

START WITH THIS PAGE

NOTE: To populate the repeating fields for each form in this file, fill in the cells highlighted in bright yellow, replacing the AAA - JJJ on this page. These can be overridden on individual forms if needed, when information (like signatures) varies.

NOTE: The text boxes on the Submittal forms will NOT print. The text boxes on this Sample set WILL PRINT. Please do not adjust margins or page layouts. If you need help modifying or working with the forms, please contact TDEM-Funds Management Section.

APPLICANT		DISASTER / EVENT		
City of Happinessville		Hurricane Alex		
LOCATION/SITE		CATEGORY		
Brownsville, Texas				
DESCRIPTION OF WORK PERFORMED		PERIOD COVERING		
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.		06/29/10	TO	07/02/10
I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.				
	City Comptroller	7/5/2010		
	SIGNATURE'S TITLE	DATE		

Applicant = The City/County/Department submitting the reimbursement request.

Location/Site = Location where work was performed during event.

Description of Work Performed = Type of work performed (debris removal, search and rescue, fire suppression, public works etc.) Provide more detail on the invoice.

Disaster/Event = The name and/or number assigned to the event (check with TDEM for information.)

Category = Refers to the FEMA categories or State categories (check with TDEM for information.)

Period Covering = The mobilize and demobilize dates of the Applicant's response.

Title = Job title for the person signing the forms.

Date = Date the forms are completed. Please change this date with each revision.

HOW TO SUBMIT:

For review purposes, please email an electronic copy of this document to TDEM_Reimbursement@dps.texas.gov. 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 correct.

Physical Address:

Edwin Staples, Funds Management Section Administrator
Texas Division of Emergency Management
Texas Department of Public Safety
5805 North Lamar Blvd.
Austin, Texas 78752

Phone Number: 512-424-7607

Fax Number: 512-424-7584

Mailing Address:

Edwin Staples, Funds Management Section Administrator
Texas Division of Emergency Management
Texas Department of Public Safety
PO Box 4087
Austin, Texas 78773-0220

**Texas Division of Emergency Management
FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT		CHECK RESPONSE TYPE										DISASTER / EVENT						
City of Happinessville		TIFMAS	X	PWRT		RTF							Hurricane Alex					
LOCATION/SITE		LER		RFF		E-SHELTER		CATEGORY										
Brownsville, Texas		MCP		TERT		R-SHELTER		0										
DESCRIPTION OF WORK PERFORMED		IMT		EOC		OTHER		PERIOD COVERING										
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.								06/29/10		TO		07/02/10						

EMPLOYMENT STATUS (Enter Letter in Box) Non-Exempt = N Exempt = E Part Time = P Volunteer = V			DATES & HOURS WORKED EACH WEEK													COSTS					
																A	B	C	D	E	F
			DAY	TUE	WED	THU	FRI											TOTAL HRS	HOURLY RATE	BENEFIT RATE	TIME COST (A x B =)
DATE	6/29	6/30	7/1	7/2	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00							
Name	Bob Builder	E	REG		8.0	8.0	8.0									24.00	42.00	22.21	\$ 1,008.00	\$ 532.93	\$ 1,540.93
Job Title	Supervisor		OT	6.0	16.0	4.0										26.00	42.00	9.93	\$ 1,092.00	\$ 258.26	\$ 1,350.26
Name	Captain Kangaroo	N	REG		8.0	8.0	8.0									24.00	38.00	20.09	\$ 912.00	\$ 482.17	\$ 1,394.17
Job Title	Crew Leader		OT	6.0	16.0	4.0										26.00	52.00	12.30	\$ 1,352.00	\$ 319.75	\$ 1,671.75
Name	Tim T. Taylor	N	REG		8.0	8.0	8.0									24.00	32.00	16.92	\$ 768.00	\$ 406.04	\$ 1,174.04
Job Title	Crew Leader		OT	6.0	16.0	4.0										26.00	48.00	11.35	\$ 1,248.00	\$ 295.15	\$ 1,543.15
Name			REG													0.00			\$ -	\$ -	\$ -
Job Title			OT													0.00			\$ -	\$ -	\$ -
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Name			REG													0.00			\$ -	\$ -	\$ -
Job Title			OT													0.00			\$ -	\$ -	\$ -

