

MUTUAL AID REIMBURSEMENT PROCEDURES FOR EMERGENCIES AND INCIDENTS

SUMMARY

The purpose of this procedure is to outline the steps and documentation required for assisting entities (those providing mutual aid) to request reimbursement from the requesting entity (those receiving mutual aid) for resources provided during disaster events. This process ensures that all necessary information is submitted accurately and in accordance with FEMA's Public Assistance Program Procedure Guide (PAPPG), ensuring compliance with federal reimbursement standards. This procedure will apply to mutual aid agreements between Miami-Dade County and external agencies called upon to support the County's response and recovery from disasters and emergencies, including those agencies that have executed the Statewide Mutual Aid Agreement (SMAA) with the Florida Division of Emergency Management (FDEM).

PROCEDURE

This procedure applies to any local, tribal, state, or territorial government entity, or other approved organizations that have provided mutual aid to an eligible applicant in response to a declared disaster or emergency. The requesting entities are required to submit appropriate documentation to the assisting entities to initiate the reimbursement process.

Definitions

- **Assisting Entity:** The entity that provides mutual aid during an emergency or disaster event. These may include public safety agencies, public health organizations, public works, or other local, tribal, state, or territorial government agencies.
- **Requesting Entity:** The entity that receives mutual aid during an emergency or disaster event. For purposes of this procedure, Miami-Dade County (County) is the requesting entity.
- **Mutual Aid:** A formal or informal agreement to provide assistance between two or more entities in a time of need during a disaster.

Eligibility for Reimbursement

Assisting entities may be eligible for reimbursement for the following types of expenses, with appropriate documentation of costs incurred:

- **Personnel Costs:** Salaries, wages, and benefits for employees performing disaster-related work.
- **Equipment Costs:** Costs for using owned or leased equipment necessary for disaster response, including rental charges and fuel.
- **Materials and Supplies:** Costs associated with materials, supplies, and consumables used during the provision of mutual aid.
- **Contractual Services:** Payments made to contractors hired by the assisting entity for disaster-related work.

- **Travel and Lodging:** Costs for travel, lodging, and per diem for personnel deployed during mutual aid efforts (*if these resources are not already provided by the County or other entity on behalf of the County*).

Procedure for Requesting Reimbursement

A. Initial Request Submission

1. Request for Assistance:

Miami-Dade County may request support from external agencies through WebEOC, email, phone call, letter, or other form of communication. The requesting County department will retain records of all requests made. All requests that are not originally made through WebEOC must be entered in WebEOC within five business days. The assisting entity must retain and furnish a copy of the WebEOC mission request with its reimbursement package as detailed in these procedures.

The Statewide Mutual Aid Agreement (SMAA) will guide the relationship between the County and the assisting entity, if the assisting entity is a party to the SMAA. If the assisting entity is not a party to the SMAA, the County will enter into an agreement with the assisting entity as soon as practicable memorializing the terms, conditions, costs, and resources to be provided to the County.

2. Notification of Mutual Aid:

The County will provide notification to the assisting entity, detailing the resources to be provided, scope of work, and work location. These details will be included in the WebEOC mission request.

3. Reimbursement Request:

Upon completion of the mutual aid service, the assisting entity should submit a formal request for reimbursement to the County using the County's prescribed forms and checklists. All expenses must be in direct response to the incident as requested by the County and within the period of assistance. The reimbursement request should include:

- A copy of the WebEOC mission and other documents issued by the County with the request.
- Detailed breakdown of expenses incurred, including personnel, equipment, supplies, and other costs in Excel format (see Cost Summary Form).
- Supporting documentation (see below for required documentation).

Requests must be submitted in electronic format within 30 days of completing the mutual aid support via the County's designated file sharing system (i.e., SharePoint, DropBox, etc.) to the Office of Management and Budget (OMB) or successor department.

B. Required Documentation

The assisting entity must use the County's Mutual Aid Cost Summary form for its reimbursement requests (see Exhibit 1). The following documentation must be submitted to the County with the reimbursement request as applicable:

1. Personnel Documentation:

- Timesheets or personnel logs detailing hours worked by employees deployed to provide mutual aid, including regular and overtime hours. (see attached template).
- Proof of payment, such as payroll registers or other compensation documentation.
- Fringe Benefits Rate Sheet (see template within Cost Summary file)
- Travel and lodging records, including receipts for transportation, accommodations, and per diem.

