

**INTRASTATE MUTUAL AID COMPACT
(IMAC)**



Developed by the
Ohio Emergency Management Agency
and the
Emergency Management Association of Ohio

Version 1.3

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** Electronic version of Appendix C through M located at
<http://www.ema.ohio.gov/plansimac.asp>

Section 1: 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 compact's scope includes:

- A simple and efficient 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 2: Pre-Disaster Responsibilities

Each local emergency management agency and department, board, division, commission, agency with emergency response functions 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
- Specify training and exercises for IMAC

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- 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 National Incident Management System (NIMS) 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. 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 Action Reviews/Reports (AAR's) from actual incidents, disaster related exercises, testing and training
- Consult and provide guidance to local EMA and other emergency response entities

Section 3: Limitations

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

- Requesting Entity must have declared a state of emergency at local and/or county level
- 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 4: Implementation Checklist

Requesting Entity Responsibilities Include:

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

- Declaration of an emergency prior to requesting assistance through IMAC
- Documenting the entire process beginning with the declaration through reimbursement. Personnel, equipment, etc. should be accurately tracked by Requesting Entity. It is

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recommended the Requesting Entity utilize the forms attached as Appendices G through K of this manual, however not required

- Requesting Entity **shall** track and account for personnel, equipment and other associated IMAC expenditures for reimbursement
- 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
- Forwarding recommendations for revising this IMAC Procedures Manual to the Ohio Emergency Management Agency and the Emergency Management Association of Ohio

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 F](#))
- Utilizing the Assistance Request Form ([Appendix C](#))
- Utilizing the Ohio IMAC Mission Information Log ([Appendix G](#))
- Managing communication flow regarding all facets of mobilization, response, recovery, demobilization, and reimbursement

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- Utilize the IMAC Reimbursement Invoice Form ([Appendix D](#))
- Participating in After Action Reviews and implementing corrective actions
- Forwarding recommendations for revising the IMAC Procedures Manual to the Ohio Emergency Management Agency and the Emergency Management Association of Ohio

Section 5: 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 Chief Elected Officer of the affected area has declared a State of Emergency.

- Initial notification & activation of IMAC
 - The County EMA Director of Requesting Entity first confirms that the Chief Elected Official has declared a State of Emergency
 - The County EMA Director of Requesting Entity should verify needed assistance (personnel, equipment, commodities, etc.)
 - The County EMA Director of Requesting Entity should notify Ohio EMA Duty Officer that mutual aid may soon be requested through IMAC
 - The potential Requesting Entity may directly contact other counties to alert them that assistance may be requested
 - The Requesting Entity may schedule daily (or as often as needed) conference calls among participating interested/participating entities
 - Potential Assisting Entities may use the IMAC Deployment Information Sheets ([Appendix F](#)) 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 County EMA Director shall:

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- Confirm the availability of the resources being requested
 - Respond via telephone to the Requesting Entity Authorized Representative to coordinate the request
 - Only offer what can be expeditiously provided so that other options can be pursued by the Requesting Entity
 - Use the IMAC Deployment Information Sheets ([Appendix G](#)) to determine ability to fulfill potential requests
- Procedures for Executing the Assistance Request Form for County EMA Director 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 among entities when negotiating, the Assistance Request Form ([Appendix C](#)) shall be used to officially request assistance
 - To officially request assistance, the Requesting Entity completes Part I of the Assistance Request Form and transmits to a specific Assisting Entity
 - Part I, completed by the entity requesting assistance, should include the following information on Assistance Request Form. 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
 - Type of incident requiring assistance
 - Date and time resources needed
 - Staging area details and deployment conditions
 - Approximate date/time resources should be released
 - Authorized Official's name
 - Authorized Official's signature
 - Title of official
 - Agency name

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- Mission number
- The entities that may be able to provide resources should complete Part II of Assistance Request Form and send back to the Requesting Entity within 8 hours for consideration, rejection or acceptance
 - Part II, completed by potential Assisting Entity, should be completed and resubmitted to the Requesting Entity no later than 8 hours following receipt of the request for assistance, and must contain:
 - Name and contact information of the Assisting Entity contact person
 - Specific information about the personnel and resources that could be provided such as:
 - Type of resource being offered
 - Description of the skill sets possessed by personnel assigned to the mission
 - 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 may be included in this section
 - Date, time and time span the requested resources will be available
 - Name and location of the staging area where the requested resources will be deployed
 - Approximate total cost for the deployment - a working cost estimate of the requested resources. The cost estimate should include total costs for regular & overtime pay for all deployed personnel (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