PAYROLL NOTES: Staff departed Happinessville at 1700hrs on 6/29, and returned at 0800hrs on 7/2. Normal work shift is 40hrs/week, 8hrs/day, Mon-Friday. Payroll policy is attached. Hours over 40 in a seven day period are paid at a rate of 1:1.5 regular pay rate for non-exempt employees, exempt employees earn comp time at a rate of 1:1.	TOTAL REGULAR HOURS (A)	72.00	REG TIME SUBTOTAL (D)	\$ 2,688.00
	TOTAL OT HOURS (A)	78.00	REG BENEFIT SUBTOTAL (E)	\$ 1,421.15
	TOTAL HOURS	150.00	REG TIME TOTAL (F)	\$ 4,109.15
			O/T SUBTOTAL (D)	\$ 3,692.00
			O/T BENEFIT SUBTOTAL (E)	\$ 873.16
			O/T TOTAL (F)	\$ 4,565.16
I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.			LABOR COST TOTAL	\$ 8,674.30

AUTHORIZED SIGNATURE City Comptroller TITLE	07/05/10 DATE
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**Texas Division of Emergency Management
FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT	CHECK RESPONSE TYPE			DISASTER / EVENT		
City of Happinessville	TIFMAS	PWRT	RTF	Hurricane Alex		
LOCATION/SITE	LER	RFF	E-SHELTER	CATEGORY		
Brownsville, Texas	MCP	TERT	R-SHELTER	0		
DESCRIPTION OF WORK PERFORMED	IMT	EOC	OTHER	PERIOD COVERING		
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.				06/29/10		07/02/10

EMPLOYMENT STATUS (Enter Letter in Box) Non -Exempt = N Exempt = E Part Time = P Volunteer = V		DATES & HOURS WORKED EACH WEEK														COSTS					
																A	B	C	D	E	F
		DAY	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TIME COST (A x B =)	BENEFIT COST (A x C =)
Name		REG														0.00			\$ -	\$ -	\$ -
Job Title		OT														0.00			\$ -	\$ -	\$ -
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**Governor's Division of Emergency Management
FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT	CHECK RESPONSE TYPE			DISASTER / EVENT
City of Happinessville	TIFMAS	PWRT	E-SHELTER	Hurricane Alex
LOCATION/SITE	LER	RFF	R-SHELTER	CATEGORY
Brownsville, Texas	MCP	TERT	OTHER	0
DESCRIPTION OF WORK PERFORMED	IMT	EOC		PERIOD COVERING
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.				06/29/10 TO 07/02/10

EMPLOYMENT STATUS (Enter Letter in Box) Non -Exempt = N Exempt = E Part Time = P Volunteer = V	DATES & HOURS WORKED EACH WEEK																COSTS					
	DAY																A	B	C	D	E	F
	DATE	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TIME COST (A x B =)	BENEFIT COST (A x C =)
Name																	0.00			\$ -	\$ -	\$ -
Job Title																	0.00			\$ -	\$ -	\$ -
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PAYROLL NOTES:	TOTAL REGULAR HOURS (A)	0.00	REG TIME SUBTOTAL (D)	\$ -
	TOTAL OT HOURS (A)	0.00	REG BENEFIT SUBTOTAL (E)	\$ -
	TOTAL HOURS	0.00	REG TIME TOTAL (F)	\$ -
			O/T SUBTOTAL (D)	\$ -
			O/T BENEFIT SUBTOTAL (E)	\$ -
			O/T TOTAL (F)	\$ -
	I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.			LABOR COST TOTAL

AUTHORIZED SIGNATURE	City Comptroller	07/05/10
	TITLE	DATE

**Texas Division of Emergency Management
FRINGE BENEFIT RATE CALCULATION WORKSHEET**

Fringe benefits for force account labor is eligible. Except in extremely unusual cases, fringe benefits for overtime will be significantly less than regular time. Typically, you should not be charging the same rate for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however some entities may charge retirement tax on all income.

APPLICANT	
City of Happinessville	PAGE 1 OF 1
DISASTER / EVENT	
Hurricane Alex	

The following steps will assist in calculating the percentage of fringe benefits paid on an employee's salary. Note that items and percentages will vary from one entity to another.

- 1) The normal year consists of 2080 hours (52 weeks x 5 workdays/week x 8 hours/day.) This does not include holidays and vacations.
- 2) Determine the employee's basic hourly pay rate (annual salary/2080 hours.)
- 3) Fringe benefit percentage for Vacation time: Divide the number of hours of annual vacation time provided to the employee by 2080 (80 hours (2 weeks)/2080 = 3.85%)
- 4) Fringe benefit percentage for paid Holidays: Divide the number of paid holiday hours by 2080 (64 hours (8 holidays)/2080 = 3.07%.)
- 5) Retirement pay: Because this measure varies widely, use only the percentage of salary matched by the employer.
- 6) Social Security and Unemployment Insurance: Both are standard percentages of salary.
- 7) Insurance: This benefit varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2.
- 8) Workman's Compensation: This benefit also varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2. Use the rate per\$100 to determine the correct percentage.

