locates the request from the broadcast email and clicks on the green arrow to the left of the request to open.

| EOS Events | | | |
|--------------------------------------|-------------|-----------------------------------|---|
| EMAC Operations System | | | |
| Add Event Refresh | | | |
| Open Events All New/Open Requests | | | |
| Actions | Tracking # | Event | Mission Description |
| | | | |
| | 510-RR-2336 | Colorado flooding | PA Team Leaders |
| | 562-RR-2272 | Test JJ | A-Team Assistance in State EOC |
| | 564-RR-2269 | NEMA Test - AC | 1 Type IV A-Team |
| | 562-RR-2250 | Test JJ | A-Team Assistance in State EOC |
| | 513-RR-2093 | A-Team Trng Practice - Doug Hoell | Exercise HDH - Kentucky is requesting five shelte rmana... |
| | 460-RR-2069 | 2013 Spring Flood | Public Information Officer |
| | 486-RR-2068 | MRP Testing | Type IV EMAC A-Team |
| | 370-RR-1978 | NEMA Systems Test Event | EMAC A-Team |
| | 370-RR-1977 | NEMA Systems Test Event | EMAC A-Team |
| | 486-RR-1972 | MRP Testing | 2 Epidemiology Specialists to Assist State Dept. Health |
| | 471-RR-1913 | Maryland/FEMA IMAT FE | EXERCISE Agricultural or Animal specialist to support sh... |
| | 471-RR-1912 | Maryland/FEMA IMAT FE | EXERCISE 6 Individual Assistance experienced personn |



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Continued...

Once the request is open the Assisting State DC clicks on “make offer”, and populates the fields on each tab then clicks “save”.

The screenshot displays the 'Resource Request #1972' form in the 'Offer' tab. The interface includes a sidebar with 'Manage Resources', 'A-Team', and 'Operations Support'. The main form area has tabs for 'Offer', 'Travel', 'Personnel', 'Equipment', 'Commodities', 'Others', and 'MRP'. The 'Offer' tab is active, showing sections for 'Tracking Information', 'Assisting State REQ-A Contact', and 'Mission Details'. The 'Tracking Information' section includes fields for EMAC TN, Assisting State TN, State EM Software TN, and Assisting Agency. The 'Assisting State REQ-A Contact' section includes fields for First Name, Last Name, Phone 1, Phone 2, E-mail 1, and E-mail 2. The 'Mission Details' section includes a dropdown for Mission Type/Source (set to 'State'), a dropdown for If State (set to 'Public Health Resources'), a dropdown for If NG, a text field for Mission Description (set to '2 Epidemiology Specialists to Assist State Dept. Health'), a text field for Resource Description (set to '2 certified epidemiologists.'), a dropdown for NIMS Type (set to 'Select NIMS Resource Type'), and a field for # Requested (set to '2'). The # Type dropdown is set to 'Personnel'.

Manage Resources

A-Team

Operations Support

View All Resource Requests

Resource Request #1972

Request #1972

Edit Offer #2225

Save Import MRP / REQ-A Close

Offer Travel Personnel Equipment Commodities Others MRP

Tracking Information

EMAC TN:

Assisting State TN:

State EM Software TN:

Assisting Agency:

Assisting State REQ-A Contact

First Name:

Last Name:

Phone 1:

Phone 2:

E-mail 1:

E-mail 2:

Mission Details

Mission Type/Source: State

If State: Public Health Resources

If NG:

Mission Description: 2 Epidemiology Specialists to Assist State Dept. Health

Resource Description: 2 certified epidemiologists.

NIMS Type: Select NIMS Resource Type

Requested: 2

Type: Personnel



Continued...

- Once data is entered for all tabs, the “make offer” action populates Section II of the REQ-A.
- The Assisting State DC calls the Requesting State Point of Contact (POC) to let the state know an offer has been provided for consideration.
- Follow up contact may be needed if no answer is provided within the time period designated at the time of the notification phone call to determine if the offer is accepted or rejected.



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Accepting an "Offer"

- If accepted, the Requesting State simultaneously begins the IGA amendment (for resources not originating from state agencies) and completing the Request for Assistance (REQ-A) process.
- If the identified resource is from a state agency and not a local jurisdiction, an IGA is not needed.

