

DATA ENTRY SHEET

Fill out the highlighted areas only and it will fill in the additional forms

APPLICANT NAME
STATE DECLARATION/DISASTER NO.
MISSION/PROJECT/PW NO.
LOCATION/SITE
DESCRIPTION OF WORK PERFORMED
PERIOD COVERING

**COMPLETING THE DATA PAGE WILL AUTOMATICALLY POPULATE YOUR
SPREADSHEETS**

**IDAHO BUREAU OF HOMELAND SECURITY
DISASTER COST REIMBURSEMENT WORKBOOK**

To receive payment, complete and sign the documents specified below. If a form is not applicable, please enter N/A.

State Disaster Cost Claim

- o Section 3: Type of Claim. Choose type of claim being submitted.
- o Signature of certifying official needed for reimbursement.
- o Provide copies of purchasing policies (material versus contract purchases, sole source purchasing, preferred vendors' list, etc.)
- o Provide copies of memoranda of understanding, cooperative agreements, legal arrangements that impact project.

Request for Advance

- o If an emergency situation exists where an advance is necessary, you may request up to 50 percent of your cost claim.
- o Cost documentation to substantiate the advance must be submitted within 30 days from receipt of advance request.
- o Signature of certifying official needed for advance.

Force Account Labor (FAL)

- o Force Account Labor Record
- o Copies of timesheets
- o Copies of payroll records. Payroll record should include employee name, pay period dates, regular/overtime rate, and benefits
- o Benefit Rate Calculation sheet if claiming benefits
- o Provide copies of personnel policies related to salaried employees, comp time, overtime pay, etc.

Materials & Supplies

- o Material Summary Sheet
- o For purchased materials or supplies, copy of vendor invoice detailing supplies or materials used
- o If using existing inventory, document detailing supplies or materials used. Provide record of last purchase of materials to substantiate
- o Meeting expenses (i.e. food) . Receipts for expenses, meeting agenda to show date and time of meeting, and sign-in sheet to show number of attendees. Provide a copy of your jurisdiction's policies and procedures regarding meeting. For an example, see the state's travel policy: <http://www.sco.idaho.gov/web/sbe/sbeweb.nsf/pages/trvlpolicy.htm>
- o Meals: Meals are covered under state and local jurisdiction policies. For an example, see the State travel policy for eligibility
- o Finance record indicating expenses were paid (warrant or disbursement record)

Rented Equipment

- o Rented Equipment Record
- o Copy of invoice referencing daily and hourly cost of equipment actually used
- o Finance record indicating expenses were paid (warrant or disbursement record)

Contract Work

- o Contract Work Record
- o Copies of contract labor time sheets
- o Contract agreement with vendor. Submit copy of invoice detailing work performed and costs incurred.
- o Copies of contractor liability insurance, bonds, etc.
- o Finance record indicating contract was paid
- o Verification that possible contractor debarment checked. Printed copy of EPLS: <https://www.epls.gov/>
- o Finance record indicating expenses were paid (warrant or disbursement record)

Force Account Equipment (FAE)

Note: Equipment rates on the FEMA Force Account equipment rate sheet include operation, depreciation, fuel, and maintenance, but do not include

- o Force Account Equipment Summary Record
- o Equipment log to show equipment date and operator usage
- o Equipment list with specifications (i.e., capacity, horsepower, etc)
- o Equipment operator timesheet associating operator with each piece of equipment
- o Fuel claims: Description of equipment used, operator timesheet, receipt for fuel, and reason for equipment expense. Fuel may not be claimed if equipment rates are used for the same equipment.
- o Mileage: Description of equipment used, operator timesheet, receipt for fuel, and reason for expense. Mileage may not be claimed if equipment rates are claimed for the same equipment.

Fire Department Claims:

- o Copy of Resource Order or detail about WHO ordered them to fire
- o Copy of equipment rental agreement
- o Copy of emergency equipment shift ticket
- o Copy of fire timesheet for personnel or crew time reports
- o Daily timesheet for individual to show entire week of work
- o Copy of IDL rate sheet to verify equipment rates
- o Emergency equipment fuel and oil tickets
- o Vehicle inspection checklist
- o Check-in sheet (showing resource was checked in)
- o General message forms (indicates situations i.e. fire truck down for period of time or ordered somewhere for specific reason)
- o AD Wage Rates (if hired AD or casual hire) Assigns a certain rate to fire positions and equipment.
- o If claiming unoperated rates: In addition to the above:
 - o Copies of timesheets **and** payroll reports
 - o If union, need union rates, payroll, OT and comp time policy info

