

**MEMORANDUM OF AGREEMENT (MOA) BETWEEN  
COUNTY A (Requesting County) AND COUNTY B (Providing County)  
IN RESPONSE TO EMERGENCY ASSISTANCE REGARDING XXXXXXXX INCIDENT**

**WHEREAS**, this event and associated conditions will collectively be referred to as the XXXXXXXX Incident; and

**WHEREAS**, on (date) at or about (time), (describe incident); and

**WHEREAS**, the “*Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance*” was activated among the signatories within Mutual Aid Regions I and VI of the California Governor’s Office of Emergency Services; and

**WHEREAS**, the California Department of Public Health also activated its Regional Disaster Medical Health Coordination (RDMHC) Program for mutual aid support; and

**WHEREAS**, on (date), County A proclaimed the existence of a local emergency for the XXXX Incident; and

**WHEREAS**, on (date), the Governor of the State of California, Edmund G. Brown Jr., declared a State of Emergency in accordance with the California Emergency Services Act, and authorized disaster funding to reimburse for costs incurred due to mutual aid needs for the XXXX Incident (CDAA-2015-06); and

**WHEREAS**, mutual aid resources were requested by the County A Public Health Officer in accordance with the “*Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance*” for Mutual Aid Regions I and VI, and in accordance with the California Department of Public Health RDMHC program, to provide mutual aid in support of the XXXXX Incident; and

**WHEREAS**, County B provided mutual aid support consisting of Environmental Health Services and/or Public Health Services and/or Behavioral Health Services personnel, equipment, and/or materials during the period of (initial date) through (final date); and

**WHEREAS**, County B agrees to document all of its mutual aid assistance costs related to the XXXXXXX Incident (see ATTACHMENT A) by first submitting this MOA with original signatures to the County A Department of Public Health, by close of business on (date).

**NOW, THEREFORE, IT IS HEREBY AGREED** by and between the County of A and the County of B that the County of A may reimburse all reasonable costs associated with the mutual aid support offered to County of A during the XXXXX Incident.

<p><b>PROVIDING COUNTY:</b></p> <p>SIGNATURE:</p> <p>NAME:</p> <p>TITLE:</p> <p>COUNTY:</p> <p>DATE:</p>	<p><b>REQUESTING COUNTY:</b></p> <p>SIGNATURE:</p> <p>NAME:</p> <p>TITLE:</p> <p>COUNTY:</p> <p>DATE:</p>
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\*Electronic FEMA forms are available at [www.fema.gov/forms](http://www.fema.gov/forms).

## **Attachment A**

The following documentation will be required for each individual from your Department who responded as part of a mutual aid/resource request by COUNTY A Department of Public Health (including Environmental Health Services) and/or the Department of Behavioral Health in support of the XXXXXX Incident. **This information is based on the documentation Cal OES will request of COUNTY A for cost recovery purposes.**

The following item is due by close of business on (date) to the respective COUNTY A DEPARTMENT requesting mutual aid (see below).

- Memorandum of Agreement (MOA) – Attached

The following items are due by close of business on (date) to the respective COUNTY A Department requesting mutual aid (see below):

- \*FEMA Form 90-123 (Force Account Labor Summary) – (Attachment B)
- \*FEMA Form 90-127 (Force Account Equipment Summary) – (Attachment C)
  - To be used only if the responder used an agency vehicle to drive to COUNTY A.
- Travel :
  - Receipts for coach airfare and tolls, if applicable.
  - Proof of actual mileage for employees to travel from their home or assigned work location (whichever is closest), to the COUNTY A assigned work location. Mileage will be reimbursed at the current federally approved mileage rate.
- Lodging:
  - Requests for lodging must be pre-approved in writing by COUNTY A.
  - Receipts for actual lodging expenses, including date of arrival and departure. The normal allowance for lodging is \$75.00 plus tax, per night, single, with receipt, or as otherwise pre-approved.
- Meals Receipts:
  - Meals incurred during deployment when not provided by COUNTY A
  - The County will normally reimburse up to \$50.00 per day, including tax and gratuity for three (3) meals. Alcoholic beverages are not reimbursable.
- Daily Time Sheets:
  - Provide copies of your agency's electronic time system report for the period of deployment

Signed MOA, forms, receipts, daily time sheets, etc., to be mailed to (name) at COUNTY A.



# Attachment C

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>FORCE ACCOUNT EQUIPMENT SUMMARY RECORD</b>		PAGE ____ OF ____	O.M.B. No. 1660-0017 Expires April 30, 2013											
APPLICANT	PA ID NO.	PROJECT NO.	DISASTER											
LOCATION/SITE	CATEGORY	PERIOD COVERING												
DESCRIPTION OF WORK PERFORMED														
TYPE OF EQUIPMENT <small>INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE</small>	EQUIPMENT CODE NUMBER	OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS				
			DATE								TOTAL HOURS	EQUIPMENT RATE	TOTAL COST	
			HOURS											
			HOURS											
			HOURS											
			HOURS											
			HOURS											
			HOURS											
			HOURS											
			HOURS											
<b>GRAND TOTAL</b>														
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													CERTIFIED _____ DATE _____	

\*Electronic FEMA forms are available at [www.fema.gov/forms](http://www.fema.gov/forms).