Amendment X

INTERGOVERNMENTAL AGREEMENT AMENDMENT NO. [redacted]
For [EMAC/PNEMA] Deployment of Authorized Resources and Cost Estimate
Mission Number [redacted] [State/Location], [Disaster Name]
[Jurisdiction Name], Tin# [insert], UBI# [insert]

| | | |
|--|---|--|
| CONTRACTOR NAME/ADDRESS: [Jurisdiction] [Address] [City], WA [Zip] [-+4] | CONTRACT NUMBER: [redacted] | AMENDMENT NUMBER: [redacted] |
| CONTRACTOR CONTACT PERSON, NAME/TITLE: [Name], [phone] [e-mail] | MD STAFF CONTACTS, NAME/TELEPHONE: Craig Ginn 253.512.7097 craig.ginn@mil.wa.gov Kristin Ramos 253.512.7058 kristin.amos@mil.wa.gov Mark Douglas 253.512.7055 mark.douglas@mil.wa.gov | |

AMENDMENT TERMS AND CONDITIONS:
1. The estimate of the anticipated reimbursement is \$ [redacted]

1. SUMMARY OF EXPECTED DEPLOYMENT PHYSICAL CONDITIONS, DUTIES TO BE PERFORMED DURING DEPLOYMENT, AND CORRESPONDING AUTHORIZED RESOURCES ANTICIPATED TO PERFORM THOSE DUTIES (Duties to be taken from EMAC REQ-A or PNEMA equivalent):
[redacted]

2. DEPLOYMENT PROGRAM INDEXES/CHARGE CODES:
[redacted]

3. DETAILED DESCRIPTION OF AUTHORIZED RESOURCES AND COST ESTIMATES, WITH ESTIMATED BUDGET SUMMARY and Total Maximum Resource Cost Authorized:

The following are the authorized resources (equipment and/or personnel) the Jurisdiction may deploy for Mission No. XXXX, (name of event) in (state/location of event), and corresponding total maximum resource cost amounts (based on estimates) that may be reimbursed under this Agreement. In completing this form, all estimates for fire resources (personnel and equipment of a Fire District or Fire Department) will be calculated based upon the State Fire Chiefs Rate Schedule in effect at that time, and the personnel benefit hourly rate used below for fire resources is to be 25% of the personnel regular salary hourly rate.

EMAC/PNEMA IGA Amendment Page 1 of 3 Jurisdiction IGA XXX-XXX Amendment X

Work Location/Facilities:

| | |
|-------------------------|-------------|
| Location/Facility Name: | Select One: |
| Address 1: | |
| Address 2: | |
| City: | Zip Code: |



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Intergovernmental Agreements (IGAs)

Amendment X

INTERGOVERNMENTAL AGREEMENT AMENDMENT NO. [redacted]
For [EMAC/PNEMA] Deployment of Authorized Resources and Cost Estimate
Mission Number [redacted] [State/Location], [Disaster Name]
[Jurisdiction Name], Title [insert], UBR [insert]

| | | |
|--|---|---------------------------------|
| CONTRACTOR NAME/ADDRESS: [Jurisdiction] [Address] [City], WA [Zip]-(tel) | CONTRACT NUMBER: [redacted] | AMENDMENT NUMBER: [redacted] |
| CONTRACTOR CONTACT PERSON: NAME/TITLE: [Name], [phone] [e-mail] | MD STAFF CONTACTS, NAME/TELEPHONE: Craig Ginn 253.512.7097 craig.ginn@mi.wa.gov Kristin Ramos 253.512.7058 kristin.ramos@mi.wa.gov Mark Douglas 253.512.7055 mark.douglas@mi.wa.gov | |
| AMENDMENT TERMS AND CONDITIONS: 1. The estimate of the anticipated reimbursement is \$ [redacted] | | |

1. SUMMARY OF EXPECTED DEPLOYMENT PHYSICAL CONDITIONS, DUTIES TO BE PERFORMED DURING DEPLOYMENT, AND CORRESPONDING AUTHORIZED RESOURCES ANTICIPATED TO PERFORM THOSE DUTIES (Duties to be taken from EMAC REQ-A or PNEMA equivalent):
[redacted]