Donated Resources

- o Donated Resources (FAL, FAE, Materials, etc.) may be eligible but must be tracked as if paid and submitted on a separate work

STATE DISASTER COST CLAIM

1. Applicant Name: 0		2. Employer Identification Number:	
Address:		3. Type of Claim (Choose Type of Claim)	
Address:			
City, State, and ZIP Code:			
		1 Partial	
		2 Final	
4. State Declaration/Federal Disaster		0	
5. Mission Assignment/Project Agreement/PW#:		0	
6. COMPUTATION OF CLAIM REQUESTED			
		PERIOD COVERED BY THIS REQUEST	
		0	
		CLAIM	
Force Account Labor		\$0.00	
Force Account Equipment		\$0.00	
Rented Equipment		\$0.00	
Contract Services		\$0.00	
Materials & Supplies		\$0.00	
Direct Administrative Costs (Fed only)		\$0.00	
TOTAL CLAIM		\$0.00	
7. I certify that to the best of my knowledge and belief the data is correct and that all outlays were made in accordance with the grant conditions or other agreement and that this claim has not been previously requested.			
SIGNATURE OF AUTHORIZED CLAIMANT		DATE REQUEST SUBMITTED:	
TYPED OR PRINTED NAME AND TITLE		TELEPHONE (AREA CODE, NUMBER, EXTENSION)	

IDAHO BUREAU OF HOMELAND SECURITY

REQUEST FOR ADVANCE		For BHS Use Only	
		Approved by:	
		Approved Date:	
		Pay Request:	
1. Applicant Name:		2. State Declaration/Federal Disaster Number:	
0		0	
3. Employer Identification Number:		4. Period Covered by This Request:	
		FROM (month, day, year) TO (month, day, year)	
5. Recipient Organization		6. Payee <i>(Where check is to be sent)</i>	
Name:		Name:	
Street		Street:	
City, State, and ZIP Code:		City, State, and ZIP Code:	
7. COMPUTATION OF AMOUNT OF ADVANCE REQUESTED			
Mission Assignment/Project Agreement/PW#:	0	TOTAL	
Advance Requested			
8.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED:	
I certify that to the best of my knowledge and belief the data is correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.			
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE(AREA CODE, NUMBER, EXTENSION)	

FORCE ACCOUNT LABOR SUMMARY RECORD

Instructions

Force account is the term to refer to your own personnel and equipment. Keep the following points in mind when compiling force account labor information.

- * Record regular and overtime hours separately.
- * Record the benefits separately for regular and overtime hours. Most overtime hours include fewer benefits than regular hours.
- * Attach a Fringe Benefit Rate Sheet giving a breakdown of what is included in your benefits, by percentage e.g., social security, 15.2%; worker's compensation, 4.3%; insurance, 8.5%, etc. You can use an average rate if you have different benefit rates for different employees.

Complete the Record as Follows:

- * **Applicant Name:** Complete the "DATA" page and this information will prepopulate.
- * **Mission Assignment Number:** Complete the "DATA" page and this information will prepopulate.
- * **Disaster Number:** Complete the "DATA" page and this information will prepopulate.
- * **Employee Name:** Enter the names of each employee who worked on the project.
- * **Title/Occupation:** Enter the title or occupation of each employee who worked on the project.
- * **REG:** Enter the regular hours that each employee worked on the project.
- * **OT:** Enter overtime hours that each employee worked on the project. **REMINDER: Only overtime is eligible for reimbursement in state disasters. Record both regular and overtime hours, so that personnel hours can be compared with equipment use hours, if necessary.**
- * **Total HR:** Total the hours for each employee and enter the result in this block.
- * **Rate/Hr:** Enter each employee's hourly rate.
- * **Benefits/Hr:** Enter each employee's hourly benefit rate. There should be different percentages for benefits pertaining to regular and overtime wages.
- * **Total Rate/Hr:** Add the employee's hourly rate in the Rate/Hr block and the hourly benefits rate in the Benefits/Hr block and enter the result here.
- * **Total Cost:** Multiply the entries in the Total Hr and Total Rate/Hr blocks and enter the result here.
- * **Total Cost for Force Account Labor Regular Time:** Add the entries in the Total Cost, REG block for each employee and enter the results here.
- * **Total Cost for Force Account Labor Overtime:** Add the entries in the Total Cost, OT block for each employee and enter the results here.

