



**City Commission Work Session Agenda
2 Park Drive South, Great Falls, MT
Gibson Room, Civic Center
March 19, 2019
5:30 PM**

CALL TO ORDER

PUBLIC COMMENT

(Public comment on any matter and that is within the jurisdiction of the City Commission. Please keep your remarks to a maximum of five (5) minutes. Speak into the microphone, and state your name and address for the record.)

WORK SESSION ITEMS

1. Neighborhood Council Update - Council #1.
2. Emergency Management Assistance Compact - Keith Simendinger and Steve Hester.
3. Gore Hill Water Tower Logo - Jim Rearden.

DISCUSSION POTENTIAL UPCOMING WORK SESSION TOPICS

ADJOURNMENT

City Commission Work Sessions are televised on cable channel 190. If a recording is made, the work session video will be posted on the City's website at <https://greatfallsmt.net/meetings>. Work Session meetings are re-aired on cable channel 190 the following Thursday morning at 10 a.m. and the following Tuesday evening at 5:30 p.m.

UPCOMING MEETING SCHEDULE

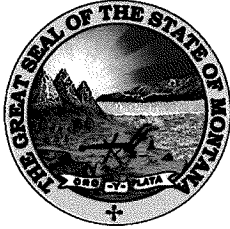
Work Session -- Tuesday April 2, 2019 5:30 p.m.

Commission Meeting -- Tuesday April 2, 2019 7:00 p.m.

Item Attachment Documents:

2. Emergency Management Assistance Compact - Keith Simendinger and Steve Hester.

DEPARTMENT OF MILITARY AFFAIRS STATE OF MONTANA



THE HONORABLE STEVE BULLOCK
GOVERNOR

Disaster & Emergency Services Division
HELENA ARMED FORCES RESERVE CENTER
1956 MT MAJO STREET - PO BOX 4789
FORT HARRISON, MONTANA 59636-4789
406.324.4777



MAJOR GENERAL MATTHEW T. QUINN
ADJUTANT GENERAL

Emergency Management Assistance Compact (EMAC) Northern Emergency Management Arrangement Compact (NEMAC)

EMAC - <https://www.emacweb.org/>

- State to State (to include recognized territories) mutual aid – a binding contract
- Can only be initiated during a state declared emergency

NEMAC - <http://www.nemacweb.org/>

- Mutual aid for six northern states and three Canadian Jurisdictions
- Can be initiated without a state declared emergency
- Gives authority to cross international border to render aid

Both

- Must be addressed/codified in State law (MCA 10-3-1001, 1002, 1003)
- Require the deploying asset be an “Agent of the State”
- Generally State Emergency Management Agency has oversight responsibility
- Requires designated, trained staffed
- Trained staff could be deployed to assist in the EMAC/NEMAC team role
- Participation in annual meetings and exercises

Unique Montana Attributes

- All costs associated with a deployment are borne by deploying agency until reimbursement by requesting state (could take up to 12 months)
- Cannot deploy volunteers unless are made employees of the local agency
- Volunteer firefighters and resource personnel go into a paid employee status with set rates and established agreements
- Require an Intergovernmental Agreement (IGA) or Agent of the State with local government for each specific deployment – can only be done at the time of deployment



Executive Level Emergency Management Assistance Compact

*Montana Disaster and Emergency Services
March 19, 2019*



Agenda

- *What is the Emergency Management Assistance Compact (“EMAC”)?*
- *The EMAC Process*
- *Mission Ready Package (“MRP”)*
- *Reimbursement*
- *Legal Considerations*



What is EMAC?

- *EMAC is the nation's state to state mutual aid system.*
- *EMAC is law (PL 104-321) in all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.*



What is EMAC?

- *Can be used for all hazards or events*
- *Can be used pre-event or post-event*
- *Requires a Governor's declaration to request resources via EMAC*
- *Does not require a Governor's declaration to offer resources (exception Montana National Guard)*



The EMAC Process

	Pre-Event Preparation	Activation	Request & Offer	Mobilization, Response & Demobilization	Reimbursement
Requesting State	1. All jurisdictions: Develop internal procedures for implementing EMAC - incorporate lessons learned, resource typing, pre-determine cost estimates (mission package), conduct training & exercises with state emergency management	2. Governor declares state of emergency ↓ 3. Event opened in EMAC Operations System	4. Assistance Requested - Offers Reviewed, Accepted, or Declined	6. Mobilization: Resources leave home state or services engaged ↓ 7. Response: Perform mission or services	10. Reimbursement to Assisting State ↑ States review reimbursement package
Assisting State		5. Make Offer and Stand Down or Complete Mission Documentation	8. Demobilization: Mission completed, resources sent home, consumed, or services end	9. Audit & Submit reimbursement package	



