

Emergency Management Assistance Compact (EMAC)  
Interstate Mutual Aid Request For Assistance  
Form REQ-A, 2011



1437-REQA-7726-0-2

SECTION II TO BE COMPLETED BY THE ASSISTING STATE

Assisting State:	MN	State TN #:	2018-0002-MN
Assisting Agency:	Dept. of Natural Resources	State EM TN #:	2018-0002-MN

Offer Description

Mission Start Date:	6/17/2018	Arrival Date:	1/1/0001
Departure Date:	1/1/0001	Mission End Date:	7/3/2018
# Mission Days:	17		
Mission Type	State	Type / Status	Incident & Emergency Management
Mission Description	Two (2) Division Group Supervisors for 24 hour coverage/support at the Forward Operating Base in Hawaii County		
Resource Description	Each member of the individual has completed training in their respective disciplines and are qualified (Red Carded) DIVS. In addition they have numerous local, state and national deployment experience. The individuals will respond with the ability to operate independently in the Field, ICP or EOC ESF/ICS environment.		
NIMS Type:	Other		
# Requested:	2	# Type:	Personnel

In-State Resource Point of Contact

First Name:	Jacob	Last Name	Beauregard
Phone 1:	651-201-7474	Phone 2:	612-437-0390
Email 1:	jacob.beauregard@state.mn.us	Email 2:	

Assisting State REQ-A Contact

First Name:	Jacob	Last Name	Beauregard
Phone 1:	651-201-7474	Phone 2:	612-437-0390
Email 1:	jacob.beauregard@state.mn.us	Email 2:	

Total Mission Estimated Costs

Travel:	\$17,152.00
Personnel:	\$30,528.00
Equipment:	\$0.00
Commodities:	\$0.00
Other:	\$0.00
EST. TOTAL COST:	\$47,680.00


Travel

Personal Vehicle Costs:	\$218.00	Rental Vehicle Costs:	\$2,100.00	Gvt. Vehicle Costs:	\$0.00
Air Travel Costs:	\$3,250.00	Meals & Tips (Receipt):	\$0.00	Meals & Tips (Per Diem):	\$1,584.00
Lodging:	\$9,000.00	Parking Fees:	\$1,000.00	Shipment & Transportation:	\$0.00
Identify any transportation requirements:		Upon arrival, directions to the work location as well as access to parking.			

### Personnel Assigned to Mission

Total:	2
--------	---

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

Name of EMAC Authorized Representative	Governor Mark Dayton		
Signature of EMAC Authorized Representative		Date	06/20/2018

### Personnel Costs

ID	Name / Phone / Email	Reg. Salary Hourly Rate	Fringe Benefit Hourly Rate	Reg. Hours Worked Per Day	OT Salary Hourly Rate	OT Fringe Benefit Hourly Rate	OT Hours Worked Per Day	# Days	Total Daily Cost	Total Mission Cost
2265 17	DIVS Frenz 612-860-7847	\$40.00	\$12.00	8.00	\$60.00	\$12.00	6.00	18	\$848.00	\$15,264.00
2265 18	DIVS Schmitt 320-760-0655	\$40.00	\$12.00	8.00	\$60.00	\$12.00	6.00	18	\$848.00	\$15,264.00

### Commodity Costs

ID	Commodity Description	Cost Per Item	Quantity	Total Costs
----	-----------------------	---------------	----------	-------------

### Equipment Costs

ID	Equipment Description	Cost Per Item	Qty	Rate Per Day	Qty	# Days Used	Total Cost
----	-----------------------	---------------	-----	--------------	-----	-------------	------------

### Other Costs

ID	Other Description	Cost Per Item	Qty	Rate Per Day	Qty	# Days Used	Total Cost
----	-------------------	---------------	-----	--------------	-----	-------------	------------