**IDAHO BUREAU OF HOMELAND SECURITY
FORCE ACCOUNT LABOR RECORD**

APPLICANT NAME 0			DISASTER NO. 0			MISSION/PROJECT/PW# 0			PAGE OF					
LOCATION/SITE 0						PERIOD COVERING 0								
DESCRIPTION OF WORK PERFORMED 0														
	Federal/State/ Dedicated (F/S/D) Employee	Use Actual Calendar Weeks , Do Not Mix Dates Regardless of Pay Periods.							Costs					
		DATE	Dates and Hours Worked Each Week							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
			SUN	MON	TUES	WED	THURS	FRI	SAT					
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
NAME		REG.										\$0.00	\$0.00	
JOB TITLE		O.T.										\$0.00	\$0.00	
TOTAL COST FOR FORCE ACCOUNT LABOR REGULAR TIME											\$0.00			
TOTAL COSTS FOR FORCE ACCOUNT LABOR OVERTIME											\$0.00			
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.														
CERTIFIED						TITLE			DATE					
PRINT NAME														

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD
Instructions

Force account is the term to refer to your own personnel and equipment.

Complete the Record as Follows:

- * **Applicant Name:** Complete the "DATA" page and this information will prepopulate.
- * **Mission Assignment Number:** Complete the "DATA" page and this information will prepopulate.
- * **Disaster Number:** Complete the "DATA" page and this information will prepopulate.
- * **Date:** Enter the dates for each day the project was worked on.
- * **Equipment Description:** Enter a brief description of the equipment, including the rated horsepower or capacity of the equipment. Be sure to include this information if you also use a trade name or common name to describe the equipment, e.g., Ditch Witch.
- * **Equipment Code Number:** See the Cost Code Worksheet for the correct equipment code.
- * **Operator:** Enter the equipment operator's name.
- * **Hours Used:** Enter the hours the equipment was used on the project.
- * **Cost/Hour:** Enter the hourly cost to use the equipment.
- * **Total Cost:** Multiply the number in the Hours Used block by the number in the Cost/Hour block and enter the result here.
- * **Total Cost for Force Account Equipment:** Add the numbers in the Total Cost blocks and enter the result here.

**IDAHO BUREAU OF HOMELAND SECURITY
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

APPLICANT 0		DISASTER NO. 0	MISSION/PROJECT/PW# 0					PAGE _____ OF _____					
LOCATION/SITE 0								PERIOD COVERING 0					
DESCRIPTION OF WORK PERFORMED 0													
Type of Equipment		OPERATOR'S NAME (Do Not Group Operators Together, List Separately)	Use Actual Calendar Weeks , Do Not Mix Dates Regardless of Pay Periods Or Dates Used.							Costs			
			Dates and Hours Used Each Day										
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	Cost Code (From FEMA Rate Sheet)		DATE	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			Hours								0.0		\$0.00
			Hours								0.0		\$0.00
			Hours								0.0		\$0.00
			Hours								0.0		\$0.00
			Hours								0.0		\$0.00
			Hours								0.0		\$0.00
			Hours								0.0		\$0.00
GRAND TOTAL											0.0		\$0.00
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													
CERTIFIED		TITLE								DATE			
PRINT NAME													

FRINGE BENEFIT RATE SHEET INSTRUCTIONS

Fringe Benefit Calculations

Fringe benefits for force account labor is eligible. Except in extremely unusual cases, fringe benefits for overtime will be significantly less than regular time.

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 holiays)/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.

Note: 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.

Sample Rates

Although some rates may differ greatly between organizations due to their particular experiences, the table below provides some general guidelines that can be used as a reasonableness test to review submitted claims. These rates are based on experience in developing fringe rates for several state departments, the default rate is that used for the state of Florida, following Hurricane Andrew (August 1992), and the review of several FEMA claims. The rates presented are determined using the gross wage method applicable to the personnel hourly rate (PHR) method. The net available hours method would result in higher rates.

Paid Fringe Benefits

HCA Matching	7.65%	(or slightly less)
Retirement--Regular	17.00%	(or less)
Retirement--Special Risk	25.00%	(or slightly more)
Health Insurance	12.00%	(or less)
Life & Disability Insurance	1.00%	(or less)
Worker's Compensation	3.00%	(or less)
Unemployment Insurance	0.25%	(or less)

Leave Fringe Benefits

Accrued Annual Leave	7.00%	(or less)
Sick Leave	4.00%	(or less)
Administrative Leave	0.50%	(or less)
Holiday Leave	4.00%	(or less)
Compensatory Leave	2.00%	(or less)

Rates outside of these ranges are possible, but should be justified during the validation process.