The EMAC Process

Step 1: Impacted state identifies resource need and broadcasts resource request

- *Public*
- *Private*

Steps 2-3: State(s) submit offer(s) of assistance including detailed cost estimates

Step 4: Impacted state evaluates offers and can either further negotiation offers, reject offers, or accept offers



The EMAC Process

Step 5: Offering state(s) deploy resources

- Document and track resource costs
- Mission ends and resources return to home state

Step 6: Reimbursements are made



Broadcast sent out through the EOS

From: DDC@mt.gov
 To: DDC@mt.gov, DDC@mt.gov, DDC@mt.gov, DDC@mt.gov, DDC@mt.gov
 Subject: 2017-12-01

Requesting Agency: DDC@mt.gov

Contact Name: DDC@mt.gov

Contact Email: DDC@mt.gov

Contact Phone: 406-733-3011

Update:

Requisitioned To: All

Total Requisitions: 413

Event Name: Montana Hazard U.S. VI

State Mission TN #:

Requesting Agency: UDAI

EMAC TN #: 1008-AR-7043

First Name: DDC@mt.gov

Last Name: Teresa Peters

Phone 1: 406-733-3011

Phone 2: 406-733-3244 ext 250

Email 1: DDC@mt.gov

Email 2: DDC@mt.gov

Mission Type/Source: State

Type / State: A-Team

Mission Description: One (1) person EMAC A-Team

Resource Description: The origin states Tier 1 Emergency Management Agency (TEMA) is requesting a one (1) person EMAC Resource Team (A-Team). This person will deploy to UDAI to work at VTEMA Incident in SC. Once the A-Team resources will work at VTEMA with the existing center and providing of the just in case scenario requests within the EMAC EOC web-based system. All efforts will be coordinated through the origin-state Emergency Management Agency (TEMA). (Maximum character length is 10,000)

NAEP Type:

# Requisition	Type	Personnel
1		Personnel

Deployment Date: 2017-12-01

Deployment Date: 2017-12-16

Days Length: 16

Work Location/Facility: State EOC

Location/Facility Name: VTEMA

Address 1: 2104 King Cross St

Address 2:

City: Cheyenne

Zip Code: 80639

Working Conditions: Minimal - Very little infrastructure & support services

Working Conditions: Working team will support the USVI

Comments: Minimal - Some basic infrastructure operational

Living Conditions: As the time supporting personnel will stay in the functional room ship and have a rental car to allow to and from. Meals will be provided on the site.

Logistics Comments: The A-Team member will return the existing EMAC Team who will coordinate the transition already with the existing resources.

Hazmat Health & Safety Concerns: No Safety or Health Concerns have been identified

Immunizations or Vaccinations are suggested to deploy

Environmental Hazards Exist

Personal Protection Equipment Needed

Safety Concerns/Remarks: No specific safety or health concerns have been identified as part of this request.

First Name	Requestor Contact	Last Name	Phone
Corne	673-244 x 10	Agency	
Phone 1:	345-773-2244 x 100	Mobile	
Email 1:	Corne@mt.gov	Email 2:	
FPOC First Name	Agency	Last Name	Phone
Supply Director	Phone 1:	Phone 2:	VTEMA
Location/Facility Name:	State EOC		
Address 1:			
Address 2:			
City:			
Zip Code:	80639		



The Contract: Part 1 of the REQ-A

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

158-REQA-705-011

SECTION I TO BE COMPLETED BY THE REQUESTING STATE

Event: **Wildfire** | Requested State: **UT** | Requesting State: **MT**

Requesting State REQ-A Contact:

First Name	Erin	Last Name	Travis
Phone	406-297-3100	Phone	406-297-3100 ext 200
Email	emac@mta.gov	Email	travis@mta.gov

Resource Request:

Request Description: **One (1) Contract EMAC A Team**

Request Details: **Wildfire**

Deployment Dates (Including Travel Days):
 Deployment Date: **11/29/17** | Deployment Date: **12/14/17**
 Deployment Length: **16**

Deployment Details:
 Request Location: **Utah**
 Location: **UT/Utah**
 Address 1: **1104 King Circle St**

Address 1

City: **Charleston** | State: **SD** | Zip: **57505**

Identify Health & Safety Concerns (All Selected Apply):

No Safety or Health Concerns have been identified

Injuries or fatalities are suggested to deploy

Environmental Health Risk

Personal Protection Equipment Needed

Requesting State Resource Coordination Contact:

Organization	Utah	Contact Name	Travis
Title	Contract A Team UT	Agency	Utah
Phone 1	360-773-0244 x 200	Mobile	
Email 1	emac@mta.gov	Email 2	

Deployment Area and Point of Contact:

JCC File Name	Utah	Last Name	Travis
Phase 1	Deployment Director	Phase 2	UT/Utah
Location/Activity Name	Utah		
Address 1		City	Charleston
State		Zip Code	57505

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

Signature of EMAC Authorized Representative: *[Signature]* Date: **11/17**



The Contract: Part 2 of the REQ-A

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

158-REQA-705-011

SECTION II TO BE COMPLETED BY THE ASSISTING STATE

Request Description: **Wildfire**

Requesting State: **MT** | Requested State: **UT**

Requesting State Contact:

First Name	Erin	Last Name	Travis
Phone	406-297-3100	Phone	406-297-3100 ext 200
Email	emac@mta.gov	Email	travis@mta.gov

Requesting State Resource Coordination Contact:

Organization	Utah	Contact Name	Travis
Title	Contract A Team UT	Agency	Utah
Phone 1	360-773-0244 x 200	Mobile	
Email 1	emac@mta.gov	Email 2	

Requesting State Estimated Costs:

Category	Amount
Personnel	\$1,000.00
Equipment	\$500.00
Travel	\$500.00
Other	\$0.00
Total	\$2,000.00

Commodity Costs:

Commodity	Quantity	Unit Price	Total Price
Personnel	1	\$1,000.00	\$1,000.00
Equipment	1	\$500.00	\$500.00
Travel	1	\$500.00	\$500.00
Other	0	\$0.00	\$0.00
Total	3	\$2,000.00	\$2,000.00

Personnel Assigned to Mission:

Name	Position	Rate	Hours	Total
Travis	Contract A Team UT	\$1,000.00	1	\$1,000.00

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

Signature of EMAC Authorized Representative: *[Signature]* Date: **11/20/17**



The Contract: Part 3 of the REQ-A

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

158R REQ-A 3-11

SECTION III TO BE COMPLETED BY THE REQUESTING STATE

Date	11/11/2017
State	Montana (MT) U.S. 58
Request Description	One (1) person EMAC in Team
Has State Training #	Training Not Training #

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

Name of EMAC Authorized Representative	Dennis Hayes	Date	11/11
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Decision to send local assets

Montana DES executes an Intergovernmental Agreement with the employer of the team member of the local asset:

“The "Governmental Entity" employee will be paid (e.g. - compensation, travel reimbursement, etc.) by his/her employer and will receive the same benefits as if working at his/her home station. The “Governmental Entity” employee will carry with him/her all the liability protections of a “Governmental Entity” employee afforded to him/her by his/her home station and applicable law. Montana DES assumes no responsibility for these (this) employee(s) other than the submission of completed reimbursement request through the EMAC reimbursement process, and the transmittal of reimbursement from the “Requesting State” to the “Governmental Entity.”



Deployment/Record Keeping

- *Keep in constant contact with your Montana EMAC liaison*
- *Resource leader maintains all work and expense records which will be turned over to Montana DES after deployment*
- *All mission paperwork will be retained for a period of 10 years*



Reimbursement Process

EMAC reimburses costs that are:

- *Reasonable*
- *Mission related*
- *Incurred during the conduct of the mission*
- *Documented*

Reimbursement occurs over a 180-day period



Reimbursement Process

180 Day Process



Reimbursement Process

Reimbursement Packet

- *Deployed Personnel submits cost documentation to Resource Provider*
- *Resource Provider prepares R-2 and EMAC Calculation forms*
- *R-2 with all documentation submitted to Assisting State*
- *Assisting State prepares and submits R-1 to Requesting State*



Reimbursement Process

EMAC Emergency Management Assistance Compact (EMAC) Intrastate Reimbursement Form (R-2)	
<small>Please complete all fields in gray. Fields in green are automatically calculated.</small>	
Event:	
Submitted to the Assisting State of:	Date:
From City/County/State Department of:	Vendor Number:
For Services Rendered under State Mission Number:	EMAC Mission Number:
Copies of Receipts and Payment Vouchers for Each Claim Are Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personnel Costs	
Regular Time	
Overtime	
Employer Share of Fringe Benefits	
Total Personnel Costs	\$0.00
Travel Costs	
Air Travel	
Auto Rental/Gas/Mileage	
Lodging	
Government Vehicle Costs	
Meals/Tips	
Total Travel Costs	\$0.00
Equipment Costs	
Contractual Costs	
Commodities	
Other Costs (Explain in Remarks Section)	
GRAND TOTAL	\$0.00
Remarks:	
Certified and Authorized by: _____ Signature: _____ Date: _____	
<small>The authorized officer of the Assisting State certifies that the totals for each category/claim are exact costs expended by the Assisting State to perform the services requested in the R-2. All additional supporting documentation not included with this claim will be provided by the Assisting State for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting State authorized official through email.</small>	

