



Statewide Mutual Aid
Committee



Statewide Mutual Aid Operations Manual

**Revised
December 2008**

This document updates and supersedes
all previous editions.

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THE STATEWIDE MUTUAL AID COMMITTEE

The SMA Operations Manual was developed by the SMA Committee which consists of the following representatives from the following agencies and organizations:

Selby C. Jacobs, Chairman	Virginia Fire Chiefs Association
Zack Adams	Virginia Tech
Lisa Barker	Local Government Attorneys of Virginia
Jason Campbell	Virginia Municipal League (Amherst)
Jim Campbell	Virginia Association of Counties
Art Carroll	Virginia Voluntary Organizations Active in Disaster
Eddie Carter	Virginia State Fire Fighters Association (Staunton)
Dreama Chandler	Virginia Association of Volunteer Rescue Squads
Ted Costin	Virginia Department of Emergency Management
Ken Crumpler	Virginia Department of Health (EMS)
Stephen T. Eilert	Virginia Association of Chiefs of Police
Kenny Hayes	Virginia Department of Emergency Management
Cathie Hutchins	Virginia Office of the Attorney General
John W. Jones	Virginia Sheriffs Association
Bob Koester	Virginia Search and Rescue Council
Steve Kopczynski	Virginia Fire Chiefs Association
Paul Logan	Virginia Hazardous Materials Association
Larry McAndrews	Virginia Department of Fire Programs
Joe Mellender	Virginia Emergency Management Association
Michael Mohler	Virginia Professional Fire Fighters
Don Morton	Virginia Department of Forestry (Retired)
Larry Mullendore	Virginia Commonwealth University
William C. Porter	Virginia Municipal League (James County)
Tedd E. Povar	Virginia Institute of Government
Donald Rodgers	Federal Chiefs and Officers (VFCA)
Capt. Beth Simonds	University of Richmond
Patricia Snead	Virginia Department of Social Services
Richard Thomas	Virginia Department of Forestry
Charles Werner	Virginia Fire Chiefs Association

This Committee will continue to promote Statewide Mutual Aid and will continue to provide policy-making guidance as needed. Operational Guidance & Management will be provided by the Virginia Department of Emergency Management.

STATEWIDE MUTUAL AID PROGRAM (SMA)

Purpose

The Statewide Mutual Aid (SMA) program was developed to assist Agencies and the Virginia Department of Emergency Management (VDEM) (as used in this document; Agency includes “political subdivision” as defined in Virginia Code § 44-146.16) to more effectively and efficiently exchange services and resources in response to declared disasters and emergencies. SMA is a Local and State government program established in partnership with the Commonwealth of Virginia. The program provides a framework for resolution of some interjurisdictional issues and for reimbursement for the cost of services. The program is supplemental to, and does not affect, day-to-day mutual aid agreements between Agencies. All types of Local and State resources may be requested or provided pursuant to this program. The SMA Operations Manual, of which this is a part, provides additional information and forms and is available from the Virginia Department of Emergency Management (VDEM) website: www.vaemergency.com. Title 44 of the Virginia Code governs aspects of this program and authorizes emergency declarations.

In this document Localities and the Virginia Department of Emergency Management shall be referred to “Agencies” or “Agency”, which ever may be applicable.

Concept of Operation

A. Mission of the Virginia Emergency Operations Center:

To coordinate, monitor, request assistance and assist with the Statewide Mutual Aid Program during response and recovery activities before, during and after an emergency event has occurred within the Commonwealth of Virginia. The SMA Coordinator will monitor the resource requests to ensure that they have been successfully filled and will be available for guidance as needed.

B. Responsibility of SMA Members:

SMA members will proactively monitor situations for the possibility of the need to implement SMA and, to the extent resources are available, will respond to requests and will support member Agencies impacted by the effects of an emergency or natural disaster in the Commonwealth as well as throughout the U.S. and its Territories.

C. Planning Assumptions:

1. All eligible Virginia Agencies have adopted the Statewide Mutual Aid for Emergency Management Model Authorizing Resolution (Appendix A), agreeing to provide assistance when requested, subject to availability of resources, and setting out general requirements and procedures. When a disaster or emergency is expected, or when it occurs, a Statewide Mutual Aid Event Agreement (Appendix B) is entered into by the parties, specifying the resources to be provided and the terms and conditions of the assistance, including predicted duration.

2. Participation in the SMA program requires that members comply with the provisions of the Resolution, including the following:

a. Insurance coverage: Each Agency including volunteer organizations providing services to the Agency and participating in SMA shall maintain automobile and liability insurance coverage with minimum limits of at least one million dollars and maintain appropriate equivalent self-insurance programs. Agencies shall provide workers compensation coverage for their own employees in conformance with State law. Agencies may provide workers compensation or accident coverage for their own volunteers in accordance with State law.

b. Responsibility for wages: Each Agency is responsible for payment of its own personnel.

c. Reimbursement and documentation: The Assisting Agency is required to bill the Requesting Agency for the cost of services and provide proper documentation for all cost incurred for reimbursement within 60 days of completion of the service provided. The Requesting Agency shall reimburse for all expenses within 60 days of receipt of proper documented cost from the Assisting Agency.

d. Support by the Virginia Department of Emergency Management (VDEM): VDEM will provide assistance and support to Agencies with requesting and receiving SMA, as needed.

D. Operational Objectives:

1. VDEM, in cooperation with Agencies, will develop a 24-hour contact capability so that Agencies can request assistance from each other using the Agency point-of-contact listing posted on the VDEM on-line Emergency Operations Center (EOC).

2. VDEM, in cooperation with Agencies, will develop a system for posting requests for assistance from Agencies to the VDEM website for review and support within the capability of other Agencies.

3. VDEM, in cooperation with Agencies, will develop an on-line reporting system to post missions being supported by Agencies.

