

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.ramos@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.

Authorized Resources and Detail of Total Maximum Resource Cost:

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	rjones@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			