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- 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
 - Cost should be based on FEMA Equipment Schedule Rates (Rates are linked via <http://www.ema.ohio.gov/plansimac.asp>)
- Authorized Official's name, title, signature, and agency
- Date, time, mission number
- The Requesting Entity should review Part II's submitted by Assisting Entities that may potentially offer assistance, and complete Part III of Assistance Request Form within 4 hours by completing and submitting Part III of Assistance Request Form back to 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
 - If the services being offered, terms, and conditions reflected in Part II of the Assistance Request Form fulfill the needs of the Requesting Entity, the Chief Elected Official accepts the assistance and signs Part III of the Assistance Request Form thus authorizing resource deployment and a contractual agreement
- By officially executing Part II and Part III of the Assistance Request Form, the Authorized Representatives from both the Assisting and Requesting Entities have, in effect, 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 Requesting and Assisting Entity program managers, Emergency Support Function (ESF) counterparts, operations personnel or those others who are ultimately engaged in using or proving the specific resource 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 is written in this portion of the document. A full description of assistance needed may be filled out by the Requesting Entity. It may include items 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

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- 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 6: Reimbursement

The purpose of this section is to ensure appropriate reimbursement occurs. IMAC response shall not depend on assistance that may result from a State or Federal disaster declaration. With a letter to the Requesting Entity, Assisting Entities may donate mutual aid or assume partial or total costs associated with loss, damage or use of personnel, equipment and/or resources while providing mutual aid through an IMAC request.

These procedures provide the guidance necessary for Assisting Entities to seek reimbursement from Requesting Entities who respond to requests for IMAC.

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 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, any written mutual aid agreement with Assisting Entities, a copy of the completed IMAC Assistance Request Form, IMAC Mission Information Log, IMAC Reimbursement Form, and all appropriate summary forms relative to personnel,

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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 designee for expenses associated with resources provided in response to an IMAC request. Resources may include personnel, equipment, material and supplies
- 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 designee if a reimbursement request can not 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 should a Requesting Entity seek reimbursement for mutual aid provided by an Assisting Entity
- Seek federal disaster assistance when appropriate
- Use processes, procedures and forms consistent with the State Disaster Relief Program (SDRP) and FEMA public assistance (PA) programs.

Note: Reimbursement forms used by the State for the SDRP and FEMA for the PA Program will be designated as "FEMA Forms"

- Be the grantee for Federal disaster funds when the event is federally declared through the Federal Emergency Management Agency (FEMA) Public Assistance (PA) Program
- Maintain financial records in compliance with the State Records Retention guidance

FEMA Responsibilities:

- Provide technical assistance through the Ohio Emergency Management Agency for Requesting Entities who become eligible applicants

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- Honor written mutual aid agreements, in accordance with FEMA policy #9523.6 – Mutual Aid Policies for Public Assistance, containing reimbursement provisions in existence prior to the IMAC request between the Requesting and Assisting Entities for purposes of determining eligibility for reimbursement. URL for 9523.6 is http://www.fema.gov/government/grant/pa/9523_6.shtm.

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
- 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 can not 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:
 - The value of volunteer labor or paid labor that is provided at no cost
 - Work that is not eligible under the SDRP or FEMA PA Program
 - Pre-deployment and administration of IMAC resources
 - Training, exercise or on-the-job training
 - Be for long term or permanent recovery work or mitigation

The forms in the Appendices will be used to document costs and submit for either state funds through the State Disaster Relief Program (SDRP) or federal funds through the FEMA Public Assistance (PA) Program.

Section 7: 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 local government 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) "Countywide emergency management agency" means a countywide emergency management agency established under [section 5502.26](#) of the Revised Code.

(2) "Participating political subdivision" means each political subdivision in this state except a political subdivision that enacts, by appropriate legislation signed by its chief executive, a declaration not to participate in the intrastate mutual aid program created by this section and that provides a copy of the legislation to the emergency management agency and to the countywide emergency management agency, regional authority for emergency management, or program for emergency management within the political subdivision, which is responsible for emergency management in the political subdivision.

(3) "Program for emergency management within a political subdivision" means a program for emergency management created by a political subdivision under [section 5502.271](#) [5502.27.1] of the Revised Code.

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

(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 in the event of a disaster that results in a formal declaration of emergency by a participating political subdivision. The program shall provide for mutual assistance among the participating political subdivisions in response to and recovery from any disaster that results in a formal declaration of emergency by a participating political subdivision; shall provide for mutual cooperation among the participating political subdivisions in conducting disaster-related exercises, testing, or other training activities using the services, equipment, supplies, materials, personnel, and other resources of the participating political subdivisions to simulate the provision of mutual aid; and shall embody a method by which a participating political subdivision may seek assistance in the event of a formally declared emergency, which resolves many of the common issues facing political subdivisions at the time of a formally declared emergency and will ensure, to the extent possible, eligibility for available state and federal disaster funding.