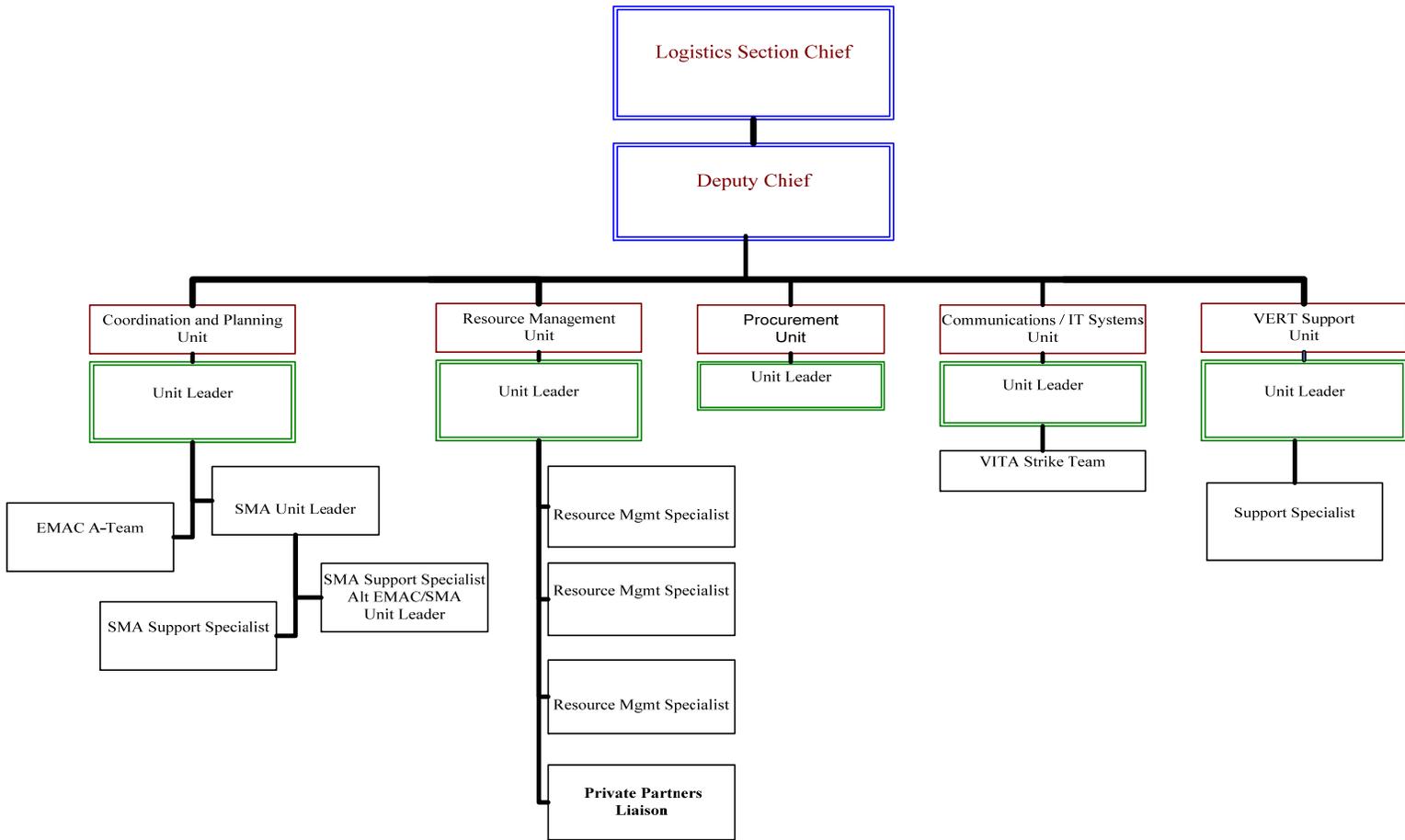
4. VDEM, in cooperation with Agencies, will develop an After Action Review (AAR) format for reporting lessons learned and problem areas in need of corrective action.

5. VDEM, in cooperation with Agencies, will develop and maintain a 24-hour operational readiness capability at VDEM to support Agencies with the SMA program as needed.

Organization:

1. As depicted in Figure 1 below, the Logistics Section has responsibility for the SMA program when the Virginia Emergency Response Team (VERT) is activated. When the VERT is not activated, the SMA program is supported by the VDEM fulltime Resource Management Coordinator and/or the VDEM Logistics Chief.

Figure 1



2. The SMA section will provide Agencies guidance, assistance and advice on implementation of the program when resources are needed following a disaster or emergency. This support includes identifying the location of resources, coordination with other Agencies, completion of the SMA Event Agreement and reimbursement procedures.

Procedures

A. Request for SMA assistance may be received in the Virginia Emergency Operations Center (VEOC) through the WebEOC Crisis Management System at any time prior to and/or following a disaster or emergency event. The SMA section is a coordination team within the Logistics Branch that provides assistance with implementation of the SMA program when the Virginia Emergency Response Team (VERT) is activated. When the VERT is not activated the VEOC fulltime Resource Management Coordinator or the Logistics Chief will provide the same support to a SMA request as would be provided if the VERT was activated.

B. The VEOC monitors all-hazards events on a 24-hour basis and provides early warning/notification to key staff members and Agencies as needed. When appropriate, notification of possible implementation of the SMA program will be made to all Agencies in order for plans to be reviewed for providing possible support to impacted Agencies.

The SMA program can be accessed on the VEOC web site at www.vaemergency.com. The online VEOC is a protected web site that requires a VITA Pegasus Account. A VITA Pegasus Account can be requested by accessing the Online Emergency Operations Center (OEOC) Utilities. It can take several days before a login and password is issued. If you need any assistance please contact the VEOC at (804) 674-2400 or 1-800-468-8892 or by email at: kenny.hayes@vdem.virginia.gov.

C. The multipart SMA Event Agreement Form including Amendments to the original Agreement (See Appendix B) is the official form used by Agencies when requesting or providing assistance under this program. Each SMA deployment shall be officially implemented only with the completion of this form. Each part requires the signature of an official who has been pre-authorized by the Agency to coordinate assistance under SMA. A contact list of designees in each Agency is provided on the VEOC on-line EOC under Statewide Mutual Aid. Parts I and III shall have the signature of the Requesting Party's chief administrative official or designee. Part II shall have the signature of the chief administrative official of the Assisting Party or designee. An officially completed SMA Event Agreement form constitutes a contract between the Requesting Party and Assisting Party.

D. Substantial changes to the terms and conditions in the original SMA Event Agreement form during a deployment may require an Amendment to the original agreement. If this is required, the parties shall execute an Amendment to the proper Part of the Original SMA Agreement.

E. When a member Agency receives a request for assistance from another Agency, it shall:

1. Confirm the availability of the resources requested.
2. Notify its chief administrative official and emergency coordinator of the emergency declaration and the resources requested by the Requesting Party I, and request approval to provide assistance under the terms of SMA.
3. Respond telephonically within two hours upon receipt of the request, advising the Requesting Party the extent of assistance that can be provided. NOTE: The Assisting Party should not offer more than it can provide expeditiously so that other options, *i.e.*, resources from other Agencies, can be pursued.
4. Within 12 hours of receipt of Part I, complete and submit Part II of the

SMA Event Agreement form informing the Requesting Party of the specific assistance being offered and a cost estimate. (See Appendix B for the SMA Mission Cost Form) The signature of the Assisting Party's chief administrative official or designee is required. Completed/signed documents will be faxed between Agencies with originals filed for record.

F. During Part II of the SMA process, direct coordination between Requesting Party and Assisting Party program managers or other responsible parties is strongly encouraged. Each should have working knowledge of what is needed, what is going to be provided, and the terms of reimbursement. Such a discussion shall confirm the legitimacy of the request and the appropriateness of the response. The logistical arrangements, as listed below, for the reception of Assisting Party personnel in the Requesting Party's Agency shall be included in Part II.

1. Date/Time of arrival.
2. Address of "report to" location.
3. Point of contact to include name and telephone number.
4. Lodging arrangements. (Coordinated by requestor, direct bill to requestor, paid by responder, address of lodging location with telephone, etc.)
5. Duration of deployment. (Seven to fourteen days in addition to travel days)
6. Meals (Provided by requestor, direct bill to requestor, contracted, paid by responder, etc.)
7. Working Conditions associated with this deployment to include field conditions, safety concerns, special equipment that may be needed, etc.

G. Workers' Compensation Coverage. Each member political subdivision shall be responsible for its own actions and those of its employees and is responsible for complying with the Virginia Workers' Compensation Act. Coverage under this Act may be obtained:

1. By a policy with an insurance company licensed to do business in the Commonwealth of Virginia.
2. Being self-insured.
3. Being a member of a group self-insurance association.

H. Each local government may obtain accident insurance for any volunteer at the Agency's discretion. Workers' compensation coverage for certain volunteers (volunteer firefighters, volunteer lifesaving or volunteer rescue squad members, volunteer law enforcement chaplains, auxiliary or reserve police, auxiliary or reserve deputy sheriffs, volunteer emergency medical technicians, and members of volunteer search and rescue organizations) may be obtained by adding this exposure to the Agency's workers' compensation coverage.