R-2

- Is the invoice for your costs
- Each EMAC mission requires an R-2
- R-2 must be signed
- All amounts must be supported



Reimbursement Process

EMAC Calculation Forms

- Summarizes costs by each category listed on the R-2
- Calculation Forms are required
- Calculation Forms alone DO NOT prove costs were incurred



Reimbursement Process

Cost documentation

- Documents that prove costs were incurred
- Document examples:
 - i. Policies (e.g. Labor and Travel)
 - ii. Employee timesheets
 - iii. Payroll Register report
 - iv. Zero balance invoices
 - v. Odometer logs
 - vi. Receipt of purchase



Legal Considerations

Licenses and Permits/ Article V: “Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, **such person shall be deemed licensed, certified, or permitted by the state requesting assistance** to render aid involving such skill to meet a declared emergency or disaster, **subject to such limitations and conditions as the governor of the requesting state may prescribe by executive order or otherwise.**”



Legal Considerations

Liability/Article VI: “Officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the requesting state for tort liability and immunity purposes; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.”



Legal Considerations

Workers' Compensation and Death Benefits/ Article VIII: “Each party state shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that state and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within their own state.”



How can I be prepared?

- *Identify and define resources that may potentially be deployed via EMAC*
 - *Resource description*
 - *Resource location and points of contact*
 - *Resource costs*
- *Mission Ready Packages*
- *Identify what individuals you need to streamline your process and be the contact for MT DES*

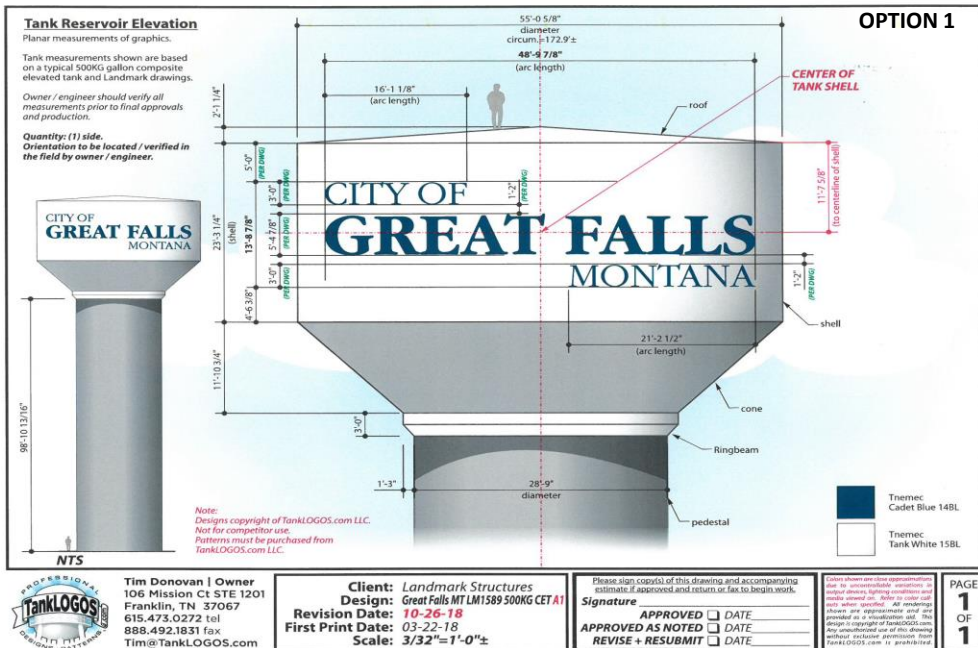


Questions?