2. Equipment and Supply Costs:

- Equipment usage logs showing the type of equipment used, hours of operation, and rate of reimbursement (see attached template).
- Rental agreements and invoices for leased equipment.
- Receipts or purchase orders for materials, supplies, and consumables used in providing mutual aid.

3. Contractual Services Documentation:

- Contracts or agreements with third-party contractors.
- Invoices detailing the scope of work completed, labor hours, and costs associated with the contractual services provided.

4. Travel, Lodging, Fuel, Tolls, and Meals Receipts:

- Copies of all travel-related receipts, including transportation tickets, lodging receipts, toll receipts, and meal receipts.
- For purchases made with employee's personal funds, proof of reimbursement to the employee must be provided along with the purchase receipts.
- Fuel purchases and equipment rates may not be claimed simultaneously.

5. Financial Records:

- Documentation supporting the cost categories (personnel, equipment, supplies, etc.), including itemized invoices and expense reports.
- A summary of costs (by category) with a clear breakdown of reimbursable items.
- Proof of payment for expenses claimed
 - 1. Checks – cancelled check with a copy of the front and back of check.
 - 2. P-card- statement and bank statement showing payment of the statement.
 - 3. ACH- copy of the ACH transfer (a breakdown of the ACH will be needed if costs claimed only make up part of the ACH amount).

4. Reimbursement to employees- copy of the employee's expense report and proof of payment to the employee.

C. Submission to FEMA

The County must ensure that the assisting entity's reimbursement request aligns with FEMA's Public Assistance Program requirements and is submitted to FEMA as part of the overall grant application or reimbursement process.

1. **Approval Process:**

The County will review the submitted documentation for completeness and accuracy. The County will then submit the reimbursement request along with supporting documentation to FEMA for review and processing.

2. **Compliance Review:**

FEMA will review all submissions for compliance with the Public Assistance Program Procedure Guide.

D. Payment Processing

Upon FEMA's obligation of the mutual aid project, the County will issue payment to the assisting entity for the eligible mutual aid costs.

Responsibilities:

1. **Assisting Entity:**

- Provide detailed documentation of mutual aid provided.
- Submit timely reimbursement requests with all required supporting documents.
- Cooperate with requesting entities and FEMA during the review process.

2. **Miami-Dade County:**

- Review reimbursement requests from assisting entities.
- Ensure that all required documentation is submitted to FEMA.
- Process and distribute reimbursement funds to the assisting entity.

3. **FEMA:**

- Review and approve expenses claimed in accordance with the PA Program Procedure Guide.
- Ensure compliance with federal regulations and provide guidance as needed.

Compliance and Auditing

Both the assisting entity and the County must maintain all records for mutual aid claims, including supporting documentation, must be retained for a period of at least five years from payment by the County.

Procedure Number: 366
Effective Date: 05/25

Procedure Review

This procedure should be reviewed and updated regularly to remain compliant with any changes to FEMA's policies or the Public Assistance Program.

CONTACT(S):

Office of Management and Budget

Exhibit 1- Cost Summary and Related Templates

INDIVIDUAL DAILY ACTIVITY REPORT

Applicant:
Employee Name:
Department:

Date:
Employee ID:

Emergency Work Categories: A (Debris Removal) B (Emergency Protective Measures)
Permanent Work Categories: C (Roads and Bridges) D (Water Control) E (Buildings and Equipment) F (Utility Systems) G (Recreational & Other)
Note: If conducting temporary repairs to a Cat C – G site, please utilize Cat B for this activity

Additional Notes / Comments:	
I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE	
EMPLOYEE SIGNATURE:	
REVIEWER SIGNATURE:	

INDIVIDUAL DAILY ACTIVITY REPORT

LABOR

Category	Description of Work Performed	Work Location	Start Time	End Time	Labor Hours	Event Related (Y/N)
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
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					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
Total					0.00	

INDIVIDUAL DAILY ACTIVITY REPORT

VEHICLE AND EQUIPMENT ACTIVE (DRIVER / OPERATOR ONLY) - HOURS ONLY[illegible]

INDIVIDUAL DAILY ACTIVITY REPORT

MATERIALS USED (ATTACH RECEIPTS / INVOICES)

Category	Item Description and Purpose	Invoice Number	Amount	Event Related (Y/N)
Total			\$0.00	