I. Each member Agency shall obtain automobile liability coverage with a limit of at least \$1,000,000 combined single limit and a coverage symbol "1" extending coverage to owned, non-owned, and hired vehicles. The local government may include in the

emergency response, volunteer companies that have motor vehicles titled in the name of the volunteer company. It is the responsibility of the member Agency to determine if the volunteer company has automobile liability coverage.

J. General Liability, Public Officials Liability, and Law Enforcement Liability: To the extent permitted by law and without waiving sovereign immunity, each party to the agreement shall be responsible for any and all claims, demands, suits, actions, damages, and causes for action related to or arising out of or in any way connected with its own actions, and the actions of its personnel in providing mutual aid assistance rendered or performed pursuant to the terms and conditions of the agreement. Each member Agency shall obtain general, public official and law enforcement liability coverage with a limit of at least \$1,000,000 combined single limit.

K. The Requesting party's EOC shall monitor and assist personnel deployed under SMA, providing logistical and technical support as needed.

L. Deployed personnel shall be instructed to report to the Requesting Party's EOC upon arrival and departure. See Appendix B for Mobilization and Demobilization Forms to assist with tracking and coordination of deployed personnel.

M. A pre-deployment briefing shall be provided to persons being deployed by the Assisting party prior to their departure. The briefing shall include the working conditions and how to keep the records required for reimbursement. (See Appendix B for the SMA Mobilization Checklists.)

N. Prior to deployment, the requesting and assisting party shall agree, at least in general terms, to what services are to be provided and a cost estimate. (See Appendix B for SMA Mission Cost Estimate Form that will be used with the SMA Event Agreement to document initial cost estimate.)

O. Within 10 days of the return of deployed personnel or provision of other resources, the Assisting Party shall provide written notice to the Requesting Party of its intention to seek reimbursement. The Requesting Party shall officially acknowledge, in writing, receipt of each letter of notification and of its intent to reimburse the Assisting Party for expenses incurred.

P. The Assisting Party shall prepare and submit a reimbursement package within 60 days of the return of deployed personnel. This package shall consist of:

1. A cover letter that summarizes the assistance provided under SMA and officially requests reimbursement for expenses incurred.
2. The name and contact information of the finance officer responsible for the package shall be identified as the point-of-contact for additional information or clarification.
3. A copy of the official SMA Event Agreement form and any supplemental SMA Event Agreement forms, with authorizing signatures.
4. A single invoice listing services provided and the total cost. See Appendix B for the SMA Agency Reimbursement Form that will be used for this purpose.
5. All supporting documentation.

Q. The Requesting Party shall reimburse the Assisting Party in the form of one lump-sum payment for

all deployment-related costs. All such costs shall be documented in order to be eligible for reimbursement. See Appendix B for copies of SMA Cost Tracking Form and SMA Hourly Time Sheet to assist with tracking deployment cost. The Requesting Party shall be eligible for reimbursement of eligible costs from the Federal Emergency Management Agency (FEMA) and the Commonwealth only in accordance with applicable laws and regulations.

R. Reimbursement is based on the existing personnel and travel policies of the Assisting Parties. Costs may include regular and overtime labor, travel, lodging, and meals. Travel costs may be included, if all personnel are specified. Only actual and documented expenses may be claimed. Reimbursement is permitted for per diem costs; however, complimentary rooms, meals, and other services are not eligible. Per Diem expenses may be prorated accordingly. Reimbursement is permitted for the travel and per diem costs of volunteers. Separate documentation is required for each crewmember, including names; work performed, location of work, date and time of work. Photographs, a detailed narrative report and cost information, shall accompany requests for reimbursement for damaged equipment.

S. The Requesting and Assisting parties' finance officers will ensure reimbursement documents are maintained, as necessary, for auditing purposes if Federal or State reimbursement is sought. Individual, itemized receipts are required to ensure reimbursement of cost.

T. The Requesting and Assisting Parties, along with all deployed personnel, will be requested to complete and submit a SMA Response Survey Form found in Appendix B. Lessons learned during deployments are key to making improvements to the overall program which will benefit all SMA members.

U. The VEOC will post all SMA requests for member Agencies' review and support to the on-line EOC using the SMA Request Form. The SMA Mission Status Form will be used to track all SMA missions, number of personnel deployed and cost estimates. Both forms can be found in Appendix B.

V. Ongoing Responsibilities of SMA Agencies:

1. Inventory personnel and resources and assure that SMA program requirements are met, as part of emergency planning.

2. Incorporate SMA into existing plans and programs.

3. Attend SMA training when provided.

4. Monitor the SMA program web page at www.vaemergency.com/

5. Review this SMA Operations Manual, including any amendments and understand how to request or provide assistance to member Agencies.

6. Provide the VDEM Resource Management Coordinator the names and all contact information (including cellular telephone numbers, pagers and email addresses) of the Agency chief administrative official, alternate authorizing official, primary coordinating official and alternate coordinating official. See Appendix B for the Statewide Mutual Aid Contact form. Provide completed/updated SMA Contact forms via fax to the VEOC at (804) 674-2419, attention: Resource Management Coordinator or email to: kenny.hayes@vdem.virginia.gov.

7. Provide copies of all SMA documents to the VEOC Resource Management Coordinator for

reference as soon as possible after completion of the SMA mission.

8. Within 10 days after the return of all deployed personnel, provide SMA After Action Review (AAR) comments to the VEOC Resource Management Coordinator. See Appendix B for the SMA Response Survey Form.

Active support and participation of Agencies enhances local government self-sufficiency and improves statewide disaster preparedness.

Reference

Virginia Code § 44-146.16 and 44-146.20

APPENDIX A

Statewide Mutual Aid (SMA) for Emergency Management Model Authorizing Resolution

STATEWIDE MUTUAL AID FOR EMERGENCY MANAGEMENT

MODEL AUTHORIZING RESOLUTION

WHEREAS, the Commonwealth of Virginia Emergency Services and Disaster Law of 2000, (Title 44, Chapter 3.2 of the Virginia Code) authorizes the Commonwealth and its political subdivisions to provide emergency aid and assistance in the event of a major disaster; and

WHEREAS, the statutes also authorize the State Emergency Operations Center to coordinate the provision of any equipment, services, or facilities owned or organized by the Commonwealth or its political subdivisions for use in the affected area upon request of the duly constituted authority of the area; and

WHEREAS, this Resolution authorizes the request, provision, and receipt of interjurisdictional mutual aid in accordance with Title 44, Chapter 3.2 of the Code of Virginia among political subdivisions, other authorized entities and officers within the Commonwealth;

NOW, THEREFORE, the [governing body] resolves that the [political subdivision] shall have the authority to participate in the Statewide Mutual Aid Program in the event of emergency or disaster in accordance with the following terms and conditions, which shall be in the nature of a compact and agreement among participating entities which have adopted similar executive orders, ordinances or resolutions. This Statewide Mutual Aid program may include requests for and provision of personnel, equipment, materials, and other forms of assistance, or any combination of assistance, to any entity within the Commonwealth, pursuant to the following terms and conditions:

SECTION 1. DEFINITIONS

- A. "EVENT AGREEMENT" -- a contract between two member political subdivisions entered into at the time of emergency in which the Assisting Party agrees to provide specified resources to the Requesting Party under the terms and conditions specified in the Agreement.
- B. "REQUESTING PARTY" -- the member political subdivision requesting aid in the event of an emergency or disaster and participating in the Statewide Mutual Aid Program pursuant to the terms and conditions of this Resolution.
- C. "ASSISTING PARTY" -- the member political subdivision furnishing equipment, services and/or manpower to the Requesting Party, and participating in the Statewide Mutual Aid Program ("the Program") pursuant to terms consistent with those in this Resolution.
- D. "AUTHORIZED REPRESENTATIVE" -- an officer or employee of a member political subdivision authorized in writing by that entity to request, offer, or provide assistance under the terms of this Resolution.
- E. "DEPARTMENT" -- the Department of Emergency Management.
- F. "EMERGENCY" -- any occurrence, or threat thereof, whether natural, or caused by man, in war or in peace, which results or may result in substantial injury or harm to the population, substantial

damage to or loss of property, or substantial harm to the environment.