Jake Ganieany/Keith Simendinger
Response and Recovery Branch Manager, EMAC Coordinator for Montana
Montana Disaster and Emergency Services
406-324-4776/4770
Jake.Ganieany@mt.gov ksimendinger@mt.gov

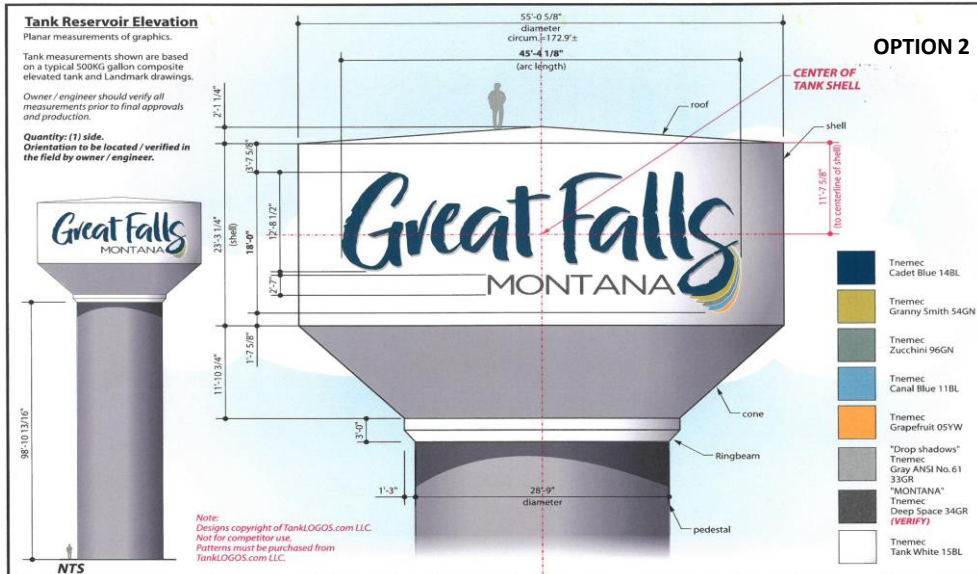
Item Attachment Documents:

3. Gore Hill Water Tower Logo - Jim Rearden.



Tim Donovan | Owner
106 Mission Ct STE 1201
Franklin, TN 37067
615.473.0272 tel
888.492.1831 fax
Tim@TankLOGOS.com





PROFESSIONAL
TankLOGOS
DESIGN & PATTERNS

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106 Mission Ct STE 1201
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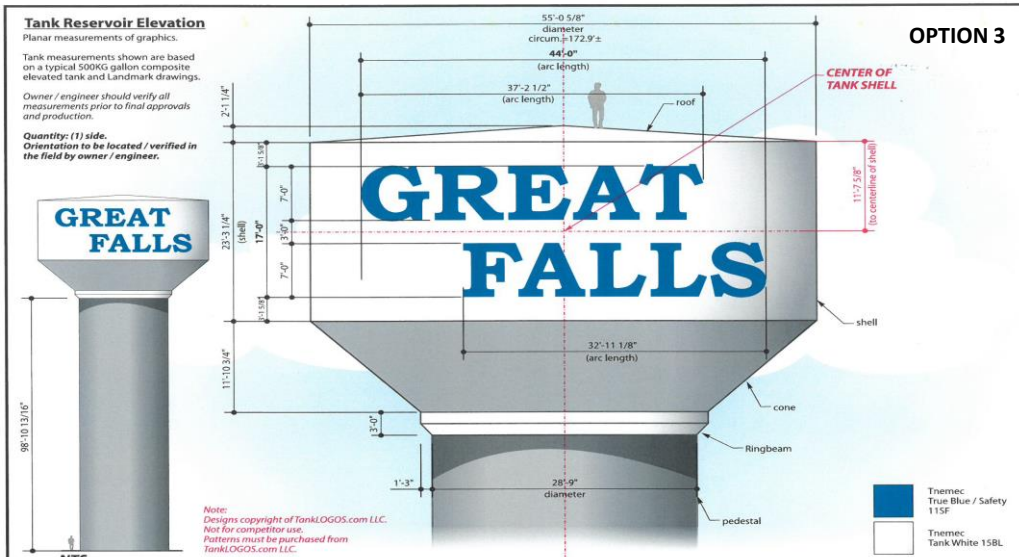
Client: Landmark Structures
Design: Great Falls MT LM1589 500KG CET B0
Revision Date: 10-26-18
First Print Date: 03-22-18
Scale: 3/32"=1'-0" ±

Please sign copies of this drawing and accompanying estimate if approved and return as fax to begin work.

Signature
APPROVED DATE
APPROVED AS NOTED DATE
REVISE + RESUBMIT DATE

Colors shown are the approximate color to be used. Actual colors may vary due to lighting conditions and other factors. All measurements shown are approximate and are provided as a guide only. This design is copyright of TankLOGOS.com and unauthorized use of this drawing without express permission from TankLOGOS.com is prohibited.

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COSTS FOR EACH OPTION

- Option 1 - \$27,500
 - Adder for 2nd logo - \$8,200
- Option 2 - \$37,600
 - Adder for 2nd logo - \$10,800
- Option 3 - \$28,100
 - Adder for 2nd logo - \$8,800