Claim Summary

Assisting Entity	FEID #	Service Provided	Incident Number and Name																				
Service Location:			Dates Invoiced	From:	To:																		
Reimbursement Point of Contact:			Email:		Phone:																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><u>PERSONNEL</u></td> <td style="width: 30%; text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>EQUIPMENT</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>MATERIALS</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>CONTRACTS</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>RENTAL EQUIPMENT</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>LODGING</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>MEALS AND INCIDENTALS</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>MILEAGE AND TOLLS</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> <tr> <td><u>TOTAL CLAIM</u></td> <td style="text-align: right;"><u>\$0.00</u></td> </tr> </table>						<u>PERSONNEL</u>	<u>\$0.00</u>	<u>EQUIPMENT</u>	<u>\$0.00</u>	<u>MATERIALS</u>	<u>\$0.00</u>	<u>CONTRACTS</u>	<u>\$0.00</u>	<u>RENTAL EQUIPMENT</u>	<u>\$0.00</u>	<u>LODGING</u>	<u>\$0.00</u>	<u>MEALS AND INCIDENTALS</u>	<u>\$0.00</u>	<u>MILEAGE AND TOLLS</u>	<u>\$0.00</u>	<u>TOTAL CLAIM</u>	<u>\$0.00</u>
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<u>MILEAGE AND TOLLS</u>	<u>\$0.00</u>																						
<u>TOTAL CLAIM</u>	<u>\$0.00</u>																						
I CERTIFY THAT ALL INVOICED EXPENSES ARE IN DIRECT RESPONSE TO THE MISSION AND SUPPORTED BY PROOF OF WORK AND PROOF OF PAYMENT.																							
Signature		Title		Date																			

Assisting Entitiy Name		Page		of	
Fringe Benefits Calculation Worksheet					
Fringe Benefits (by %)	Regular Time			Overtime	
Social Security (FICA/MICA)					
Retirement					
Worker's Compensation Insurance					
Unemployment Insurance					
Health Insurance Benefits					
Life Insurance Benefits					
Annual Leave (Vacation)					
Holiday Leave					
Average Used Sick Leave					
Other					
Total (% of Annual Wage)	0.00%			0.00%	
Comments:					
<p>To effectively use this form, group employees by status/common benefits in the personnel records (salaried; full-time, permanent; special risk; part-time, contract, and/or temporary hires). For each grouping, determine the average fringe benefits for regular time and overtime. The overtime benefits are usually limited to the types indicated above. The average annual percentages for the insurances can be determined by total premium costs per total annual regular wages from the last available annual audit or by the current year projected budget. The holiday percentages can be determined by the number of holidays granted each year divided by the number of work days for the year. The annual leave can be determined by an average day/hour earnings divided by the total days/hours of earned pay. The sick leave percentage should be based on the last annual sick leave cost divided by the total regular wages paid. Other established methods previously adopted by the Resource Provider to convert the benefit costs to a percentage of total paid annual regular wages is acceptable.</p>					

MUTUAL AID COST SUMMARY
FOR REQUESTING ENTITY MIAMI-DADE COUNTY

Name of Assiting Agency	
Mission# (WebEOC#)	

[illegible]**TOTAL**

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**MUTUAL AID COST SUMMARY
FOR REQUESTING ENTITY MIAMI-DADE COUNTY**

Name of Assiting Agency	
Mission# (WebEOC#)	

[illegible]

**MUTUAL AID COST SUMMARY
FOR REQUESTING ENTITY MIAMI-DADE COUNTY**

Name of Assisting Agency	
Mission# (WebEOC#)	

[illegible]

\$0.00

**MUTUAL AID COST SUMMARY
FOR REQUESTING ENTITY MIAMI-DADE COUNTY**

Name of Assisting Agency	
Mission# (WebEOC#)	

[illegible]

\$0.00

\$0.00

CONTRACTS

VENDOR	INVOICE #	INV. DATE	DESCRIPTION	DATES WORKED	TOTAL COST
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-

\$ -

RENTAL EQUIPMENT

VENDOR	INVOICE #	INVOICE DATE	DESCRIPTION	DATE OF USE	TOTAL COST

\$ -

TRAVEL, LODGING, MEALS, AND TOLLS

TRAVEL TO TC	
TRAVEL TO TCM	

[illegible]