- G. "DISASTER" -- any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a declaration of a state of emergency by the Governor or the President of the United States.
- H. "IMPLEMENTATION GUIDEBOOK" -- Guidance document promulgated by the Department to assist member political subdivisions with Statewide mutual aid activities, to provide procedures and minimum standards for participation, and to provide for compliance with state and federal reimbursement requirements.
- I. "MAJOR DISASTER" -- a disaster which is likely to clearly exceed local capabilities and require a broad range of state and federal assistance.
- J. "MEMBER POLITICAL SUBDIVISION" -- any political subdivision or authorized officer or agency within the Commonwealth of Virginia which maintains its own emergency services organization and plan and which enacts an ordinance or resolution or promulgates an executive order with terms substantially similar to those set out in this Resolution, authorizing Statewide Mutual Aid pursuant to Title 44 of the Virginia Code.
- K. "STATE EOC" -- the Virginia Emergency Operations Center from which assistance to Agencies is coordinated when local emergency response and recovery resources require supplementation. This facility is operated by the Virginia Department of Emergency Management.

SECTION 2. PROCEDURES FOR PROVISION OF MUTUAL AID

When a member political subdivision either becomes affected by, or is under imminent threat of an emergency or disaster and, as a result, has officially declared an emergency, it may request emergency-related mutual aid assistance by: (1) submitting a Request for Assistance to an Assisting Party or to the State EOC, or (2) orally communicating a request for mutual aid assistance to an Assisting Party or to the State EOC, followed as soon as practicable by written confirmation of the request. Mutual aid shall not be requested by a member political subdivision unless resources available within the stricken area are deemed to be inadequate. All requests for mutual aid must be transmitted by the Authorized Representative of the member political subdivision or the Director of Emergency Management. No member political subdivision shall be required to provide mutual aid unless it determines that it has sufficient resources to do so.

- A. REQUESTS DIRECTLY TO ASSISTING PARTY: The Requesting Party may directly contact the Authorized Representative of the Assisting Party and provide the information in the Request Form prescribed in the SMA Implementation Guidebook. Each Assisting Party must communicate directly with the Requesting Party in order to execute an Event Agreement. The Requesting Party shall be responsible for keeping the State EOC advised of the status of mutual aid activities.
- B. REQUESTS ROUTED THROUGH, OR ORIGINATING FROM THE STATE EOC: The Requesting Party may directly contact the State EOC, in which case it shall provide the information in the Request Form in the SMA Implementation Guidebook. The State EOC may then contact other member political subdivisions on behalf of the Requesting Party. Once identified, each Assisting Party must communicate directly with the Requesting Party in order to execute an Event Agreement.

- C. **ASSESSMENT OF AVAILABILITY OF RESOURCES AND ABILITY TO RENDER ASSISTANCE:** When contacted by a Requesting Party, or by the State EOC on behalf of a Requesting Party, the Authorized Representative of any member political subdivision agrees to assess local resources to determine available personnel, equipment and other assistance.
- D. **SUPERVISION AND CONTROL:** When providing assistance under the terms of this Agreement, the personnel, equipment, and resources of any Assisting Party will be under the operational control of the Requesting Party, which shall advise supervisory personnel of the Assisting Party of work tasks, for assignment to personnel. Direct supervision and control of personnel, equipment and resources shall remain with the designated supervisory personnel of the Assisting Party. The designated supervisory personnel of the Assisting Party shall: maintain daily personnel time records, material records, and a log of equipment hours; be responsible for the operation and maintenance of the equipment and other resources furnished by the Assisting Party; and shall report work progress to the Requesting Party. The Assisting Party's personnel and other resources shall remain subject to recall by the Assisting Party at any time, subject to reasonable notice to the Requesting Party. At least twenty-four hour advance notification of intent to withdraw personnel or resources shall be provided to the Requesting Party unless such notice is not practicable, in which case such notice as is reasonable shall be provided.
- E. **FOOD, HOUSING, AND SELF-SUFFICIENCY:** Unless specifically instructed otherwise, the Requesting Party shall have the responsibility of providing food and housing for the personnel of the Assisting Party from the time of their arrival at the designated location to the time of their departure. However, Assisting Party personnel and equipment should be, to the greatest extent possible, self-sufficient while working in the emergency or disaster area. The Requesting Party may specify only self-sufficient personnel and resources in its request for assistance.
- F. **COMMUNICATIONS:** Unless specifically instructed otherwise, the Requesting Party shall have the responsibility for coordinating communications between the personnel of the Assisting Party and the Requesting Party. Assisting Party personnel should be prepared to furnish communications equipment sufficient to maintain communications among their respective operating units.
- G. **RIGHTS AND PRIVILEGES:** Whenever the officials, employees and volunteers of the Assisting Party are rendering aid pursuant to this Agreement, such persons shall have the powers, duties, rights, privileges, and immunities, and shall receive the compensation, incidental to their employment or position.
- H. **TERM OF DEPLOYMENT:** The initial duration of a request for assistance is normally seven days and may be extended, if necessary, in seven day increments. However, the duration may be shorter or longer as reflected in the Event Agreement.
- I. **SUMMARY REPORT:** Within ten days of the return of all personnel deployed under SMA, the Requesting Party will prepare a Summary Report of the event, and provide copies to each Assisting Party and to the Department. The Report shall be in a format prescribed by the Department and shall include a chronology of events and description of personnel, equipment and materials provided by one party to the other.

SECTION 3. REIMBURSABLE EXPENSES

The terms and conditions governing reimbursement for any assistance provided pursuant to this Resolution shall be in accordance with the following provisions, unless otherwise agreed upon by the Requesting and Assisting Parties and specified in the Event Agreement.