(C) Each countywide emergency management agency, regional authority for emergency management, and program for emergency management within a political subdivision, which is responsible for emergency management in a participating political subdivision shall, as part of its program for emergency management under sections 5502.22, 5502.26, 5502.27, and 5502.271 [5502.27.1] of the Revised Code, as applicable, and in coordination with all departments, divisions, boards, commissions, agencies, and other instrumentalities of, and having emergency response functions within, each participating political subdivision served by that agency, authority, or program, establish procedures or plans that, to the extent possible, accomplish both of the following:

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- (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 response and recovery activities of the participating political subdivisions served by that agency, authority, or program.
- (D) (1) Within one year after December 23, 2002, the executive director of the 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, which are responsible for emergency management in participating political subdivisions, in identifying and formulating appropriate procedures or plans to resolve resource shortfalls, as part of their respective programs for emergency management under sections 5502.22, 5502.26, 5502.27, and 5502.271 [5502.27.1] of the Revised Code, as applicable.
- (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 emergency management agency; the countywide emergency management agencies, regional authorities for emergency management, and programs for emergency management within a political subdivision, which are responsible for emergency management in participating political subdivisions; 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) Participating political subdivisions may request assistance of other participating political subdivisions in response to and recovery from a disaster during formally declared emergencies or in disaster-related exercises, testing, or other training activities. Requests for assistance shall be made through the emergency management agency or an official designated by the chief executive of the participating political subdivision from which the assistance is requested. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within seventy-two hours after the verbal request is made. Requests shall provide the following information:
- (1) A description of the disaster;
 - (2) A description of the assistance needed;
 - (3) An estimate of the length of time the assistance will be needed;
 - (4) The specific place and time for staging of the assistance and a point of contact at that location.
- (F) A participating political subdivision's obligation to provide assistance in response to and recovery from a disaster or in disaster-related exercises, testing, or other training activities under this section is subject to the following conditions:

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(1) A participating political subdivision requesting assistance must have either declared a state of emergency by resolution of its chief executive or scheduled disaster-related exercises, testing, or other training activities.

(2) A responding participating political subdivision may withhold resources necessary to provide for its own protection.

(3) Personnel of a responding participating 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.

(4) 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 alters the duties and responsibilities of emergency response personnel.

(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 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, agreements for mutual aid in police protection under [section 737.04](#) 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 to another participating political subdivision under this section 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 in another participating political subdivision under this section, to be agents of the participating political subdivision receiving the assistance 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 while in route to or from rendering assistance, in another participating political subdivision under this section, 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.

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(b) A participating political subdivision requesting assistance and the personnel of that political subdivision, while requesting or receiving assistance from any other participating political subdivisions under this section, 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.

(l) 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 of that person is asked for by a participating political subdivision receiving assistance under this section, the person shall be deemed to be licensed or certified in or permitted by the participating political subdivision receiving the assistance to render the assistance, subject to any limitations and conditions the chief executive of the participating political subdivision receiving the assistance may prescribe by executive order or otherwise.

(J) Except as otherwise provided in this division, any participating political subdivision rendering assistance in another participating political subdivision under this section shall be reimbursed by the participating political subdivision receiving the assistance for any loss or damage to, or expense incurred in the operation of, any equipment used in rendering the assistance, for any expense incurred in the provision of any service used in rendering the assistance, and for all other costs incurred in responding to the request for assistance. However, a participating political subdivision rendering assistance may assume in whole or in part the loss, damage, expense, or costs, or may loan the equipment or donate the service to the participating political subdivision receiving the assistance without charge or cost; any two or more participating political subdivisions may enter into agreements establishing a different allocation of loss, damage, expense, or costs among themselves; and expenses incurred under division (H)(1) of this section are not reimbursable under this division. To avoid duplication of payments, insurance proceeds available to cover any loss or damage to equipment of a participating political subdivision rendering assistance shall be considered in the reimbursement by the participating political subdivision receiving the assistance.

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://www.ema.ohio.gov/plansimac.asp>

Appendix C: Assistance Request Form

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

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:
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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: \$	
Trans. Costs from Home Base to Staging Area: \$	Trans. Costs to Return to Home Base: \$

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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

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Appendix D: Ohio IMAC Reimbursement Invoice Form

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

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 official 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 official 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://www.ema.ohio.gov/plansimac.asp>

Appendix E: Ohio IMAC Resource Request Information Sheet

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

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) http://www.fema.gov/nims/mutual_aid.shtm	
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