2. DEPLOYMENT PROGRAM INDEXES/CHARGE CODES:
[redacted]

3. DETAILED DESCRIPTION OF AUTHORIZED RESOURCES AND COST ESTIMATES, WITH ESTIMATED BUDGET SUMMARY and Total Maximum Resource Cost Authorized:
The following are the authorized resources (equipment and/or personnel) the Jurisdiction may deploy for Mission No. XXXX, [name of event] in [state/location of event], and corresponding total maximum resource cost amounts (based on estimates) that may be reimbursed under this Agreement. In completing this form, all estimates for fire resources (personnel and equipment of a Fire District or Fire Department) will be calculated based upon the State Fire Chiefs Rate Schedule in effect at that time, and the personnel benefit hourly rate used below for fire resources is to be 25% of the personnel regular salary hourly rate.

EMAC/PNEMA IGA Amendment Page 1 of 3 Jurisdiction IGA XXX-XXX Amendment X

Washington Military Dep
Bldg #20, M.O. TA-20
Camp Murray, Washington
253.512.7097 FAX: 253
Contact Person: Craig Ginn
Email: craig.ginn@mi.wa.gov
Contact Person: Kristin Ramos
Email: kristin.ramos@mi.wa.gov
Phone: 253.512.7058
Contact Person: Mark Douglas
Email: mark.douglas@mi.wa.gov
Phone: 253.512.7055
Start Date: Upon Signature

1. INTRODUCTION:
This Intergovernmental Assistance Compact (Management Act), and entered into by Management Division hereinafter referred to as and according to the 1988 RCW, and Public aid between the EMAC Islands, and the Dis deployment of certain States of Alaska, Idaho Yukon Territory. This equipment) of the J participating party in v and immediately avail requesting participat

2. SCOPE:
Pursuant to this Agreement, EMAC or PNEMA employees of the J purposes of EMAC or PNEMA deployment only and will be entitled to the rights and benefits under EMAC or PNEMA available to state officers and employees, but not for any other purpose. The Jurisdiction will be reimbursed for authorized costs incurred as a result of authorized resource deployment as provided in this Agreement.

3. Authorization and Deployment of Resources

EMAC & PNEMA IGA Page 1 of 4 Jurisdiction Name XXX-XXX

- Local jurisdictions 'owning' potential resources (equipment or personnel) for deployment under EMAC must first have an Intergovernmental Agreement on file with EMD. Selection of resources for potential deployment will first be made from the pool of executed IGAs.
- In response to a Request for Assistance, the IGA on file is amended with the same cost estimates as cited in Section II of the (REQ-A). Deploying personnel under the IGA are considered agents of the State for purposes of tort liability and immunity.



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Amendments

1. The IGA Attachment Budget Draft spreadsheet (below, left) is part of the IGA Amendment and cost are provided by the resource provider.
2. Complete the IGA Attachment Finance Breakdown spreadsheet on the Amendment (below, right).
3. Ensure all three totals match (two IGA spreadsheets and REQ-A Part II).

Files located at: [S:\Logistics Section\Mutual Aid\Legal Documents\IGAs\IGA Templates](S:\Logistics Section\Mutual Aid\Legal Documents\IGAs\IGA Templates*)