MATERIAL RECORD SUMMARY INSTRUCTIONS
Instructions

This form is used to record the costs of supplies and materials purchased in response to the disaster or used to repair damages caused by the disaster.

Complete the Record as Follows:

- * **Applicant Name:** Complete the "DATA" page and this information will prepopulate.
- * **Mission Assignment Number:** Complete the "DATA" page and this information will prepopulate.
- * **Disaster Number:** Complete the "DATA" page and this information will prepopulate.
- * **Invoice Number:** Enter the invoice number.
- * **Date:** Enter the date on the invoice.
- * **Vendor:** Enter the name of the supplier if the material was bought specifically as a result of the disaster.
- * **Description:** Enter a brief description of the supplies or materials used or purchased.
- * **Invoice Total:** Enter the total cost listed on the invoice.
- * **Total Cost for Material:** Add the numbers in the Invoice Total block and enter the result here.

RENTED EQUIPMENT SUMMARY RECORD

Instructions

This form is used to record the costs of equipment that you had to rent or lease to respond to the disaster or to be used in making repairs to damages caused by the disaster.

Complete the Record as Follows:

- * **Applicant Name:** Complete the "DATA" page and this information will prepopulate.
- * **Mission Assignment Number:** Complete the "DATA" page and this information will prepopulate.
- * **Disaster Number:** Complete the "DATA" page and this information will prepopulate.
- * **Date:** Enter the dates for each day the project was worked on.
- * **Company:** Enter the name of the company that rented or leased the equipment to you.
- * **Equipment Description:** Enter a brief description of the equipment that you leased or rented.
- * **Hours Used:** Enter the number of hours that the equipment was used on the project.
- * **Cost/Hour:** Enter the hourly rental or lease cost of the equipment. Indicate if the equipment was rented on a daily, weekly, or monthly rate, instead of an hourly rate. **NOTE: Determine that the rental rate is fair and reasonable and has not been raised to an unacceptable rate because of the disaster.**
- * **Total Cost:** Enter the usage cost based on the renter's agreement.
- * **Total Cost for Rented Equipment:** Add the numbers in the Total Cost blocks and enter the result here.

IDAHO BUREAU OF HOMELAND SECURITY
RENTED EQUIPMENT

APPLICANT 0	DISASTER NO. 0	MISSION/PROJECT/PW# 0	PAGE _____ OF _____
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LOCATION/SITE 0	PERIOD COVERING 0
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DESCRIPTION OF WORK PERFORMED
0

TYPE OF EQUIPMENT <small>Indicate size, Capacity, Horsepower, Make and Models as Appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.	
		W/OPR	W/OUT OPR						
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
				\$0.00					
GRAND TOTAL							\$0.00		

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
PRINT NAME		

CONTRACT WORK SUMMARY RECORD

Instructions

This form is used to record the costs of contracts that you awarded to respond to the disaster or to make repairs to damages caused by the disaster.

Complete the Record as Follows:

- * **Applicant Name:** Complete the "DATA" page and this information will prepopulate..
- * **Mission Assignment Number:** Complete the "DATA" page and this information will prepopulate.
- * **Disaster Number:** Complete the "DATA" page and this information will prepopulate.
- * **Invoice Number:** Enter the invoice number.
- * **Date:** Enter the date on the invoice.
- * **Contractor:** Enter the name of the contractor receiving the contract.
- * **Description of Work:** Enter the brief description of the work being performed.
- * **Invoice Cost:** Enter the total dollar figure listed on the invoice for that site.
- * **Total Cost for Contract Service (includes contract labor):** Add the numbers in the Invoice Cost column and enter the result here.

**IDAHO BUREAU OF HOMELAND SECURITY
CONTRACT WORK RECORD**

APPLICANT 0	DISASTER NO. 0	MISSION/PROJECT/PW# 0	PAGE <u>1</u> OF _____
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LOCATION/SITE 0	PERIOD COVERING 0
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DESCRIPTION OF WORK PERFORMED 0
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DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS - SCOPE
			\$0.00	
GRAND TOTAL			→	\$0.00

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
PRINT NAME		