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

OH #	IMAC Broadcast Information	Actions Taken	O or C	SR#
100	2005-96-SR434 Mississippi - THIS IS NOT A REQUEST FOR IMMEDIATE DEPLOYMENT!! Request that State EMA's compile a list of available law enforcement assets to be on standby for possible deployment to Mississippi. All deployments will be in large groups of 50 or 100 as requested by Mississippi via EMAC Req-A. Request state EMA's email the EMAC desk with availabilities once lists are compiled and we will maintain a database to draw from. All law enforcement deployments will be via EMAC ONLY! THIS SUPERCEDES ALL PREVIOUS LAW ENFORCEMENT REQUESTS! Hank Koebler, Operations, 601-360-0871, emac@mema.ms.gov	09/06 – To be forwarded to ESF 13 & all County Directors on 09/07 in the a.m. – List being kept by ESF-13, POC Lt. Mathess OSHP 752-4662 and Fax: 752-6602. – OPEN/ON HOLD	O	434
101	2005-97-SR443 09/07/2005 12:05 PM EST Mississippi - NG REQUEST ONLY Requesting availability of: Active Duty AMEDD LNO (POC MAJ Lemley, 38th IC CP Shelby, MS 601.558.4180, Bldg 2302) Date & Time Needed: 8 Sep 05 for 30 day mission Staging area: Camp Shelby, MS Approx Date/Time Release: 7 Oct 2005A-Team Operations 601.360.0871 EMAC@mema.ms.gov	09/07 - Forwarded to ONG at 1300. ONG confirmed receipt (13:56). – 09/09, Resources not available - CLOSED	C	443
102	2005-98-SR478 Mississippi - Jackson County, MS, EOC requesting availability of 2 to 3 experienced Public Information Officers (PIOs) to backfill same position demobing on the 9th and in support of local PIO. Mission length - 14 days excluding travel days, EMAC A-TEAM, Operations, 601.360.0871, EMAC@mema.ms.gov	09/09 – Forwarded to County Directors and Ohio EMA PIO (KB) – 11:12 – PIO office reported that Ohio has 3 PIOs available, Per phone conversation, Mississippi EMAC was advised and will contact us if they are still needed – 09/09 12:15, Mississippi sent EMAC notice that this request has been filled, see #483 - CLOSED	O	478
103				
104				

_____ County Management List

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

Appendix G: Deployment Information Sheet

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

Intrastate Mutual Aid Compact (IMAC)

General considerations and information for offering resources to Requesting Entities:

- IMAC is a mutual aid agreement between member entities 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
- Personnel/Equipment deploying to field are requested to be ready to work upon arrival. Supplies, tools, and personal protective equipment appropriate for function should be taken to field
- 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 deploying to field 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:	
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IMAC Request Number and/or Mission Number:					
Personnel or Resource with Labor Cost:	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
(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	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				

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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)	<div style="border: 1px solid black; padding: 2px;"> Example: 980 miles (one way) X. \$0.325 = Total Amount of vehicle travel (Please show per vehicle) </div>		
Food Cost: (Per diem rate per person per day)	<div style="border: 1px solid black; padding: 2px;"> Ensure Meal costs are compliant with local jurisdictions per diem rate </div>		
Lodging Cost: (Estimated cost per room; per night)	<div style="border: 1px solid black; padding: 2px;"> Ensure Lodging costs are compliant with local jurisdictions lodging rate </div>		
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

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

Jurisdiction		FORCE ACCOUNT LABOR SUMMARY RECORD										Page _____ of _____		
Applicant		Paid					PW#					Disaster Number		
Location/Site							Category					Period covering to		
Description of work performed														
Name	Job Title	Date	Dates and Hours worked each week							Total Hours	Hourly Rate	Benefit Rate %	Total Hourly Wage	Total Costs
			00/00	00/00	00/00	00/00	00/00	00/00	00/00					
		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
		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
		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
		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
		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
		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
		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
		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
		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
		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
		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
		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
												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 _____												Date _____		

Appendix I: Fringe Benefit Rate Sheet

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

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%	0.00%
Holiday Pay		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Insurance		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Retirement		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Unemployment		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Social Security		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Workman's Comp.		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
TOTALS		0.00%	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						Date	

Appendix J: Force Account Equipment Summary Record

(Electronic version located at <http://www.ema.ohio.gov/plansimac.asp>)

Jurisdiction		FORCE ACCOUNT EQUIPMENT SUMMARY RECORD										Page	of	
Applicant		Field					RW#					Disaster Number		
Location/Site		Category										Period covering to		
Description of work performed														
Type of Equipment Indicate size, capacity, horsepower, make and model	Equip Code #	Operator's Name	Dates and Hours Used each Day							Costs				
			Date	00/00	00/00	00/00	00/00	00/00	00/00	00/00	Total Hours	Equipment Rate	Total Cost	
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
			Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00
											Grand Totals		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	