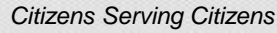
| Requesting State Mission Tracking # | | | | | Assisting State Mission Tracking # | | | | | | | | | |
|--|-------------|----------------------|--|----------------|------------------------------------|----------------------------|---------------------|----------------------|----------------|------------------------|-----------------------|-------------------------------|---------------------|-----------------------|
| Personnel Salaries and Benefits | | | | | | | | | | | | | | |
| First Name: | Last Name: | Phone: | E-Mail: | Position Title | Cert. Type / Card # | Regular Salary Hourly Rate | Benefit Hourly Rate | # of Reg Hrs per day | OT Hourly Rate | OT Benefit Hourly Rate | # of OT Hours per day | Volunteer Firefighter Stipend | Subtotal Daily Cost | Total Deployment Cost |
| Ex: Robert | Jones | 253.555.1212 | robert.jones@fire.org | Engine Boss | Red Card #1234 | \$ 40.00 | \$ 10.00 | 8.00 | \$ 60.00 | \$ 15.00 | 4.00 | \$ - | \$ 700.00 | \$ 11,200.00 |
| Ex: John | Doe | 360-765-4321 | jdoe@volunteer.net | Volunteer | Red Card #7654 | | | | | | | \$ 100.00 | \$ 100.00 | \$ 100.00 |
| | | | | | | | | | | | | | \$ - | \$ - |
| Total Maximum Personnel Cost | | | | | | | | | | | | | | \$ 11,300.00 |
| Personnel Travel | | | | | | | | | | | | | | |
| Name | POV/Mileage | AOV | Per Diem | Hotel | Shipping | Rental Car | Air Fare | Baggage | Parking | Other (Desc.) | Other (Desc.) | | | Total Travel Cost |
| Ex: Jones | \$ 18.20 | \$ - | \$ 864.00 | \$ 2,116.52 | \$ 80.00 | \$ 77.00 | \$ 540.00 | \$ 45.00 | \$ 96.00 | \$ 12.00 | \$ - | | | \$ 3,848.72 |
| | | | | | | | | | | | | | | \$ - |
| | | | | | | | | | | | | | | \$ - |
| | | | | | | | | | | | | | | \$ - |
| Total Maximum Travel Cost | | | | | | | | | | | | | | \$ 3,848.72 |
| Equipment (Include estimated costs for fuel OR miles - NOT both) | | | | | | | | | | | | | | |
| | Type | Kind | Description of Duties for Which Deployed Equipment Will Be Used | | | | | | Daily Rate | Mileage Rate | Estimated Miles | Estimated Fuel | Total EQ Cost | |
| 1 | Ex: Type II | Rotary Wing Aircraft | for use in damage recon | | | | | | \$ 250.00 | \$ - | \$ 1,500.00 | | \$ 1,750.00 | |
| 2 | | | | | | | | | | | | | \$ - | |
| 3 | | | | | | | | | | | | | \$ - | |
| 4 | | | | | | | | | | | | | \$ - | |
| 5 | | | | | | | | | | | | | \$ - | |
| Total Maximum Equipment Cost | | | | | | | | | | | | | | \$ 1,750.00 |
| Total Maximum Deployment Cost | | | | | | | | | | | | | | \$ 16,898.72 |

| Estimated Budget Summary of Total Maximum Resource Cost | | | | | |
|---|---|----------------|-----------|-------------|--|
| ESTIMATED DURATION OF LISTED RESOURCES: | | From | To | | |
| (Example) | Average Daily Cost | # of Resources | # of Days | Total | |
| Salaries (A) | \$350.00 | 4 | 16 | \$22,400.00 | |
| Benefits (B) | \$90.00 | 4 | 16 | \$5,760.00 | |
| Goods/Services (E) | \$25.00 | 4 | 16 | \$1,600.00 | |
| Travel (G) - Lodging/Per Diem | \$165.00 | 4 | 16 | \$10,560.00 | |
| Travel (G) - Other (Air/Car/Taxi) | \$700.00 | 4 | 2 | \$5,600.00 | |
| Equipment (I) ** | \$50.00 | 1 | 16 | \$800.00 | |
| Total | | | | \$46,720.00 | |
| 1 | Submitted reimbursement claims in excess of the original estimate per category will not be processed without prior written authorization (revised REQ-A) from the Department. | | | | |
| 2 | Agencies and Jurisdictions will be reimbursed only actual and customary costs as properly documented. | | | | |
| ** | If Applicable | | | | |



Continued...

4. Email the electronic draft IGA amendment to the contracting staff.
5. Upon approval, the contracting staff sends the file (saved as PDF) to the originating DC to email to the local jurisdiction for signature.
 - To expedite the deployment process, scanned / emailed signed documents are accepted; however, the original **must** be on file prior to reimbursement.
6. The returned amendment is assigned a charge code, and signed by finance.