- A. **PERSONNEL:** During the period of assistance, the Assisting Party shall continue to pay its employees according to its then prevailing ordinances, rules, and regulations. The Requesting Party shall reimburse the Assisting Party for all direct and indirect payroll costs and expenses (including travel expenses, benefits, workers' compensation claims and expenses) incurred during the period of assistance, unless agreed to otherwise by the parties in the Event Agreement.
- B. **EQUIPMENT:** The Assisting Party shall be reimbursed by the Requesting Party for the use of its equipment during the period of assistance according to either a pre-established local or state hourly rate or according to the actual replacement, operation, and maintenance expenses incurred. For those instances in which some costs may be reimbursed by the Federal Emergency Management Agency, the eligible direct costs shall be determined in accordance with 44 CFR 206.228, or other regulations in effect at the time of the disaster. Each Party shall maintain its own equipment in safe and operational condition. At the request of the Assisting Party, fuels, miscellaneous supplies, and minor repairs may be provided by the Requesting Party, if practical. If the equipment charges are based on a pre-established local or state hourly rate, then these charges to the Requesting Party shall be reduced by the total value of the fuels, supplies, and repairs furnished by the Requesting Party and by the amount of any insurance proceeds received by the Assisting Party.
- C. **MATERIALS AND SUPPLIES:** The Assisting Party shall be reimbursed for all materials and supplies furnished by it and used or damaged during the period of assistance, except for the costs of equipment, fuel, maintenance materials, labor and supplies, which shall be included in the equipment rate established above, unless such damage is caused by gross negligence, or willful and wanton misconduct of the Assisting Party's personnel. The measure of reimbursement shall be determined in accordance with 44 CFR 206.228 or other regulations in effect at the time of the disaster. In the alternative, the Parties may agree that the Requesting Party will replace, with like kind and quality as determined by the Assisting Party, the materials and supplies used or damaged. If such an agreement is made, it shall be reduced to writing and transmitted to the Department.
- D. **RECORD KEEPING:** The Assisting Party shall maintain records and submit invoices for reimbursement by the Requesting Party in accordance with existing policies and practices. Requesting Party and Department finance personnel shall provide information, directions, and assistance for record keeping to Assisting Party personnel. Later, Department personnel will provide assistance to the Requesting Party in seeking federal and State reimbursement.
- E. **PAYMENT:** Unless otherwise mutually agreed, the Assisting Party shall bill the Requesting Party for all reimbursable expenses with an itemized statement as soon as practicable after the expenses are incurred, but not later than sixty (60) days following the period of assistance, unless the deadline for identifying damage is extended in accordance with applicable federal or State regulations. The Requesting Party shall pay the bill, or advise of any disputed items, not later than sixty (60) days following receipt of the statement, unless otherwise agreed upon.
- F. **WAIVER OF REIMBURSEMENT:** A member political subdivision may assume or donate, in whole or in part, the costs associated with any loss, damage, expense or use of personnel, equipment and resources provided.

SECTION 4. INSURANCE

- A. **WORKERS' COMPENSATION COVERAGE:** Each member political subdivision shall be responsible for its own actions and those of its employees and is responsible for complying with the Virginia Workers' Compensation Act.
- B. **AUTOMOBILE LIABILITY COVERAGE:** Each member political subdivision shall be responsible for its own actions and is responsible for complying with the Virginia motor vehicle financial responsibility laws. Member political subdivisions agree to obtain automobile liability coverage with a limit of at least \$1,000,000 combined single limit and coverage for owned, non-owned, and hired vehicles, or maintain a comparable self-insurance program. It is understood that the local government may include in the emergency response volunteer companies that have motor vehicles titled in the name of the volunteer company. It is the responsibility of each member political subdivision to determine if the volunteer company has automobile liability coverage as outlined in this section.
- C. **GENERAL LIABILITY, PUBLIC OFFICIALS LIABILITY, AND LAW ENFORCEMENT LIABILITY:** To the extent permitted by law and without waiving sovereign immunity, each member political subdivision shall be responsible for any and all claims, demands, suits, actions, damages, and causes for action related to or arising out of or in any way connected with its own actions, and the actions of its personnel in providing mutual aid assistance rendered or performed pursuant to the terms and conditions of this Resolution. Each member political subdivision agrees to obtain general liability, public official's liability and law enforcement liability, if applicable, with minimum single limits of no less than one million dollars, or maintain a comparable self-insurance program.

SECTION 5. ROLE OF THE DEPARTMENT OF EMERGENCY MANAGEMENT

The Department shall, during normal operations, provide staff support to political subdivisions, officers and authorized agencies, serve as the central depository for agreements, resolutions, ordinances and executive orders, maintain a current listing of member political subdivisions, and provide a copy of this listing to each on an annual basis. The State EOC shall, during emergency operations, (1) request mutual aid on behalf of a member political subdivision, under the circumstances identified in this Agreement, (2) keep a record of all Requests for Assistance and Acknowledgments, (3) report on the status of ongoing emergency or disaster-related mutual aid as appropriate, and assist participants in meeting all procedural and other requirements, including those pertaining to federal and State cost reimbursement.

SECTION 6. SEVERABILITY AND THE EFFECT ON OTHER AGREEMENTS

Should any portion, section, or subsection of this Resolution be held to be invalid by a court of competent jurisdiction, that fact shall not affect or invalidate any other portion, section or subsection; and the remaining portions of this Resolution shall remain in full force and effect without regard to the section, portion, or subsection or power invalidated. In the event that any parties to this Resolution have entered into other mutual aid agreements, those parties agree that said agreement will remain in effect unless in conflict with this Resolution in which case they are superseded by this Resolution for the purposes of provision of mutual aid pursuant to Title 44 of the Virginia Code. In the event that two or more member political subdivisions have not entered into another agreement, and the parties wish to engage in mutual aid, then the terms and conditions of this Resolution shall apply between those parties.

ADOPTED BY POLITICAL SUBDIVISION:

DATE: _____

I certify that the foregoing is an accurate copy of the Resolution/Ordinance adopted by the [governing body] on _____.

BY: _____

TITLE: _____

DATE: _____

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EMERGENCY MANAGEMENT**

ACKNOWLEDGED BY: _____, _____
(Name of Official) (Title)

DATE: _____

APPENDIX B

Statewide Mutual Aid (SMA) Forms

Listing of SMA Forms

Form Name

SMA Event Agreement with Amendments and Cost Estimations

SMA Deployment Checklist

SMA Mobilization Checklist

SMA Personnel Information Form

SMA Conference Call Checklist

SMA Demobilization Checklist

SMA Agency Reimbursement Form

SMA Contact Update Form

SMA Response Survey Form

SMA EVENT & MISSION AGREEMENT – PARTS 1 – 3 with AMENDMENTS

SECTION I: TO BE COMPLETED BY THE REQUESTING AGENCY

Event Name:		Requesting Agency:	
Date:		State WebEOC Mission #:	
Time:		SMA TN #:	
REQUEST Contact Name:			
Phone:		E-mail:	
Mission Type:		Pick Discipline:	
Mission Assignment:			
Resources Needed:			
Mobilization:			
Date Needed:		Time needed:	Pick hrs: hrs
Demobilization:			
Date Released:		Time needed:	Pick hrs: hrs
Deployment Considerations:			
Work Location/Facilities:	Pick One:		
Working Conditions	Pick One:		
Living Conditions	Pick One:		
Health & Safety Concerns:	Pick One:		
Safety Concerns/Remarks:			
Additional Conditions Comments:			
Requesting Agency Resource Coordination Contact:		Name/Title:	
Phone:		E-mail:	
		E-mail:	
Staging Area:		Location:	
Address 1:			
Address 2:			
City:	State:	Zip:	
Name of SMA Authorized Representative:			
Signature of SMA Authorized Representative with date:		Date:	

SECTION II: TO BE COMPLETED BY THE ASSISTING AGENCY

Record Amendment Number:						
<p>The SMA Authorized Signature below certifies that information contained herein is a mission amendment estimate to be accepted or declined by the SMA Requesting Agency.</p>						
Name of SMA Authorized Representative:						
Signature of SMA Authorized Representative with date:				Date:		
Date:				Time:		
Requesting Agency:				Assisting Agency:		
Event Name:				SMA WebEOC Mission #:		
Assisting Agency Mission #:				Requesting Agency Mission #:		
Assisting State Mission #:				Requesting State TN #:		
REQUEST Contact Name:						
Phone:				E-mail:		
Mission Type:					Pick Discipline:	
Mission Assignment:						
Resources Available:						
Agency Resource Point of Contact:						
Phone:				E-mail:		
Mobilization:						
Date Available:				Time needed:		Pick hrs: hrs
Demobilization:						
Date Released:				Time needed:		Pick hrs: hrs
COST ESTIMATE (details on subsequent pages):						
Total Cost Estimate:				Total Cost Estimate (Total from Excel sheet):		\$0.00
Total Travel Costs:					\$0.00	
# of fuel consuming equipment:					# of non-fuel consuming equipment:	
Travel Costs:						

Personal Vehicle:		Vehicle Rental/Fuel/Mileage:	
Governmental Vehicle Costs:		Air Travel:	
Meals/tips:		Lodging:	

Notes/Comments:

--

Total Equipment Costs:	\$0.00
-------------------------------	---------------

Equipment Costs (insert lines as needed):

	Description:	Cost:
1		
2		
3		
4		
5		

Total Commodity Costs:	\$0.00
-------------------------------	---------------

Commodity Costs (insert lines as needed):

	Description:	Cost:
1		
2		
3		
4		
5		

Total Other Costs:	\$0.00
---------------------------	---------------

Other Costs (insert lines as needed):

	Description:	Cost:
1		
2		
3		
4		
5		

SECTION III: TO BE COMPLETED BY THE REQUESTING AGENCY

Date:		Time:	
Requesting State:		Assisting Agency:	
Event Name:		SMA WebEOC #:	
Assisting Agency Mission #:		Requesting Agency Mission #:	
Mission Assignment			
<p>The SMA Authorized Signature below certifies that they have reviewed Section II submitted by the Assisting Agency and agree to the estimated mission costs and requirements. The mission is accepted.</p>			
Name of SMA Authorized Representative:			
Signature of SMA Authorized Representative with date:		Date:	
Date:		Time:	

AMENDMENT

SECTION I: TO BE COMPLETED BY THE REQUESTING AGENCY

Record Amendment Number:					
Event Name:		Requesting Agency:			
Date:		State WebEOC Mission #:			
Time:		Requesting Agency SMA Mission #:			
REQUEST Contact Name:					
Phone:		E-mail:			
Mission Type:			Pick Discipline:		
Mission Assignment:					
Resources Needed:					
Mobilization:					
Date Needed:		Time needed:		Pick hrs: hrs	
Demobilization:					
Date Released:		Time needed:		Pick hrs: hrs	
Deployment Considerations:					
Work Location/Facilities:			Pick One:		
Working Conditions			Pick One:		
Living Conditions			Pick One:		
Health & Safety Concerns:			Pick One:		
Safety Concerns/Remarks:					
Additional Conditions Comments:					
Requesting Agency Resource Coordination Contact:			Name/Title:		
Phone:		E-mail:			
		E-mail:			
Staging Area:			Location:		
Address 1:					
Address 2:					
City:		State:		Zip:	
Name of SMA Authorized Representative:					
Signature of SMA Authorized Representative with date:				Date:	

AMENDMENT

SECTION II: TO BE COMPLETED BY THE ASSISTING AGENCY

Record Amendment Number: _____

The SMA Authorized Signature below certifies that information contained herein is a mission amendment estimate to be accepted or declined by the SMA Requesting Agency.

Name of SMA Authorized Representative: _____

Signature of SMA Authorized Representative with date: _____

Date: _____

Date: _____

Time: _____

Requesting Agency: _____

Assisting Agency: _____

Event Name: _____

SMA WebEOC Mission #:

Assisting Agency Mission #:

Requesting Agency Mission #:

Assisting State Mission #:

Requesting State TN #:

REQUEST Contact Name: _____

Phone: _____

E-mail: _____

Mission Type: _____

Pick Discipline: _____

Mission Assignment: _____

Resources Available: _____

Agency Resource Point of Contact: _____

Phone: _____

E-mail: _____

Mobilization:

Date Available: _____

Time needed: _____

Pick hrs: _____

hrs

Demobilization:

Date Released: _____

Time needed: _____

Pick hrs: _____

hrs

COST ESTIMATE (details on subsequent pages):

Total Cost Estimate:

Total Cost Estimate (Total from Excel sheet):

\$0.00

Total Travel Costs:

\$0.00

of fuel consuming equipment: _____

of non-fuel consuming equipment: _____

Travel Costs:

Personal Vehicle:		Vehicle Rental/Fuel/Mileage:	
Governmental Vehicle Costs:		Air Travel:	
Meals/tips:		Lodging:	

Notes/Comments:

--

Total Equipment Costs:	\$0.00
-------------------------------	---------------

Equipment Costs (insert lines as needed):

	Description:	Cost:
1		
2		
3		
4		
5		

Total Commodity Costs:	\$0.00
-------------------------------	---------------

Commodity Costs (insert lines as needed):

	Description:	Cost:
1		
2		
3		
4		
5		

Total Other Costs:	\$0.00
---------------------------	---------------

Other Costs (insert lines as needed):

	Description:	Cost:
1		
2		
3		
4		

AMENDMENT

SECTION III: TO BE COMPLETED BY THE REQUESTING AGENCY

Record Amendment Number:			
Date:		Time:	
Requesting Agency:		Assisting Agency:	
Event Name:		SMA WebEOC Mission #:	
Assisting Agency Mission #:		Requesting Agency Mission #:	
Mission Assignment			
<p>The SMA Authorized Signature below certifies that they have reviewed Section II submitted by the Assisting Agency and agree to the estimated mission costs and requirements. The mission amendment is accepted.</p>			
Name of SMA Authorized Representative:			
Signature of SMA Authorized Representative with date:		Date:	
Date:		Time:	

SMA Deployment Checklist

Deployment Information	Personal Items (continued)
<ul style="list-style-type: none"> • Name of Requesting Agency • Reporting location 	<ul style="list-style-type: none"> • *Sun block
<ul style="list-style-type: none"> • Name/address/phone # of contact • Reporting date/time • Transportation arrangements • Resource request # • Lodging arrangements • Emergency contact # • Type of assignment • Duration of assignment 	<ul style="list-style-type: none"> • *Insect Repellant • *Food/Cooking Equipment • *Water/Water Purification Tablets • *First Aid Kit • *Gloves • *Small radio/batteries • *Detergent tabs • *2-3 rolls of quarters • *Hand Sanitizer • *Benadryl cream
Personal Items	
<ul style="list-style-type: none"> • Clothing (Appropriate for location and assignment, and enough for the duration of the deployment) • Agency apparel • Official ID • Toilet Kit/Shower Shoes/Towel/Washcloth/Toilet Paper/Liquid Soap • Foul-weather gear • Proper footwear • Cash/credit card for duration of deployment • Eyeglasses/contact lenses/Liquid Tears to flush eyes • Medications for duration of deployment • Notebook • Flashlight with batteries • Timesheet • *Safety glasses • *Hearing protection • *Hardhat • *Safety vest/Fix-a-Flat • *Small tent • *Cot/Ground pad/Air Mattress • *Sleeping bag/blanket/pillow 	Equipment/Supplies <ul style="list-style-type: none"> • Laptop computer with fax capability/internet accessible • Printer (optional) • Agency cellular phone with charger/extra battery/Satellite phone • Agency pager with extra batteries (nationwide and/or local) • Calculator • Pens/pencils/stapler/hole-punch/file folders/paper clips • Notepads • Computer supplies • SMA Operations Manual • SMA Forms <ul style="list-style-type: none"> - Deployment Checklist - Conference call checklist - Mobilization Checklist - Deployed Personnel Tracker - Personnel Information Form - Demobilization Checklist - Cost Tracking - Hourly Time Sheet - Response Survey Form

* Optional personal items

SMA Deployment Checklist
August 2006

SMA MOBILIZATION CHECKLIST

Incident Name/Mission Number: _____

Your SMA mission is _____

You are being deployed to (Agency/City Name) _____

The address is _____

You are to report to _____

Your scheduled reporting time/date is _____

Expected duration of assignment _____

Expected operating environment, communication protocol, assignment details _____

Before Deployment:

- Obtain situational briefing from SMA Coordinator and required information from the EOC Supervisor (Assisting Agency).
- Obtain travel information from the SMA Coordinator. (Assisting Agency)
- Prepare go-kit for specific assignment. (Inventory the SMA Go-Kit and sign accountability document if necessary).
- Notify State Emergency Operations Officer of the destination and expected function. Provide a cell phone or other contact numbers if known.
- Perform communications check with **all** assigned communications equipment prior to departure.
- Obtain location and persons to contact at the assigned destination and notify the State Emergency Operations Officer of this information.
- Insure all expenditure accountability documents are understood and identified before departure.

Upon Arrival at Deployment Location:

- Notify Agency Point of Contact (Name) of your arrival at point of assignment and obtain mission briefing. Provide personal contact information for home station in case of emergency.
- Notify home Agency EOC Supervisor and State Emergency Operations Officer of your arrival at the point of assignment and provide an estimated date of departure and arrival back to home station.
- Perform communications check and confirm contact numbers with home station.
- Report to your work area supervisor.

- Plan for continued operations, establish work shift to support the operations and report required information and input to other team members. (Team Leader needs to complete this action for team deployments.)
- Maintain contact with team members to keep them informed of location, mission, and contact information. Establish reporting schedule. (Team Leader action.)
- Team members will fill out Personnel Resource Information Sheet and provide to Team Leader or Agency EOC point of contact.

Team Member Specific Checklist Items:

- Notify your home office of your arrival at the point of assignment. Perform communications check and confirm contact numbers.
- Check in with requesting Agency POC (i.e. SMA Authorized Representative or Designated Contact) and obtain specific information pertaining to the resources currently needed.
- Attend Agency operations briefings.
- Establish computer interface within Agency EOC.
- Access SMA Website and broadcast messages for requests and daily Situation Reports as needed.
- Obtain latest press releases.
- Obtain and read the daily Action Plan and Situation Reports.
- Attend Incident Action Plan meetings.
- Participate in conference calls as scheduled.
- Plan for continued operations, establish work shift, and ensure that your schedule is posted at your assigned workstation.
- Maintain contact every other day with deployed SMA assets within your Area of Operations. Transfer the data from the SMA Personnel Information Form onto the SMA Deployed Personnel Tracker for this purpose.
- Inform the State EOC on a daily basis of affected locations, requested missions, and updated contact information.
- Inform assisting Agencies on a regularly scheduled basis of personnel status and update contact information as needed.
- As your assignment comes to an end, follow Demobilization Procedure Checklist.

**Statewide Mutual Aid (SMA)
PERSONNEL INFORMATION FORM (PIF)**

Please contact the Agency EOC when you arrive at your work site & provide the information requested on this Personal Information Form (PIF).

Team Leader _____
(To be provided prior to deployment)

Team Phone Number _____
(To be provided prior to deployment)

Team FAX Number _____
(To be provided prior to deployment)

The following information will be used to track your deployment and allow the EOC to contact you and assist you throughout your mobilization. Thank you.

Your Name: _____ Agency _____

Position/Function: _____

Work Site Phone: _____ Work Site Fax: _____

Alternate Work phone: _____ Cell Phone: _____

Work Site Location: _____

City _____ State _____

Work Schedule: _____ Work Hours _____
(M-F / M-Sa / M-Su)

Lodging: _____ Telephone No. _____
(Hotel/etc.)

Number of persons on your team _____

Name of your Team Leader _____

Other personal information you want the EOC to know _____

SMA DEMOBILIZATION CHECKLIST

General Information

- The SMA Team Leader will facilitate all SMA resource releases from an incident after obtaining concurrence from the Requesting Agency point of contact.
- The SMA Team Leader will coordinate release from the Requesting Agency with the Assisting Agency EOC.
- Resources will be released after the agreed upon tour of duty, or at such time that the Requesting Agency Emergency Operations Center (EOC) determines a resource is surplus to current missions.
- Demobilization activities will be coordinated with the VEOC and SMA team members as needed.
- No resource or SMA team will demobilize until authorized to do so by the Requesting Agency.

General guidelines applying to SMA resources before leaving the Requesting Agency:

- No resource will be released without the approval of the Requesting Agency EOC point of contact.
- No personnel resources will be released without having a minimum of eight (8) hours off for R&R, unless specifically approved in advance by the SMA Team Leader or Requesting Agency point of contact.
- All resources must be able to return to their home duty station prior to 2200 (10:00PM) unless specifically approved in advance.
- The SMA Team Leader will attempt to debrief all personnel assigned to the incident prior to departure. The debriefing will include:
 - Confirmation of travel arrangements.
 - Review of individual responsibilities for demobilization.
 - Insurance any issued equipment for the incident is returned and all documentation is completed and submitted as required.

Common Responsibilities

- Safety of all personnel is paramount during demobilization.
- All personnel shall follow the procedures established in the SMA Operations Manual and set forth in this checklist.
- The SMA Personnel Demobilization Form and all other event required documents (i.e., ICS Form 221) should be used to demobilize personnel and redeploy back to their home duty station.

The SMA Team Leader shall:

- Approve demobilization plans.
- Ensure coordination and reporting of demobilization activities with Agency authorities and VEOC.
- Prepare and execute demobilization plan in coordination with Requesting Agency authorities.
- Submit proposed release of resources to Requesting Agency for approval.
- Debrief all SMA personnel prior to release.
- Use Personnel Demobilization Form and review other SMA documents (Personnel Information Form, Work Schedule Form, SMA Event Agreements, etc) to ensure all resources are accounted for and properly demobilized.

- Fully brief/debrief replacement SMA team members on the resources and SMA operations status.
- Provide final Situation Report to VEOC for posting on the SMA Website.
- Debrief Requesting Agency personnel, complete and submit all demobilization documents and turn SMA operations over to Requesting Agency.
- Gather copies of all hard copy and electronic SMA documents, mission records and ensure they are sent to The Virginia Department of Emergency Management, 10501 Trade Court, ATTN: EOC/Resource Management Coordinator, Richmond, VA 23236.

All Deployed Personnel and/or Resources shall:

- Make contact with the SMA Team Leader for debriefing and other demobilization instructions as necessary.
- Return any equipment checked out for use during deployment.
- Submit any documentation as needed or requested by SMA Team Leader and the Requesting Agency.
- Notify the SMA Team Leader, Requesting Agency and Assisting Agency of safe arrival at home station upon return.
- Complete and submit the SMA Response Survey Form as instructed on the form upon arrival at home station.