FRINGE BENEFITS	REGULAR TIME (BY %)	OVERTIME (BY %)	PART TIME (BY %)
HOLIDAYS	5.00		
VACATION LEAVE	5.00		
SICK LEAVE	2.00		
SOCIAL SECURITY	6.20	6.20	
MEDICARE	1.45	1.45	
UNEMPLOYMENT	0.20		
WORKER'S COMPENSATION	0.02		
RETIREMENT	15.00	16.00	
HEALTH BENEFITS	15.00		
LIFE INSURANCE BENEFITS	3.00		
OTHER			
TOTAL AS % OF ANNUAL SALARY	52.87	23.65	0.00

COMMENTS:

I certify that the information above is accurate and supported by budgets, payroll records, or other documents available for audit.		
		07/05/10
AUTHORIZED SIGNATURE	TITLE	DATE

Texas Division of Emergency Management FORCE ACCOUNT EQUIPMENT SUMMARY RECORD														PAGE	1	OF	1					
APPLICANT														DISASTER / EVENT								
City of Happinessville														Hurricane Alex								
LOCATION/SITE														CATEGORY								
Brownsville, Texas														0								
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING								
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.														06/29/10		TO		07/02/10				
EQUIPMENT DESCRIPTION <small>Indicate size, capacity, horsepower, make & model, TIFMAS "E" number assignment, fleet number, etc.</small>	FEMA EQUIP CODE #	OPERATOR'S NAME	DATES/HOURS USED EACH DAY														TOTAL (HRS or MILES)	EQUIP RATE	TOTAL COST			
			DATE	6/29	6/30	7/1	7/2															
E-0054 Command Vehicle, Ford 1/2 ton Tacoma	8801	Builder	HRS	6.0	24.0	12.0	8.0												50.00	\$ 19.00	\$ 950.00	
			HRS																0.00		\$ -	
			HRS																0.00		\$ -	
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			HRS																0.00		\$ -	
SHEET TOTAL																						\$ 950.00
I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.																						
City Comptroller																	07/05/10					
AUTHORIZED SIGNATURE																	TITLE				DATE	

**Texas Division of Emergency Management
MATERIALS SUMMARY RECORD**

PAGE 1 OF 1

APPLICANT		DISASTER / EVENT
City of Happinessville		Hurricane Alex
LOCATION/SITE		CATEGORY
Brownsville, Texas		0

DESCRIPTION OF WORK PERFORMED	PERIOD COVERING
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.	06/29/10 TO 07/02/10

VENDOR	DESCRIPTION OF PURCHASE MATERIALS / GOODS / SERVICES <small>Provide justification for purchase who/where/why</small>	QTY	UNIT PRICE	TOTAL PRICE	DATE PURCH	DATE USED	INFO FROM (CHECK FROM)	
							INVOICE	STOCK
1 The Copy Center	Made copies of documents to be distributed to team members.	1	\$ 15.00	\$ 15.00	6/30/10	6/30/10	X	
2				\$ -				
3				\$ -				
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7				\$ -				
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19				\$ -				
20				\$ -				

SHEET TOTAL \$ 15.00

I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.

City Comptroller		07/05/10
AUTHORIZED SIGNATURE	TITLE	DATE

Texas Division of Emergency Management CONTRACT WORK SUMMARY RECORD				PAGE	OF
APPLICANT				DISASTER / EVENT	
City of Happinessville				Hurricane Alex	
LOCATION/SITE				CATEGORY	
Brownsville, Texas				0	
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING	
Public works team responding to ICS-213 #006355 to prevent or respond to critical infrastructure damage during storm.				06/29/10	TO 07/02/10
DATES WORKED	CONTRACTOR	INVOICE NUMBER	AMOUNT	COMMENTS / SCOPE	
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SHEET TOTAL			\$ -		
I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.					
				07/05/10	
AUTHORIZED SIGNATURE				DATE	
City Comptroller					
TITLE					

**Texas Division of Emergency Management
IN STATE MUTUAL AID REIMBURSEMENT INVOICE**

DISASTER / EVENT: Hurricane Alex	RESPONSE TYPE: Other - US&R
PERIOD COVERED FROM: 06/28/10 TO: 07/02/10	DATE SUBMITTED: 06/05/2010
FROM: CITY: Happiness or COUNTY:	DEPARTMENT:
REMIT PAYMENT TO: City of Happiness / Attn: Comptroller (Make Check Payable to and mailing address info) 200 Main Street, Happiness 78650	
COPIES OF RECEIPTS AND PAYMENT VOUCHERS FOR EACH CLAIM ARE ATTACHED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Force Account Labor Cost

