STATEWIDE MUTUAL AID AGREEMENT (SMAA)
MUTUAL AID RESPONDER CLAIM NARRATIVE

Responder Organization: ________________________________

Address/Zip Code: ____________________________________________________________________________

Phone: _______________ FAX: _______________ E-Mail: _______________

Contact Person: (Print/Type): ________________________________ Title: _______________________________

Employer Identification Number (EIN): ________________________________

Responder Jurisdiction: __________________________________________
(State/County/City/District/Other)

Emergency Response Period Dates: __________________________________

Federal Declaration (If Applicable): __________________________________

Types of Responder Employees: _____________________________________

Mutual Aid Requester: ____________________________________________
(State/County/City/District/Other)

How Requested? __________ State EOC Mission # ______________________
____ State DOF Request/Incident # _________________________
____ FFCA Mission No. _______________________
____ Local EOC _________________________________________
____ Other: ___________________________________________

Type of Emergency Work:
____ Debris Removal
____ Traffic Control
____ Evacuation Support
____ Security/Patrols
____ Emergency Response Calls
____ Search & Rescue
____ Firefighting/Firefighting Support
____ Emergency Shelters (Feeding and/or Lodging)
____ Animal Control/Sheltering
____ Other: ___________________________________________

Location of Emergency Work: _______________________________________

Other Emergency Work Comment as necessary: _______________________
_________________________________________________________________
_________________________________________________________________

Total Amount of Claim: $ ____________ Signature/Date: _______________________

Note: Separate Claim must be made for Debris Removal. Attach Expense Summaries as applicable.