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REQ-A section I

- Completed online through the EOS or via downloaded Excel workbook via the EOS, with information included as part of the Request for Assistance Broadcast.
- Contains information on the missions, resources requested, dates needed, working and living conditions, staging location, and contact names and numbers/email.

| SECTION I: TO BE COMPLETED BY THE REQUESTING STATE | | | | |
|--|--------------|-------------------|---------------------------|-----------------------|
| Select Exercise or Event: | Exercise | New or Amended #: | Select New or Amendment # | |
| Event Name: | | | | |
| Date: | | Requesting State: | | |
| State Mission TN #: | | EM Software TN #: | | |
| Requesting Agency: | | EMAC TN #: | | |
| Requesting State REQ-A Contact: | | | | |
| First Name: | | Last Name: | | |
| Phone 1: | | Phone 2: | | |
| E-mail 1: | | E-mail 2: | | |
| Mission Type: | Select Type: | If State: | Select Discipline: | If NG: Select Status: |
| Mission Description: | | | | |
| Resource Requested: | | | | |
| Deployment Dates (including travel days): | | | | |
| Mobilization: | | | | |
| Date Needed: | | Date Released: | Demobilization: | |
| Deployment Details: | | | | |
| Work Location/Facilities: | | | | |
| Select One: | | | | |
| Location/Facility Name: | | | | |
| Address 1: | | | | |
| Address 2: | | | | |
| City: | | | | |
| Zip Code: | | | | |

Page 1



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REQ-A section II

- Section II, completed by the Assisting State, rolls up cost estimate data from the following tabs in the REQ-A Workbook:
 - Travel
 - Equipment
 - Commodities
 - Other
 - Personnel

| SECTION II: TO BE COMPLETED BY THE ASSISTING STATE/PROVINCE | | | | |
|---|------|--------------------------------|--------------------|-----------------------|
| Select Exercise or Event : | 0 | Requesting State: | 0 | |
| Event Name: | 0 | | | |
| Requesting State Mission TN | 0 | Req. State EM Software TN #: | 0 | |
| Requesting Agency: | 0 | Date Resources Available: | | |
| The PNEMA Authorized Signature below certifies that information contained herein is a mission estimate to be accepted or declined by the PNEMA Requesting State. | | | | |
| Name of PNEMA Authorized Representative (AR): | | | | |
| Signature of PNEMA AR: | | Date: | | |
| New or Amended #: | | Time Section II Completed: | | |
| Assisting State/Province: | | Assisting State/Province TN #: | | |
| Assisting Agency: | | Asst. State EM Software TN #: | | |
| Assisting State/Province REQ-A Contact: | | | | |
| First Name: | | Last Name: | | |
| Phone 1: | | Phone 2: | | |
| E-mail: | | Fax: | | |
| Mission Type: | | If State: | Select Discipline: | If NG: Select Status: |
| Mission Assignment: | | | | |
| Resource Available: | | | | |
| In-State/Province Resource Point of Contact: | | | | |
| First Name: | | Last Name: | | |
| Phone 1: | | Phone 2: | | |
| E-mail 1: | | E-mail 2: | | |
| Deployment Dates (including travel days - one day prior to and one day after dates needed for mission): | | | | |
| Mobilization: | | Demobilization: | | |
| 1st Work Day | | Last Work Day: | | |
| MISSION COST ESTIMATE (Details entered on subsequent tabs): | | | | |
| Total Equipment, Commodity, Other, and Personnel Quantity & Costs | | | | |
| Enter all equipment, commodity, other, and personnel details on tab labeled as such (Travel, Equipment, Commodities, Other, Personnel) on this worksheet. Totals for each category will automatically be updated below as data is entered on subsequent sheets. | | | | |
| Total Travel Costs: | \$ - | Total Equipment Costs: | \$ - | |
| Total Commodity Costs: | \$ - | Total Other Costs: | \$ - | |
| Total Personnel on Mission: | 0 | Total Personnel Costs: | \$ - | |
| Total Cost Estimate from REQ-A (This number is calculated from the data entered into the REQ-A Excel worksheets): | | \$ - | | |
| Note: If you received a Mission Ready Package from the Resource Provider, enter the total under "Total Cost Estimate" below and attach complete Mission Ready Package to provide detailed costs. | | | | |
| Total Cost Estimate from Mission Ready Package (please enter total and attach Mission Ready Package) | | \$ | | |



Section II – if using an MRP

- Mission Ready Packages (MRPs) are based upon the format of Section II of the REQ-A with pre-estimated costs for commonly requested resources.
- MRP's are developed to reduce time during a response.




