

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

Responder Organization: _____
Address/Zip Code: _____

Phone: _____ **FAX:** _____ **Email:** _____

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?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

State EOC Mission # _____
State DOF Request/Incident # _____
FFCA Mission # _____
Local EOC _____
Other _____

Type of Emergency Work:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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.