

Emergency Management Assistance (EMAC)  
Interstate Mutual Aid Request for Assistance  
Form REQ-A, 2007



SECTION II: TO BE COMPLETED BY THE ASSISTING STATE					
The EMAC Authorized Signature below certifies that information contained herein is a mission estimate to be accepted or declined by the EMAC Requesting State.					
Name of EMAC Authorized Representative:		Kris Eide			
Signature of EMAC Authorized Representative with date:			Date:		
Date:	6/20/2008		Time: 0830		
From the State of:	Minnesota		To the State of:	Iowa	
Event Name:	Iowa Flooding		EMAC #:		
State Mission #:	6202008-1		Requesting State Tracking Number:		
REQ-A Contact Name:		Terri Smith			
Phone:	651-201-7408		E-mail:	<a href="mailto:terri.smith@state.mn.us">terri.smith@state.mn.us</a>	
Mission Type:	State		If State:	Law Enforcement	Pick Status:
Mission Assignment:	Provide incident management support to local emergency management operations during recovery process.				
Resources Available:					
In-state Resource Point of Contact:		Terri Smith			
Phone:	651-201-7408		E-mail:	<a href="mailto:terri.smith@state.mn.us">terri.smith@state.mn.us</a>	
<b>Mobilization:</b>					
Date Available:		Time needed:		Pick hrs:	hrs
<b>Demobilization:</b>					
Date Released:		Time needed:		Pick hrs:	hrs
<b>COST ESTIMATE (details on subsequent pages):</b>					
Total Cost Estimate:		Total Cost Estimate (Total from Excel sheet):		\$0.00	

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<b>Total Travel Costs:</b>		<b>\$0.00</b>	
# of fuel consuming equipment:		# of non-fuel consuming equipment:	
<b>Travel Costs:</b>			
Personal Vehicle:		Vehicle Rental/Fuel/Mileage:	
Governmental Vehicle Costs:		Air Travel:	
Meals/tips:		Lodging:	
<b>Notes/Comments:</b>			

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<b>Total Equipment Costs:</b>	<b>\$0.00</b>
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<b>Equipment Costs</b> (insert lines as needed):	
<b>Description:</b>	
<b>Cost:</b>	
1	
2	
3	
4	
5	

<b>Total Commodity Costs:</b>	<b>\$0.00</b>
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<b>Commodity Costs</b> (insert lines as needed):	
<b>Description:</b>	
<b>Cost:</b>	
1	
2	
3	
4	
5	

<b>Total Other Costs:</b>	<b>\$0.00</b>
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<b>Other Costs</b> (insert lines as needed):	
<b>Description:</b>	
<b>Cost:</b>	
1	
2	
3	
4	
5	

<b>Total Personnel Costs:</b>	<b>\$0.00</b>
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Enter Total # of Personnel on Mission::

<b>Detail for Personnel costs (insert lines as needed):</b>									
Name:	Regular Salary Hourly Rate	Fringe Benefit Hourly Rate	# of Regular Hours worked per day	Overtime Salary Hourly Rate	Overtime Fringe Benefit Hourly Rate	# of Overtime Hours worked per day	# of Days on Mission	Total Daily Cost	Total Mission Cost
								#REF!	\$0.00
								#REF!	\$0.00
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