EMERGENCY MANAGEMENT DIVISION

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REQ-A – Section III

Section III, completed by the Requesting State, acknowledges acceptance of the cost estimate for the mission and makes the mission a legally binding agreement for reimbursement purposes.

| | | | |
|---|-------------|------------------------------|---------------------------|
|  | | | |
| SECTION III: TO BE COMPLETED BY THE REQUESTING STATE | | | |
| Select Exercise or Event: | Select One: | New or Amended #: | Select New or Amendment # |
| Requesting State: | | Requesting Agency: | |
| Event Name: | | | |
| Requesting State Mission TN #: | | Req. State EM Software TN #: | |
| Assisting State: | | Assisting State TN #: | |
| The EMAC Authorized Signature below certifies that they have reviewed Section II submitted by the Assisting State and agree to the estimated mission costs and requirements. The mission is accepted. | | | |
| Name of EMAC Authorized Representative: | | | |
| Signature of EMAC Authorized Representative with Date: | | | |
| Date: | | Time: | |



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Mission Authorization

Once Section III is signed, an Authorization to Deploy is provided to the Assisting State and Resources can deploy to the Requesting State.

- Automatically generated within the EOS.
- Can be executed via official letterhead if the EOS is inoperable.

| Emergency Management Assistance Compact (EMAC) EMAC Mission Order Authorization Form | | | |
|--|--|---|--|
| Personnel deploying on this mission are under the authority of the Emergency Management Assistance Compact Law passed in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico, and Guam. | | | |
| The Resource Provider, responsible for identifying personnel who will be deployed on this mission, has identified individuals who have the skills, knowledge, and abilities to conduct the mission herein. | | | |
| Mission Details: | | | |
| Requesting State: | | Assisting State: | |
| Event Name: | | Requesting State #: | |
| Deployment Date: | | Assisting State #: | |
| Demobilization Date: | | EMAC #: | |
| Mission Type: | | Discipline/Duty Status: | |
| Mission Description: | | | |
| Resource Description: | | | |
| Deployment Conditions and Safety Considerations: As a reminder, you may be deploying into a location with inhospitable conditions. | | | |
| Working Conditions: | | | |
| Working Conditions Comments: | | | |
| Living Conditions: | | | |
| Living Conditions Comments: | | | |
| The following health and safety concerns apply for this deployment (check the appropriate statement): | | | |
| | | No safety or health concerns have been identified | |
| | | Immunizations or vaccinations are suggested to deploy on this mission | |
| | | Environmental hazards exist for this mission (identified below) | |
| | | Personal protection equipment is needed | |
| Safety Concerns/Remarks: | | | |
| You should report to the location specified below upon arrival in the Requesting State. (If this section is blank, forward-deploy to the deployment location listed below. Do not forward-deploy to the deployment location if a Staging Area is listed below. Otherwise, you may miss valuable information on changes to your mission, issuing of identification, etc.) | | | |
| Staging Location/Facility: | | | |
| Address 1: | | | |
| Address 2: | | City: | |
| State: | | Zip Code: | |
| Point of Contact: | | | |
| Phone 1: | | Phone 2: | |

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Need more information on EMAC?
<http://www.emacweb.org>

