

Mutual Aid Branch

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Mutual Aid Branch Director

April 3, 2018

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Agenda

- **Emergency Management Assistance Compact (EMAC) & Florida Statewide Mutual Aid Agreement (SMAA)**
 - 2017 in Review
 - SMAA Revisions
 - Training Opportunities
- **Florida Fire Chief's Association Mutual Aid Plan**
 - John Kohnke with of 4/9
- **Florida Sheriff's Association Mutual Aid Plan**
 - Florida Sheriff's Association
- **Federal Resource Request Form (RRF)**
 - Paul R. Williams of FEMA





Emergency Management Assistance Compact

- Administered by the National Emergency Management Association (NEMA) & implemented by the participating parties
- A streamlined process for **state-to-state** assistance
- Uses the EMAC Operating System (EOS) to process and document Requests for Assistance



SMAAA

- Developed in 2001 and revised in 2018
- Agreement is adopted by all 67 counties in Florida and has over 700 signatories
- A mechanism for mutual aid throughout the state
- Agreement does not expire



EMAC & SMAA

- State-to-State
- REQ-A
- EOS
- Resources within Florida
- Form B
- EMConstellation/WebEOC





Emergency Management Assistance Compact

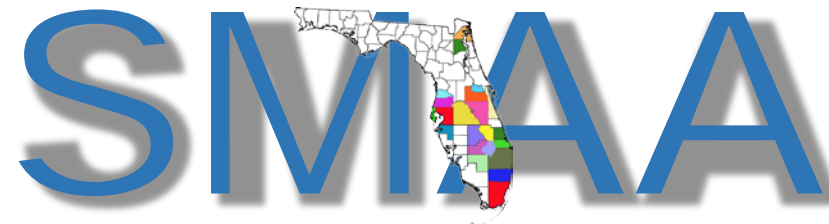
Requesting Agency

Requesting State's Emergency Management Agency

EMAC Operations System (EOS)

Assisting State's Emergency Management Agency

Resource Provider



Statewide Mutual Aid Agreement

Requesting Party

County Emergency Management Agency

State Emergency Management Agency

Assisting Party



Mutual Aid Training Opportunities

- Focus will be on requesting resources through mutual aid
- Specifics about Mutual Aid Programs in Florida

- April 10th 8am to 12pm
- April 12th 1pm to 5pm

- Both training opportunities are in SERT Trac



2017 In Review

- **Hurricane Maria**

- SMAA: 6 requests completed
 - SMAA is also being used to reimburse counties and entities that incurred expenses related to services provided to evacuees
- EMAC: 6 requests completed

- **Hurricane Irma**

- SMAA: 12 requests completed
- EMAC: 117 requests completed

- **Tropical Storm Nate**

- SMAA: 1 request completed

- **Hurricane Harvey**

- EMAC: 4 requests completed



2018 Updates

- SMAA Agreement 2018 Edition
 - Allows SMAA to be used for smaller events
- Update agreements with the Counties are needed to keep the agreement up to date



Form B Update

Attachment 1					
STATEWIDE MUTUAL AID AGREEMENT Type or print all information except signatures Form B					
PART I TO BE COMPLETED BY THE REQUESTING PARTY					
Date:		Time:		HRS	Mission No:
		(local)			
Point of Contact:		Telephone No:		E-mail address:	
Requesting Party:		Assisting Party:			
Incident Requiring Assistance:					
Type of Assistance/Resources Needed (use Part IV for additional space)					
Date & Time Resources Needed:		Location (address):			
Approximated Date/Time Resources Released:					
Authorized Official's Name:		Signature:			
Title:		Agency:			

PART II TO BE COMPLETED BY THE ASSISTING PARTY					
Contact Person:		Telephone No:		E-mail address:	
Type of Assistance Available:					
Date & Time Resources Available		To:			
Location (address):					
Approximate Total cost for mission:	\$				
Travel: \$	Personnel: \$	Equipment & Materials: \$	Contract Rental: \$		
Logistics Required from Requesting Party	Yes <input type="checkbox"/>	(Provide information on attached Part IV)		No <input type="checkbox"/>	
Authorized Official's Name:		Title:			
Date:		Signature:		Local Mission No:	
PART III TO BE COMPLETED BY THE REQUESTING PARTY					
Authorized Official's Name:		Title:			
Signature:		Agency:			

Florida Fire Chief's Association Mutual Aid Plan

John P. Kohnke

ESF 4/9 Emergency Coordinating Officer



Florida Sheriff's Association Mutual Aid Plan

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Federal Resource Request Form (RRF)

Paul R. Williams

FEMA

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Federal Resource Requests

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

*O.M.B. No. 1660-0002
Expires May 31, 2017*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print)	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail Address

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:

2. Quantity	3. Priority	<input type="checkbox"/> Lifesaving	<input type="checkbox"/> Life Sustaining	<input type="checkbox"/> Normal	4. Date and Time Needed
		<input type="checkbox"/> High			
5. Delivery Site Location			6. Site Point of Contact (POC)		
			7. 24 Hour Phone No.	8. Fax No.	
9. State Approving Official Signature				10. Date and Time	

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1.	2. Source:	3. Assigned to:
<input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> LOG Review by: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____	<input type="checkbox"/> Donations <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Requisitions <input type="checkbox"/> Procurement <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Mission Assignment	ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work		<input type="checkbox"/> See Attached
8. Estimated Completion Date		9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

Accepted Rejected Requestor Notified

Reason / Disposition