

Disaster Name & Incident Date & Name of Mutual Aid Agreement Invoked

Annex A: Mutual Aid For Hire or Mutual Assistance Cost Reimbursement Agreement

Providing Agency		Receiving Agency					
<i>Providing Agency Name Goes Here</i>		<i>Receiving Agency Name Goes Here</i>					
Mutual Aid For Hire (Paid Wages and Benefits)			Mutual Assistance (No Wages or Benefits)				
Costs Reimbursed			Costs Reimbursed				
Yes	No	Item			Yes	No	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wages and Benefits ^{1, 2}			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Providing Agency Backfill Time			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	Travel expense: Mileage ³			<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	Travel Expense: Airfare ⁴			<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	Travel Expense: Auto Rental ⁵			<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Automobile Fuel (Included in mileage rates)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	Travel Time: Employee Domicile to Incident Staging or EOC Location & Return ⁶			<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	Travel Time: Work Location to Incident Staging or EOC location & Return ⁵			<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	Food and Lodging at State of California Per Diem Rates			<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	Food and Lodging at Market Rates ⁷			<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lodging (Base Camp - No Hotel/Motels Paid)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lodging (Hotel / Motel - Receiving Agency Provided or paid for)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	Meals (Base Camp or EOC Provided Only)			<input type="checkbox"/>	<input type="checkbox"/>

¹ As provided for in the employee's bargaining unit labor agreement or MOU, a copy of the agreement must be provided.

² Note: Reimbursement is only provided for the actual hours worked on the incident or at the EOC. Employees in a 24 hour per day paid status are only covered for actual on-duty hours in an EOC or DOC operation.

³ At the State of California standard mileage rate.

⁴ Coach airfare only. Provide Receipts

⁵ Sub-compact or compact size automobile only. Provide Receipts

⁶ Shortest available time or distance per Google Maps on day of travel.

⁷ *Not to exceed 150% of State per diem rates.* Provide Receipts

	Mutual Aid For Hire		Mutual Assistance (No Wages or Benefits)		
	Costs Reimbursed		Costs Reimbursed		
14	<input type="checkbox"/>	<input type="checkbox"/>	Meals on Your Own ⁷	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	Special Dietary Exemption ⁷	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation Insurance, ^{8,9} (unless included in Pay and Benefit rates)	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	Automobile Liability Insurance ^{8,9}	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	General Liability Insurance ^{8,9}	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	Damage to or loss of providing agency equipment, including automobiles ^{9, 10}	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	Damage to or loss of responding employee personal equipment, including automobiles and/or computers ⁹	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Receipts and mileage logs must be provided for all reimbursable expenses.

List here any equipment that the providing agency or providing agency employee should bring with them:

List here any specific licenses, certification, or previous experience that the employee should have to fill the required position: I.e., Previous experience as a Finance Section Chief, etc.

Attach here a sample of the daily time and activity reporting form required by the receiving agency to document the Mutual Aid activities.

⁸ Coverage provided only when the employee is within the course and scope of assigned duties of the disaster incident.

⁹ Coverage applies only when and not until the employee has arrived and checked in at the incident or EOC. Coverage ceases once the employee has checked out of the incident or EOC and is in a return travel status.

¹⁰ All motor vehicles or equipment shall be reimbursed based upon the current FEMA Equipment Rate Sheet in effect at the time of the disaster, unless otherwise agreed to in writing prior to the deployment of personnel.