

How to Submit for training reimbursement:

What to send:

1. Certificate or other proof of training attendance.
2. Contract, ~~invoice and proof of payment~~ **receipt for payment OR a copy of the cancelled check as proof that** ~~to provider of training~~ if your agency paid the trainer.
3. Completed ***Payroll Reimbursement Form*** for each employee your agency would like to be reimbursed for overtime or backfill or submit all wage and fringe information required on the form and the Saginaw County Emergency Management office will complete the form for you.
4. **A copy of the cancelled check showing** proof of payment for overtime or backfill for each person attending training.
5. In addition to regular full time employees, the following employees may also be reimbursed. Please note that for lost wages for volunteer personnel there are additional pieces of information required.

A. Part-Time Personnel: If an agency has budgeted eligible employees to work less than a full-time schedule, the time that these employees spend attending and traveling to and from ODP approved training and exercises above and beyond their regularly scheduled hours can be considered overtime and therefore covered along with backfill costs using ODP grant funds. For example, if an agency budgets an individual for 20 hours per week but ODP training or exercise activities require that person to work 25 hours in a week, the 5 extra hours spent in training or exercises can be covered by that respective ODP grant.

B. Paid-For-Call, Paid-On-Call, and Paid-Per-Call Volunteer Personnel: If an agency relies upon paid-for call, paid-on-call, and/or paid-per-call volunteer personnel and opts to include them in ODP training or exercises, grantees can use the appropriate ODP grant funds to pay volunteers for their attendance at these activities in accordance with local established policies, to include hourly and/or flat-rate payment.

C. Stipends for Non-Paid Volunteer Firefighter Personnel: Stipends for non-paid volunteer firefighters to attend ODP training and exercises are allowable when volunteers are completely unpaid and no legal agreement exists to support pay for training and exercise activities. The authorized reimbursement rate for non-paid volunteer firefighters participating in ODP training and exercises have been set at \$12.38 per hour.

D. Reimbursement of Lost Wages for Volunteer Responder Personnel: If volunteer responders are required to take time off from work in order to participate in ODP

training and exercises, grant funds can be used to reimburse lost wages within the following parameters:

- EMD has set a maximum reimbursement rate of \$18.57 per hour. The actual amount of lost wages will be reimbursed up to this amount that is the average hourly rate for all occupations in the State of Michigan, as reported by the U.S. Bureau of Labor Statistics.
- ***The employer of the volunteer responder must complete the [Reimbursement of Lost Wages Form](#)***, which follows this paragraph, for necessary information; including employee name, number of lost work hours, rate of pay, lost wages, date(s) of participation, etc.
- ***The employer must agree to receive the employee's reimbursement for lost wages from EMD for pass through to the employee/volunteer responder, and complete Form W-9, Request for Taxpayer Identification***, also included with this information.
- **The employee/volunteer responder must complete the last section of the Reimbursement of Lost Wages Form** and forward it to the Saginaw County Emergency Management office.

Where to send the information:

Timothy Genovese
Saginaw County Emergency Management
111 S. Michigan Ave.
Saginaw, MI 48602

If you have questions or need assistance with these requirements, please call or email Cindy Winland, (989) 839-2031 or crescentdr@chartermi.net

Reimbursement of Lost Wages for Volunteer Responders

Michigan State Police, Emergency Management Division

General Information: The Department of Homeland Security (DHS), Office for Domestic Preparedness (ODP) has provided grant funds to assist the State of Michigan with taking all prudent measures to detect, prepare for, prevent, secure and protect against, respond to and recover from, any terrorist threats. Volunteer responders compose a large percentage of the response community in Michigan and nationally. Most volunteers have other full-time jobs and volunteer to sustain the basic health and safety needs of their communities absent adequate economic structure for such services.

Reimbursement of Volunteers: If volunteer responders are required to take time off from work in order to participate in ODP approved training and exercises, ODP grant funds can be used to reimburse lost wages, provided the following requirements are met:

1. The State Administrative Agency (Michigan State Police, Emergency Management Division) has set the following maximum reimbursement rate. The **actual amount** of lost wages will be reimbursed up to the average hourly rate for all occupations in the State of Michigan, which is currently **\$18.57 per hour** as reported by the U.S. Bureau of Labor Statistics.
2. The employer must:
 - a. Agree to receive the employee's reimbursement for lost wages from the State Administrative Agency for pass-through to the employee/volunteer responder, and complete Form W-9, Request for Taxpayer Identification Number and.
 - b. Complete the employer information block below including signature and forward the form to the Saginaw County Emergency Management Office.
3. The employee/volunteer responder must:
 - a. Complete the employee/volunteer responder information block below including signature.

Employer Information

Employee Name:		
Type Activity: <input type="checkbox"/> Training <input type="checkbox"/> Exercise	Date(s) of Activity:	
Number of Hours:	Hourly Wage Rate:	Total Wages Lost:
Name of Business/Agency:		Phone Number:
Print Name & Title of Person Completing Form:		
Signature of Person Completing Form:		Date Signed:

Employee/Volunteer Responder Information

Name of Volunteer Agency:	Phone Number:
Print Name:	Phone Number:
I attest that the information provided on this form is true and accurate and that I am not receiving remuneration from any other source for the lost wages being reimbursed. Signature:	Date Signed: