
Ohio IMAC Operations Manual



Intrastate Mutual Aid Compact (IMAC)



**Ohio Emergency Management Agency
Emergency Management Association of Ohio**

September 2017
Version 1.4

Intentionally Left Blank



TABLE OF CONTENTS

Purpose and Scope.....	2
Section 1: Pre-Disaster Responsibilities	2
Section 2: Limitations	3
Section 3: Implementation Checklist.....	3
Requesting Entity responsibilities include:.....	3
Assisting Entity responsibilities include:.....	4
Section 4: Assistance Request Instructions	5
Section 5: Reimbursement	8
Section 6: Deployment Survey.....	10
Appendix A: Definitions.....	12
Appendix B: Ohio Revised Code § 5502.41. Intrastate mutual aid compact	13
Forms required during an IMAC deployment**	17
Appendix C: Assistance Request Form	19
Appendix D: Ohio IMAC Reimbursement Invoice Form	1
Optional Material/Forms to Assist in the IMAC Process**	2
Appendix E: Ohio IMAC Resource Request Information Sheet	3
Appendix F: Ohio IMAC Mission Information	4
Appendix G: Deployment Information Sheet	1
Appendix H: Force Account Labor Summary Record	5
Appendix I: Fringe Benefit Rate Sheet.....	6
Appendix J: Force Account Equipment Summary Record.....	7
Appendix K: Rented Equipment Summary Record	8
Appendix L: Materials Summary Record	9
Appendix M: Contract Work Summary Record.....	10

** Electronic version of Appendix C through M located at:

http://ema.ohio.gov/Plans_MutualAid.aspx

Purpose and Scope

The Ohio Intrastate Mutual Aid Compact (IMAC), Ohio Revised Code Section 5502.41, was enacted into law on December 23, 2002 and includes all political subdivisions as automatic partners in the statewide mutual aid system.

The purpose of IMAC is to establish an agreement, through legislation, for providing governmental services and resources across local boundaries in response to and recovery from any disaster resulting in a formal declaration of emergency.

Intrastate mutual aid has repeatedly proven beneficial to the citizens of this state. Mutual aid is a key component of the Department of Homeland Security's National Strategy and the National Incident Management System (NIMS).

This IMAC Operations Manual was jointly developed during a series of workgroup meetings between the Emergency Management Association of Ohio (EMAO) and the Ohio Emergency Management Agency (Ohio EMA) and aided by the Ohio Fire Chiefs' Association.

The manual's purpose is to describe the request for and receipt of mutual aid under IMAC. It will undergo revision as a result of feedback from After Action Reviews/Reports (AAR's) from actual incidents, disaster related exercises, testing and training.

The compact's scope includes:

- A structure for requesting and receiving disaster assistance from other participating political subdivisions
- Resolution of potential legal and administrative issues in advance of a disaster
- A tool to strengthen mutual aid resources across Ohio by strengthening local government's capacity to manage response to a disaster

Section 1: Pre-Disaster Responsibilities

Each local emergency management agency will have procedures or plans that:

- Create local jurisdiction specific standard operating guidelines consistent with this Ohio IMAC Operations Manual
- Identify hazards that potentially could affect the participating political subdivisions that they serve
- Identify persons who are Authorized Representatives. These persons should be able to sign legal documents obligating the political subdivision to provide or receive mutual aid
- ;
- Specify training and exercises for IMAC

- Identify and inventory the current services, equipment, supplies, personnel, and other resources related to the response and recovery activities of the political subdivisions
- Utilize the ICS as the standard procedure for incident management
- Describe a process for maintaining appropriate personnel, equipment and materials records
- Describe the reimbursement procedures

Ohio EMA pre-disaster responsibilities include:

- Maintain the Ohio IMAC Operations Manual.
- Consult and provide guidance to local EMA and other emergency response entities

Section 2: Limitations

A political subdivision's obligation to provide assistance in response to or recovery from a disaster is voluntary and subject to the following conditions:

- Requesting Entity must have declared a state of emergency at local and/or county level, or issued a request for aid/assistance
- Assisting Entity may withhold resources to the extent necessary to provide reasonable protection for its own jurisdiction
- Emergency response personnel, assets, and equipment of an Assisting Entity shall continue under their local government's authority, but shall be under the operational control of the appropriate officials within the incident management system of the Requesting Entity during deployment

Section 3: Implementation Checklist

Requesting Entity Responsibilities Include:

See [Section 5](#) for detailed information on the IMAC Process

- Declaration of an emergency or issuance of request prior to requesting assistance through IMAC
- Track and account for personnel, equipment and other associated IMAC expenditures and documenting the entire process beginning with the declaration or request through reimbursement. Personnel, equipment, etc. should be accurately tracked by Requesting Entity. It is recommended the Requesting Entity utilize the forms attached as Appendices G through K of this manual, however not required

- Identifying number of people needed, appropriate skill-sets, type/nomenclature, size and quantity of required equipment, estimated length of time assistance will be needed, place and time for staging of the assistance, and point of contact at staging location and reception area
- Utilizing the Assistance Request Form for requesting IMAC resources, with signatures of Authorized Representative ([Appendix C](#))
- Using the Ohio IMAC Resource Request Information Sheet ([Appendix E](#))
- Utilizing the Ohio IMAC Mission Information Log ([Appendix F](#))
- Managing communication flow regarding all facets of mobilization, response, recovery, demobilization, and reimbursement
- Participating in After Action Reviews and implementing corrective actions as applicable
- Forwarding recommendations for revising this IMAC Procedures Manual to the Ohio EMA and the EMAO

Assisting Entity Responsibilities Include:

See [Section 5](#) for detailed information on the IMAC Process

- Verifying the details of the request for assistance
- Documenting the entire process including personnel, equipment, etc. beginning with the request for resources. It is recommended the Assisting Entity utilize the forms attached as Appendices G through K of this manual, however, not required
 - Assisting Entity **shall** track and account for personnel, equipment and other associated IMAC expenditures for reimbursement
- Communicating available resources to the Requesting Entity
 - Assisting Entity may use IMAC Deployment Information Sheet ([Appendix G](#))
- Utilizing the Assistance Request Form ([Appendix C](#))
- Utilizing the Ohio IMAC Mission Information Log ([Appendix F](#))
- Managing communication flow regarding all facets of mobilization, response, recovery, demobilization, and reimbursement
- Utilize the IMAC Reimbursement Invoice Form ([Appendix D](#))
- Participating in After Action Reviews and implementing corrective actions as available

- Forwarding recommendations for revising the IMAC Procedures Manual to the Ohio EMA and the EMAO as possible

Section 4: Assistance Request Instructions

This is the process for executing the IMAC system by Requesting and Assisting Entities.

NOTE: Requests for assistance may be made verbally when an urgent response is needed. The requests shall be confirmed in writing within 72 hours using the Assistance Request Form.

NOTE: Any political subdivision may request IMAC assistance when the emergency management agency or Chief Elected Officer of the affected area: 1) has declared a State of Emergency; or 2) issues a request. Requests for assistance may be made verbally when an urgent response is needed. The requests shall be confirmed in writing within 72 hours using the assistance request form.

- Initial notification & activation of IMAC
 - The requesting County EMA Director confirms that a local declaration of emergency has been made
 - The requesting County EMA Director verifies needed assistance (personnel, equipment, commodities, etc.)
 - The requesting County EMA Director notifies Ohio EMA Watch Office that mutual aid may soon be requested through IMAC
 - The requesting County EMA Director may directly contact potential Assisting Entities to alert them that assistance may be requested
 - Potential Assisting Entities may use the IMAC Deployment Information Sheets ([Appendix E](#)) to determine ability to fulfill potential requests
- Sending Resource Requests
 - The County EMA Director of Requesting County should verify needed assistance (personnel, equipment, commodities, etc.)
 - Requesting Entity may utilize Resource Request Information Sheet ([Appendix E](#)) to document needs for IMAC System
 - When an Assisting Entity receives a request for assistance from an impacted area, the assisting County EMA Director shall:
 - Determine the availability of the resources being requested

- Respond to requesting county EMA Director to coordinate the offer if applicable.
- Procedures for Executing the Assistance Request Form for County EMA Director or designated Chief Executive of Requesting Entity ([Appendix C](#)):
 - IMAC allows for jurisdictions to request and provide assistance verbally or in writing. Verbal agreements made when an urgent response is needed must be confirmed in writing within 72 hours of the verbal request (ORC 5502.41 E)
 - To ensure that clear and concise information is communicated, the Assistance Request Form ([Appendix C](#)) shall be used to officially request assistance
 - The County EMA Director of the Requesting Entity completes Part I of the Assistance Request Form and transmits it to the County EMA Director of the Assisting Entity
 - Part I, completed by the entity requesting assistance, should include the following information on. Additional information should be included in Part IV (as described below)
 - Date and time of request
 - Name of Requesting Entity
 - Name and contact information for person coordinating the request
 - Name of the Authorized Representative
 - Description of incident requiring assistance
 - Description of resource/assistance needed
 - Staging area details and deployment conditions
 - Approximate length resource/assistance will be needed to include date/time resource/assistance should be released
 - Authorized Representative name
 - Authorized Representative signature
 - Title of official
 - Agency name
 - Mission number
 - The Assisting Entity should complete Part II of the Assistance Request Form and send back to the Requesting Entity promptly for consideration, rejection or acceptance (note: the assisting entity can choose to send personnel, equipment or supplies free of charge).
 - Part II, must contain:

- Name and contact information of the Assisting Entity contact person
- Specific information about the resources that are offered such as:
 - Type of resource being offered
 - Description of the skill sets possessed by personnel being offered
 - Description of equipment being offered, if applicable and special provisions required such as maintenance rates, replacement values, etc
 - Other special provisions by the Assisting Entity as needed
 - Date, time and time span the offered resources will be available
 - Name and location of the staging area where the requested resources will be deployed
- Total costs for regular & overtime pay for all deployed personnel beyond the first eight (8) hours (Use information gathered on the Deployment Information Sheet)
- Transportation travel costs to and from staging area for all deployed personnel:
 - Ground transportation expense for rental or government vehicles and/or POV mileage needed to perform the mission
 - Mileage or fuel costs for vehicles
 - Meals or per-diem expense for all personnel
 - Lodging or per-diem expenses
- If equipment is offered, include one of the items below, whichever of the to is lower:
 - Cost estimate based on hourly operating rate per local policy or
 - FEMA Equipment Schedule Rates (Rates are linked via http://ema.ohio.gov/Plans_MutualAid.aspx)
- Authorized Representative name, title, signature, and agency
- Date, time, mission number
- The Requesting Entity should review the Part II complete Part III of Assistance Request Form promptly and return it back to the County EMA Director of the Assisting Entity.

- If the services offered, for any reason, do not meet the needs desired by the Requesting Entity, the Requesting Entity can reject the offer by simply not executing Part III and notifying the Assisting Entity that the offer is rejected
 - By officially executing Part II and Part III of the Assistance Request Form, the Authorized Representatives from both the Assisting and Requesting Entities have entered into a contract to provide and to reimburse for services to be rendered under the Assistance Request Form as stipulated in Section J of ORC 5502.41
 - Direct coordination among the requesting and Assisting Entity is essential. All parties are encouraged to communicate directly during the fulfillment of the assistance request form process to ensure that a clear understanding of what is being requested and provided and the terms of the assistance provided are clearly understood by both parties
- Assistance Request Form Part IV: Miscellaneous items/other mission information may include information such as:
 - Specialized equipment/considerations needed to support the mission
 - Personnel protective equipment needed due to hazardous environment
 - Personal health protection needed, such as immunization or inoculation for certain diseases
 - Lodging & transportation provisions (come self-contained or will be provided by Requesting Entity)
 - Other information specifically related to the mission
 - Date and time assistance needed to begin mission
 - Name and location of staging area where assistance needed
 - Time span of entity's mission number
 - Requesting Entity's mission number
 - Signature of the Requesting Entity's Authorized Representative
 - Transmit the Assistance Request Form to Assisting Entities for action

Should the assistance provided or the terms and conditions change at any time through the course of the mission, or be extended for a longer time period, the Assistance Request Form should be amended and accepted by Authorized Representatives of both Requesting and Assisting entities.

Section 5: Reimbursement

The purpose of this section is to ensure appropriate reimbursement occurs. IMAC shall not be dependent on assistance from a state or federal financial assistance. Assisting entities may donate or assume partial or total costs associated with loss, damage or use of personnel, equipment and/or

resources provided via IMAC. Note that Ohio Revised Code prohibits reimbursement for the first eight (8) hours of assistance provided.

Requesting Entity Responsibilities:

- Coordinate requests for reimbursement from Assisting Entities through the County EMA or official designated by Chief Elected Official
- Maintain financial records in compliance with the State or local retention guidance
- Ensure a State of Emergency or request was issued by the political subdivision
- Maintain and make available all appropriate documentation to include but not limited to: a copy of the local declaration or request, a copy of the completed IMAC Assistance Request Form, IMAC Mission Information Log, IMAC Reimbursement Form, and all appropriate summary forms relative to personnel, equipment and material expenditures (Examples of acceptable reimbursement forms are located in this document as [Appendices G through L](#))
- Provide after action recommendations for the reimbursement process following an event

Assisting Entity Responsibilities:

- Using IMAC Reimbursement Procedures, seek reimbursement through the County EMA or the official designated by Chief Elected Official for expenses associated with resources provided via IMAC.
- Provide accurate and complete request for reimbursement to the County EMA or designee within 30 days from demobilization with information documented on the IMAC Reimbursement Form ([Appendix D](#))
- Maintain original documents that support request for reimbursement in accordance with applicable Record Retention guidance (Examples of acceptable reimbursement forms are located in this document as [Appendices G through L](#))
- Provide a written request for a time extension through the County EMA or the official designated by Chief Elected Official if a reimbursement request cannot be completed within the 30 day timeframe
- Provide recommended revisions for the reimbursement process following the completion of an After Action Review

State of Ohio Responsibilities:

- Provide technical assistance on IMAC forms and processes.

- Coordinate assisting jurisdictions linking up with requesting jurisdictions.

Reimbursement shall not:

- Be provided to those Assisting Entities that document the donation of their services or assume any costs while providing IMAC assistance
- Be available for costs incurred when mutual aid assistance has been provided to an entity that does not have a formal declaration of emergency or is participating in and exercise or training activity
- Be for costs associated with Worker Compensation claims or death benefits to injured Assisting Entity members
- Duplicate other payment and insurance proceeds
- Be provided for costs and expenses incurred that cannot be supported by documentation such as labor records and invoices for material and supplies
- Be provided to Assisting Entities that have self-deployed without a formal request from a Requesting Entity
- Be provided for the following examples (list is not all inclusive) of ineligible costs:
 - First eight (8) hours of assistance provided
 - The value of volunteer labor or paid labor that is provided at no cost
 - Pre-deployment and administration of IMAC resources
 - On-the-job training

The forms in the Appendices will be used to document costs and submit for reimbursement, as applicable, from the requesting jurisdiction.

Section 6: Deployment Survey

All deployments offer valuable information for improving the oversight, operations and application of the compact during disasters. Lessons learned, observed best practices, comments, and suggestions should be obtained from all deployed personnel upon demobilization. Feedback will be used to examine and improve all procedures and policies relative to the compact. This information will provide valuable information for After Action Reviews and should be forwarded to the Ohio Emergency Management Agency and the Emergency Management Association of Ohio. Possible survey questions include:

- Were assignments, tasks, anticipated support requirements and self-sufficiency instructions clarified prior to deployment?
- Were you provided a copy of the IMAC Procedures Manual, sufficient copies of the Appendices and a copy of the completed Assistance Request Form authorizing your mission and deployed Personnel Information Form?
- Were you provided a detailed current situation briefing and given instructions for your assignment upon arriving at the staging area?
- What were the major accomplishments of your assignment?
- What barriers or obstacles were encountered in accomplishing your work?
- Were you adequately debriefed prior to demobilization?
- What safety concerns or issues need to be addressed?
- What worked well in the IMAC process?
- What improvements are needed in the IMAC process?

Appendix A: Definitions

Assistance Request Form – Used to officially request assistance, offer assistance and accept assistance. The use of the single form streamlines the paperwork necessary to request and receive assistance from assisting entities. It is important to remember that when duly executed by Authorized Representative of both the Requesting and Assisting Entities, the Assistance Request Form becomes a legally binding agreement between Requesting and Assisting Entity under IMAC.

Assisting Entity – Any political subdivision that is providing an IMAC requested resource

Authorized Representative – Person designated by the chief executive of the participating political subdivision to obligate resources and expend funds on behalf of the jurisdiction

Chief Elected Official – Generally the Mayor, Township Trustee or County Commissioner of a city, township or county

Deployment Information Sheet – This sheet can be used by Assisting Entity to gather information needed to complete the Assistance Request Form

Ohio IMAC Mission Information Log – A log that may be used by resource coordinator/tracker to keep situational awareness information for a deployment, potential deployment or cancelled request

Ohio IMAC Resource Request Information Sheet – Form that may be used to convey resource request from a Requesting Entity to an Assisting Entity.

Reimbursement Form – The form used to summarize costs of all IMAC assistance requested and provided by the Requesting Entity. A single Reimbursement Form should be completed and submitted to the Requesting Entity by each Assisting Entity that provided assistance. All of the costs for providing assistance under the Assistance Request Form are totaled. Copies of receipts and payment vouchers are attached to the Reimbursement Form. Any additional forms, such as Appendix G through K, should be attached to the Reimbursement Form as well.

Requesting Entity -- Any participating political subdivision that has informally or formally requested IMAC assistance

Appendix B: Ohio Revised Code § 5502.41. Intrastate mutual aid compact

(A) As used in this section:

(1) "Chief executive of a participating political subdivision" means the elected chief executive of a participating political subdivision or, if the political subdivision does not have an elected chief executive, a member of the political subdivision's governing body or an employee of the political subdivision appointed by the governing body's members to be its representative for purposes of the intrastate mutual aid program created pursuant to this section.

(2) "Countywide emergency management agency" means a countywide emergency management agency established under section 5502.26 of the Revised Code.

(3) "Emergency" means any period during which the congress of the United States, a chief executive as defined in section 5502.21 of the Revised Code, or a chief executive of a participating political subdivision has declared or proclaimed that an emergency exists.

(4) "Participating political subdivision" means each political subdivision in this state except a political subdivision that enacts or adopts, by appropriate legislation, ordinance, resolution, rule, bylaw, or regulation signed by its chief executive, a decision not to participate in the intrastate mutual aid program created by this section and that provides a copy of the legislation, ordinance, resolution, rule, bylaw, or regulation to the state emergency management agency and to the countywide emergency management agency, regional authority for emergency management, or program for emergency management within the political subdivision.

(5) "Planned event" means a scheduled nonemergency activity as defined by the national incident management system adopted under section 5502.28 of the Revised Code as the state's standard procedure for incident management. "Planned event" includes, but is not limited to, a sporting event, concert, or parade.

(6) "Political subdivision" or "subdivision" has the same meaning as in section 2744.01 of the Revised Code and also includes a health district established under Chapter 3709. of the Revised Code.

(7) "Program for emergency management within a political subdivision" means a program for emergency management created by a political subdivision under section 5502.271 of the Revised Code.

(8) "Regional authority for emergency management" means a regional authority for emergency management established under section 5502.27 of the Revised Code.

(9) "Regional response team" means a group of persons from participating political subdivisions who provide mutual assistance or aid in preparation for, response to, or recovery from an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources. "Regional response team" includes, but is not limited to, an incident management team, hazardous materials response team, water rescue team, bomb team, or search and rescue team.

(B) There is hereby created the intrastate mutual aid program to be known as "the intrastate mutual aid compact" to complement existing mutual aid agreements. The program shall have two purposes:

(1) Provide for mutual assistance or aid among the participating political subdivisions for purposes of preparing for, responding to, and recovering from an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources;

(2) Establish a method by which a participating political subdivision may seek assistance or aid that resolves many of the common issues facing political subdivisions before, during, and after an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources, and that ensures, to the extent possible, eligibility for available state and federal disaster assistance or other funding.

(C) Each countywide emergency management agency, regional authority for emergency management, and program for emergency management within a political subdivision, in coordination with all departments, divisions, boards, commissions, agencies, and other instrumentalities within that political subdivision shall establish procedures or plans that, to the extent possible, accomplish both of the following:

(1) Identify hazards that potentially could affect the participating political subdivisions served by that agency, authority, or program;

(2) Identify and inventory the current services, equipment, supplies, personnel, and other resources related to the preparedness, response, and recovery activities of the participating political subdivisions served by that agency, authority, or program.

(D)

(1) The executive director of the state emergency management agency shall coordinate with the countywide emergency management agencies, regional authorities for emergency management, and programs for emergency management within a political subdivision in identifying and formulating appropriate procedures or plans to resolve resource shortfalls

(2) During and after the formulation of the procedures or plans to resolve resource shortfalls, there shall be ongoing consultation and coordination among the executive director of the state emergency management agency; the countywide emergency management agencies, regional authorities for emergency management, and programs for emergency management within a political subdivision and all departments, divisions, boards, commissions, agencies, and other instrumentalities of, and having emergency response functions within, each participating political subdivision, regarding this section, local procedures and plans, and the resolution of the resource shortfalls.

(E)

(1) A participating political subdivision that is impacted by an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources, may request mutual assistance or aid by doing either of the following:

(a) Declaring a state of emergency and issuing a request for assistance or aid from any other participating political subdivision;

(b) Issuing to another participating political subdivision a verbal or written request for assistance or aid. If the request is made verbally, a written confirmation of the request shall be made not later than seventy-two hours after the verbal request is made.

(2) Requests for assistance or aid made under division (E)(1) of this section shall be made through the emergency management agency of a participating political subdivision or an official designated by the chief executive of the participating political subdivision from which the assistance or aid is requested and shall provide the following information:

(a) A description of the incident, disaster, exercise, training activity, planned event, or emergency;

(b) A description of the assistance or aid needed;

(c) An estimate of the length of time the assistance or aid will be needed;

(d) The specific place and time for staging of the assistance or aid and a point of contact at that location.

(F) A participating political subdivision shall provide assistance or aid to another participating political subdivision that is impacted by an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources. The provision of the assistance or aid is subject to the following conditions:

(1)

The responding political subdivision may withhold resources necessary to provide for its own protection.

(2) Personnel of the responding political subdivision shall continue under their local command and control structure, but shall be under the operational control of the appropriate officials within the incident management system of the participating political subdivision receiving assistance or aid.

(3) Responding law enforcement officers acting pursuant to this section have the same authority to enforce the law as when acting within the territory of their regular employment.

(G)

(1) Nothing in this section shall do any of the following:

(a) Alter the duties and responsibilities of emergency response personnel;

(b) Prohibit a private company from participating in the provision of mutual assistance or aid pursuant to the compact created pursuant to this section if the participating political subdivision approves the participation and the contract with the private company allows for the participation;

(c) Prohibit employees of participating political subdivisions from responding to a request for mutual assistance or aid precipitated by an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources, when the employees are responding as part of a regional response team that is under the operational control of the incident command structure;

(d) Authorize employees of participating political subdivisions to respond to an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources, without a request from a participating political subdivision.

(2) This section does not preclude a participating political subdivision from entering into a mutual aid or other agreement with another political subdivision, and does not affect any other agreement to which a participating political subdivision may be a party, or any request for assistance or aid that may be made, under any other section of the Revised Code, including, but not limited to, any mutual aid arrangement under this chapter, any fire protection or emergency medical services contract under section 9.60 of the Revised Code, sheriffs' requests for assistance to preserve the public peace and protect persons and property under section 311.07 of the Revised Code, any agreement for mutual assistance or aid in police protection under section 737.04 of the Revised Code, any agreement for law enforcement services between universities and colleges and political subdivisions under section 3345.041 or 3345.21 of the Revised Code, and mutual aid agreements among emergency planning districts for hazardous substances or chemicals response under sections 3750.02 and 3750.03 of the Revised Code.

(H)

(1) Personnel of a responding participating political subdivision who suffer injury or death in the course of, and arising out of, their employment while rendering assistance or aid under this section to another participating political subdivision are entitled to all applicable benefits under Chapters 4121. and 4123. of the Revised Code.

(2) Personnel of a responding participating political subdivision shall be considered, while rendering assistance or aid under this section in another participating political subdivision, to be agents of the responding political subdivision for purposes of tort liability and immunity from tort liability under the law of this state.

(3)

(a) A responding participating political subdivision and the personnel of that political subdivision, while rendering assistance or aid under this section, or while in route to or from rendering assistance or aid under this section, in another participating political subdivision, shall be deemed to be exercising governmental functions as defined in section 2744.01 of the Revised Code, shall have the defenses to and immunities from civil liability provided in sections 2744.02 and 2744.03 of the Revised Code, and shall be entitled to all applicable limitations on recoverable damages under section 2744.05 of the Revised Code.

(b) A participating political subdivision requesting assistance or aid and the personnel of that political subdivision, while requesting or receiving assistance or aid under this section from any other participating political subdivision, shall be deemed to be exercising governmental functions as defined in section 2744.01 of the Revised Code, shall have the defenses to and immunities from civil liability provided in sections 2744.02 and 2744.03 of the Revised Code, and shall be entitled to all applicable limitations on recoverable damages under section 2744.05 of the Revised Code.

(I) If a person holds a license, certificate, or other permit issued by a participating political subdivision evidencing qualification in a professional, mechanical, or other skill, and if the assistance or aid of that person is asked for under this section by a participating political subdivision, the person shall be deemed to be licensed or certified in or permitted by the participating political subdivision receiving the assistance or aid to render the assistance or aid, subject to any limitations and conditions the chief executive of the participating political subdivision receiving the assistance or aid may prescribe by executive order or otherwise.

(J)

(1) Subject to division (K) of this section and except as provided in division (J)(2) of this section, any participating political subdivision rendering assistance or aid under this section in another participating political subdivision shall be reimbursed by the participating political subdivision receiving the assistance or aid for any loss or damage to, or expense incurred in the operation of, any equipment used in rendering the assistance or aid, for any expense incurred in the provision of any service used in rendering the assistance or aid, and for all other costs incurred in responding to the request for assistance or aid. To avoid duplication of payments, insurance proceeds available to cover any loss or damage to equipment of a participating political subdivision rendering assistance or aid shall be considered in the reimbursement by the participating political subdivision receiving the assistance or aid.

(2) A participating political subdivision rendering assistance or aid under this section to another participating political subdivision shall not be reimbursed for either of the following:

(a) The first eight hours of mutual assistance or aid it provides to the political subdivision receiving the assistance or aid;

(b) Expenses the participating political subdivision incurs under division (H)(1) of this section.

(K) A participating political subdivision rendering assistance or aid under this section may do any of the following:

(1) Assume, in whole or in part, any loss, damage, expense, or cost the political subdivision incurs in rendering the assistance or aid;

(2) Loan, without charge, any equipment, or donate any service, to the political subdivision receiving the assistance or aid;

(3) Enter into agreements with one or more other participating political subdivisions to establish different allocations of losses, damages, expenses, or costs among such political subdivisions.

Amended by 129th General Assembly File No.95, SB 243, §1, eff. 7/3/2012.

Effective Date: 12-23-2002; 04-14-200.

HISTORY: 149 v H 605. Eff 12-23-2002; 151 v S 9, § 1, eff. 4-14-06.

Forms required during an IMAC deployment:

Appendix C: Assistance Requisition Form

Appendix D: Ohio IMAC Reimbursement Invoice Form

Electronic versions of Appendix C and D located at http://ema.ohio.gov/Plans_MutualAid.aspx

Appendix C: Assistance Request Form

Ohio Interstate Mutual Aid Compact Assistance Request Form

Type or print all information except signatures.

Part I TO BE COMPLETED BY THE REQUESTING ENTITY

Dated:	Time: hrs	From the Entity of:	
Contact Person:		Telephone:	Fax:
To the Entity of:		Authorized Rep:	
Incident Requiring Assistance:			

Type Assistance/Resources Needed (for more space, attach Part IV):

Date & Time Resources Needed:	Staging Area:	
Approximate Date/Time Resources To Be Released:		
Authorized Official's Name:	Authorized Official's Signature:	
Title:	Agency:	Mission No:

Part II TO BE COMPLETED BY THE ASSISTING ENTITY

Contact Person:	Telephone:	Fax:
-----------------	------------	------

Type of Assistance Available: (Please use Part IV to fully note assistance and equipment to be provided)

Date & Time Resources Available From:	To
Staging Area Location:	
Approx. Total Cost of this Deployment for Which Reimbursement will be Requested: \$	

Ohio IMAC Operations Manual

Logistics Required from Requesting Entity
(for more space, attach Part IV):

Authorized Official's Name:		Title:
Authorized Official's Signature:		Agency:
Dated:	Time: hrs	Mission No:

Part III REQUESTING ENTITY'S APPROVAL

Authorized Official's Name:		Title:
Signature:		Agency:
Dated:	Time: hrs	Mission No:

Additional Information

Part IV. MISCELLANEOUS ITEMS / OTHER MISSION INFORMATION

*****ADDITIONAL INFORMATION*****

Requesting Entity: This part should be used for details of request; deployment including the conditions/meals/lodging/etc will be upon arrival

Assisting Entity: This part should be used for details of deployment including personnel names, equipment to be taken to field, and other particulars of deployment

Appendix D: Ohio IMAC Reimbursement Invoice Form

Event:

Submitted to the Requesting Entity of:

Date:

By the Assisting Entity of:

Form W-9 Enclosed: Yes No

For Services Specified in REQ-A Under the Requesting Entity Mission No:

Copies of Receipts and Payment Vouchers for Each Claim are attached:

Yes No

Personnel Costs:

Regular Time

Overtime

Employer Share of Fringe Benefits

Total Personnel Costs

Travel Costs

Air Travel

Auto Rental / Gas / Mileage

Lodging

Government Vehicle Costs

Meals / Tips

Total Travel Costs

Equipment Costs

Contractual Costs

Commodities

Other Costs (Explain in Remarks)

Grand Total

Remarks

Certified & Authorized By:

Signature:

Title:

Date:

The Authorized Representative of the Assisting Entity certifies that the totals for each category/claim are exact costs expended by the Assisting Entity to perform the services requested in the REQ-A. All additional supporting documentation not included with this claim will be maintained by the Assisting Entity for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting Entity authorized Representative named herein.

Optional Material/Forms to Assist in the IMAC Process

Appendix E: Ohio IMAC Resource Request Information Sheet

Appendix F: Ohio IMAC Mission Information

Appendix G: Deployment Information Sheet

Appendix H: Force Account Labor Summary Record

Appendix I: Fringe Benefit Rate Sheet

Appendix J: Force Account Equipment Summary Record

Appendix K: Rented Equipment Summary Record

Appendix L: Materials Summary Record

Appendix M: Contract Work Summary Record

Electronic versions of Appendix E to M located at http://ema.ohio.gov/Plans_MutualAid.aspx

Appendix E: Ohio IMAC Resource Request Information Sheet

Requesting Jurisdiction Broadcast Number and/or Mission No.	
Entities to receive broadcast (All, several or specific)	
Number of people needed	
Appropriate skill sets or professional credentials (EMT, CFM, Firefighter 2)	
Shift length of each person per day (10 hour day, seven days a week; 12 hour day, seven days a week; 24/48 shift)	
Resource type, size and quantity of equipment (Use NIMS compliant specs) https://www.fema.gov/national-incident-management-system	
Estimated length of time assistance needed (No. of days resource needed, NOT including travel days)	
Place assistance is needed (exact address to staging area)	
Date/Time assistance is needed (exact date/time assistance is needed)	
Point of contact & contact information at staging location and reception area	
Type of meals available (Restaurant, rations, bring own food and water)	
Type of lodging available (Motel/hotel, tents, bring own equipment)	

Appendix F: Ohio IMAC Mission Information

OH #	IMAC Broadcast Information	Actions Taken	O or C	SR#
100	*****EXAMPLE ONLY*****	*****EXAMPLE ONLY*****	O	434
102				
103				
104				

_____ County Management List

#	IMAC Broadcast Information	_____ County Actions Taken	Open or Closed	SR #
1				
2				
3				

Appendix G: Deployment Information Sheet

Intrastate Mutual Aid Compact (IMAC)

General considerations and information for offering resources to requesting entities:

- IMAC is a mutual aid agreement that provides for reimbursement, liability protection, license reciprocity, and workers' compensation coverage.
- Your jurisdiction must first pay for all eligible expenses related to deployment in order to be reimbursed by the Requesting Entity
- The following information is required to provide a Requesting Entity a bid to determine the need of your resources. If your entity is chosen as an Assisting Entity, this information is required to execute an agreement between the Requesting Entity and your Assisting Entity
- When deploying personnel/equipment to the field, it is the responsibility of the Assisting Entity to ensure that resources are ready for mobilization.
- Information on this sheet should be helpful in preparing documents for the reimbursement process; please request any personnel deploying to **keep accurate documentation and receipts** for items such as time worked, items purchased and equipment used
- A requisition form attachment documenting your deployed personnel's names and contact information while on deployment must be completed prior to deployment. This document will be provided by the Requesting Entity.
- Be sure persons _____ have the "IMAC Mobilization Checklist" prior to deployment
- **DO NOT DEPLOY UNTIL ALL PARTS OF THE IMAC REQUISITION FORM IS FULLY EXECUTED BY BOTH YOUR JURISDICTION AND THE REQUESTING ENTITY**

Send Completed Form to: _____ at: _____

Type of Resource Requested:					
IMAC Request Number and/or Mission Number:					
Personnel or Resource with Labor Cost: (Person/Items Available to Meet this Specific IMAC Request; include name/rank or appropriate information) For Labor Cost: show hourly wage rates for regular time and overtime with city paid fringe included	Name of Personnel or Resource with Rank	Deployed cell phone number	Regular Hourly Wage including city paid benefits	Overtime Wage, including city paid benefits	Total per person per day: 12 hr. day
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
Jurisdiction					
Agency					
Address					
Person completing this form (Contact Person)	Please include: Name and Title				
Phone Number (Contact Person)		Cell Phone Number: (Contact Person)			

Fax (Contact Person)		E-mail (Contact Person)	
Person Authorized to Sign Agreement	Please include: Name and Title This person should be a County Commissioner, Township Trustee or Mayor – Authorization legislation must be provided with intergovernmental agreement if a person other than listed signs document		
Phone Number (Authorized Signature)		Cell Phone Number (Authorized Signature)	
Fax Number (Authorized Signature)		E-mail Address (Authorized Signature)	
Departure Date of Resources		Return Date of Resources	
Duration (Duration of deployment, including travel days)			
Travel Cost: (Mileage per vehicle, estimated fuel cost per vehicle, airfare per person, cost of unit per hour, rental fees per vehicle)	Example: 980 miles (one way) X. \$0.325 = Total Amount of vehicle travel (Please show per vehicle)		
Food Cost: (Per diem rate per person per day)	Ensure Meal costs are compliant with local jurisdictions per diem rate		
Lodging Cost: (Estimated cost per room; per night)	Ensure Lodging costs are compliant with local jurisdictions lodging rate		
Total Cost TO Staging Area:		Total Cost FROM Staging Area:	
Total Estimated Cost of Deployment			
Response Related Equipment (Items to be taken into field: cruisers, medical supplies, etc.)			

Appendix H: Force Account Labor Summary Record

Jurisdiction		FORCE ACCOUNT LABOR SUMMARY RECORD										Page _____ of _____							
Applicant		Paid					PW#					Disaster Number							
Location/Site		Category										Period covering to							
Description of work performed																			
		Dates and Hours worked each week										Costs							
Date		00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	00/00	Total Hours	Hourly Rate	Benefit Rate %	Total Hourly Wage	Total Costs				
Reg		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
OT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Reg		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
OT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Reg		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
OT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Reg		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
OT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Reg		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
OT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Reg		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
OT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00				
<table border="1"> <tr> <td>Total Force Account Labor - Regular Time</td> <td>\$0.00</td> </tr> <tr> <td>Total Force Account Labor - Overtime Time</td> <td>\$0.00</td> </tr> <tr> <td>Total Force Account Labor</td> <td>\$0.00</td> </tr> </table>														Total Force Account Labor - Regular Time	\$0.00	Total Force Account Labor - Overtime Time	\$0.00	Total Force Account Labor	\$0.00
Total Force Account Labor - Regular Time	\$0.00																		
Total Force Account Labor - Overtime Time	\$0.00																		
Total Force Account Labor	\$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 _____							

Appendix I: Fringe Benefit Rate Sheet

Jurisdiction		FRINGE BENEFIT RATE SHEET				Page	of
Applicant		Paid	PW#	Disaster Number			
Location/State		Category		Period covering to			
Description of work performed							
		Regular Employees		Part-Time Employees			
		Regular Time %	Overtime %	Regular Time %	Overtime %		
Vacation		0.00%	0.00%	0.00%	0.00%	0.00%	
Holiday Pay		0.00%	0.00%	0.00%	0.00%	0.00%	
Insurance		0.00%	0.00%	0.00%	0.00%	0.00%	
Retirement		0.00%	0.00%	0.00%	0.00%	0.00%	
Unemployment		0.00%	0.00%	0.00%	0.00%	0.00%	
Social Security		0.00%	0.00%	0.00%	0.00%	0.00%	
Workman's Comp.		0.00%	0.00%	0.00%	0.00%	0.00%	
Other		0.00%	0.00%	0.00%	0.00%	0.00%	
Other		0.00%	0.00%	0.00%	0.00%	0.00%	
Other		0.00%	0.00%	0.00%	0.00%	0.00%	
Other		0.00%	0.00%	0.00%	0.00%	0.00%	
TOTALS		0.00%	0.00%	0.00%	0.00%	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			

Appendix M: Contract Work Summary Record

Jurisdiction		CONTRACT WORK SUMMARY RECORD			Page	of
Applicant					Paid	PW#
Location/Site		Category			Period covering to	
Description of work performed						
Dates Worked	Contractor	Billing Invoice Number	Amount	Comments - Scope		
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$0.00			
to			\$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 an audit.						
Certified					Date	