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| STATE OF WASHINGTON MILITARY DEPARTMENT EMERGENCY MANAGEMENT DIVISION MS TA-20 Building 20 Camp Murray, Washington 99430-5122 Phone (253) 312-7000 • FAX (253) 312-7200 | |
|---|--|
| AUTHORIZATION TO PROCEED | |
| [Date] | |
| [Jurisdiction] | |
| Subject: [EMAC or PNEMA] Mission Number [enter state mission number], WMD Contract Number [enter contract number]; ATTACHMENT [enter attachment number] | |
| Dear [Signatory's Title and Name]: | |
| Enclosed you will find a copy of the executed EMAC/PNEMA Deployment Attachment Number [enter attachment number] to the Military Department Contract Number [enter contract number]. Pursuant to this document, you are authorized to deploy the identified resources for the [EMAC or PNEMA] mission number identified in the Attachment no earlier than [Date] at [Time]. | |
| Your [Task Force, Strike Team or Single Resource] is assigned to [Receiving State] as [Name of Task Force, Strike Team or Single Resource]. Upon arrival to [destination name & address], your [Task Force, Strike Team or Single Resource] must check in with [Name & contact information of receiving state point of contact]. Your [Task Force, Strike Team or Single Resource] must check in with the State Alert and Warning Center at 1-800-258-5990 upon leaving home station, arriving at the deployment site, upon leaving the deployment site at the completion of assignment, and upon arriving back at the home station. Additionally, the [Task Force, Strike Team or Single Resource] must check in with the State Alert and Warning Center every day by 10am PST for accountability. | |
| Please remember to complete all Washington State required documentation in addition to any documentation requested by [Receiving State] including, but not limited to, Crew Time Reports or other authorized timesheet, Equipment Shift Tickets, and maintain all itemized receipts for expenses incurred. | |
| If you have any further questions, please do not hesitate to contact the Washington State EMAC coordinator at 1-800-258-5990. | |
| Sincerely, | |
| [NAME] State EOC Supervisor | |
| Enclosure | |
| CC: [County/City Emergency Manager] [Association/Regional Coordinator] File | |

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Travel Arrangements / Forms

Travel arrangements are made by the personnel executing the REQ-A and IGAs and include information for the following:

- Travel Authorization.
- Airline itineraries.
- Car rental reservations.
- Hotel reservations.
- Executed REQ-A.
- Mission Authorization.
- Signed Deployment Checklist.
- Blank Demobilization Checklist.
- Signed “Go Kit” check out.
- Emergency contact sheet (EMD/home/destination).



Pre-Deployment Briefing

- A PowerPoint Deployment Briefing template is located at <S:\Logistics Section\Mutual Aid\Interstate Mutual Aid\EMAC Deployments\Deployment Forms and Briefing> and is easily updated with mission-specific information.
- If the deploying personnel are unable to receive their briefing in person, the briefing can be held over the phone and documented on the Deployment Checklist .



Reimbursement Documentation

From the moment the REQ-A is executed, personnel are working toward demobilization and reimbursement.

Eligible Costs:

- Personnel – Salaries and benefits based on current rates.
- Travel – Transportation, fuel, tolls, baggage, parking, etc.
- Lodging – approved rates per REQ-A.
- Meals – EMD's policy is to reimburse at GSA per diem rates.
- Equipment – approved as cited on REQ-A; maintenance/operating costs; loss or damage during mission use; approved costs to restore to pre-deployment condition, etc.
- Commodities – approved as indicated on REQ-A.



Ineligible Costs

- Administrative Costs or other costs incurred by Assisting States responding to EMAC requests, unless specified in the REQ-A.
- Costs for alcohol, tobacco, toiletries, and similar items.
- Costs incurred by those who self-deployed (including those with a spurious REQ-A).
- Costs for items not specified in the REQ-A or an amendment.
- Replacement or purchase of items outside the mission assignment dates as designated in the REQ-A.



Reimbursement Steps

1. Deployed resource (personnel & equipment) reimbursement documentation is submitted to their home duty station for payment.
 - If EMD employee, documentation is submitted to the state DC for the deployment.
2. Resource home duty station reimbursement documentation is submitted to the Assisting State DC for the deployment.
3. Assisting State DC for the deployment prepares R-1, supporting required documentation, and delivers to State Finance for billing to the Requesting State.



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Reimbursement EMAC R-1

- EMAC R-1 (Reimbursement 1) – is used for all Interstate reimbursement.
 - The Assisting State DC completes the form using reimbursement documentation.
- The EMAC R-1 form is located at www.emacweb.org on the main page after user login.

EMAC
Emergency Management Assistance Compact (EMAC)
Interstate Reimbursement Form (R-1)

Please complete all fields in gray. Fields in green are automatically calculated.