Statewide Mutual Aid (SMA) Agency Reimbursement Form

Event:

Submitted to the Requesting Agency of:	Date:
From City/County Department of:	Vendor No:
For Services Rendered Under State Mission No:	SMA Mission No:
Copies of Receipts and Payment Vouchers for Each Claim are attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personnel Costs:

Regular Time	<input style="width: 100%;" type="text"/>
Overtime	<input style="width: 100%;" type="text"/>
Employer Share of Fringe Benefits	<input style="width: 100%;" type="text"/>

Total Personnel Costs

Travel Costs

Air Travel	<input style="width: 100%;" type="text"/>
Auto Rental / Gas / Mileage	<input style="width: 100%;" type="text"/>
Lodging	<input style="width: 100%;" type="text"/>
Government Vehicle Costs	<input style="width: 100%;" type="text"/>
Meals / Tips	<input style="width: 100%;" type="text"/>

Total Travel Costs

Equipment Costs

Contractual Costs

Commodities

Other Costs (Explain in Remarks)

Grand Total

Remarks

Certified & Authorized By:	Signature:
Title:	Date:

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 in the SMA Event Agreement. 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.

Statewide Mutual Aid Contacts Update Form

County/City: _____

Chief Administrative Official: _____

(Title)

Name: _____

Address: _____

City/County: _____

State: **Virginia** Zip Code: _____

Phone: () Fax: ()

24-Hour Phone: ()
(Cellular, Dispatch Center, etc.)

Alternate Administrative Official: _____

(Title)

Name: _____

Address: _____

City/County: _____

State: **Virginia** Zip Code: _____

Phone: () Fax: ()

24-Hour Phone: ()
(Cellular, Dispatch Center, etc.)

Primary Coordinating Officer: _____

(Title)

Name: _____

Address: _____

City/County: _____

State: **Virginia** Zip Code: _____

Phone: () Fax: ()

24-Hour Phone: ()
(Cellular, Dispatch Center, etc.)

Alternate Coordinating Officer: _____
(Title)

Name: _____

Address: _____

City/County: _____

State: Virginia **Zip Code:** _____

Phone: () **Fax: ()**

24-Hour Phone: ()
(Cellular, Dispatch Center, etc.)

SMA Response Survey Form

Event Name: _____

Please complete and return this survey to the SMA Resource Management Coordinator c/o:

Virginia Department of Emergency Management
10501 Trade Court
ATTN: Resource Management Coordinator (EOC)
Richmond, VA 23236
Phone #: (804) 674-2400
Fax: (804) 674-2419
E-mail: kenny.hayes@vdem.virginia.gov

This response presented SMA partners with another opportunity to assist various Agencies impacted by an emergency situation. In order to improve future efficiency and quality of services we provide member Agencies, SMA would like to compile a list of "lessons learned" from this deployment. In addition to any After Action Reports you may have prepared, please take a few moments to respond to the questions in this survey.

Identify your assignment, dates of service, and work location:

Were your assignments and tasks made clear?

List your major accomplishments:

Identify any barriers or obstacles encountered in accomplishing your work:

What could SMA have done to facilitate your assignment?

What worked well in the SMA process?

What improvements are needed in the SMA process?

Can you identify any improvements in SMA logistics or support?

Were you adequately debriefed?

Since your return home, have you identified or experienced any symptoms you feel might require "Critical Incident Stress Management " (i.e., debriefing)?

APPENDIX C

Statewide Mutual Aid (SMA) Checklists

SMA Request Check List Agency to Agency

This checklist is to be used by an Agency when requesting Statewide Mutual Aid (SMA) assistance from another Agency.

- SMA Requesting Agency, in need of assistance, contacts SMA Assisting Agency and request assistance through SMA, identifying resource shortfalls.
- SMA Assisting Agency confirms the availability of the resources requested, determines if it can provide assistance to the SMA Requesting Agency.
- SMA Assisting Agency notifies its chief administrative official of the emergency declaration in the SMA Requesting Agency, resources requested, and request approval to provide assistance under the terms of SMA. Obtain approval.
- SMA Assisting Agency responds telephonically within two hours upon receipt of the request, advising the SMA Requesting Agency of the extent of assistance that can be provided. NOTE: The SMA Assisting Agency should not offer more than it can provide expeditiously so that other options, *i.e.*, resources from other Agencies, can be pursued.
- SMA Requesting Agency completes Part 1 of the SMA Event Agreement and submits to the SMA Assisting Agency with authorized representative signature via FAX.
- During completion of Part II of the SMA process, direct coordination between SMA Requesting Agency and SMA Assisting Agency program managers or other responsible parties is strongly encouraged. Each should have working knowledge of what is needed, what is going to be provided, and the terms of reimbursement. Such a discussion shall confirm the legitimacy of the request and the appropriateness of the response. The logistical arrangements, as listed below, for the reception of SMA Assisting Agency personnel in the SMA Requesting Agency shall be included in Part II. See SMA Deployment, Mobilization, Deployed Personnel Tracker and Personnel Information Forms in Appendix B to assist with deployment of SMA personnel.
 - Date/Time of arrival.
 - Address of report to location.
 - Point of contact to include name and telephone number.
 - Lodging arrangements. (Coordinated by requestor, direct bill to requestor, paid by responder, address to lodging location with telephone, etc.)
 - Duration of deployment. (Seven to fourteen days in addition to travel days)
 - Meals (Provided by requestor, direct bill to requestor, contracted, paid by responder, etc.)
- SMA Assisting Agency within 12 hours of receipt of Part I, complete and submit Part II of the SMA

Event Agreement form informing the SMA Requesting Agency of the specific assistance being offered and a cost estimate. (See Appendix B for the SMA Mission Cost Form) The signature of the SMA Assisting Agency chief administrative official or his authorized representative is required. Completed/signed documents will be faxed between Agencies with originals filed for record.

SMA Requesting Agency reviews completed Part II of the SMA Event Agreement from the SMA Assisting Agency. If the terms of assistance are agreeable the SMA Requesting Agency chief administrative official or his authorized representative will complete Part III, sign and fax the completed SMA Event Agreement to the SMA Assisting Agency for action.

NOTE: Once the SMA Event Agreement has been completed it becomes a binding contract between the two Agencies for goods and/or services.

The VEOC is available 24-hours a day to assist Agencies with SMA requests as needed.

VEOC telephone number is (804) 674-2400 or 1-800-468-8892. Ask for the Resource Management Coordinator or the Staff Duty Officer.

SMA Reimbursement Check List Agency to Agency

- Each SMA Assisting Agency shall request, and the SMA Requesting Agency shall provide, reimbursement in the form of one lump-sum payment.
- Within 10 days of the termination of assistance, the SMA Assisting Agency shall provide notification of an estimate of amounts due, to the SMA Requesting Agency. The notification shall, at a minimum, include a brief summary of the services provided, an estimated total amount to be requested.
- The SMA Requesting Agency shall acknowledge receipt of the letter of notification and give notice of the intent of the SMA Requesting Agency to reimburse the SMA Assisting Agency for expenses incurred, all in writing.
- Reimbursement is based on the actual costs of materials and on existing personnel and travel policies of the SMA Assisting Agency.
- Costs may include regular and overtime labor, travel, lodging and meals.
- Reimbursement is permitted for the travel and per diem costs of volunteers.
- Separate documentation is required for each employee or volunteer, including names, work performed, location of work, date and time of work.
- Requests for reimbursement for damaged equipment shall be accompanied by photographs, a detailed narrative report, and cost information.
- The SMA Assisting Agency shall prepare and submit an Agency Reimbursement package to the SMA Requesting Agency within 60 days of the date of termination of assistance. This package shall consist of:
 - A cover letter summarizing the assistance provided and requesting reimbursement for costs.
 - A copy of the SMA Event Agreement and any supplemental SMA Event Agreements.
 - A single invoice listing services provided and the total cost. See Appendix B for the Agency Reimbursement Form.
 - Copies of all supporting documentation.