	Regular Time	Overtime	Sub Total
Time Cost	\$ 2,688.00	\$ 3,692.00	\$ 6,380.00
Benefit Cost	\$ 1,421.15	\$ 873.16	\$ 2,294.31
Labor Cost Total =			\$ 8,674.31

Travel Cost

Meals	\$ 90.00	Mileage (Personal Vehicles)	\$ 7.50
Lodging	\$ 85.00	Other	\$ 42.53
Travel Cost Total =			\$ 225.03
Force Account Equipment Cost Total =			\$ 950.00
Materials Cost Total =			\$ 15.00
Contract Work Cost Total =			\$ -
Rented Equipment Cost Total =			\$ 250.00
Other Costs =			\$ -
GRAND TOTAL =			\$ 10,114.34

DESCRIPTION OF SERVICES PROVIDED:

A description of services should include departure time, work performed, number of staff, circumstances, any relevant travel information, off-duty breaks of more than three (3) hours and return time.

CERTIFIED AND APPROVED BY:

SIGNATURE:	TITLE: City Comptroller
PRINTED NAME: Tom Jones	DATE: 7/5/2010
EMAIL ADDRESS: citycomptroller@XXX.org	PHONE NUMBER: XXX-XXX-XXXX

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

Texas Division of Emergency Management
STATE OF TEXAS MUTUAL AID PARTNER
REIMBURSEMENT SUBMITTAL DOCUMENTATION CHECKLIST

- 1) In State Mutual Aid Reimbursement Invoice showing amounts claimed for Force Account Labor, Force Account Equipment, Materials, Rented Equipment, Travel, and Contracts.
 - Mobilize/demobilize orders
 - Brief narrative of services and tasks performed
 - Contact Information

- 2) Force Account Labor Summary Record (Deployed and Backfill Personnel):
 - Force Account Labor Summary Sheet - Accounting of each individual's daily hours spent on disaster work.
 - Applicant's Benefits Calculation Worksheet – employee benefit information.
 - Copy of Overtime policy in effect at time of disaster
 - Payroll database reports; to include all hours worked for periods involved, pay rates for Regular and Overtime hours, by individual employee.
 - Time sheets showing all hours worked during the pay periods involved.
 - Work Schedules and/or Shift Calendars, if work schedules are other than Mon-Fri, 8hr/day.

- 3) Force Account Equipment Summary Record (equipment owned by applicant)
 - Description including type, make, model, hp, TIFMAS "E" number, etc.
 - Operator for each piece of equipment.
 - FEMA cost code
 - Daily hours used or mileage (provide maps, fleet logs, etc. to support mileage.)
 - Provide a description of what the equipment was used for (attach a separate sheet if necessary.)

- 4) Materials Summary Record
 - Invoices must include the vendor, purchase date, and provide detailed itemization with per unit cost.
 - Provide a description of what the purchased item was used for.
 - Attach copies of itemized receipts for all claimed expenses (affix small receipts to 8.5"x11" sheets and in order as listed on Materials Summary Record.)
 - Please edit for reimbursement eligibility. Examples of ineligible costs include; alcoholic beverages, tips, and personal hygiene items.
 - If materials were purchased and not used could they have been returned for credit?
 - Contract Services - include proof of competitive bid when applicable, copy of contract, proof of payment.

- 5) Travel Summary Record
 - Invoice/Receipt should show:
 - Vendor
 - Transaction Date
 - Amount
 - Food and Beverages Itemized (credit card receipts with only a total are not acceptable)
 - Name of Diner(s)
 - Affix small receipts to 8.5"x11" paper, in employee and date order
 - "Other" costs might include airfare, tolls, parking, etc.
 - Copy of travel policy in effect at time of event, unless following State Travel Guidelines.

- 6) Rented Equipment Summary Record
 - Invoice/Receipt should show:
 - Vendor
 - Transaction Dates
 - Detailed itemization with per unit cost
 - A description of what the equipment was used for (attach a separate sheet if necessary.)

- 7) Contract Work Summary Record
 - Invoice/Receipt should show:
 - Vendor
 - Transaction Dates
 - Detailed itemization with per unit cost
 - A description of what services were provided by contracted parties.
 - Include a copy of the Contract, Memorandum of Understanding, Purchase Orders, or other documents that outline conditions, terms and rates for services.
 - All pre-existing procurement rules must be adhered to.
 - Terms and rates must be reasonable.