Event: _____

Submitted to the Requesting State of: _____ Date: _____

By the Assisting State of _____ Form V-8 Enclosed? ☐ Yes ☐ No

For Services Specified in REQ-A under the Requesting State Mission Number: _____

Copies of Receipts and Payment Vouchers for Each Claim Are Attached: ☐ Yes ☐ No

| Personnel Costs | |
|---|---------------|
| Regular Time | _____ |
| Overtime | _____ |
| Employer Share of Fringe Benefits | _____ |
| Total Personnel Costs | \$0.00 |
| Travel Costs | |
| Air Travel | _____ |
| Auto Rental/Gas/Mileage | _____ |
| Lodging | _____ |
| Government Vehicle Costs | _____ |
| Meals/Tips | _____ |
| Total Travel Costs | \$0.00 |
| Equipment Costs | _____ |
| Contractual Costs | _____ |
| Commodities | _____ |
| Other Costs (Explain in Remarks Section) | _____ |
| GRAND TOTAL | \$0.00 |

Remarks:

Certified and Authorized: _____ **Signature:** _____ **Date:** _____

The authorized official of the Assisting State certifies that the totals for each category/claim are exact costs expended by the Assisting State to perform the services requested in the REQ-A. All additional supporting documentation not included with this claim will be maintained by the Assisting State for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting State authorized official named herein.



EMERGENCY MANAGEMENT DIVISION

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Reimbursement continued...

- EMAC R-2 (Reimbursement 2) – is used for reimbursement at the Intrastate level.
 - If used the deploying jurisdiction completes and sends to the EMD DC with all reimbursement documents.
- The EMAC R-2 form is located at www.emacweb.org on the main page after user login.

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

Please complete all fields in gray. Fields in green are automatically calculated.

| | |
|---|---------------------|
| Event | |
| Submitted to the Assisting State of: | Date: |
| From City/County/State Department of: | Vendor Number |
| For Services Rendered under State Mission Number: | EMAC Mission Number |
| Copies of Receipts and Payment Vouchers for Each Claim Are Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Personnel Costs | |
| Regular Time | |
| Overtime | |
| Employer Share of Fringe Benefits | |
| Total Personnel Costs | \$0.00 |
| Travel Costs | |
| Air Travel | |
| Auto Rental/Gas/Mileage | |
| Lodging | |
| Government Vehicle Costs | |
| Meals/Tips | |
| Total Travel Costs | \$0.00 |
| Equipment Costs | |
| Contractual Costs | |
| Commodities | |
| Other Costs (Explain in Remarks Section) | |
| GRAND TOTAL | \$0.00 |
| Remarks: | |
| | |
| Certified and Authorized: | Signature: |
| Title: | Date: |
| <small>The authorized official of the Assisting State certifies that the totals for each category/claim are exact costs expended by the Assisting State to perform the services requested in the REG-A. All additional supporting documentation not included with this claim will be maintained by the Assisting State for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting State authorized official named herein.</small> | |



Reimbursement - Personnel

Submit copies of the following documents:

- Executed REQ-A.
- Travel Authorization & Mission Authorization.
- Work records from deployment site.
- Home duty station timesheet.
- Pay stub for deployment period.
- Travel expenses
 - Zero balance hotel receipt.
 - Travel expense receipt (not state purchased).
 - Flight itinerary.
 - Receipts for approved purchased goods (rental car, fuel, etc.).
- Receipts for other approved costs (injury claims, etc.).

Credit card statements are not receipts!



Reimbursement - Equipment

Submit copies of the following documents:

- Executed REQ-A.
- Shipping receipt.
- Receipts associated with operating, maintenance, and approved repair costs.
- Equipment operating log.
- Receipts for other approved costs.
- Photos of equipment pre and post deployment to justify repair costs.
- Personnel costs associated with equipment operation follow the requirements for “Reimbursement – Personnel”.



Reimbursement-Assisting State

Submit copies of the following documents:

- Cover letter to Requesting State.
- Executed REQ-A.
- Completed R-1.
- Personnel expenses breakdown by sub-object.
- Current W-9 for Assisting State.
- Copies of all receipts arranged by category:
 - Personnel.
 - Equipment.



Reimbursement – State Finance

1. The Assisting State DC for the deployment prepares all documentation for signature by an Assisting State AR.
2. The approved reimbursement package is scanned for records retention and the hard copies are hand carried to State Finance.
3. State Finance prepares the invoice for billing to the Requesting State and sends the package for processing.
4. State Finance notifies the Assisting State DC when payment is received.

The Assisting State DC follows up on all unpaid invoices after 60 days



Questions?

EMD Logistics Staff

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Mark Woodward, Program Coordinator, mark.woodward@mil.wa.gov