

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	September 9, 2025	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing
Department:	Fire Rescue		

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to receive and file: a Resource Support Agreement (RSA): RSA 01814 for 2025 Operation Vigilant Sentry (OVS).

**Summary:** On December 10, 2024, the Board of County Commissioners (BCC) delegated authority to the County Administrator or designee to accept, approve, execute and/or submit RSAs as a requesting or assisting party. Subsequently, the County Administrator has designated the Fire Rescue Emergency Coordinator (FREC) to submit RSAs as a requesting or assisting party. In response to a request for assistance, Palm Beach County Fire Rescue (PBCFR) entered into one (1) RSA relating to OVS. Pursuant to countywide PPM CW-O-051, RSA 01814 is being submitted as a receive and file agenda item. **Countywide (SB)**

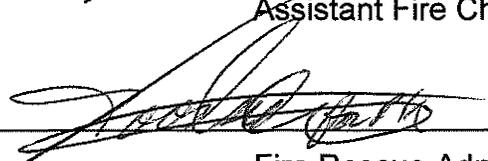
**Background and Justification:** The Statewide Mutual Aid Agreement (SMAA) is promulgated by the State of Florida pursuant to the Emergency Management Act, Chapter 252, Florida Statutes. The County is a Participating Party of the SMAA. PBCFR is required to be listed as an encompassed entity SMAA designee to process reimbursement requests for assistance rendered and personnel deployed in accordance with the SMAA.

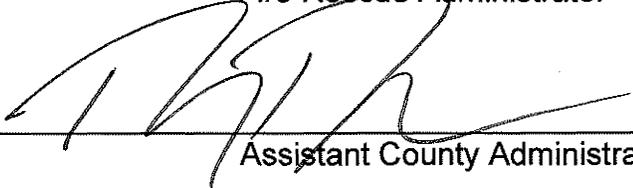
**Attachments:**

- 1. Resource Support Agreements (1)

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Recommended by:  8-9-25  
Assistant Fire Chief Date

Approved by:  8-9-25  
Fire Rescue Administrator Date

Approved by:  8/15/25  
Assistant County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Does this item include the use of Federal Funds? Yes \_\_\_\_\_ No X  
 Does this item include the use of State Funds? Yes X No \_\_\_\_\_

Budget Account No.: Fund 1300 Dept 440 Unit Various Object/Rev Source Various

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 \*Fiscal impact is indeterminable at this time. As the assisting party, the County anticipates to be reimbursed for all expenses incurred.

**C. Departmental Fiscal Review:** BB Cagle 8/4/2025

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

Loree Math 8/5/25  
 OFMB 8/5/25  
VS 8/5/25

Brinda Brack 8/4/25  
 Contract Development and Control 8.4.25

**B. Legal Sufficiency**

Dee Bur 8/12/25  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director



STATE OF FLORIDA

## **DIVISION OF EMERGENCY MANAGEMENT**

Ron DeSantis  
Governor

Kevin Guthrie  
Director

The State of Florida, through coordination by the Florida Division of Emergency Management (FDEM), values the support of all Emergency Response Resource Providers within the State of Florida and across the nation.

All local resources mobilized at the request of the State Emergency Response Team (SERT) must follow mobilization, personnel and equipment activity reporting, and demobilization procedures within the DEMES Resource Management system. Failure to comply with the specified procedures may result in non-payment to the supporting entity.

To receive reimbursement for emergency response activities, the following documentation **must** be included, as applicable, with all reimbursement requests to FDEM:

### **I. Summary**

- a. Initial Cost Estimate**
  - i. Cost Estimate Form, Resource Support Agreement, or other documented estimate of total cost.
- b. Claim Summary Form**
  - i. Complete breakdown of expenses incurred under the mission or contract.
- c. Mission Tracking Document**
  - i. WebEOC Mission, Resource Support Agreement, Contract, or other documented emergency response activity.
- d. Internal Revenue Service W-9 Form**

### **II. Personnel<sup>1</sup>**

- a. Regular and Overtime Pay Policy**
  - i. Policies must be in effect during the period of the mission's performance.
- b. DEMES Resource Management Daily activity logs for all claimed personnel**
  - i. Activity logs may be for groups or individuals, but actual emergency response activities must be demonstrated for all claimed personnel time and must be recorded in DEMES Resource Management to be reimbursable by FDEM.
- c. Official payroll records for all claimed personnel expenses**
  - i. Paid amounts for regular time and overtime hours must be clearly identified.
- d. Completed fringe benefit calculation for each class of claimed personnel**

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<sup>1</sup> Pursuant to Section 252.927, Florida Statutes (2022), officers or employees of a party state rendering aid in another state pursuant to the Emergency Management Assistance Compact (EMAC) 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.

- i. Individual calculation sheets are required for benefits that vary between positions.

**III. Personnel Backfill**

- a. Backfill labor supported by payroll records
  - i. Only overtime hours are eligible for backfill expenses, unless the backfill employee is contracted, temporary staff, or working on a scheduled day off.

**IV. Travel**

- a. Travel Policy
- b. Justification for all incidental costs not covered under travel policy
- c. Hotel invoices identifying individual room occupants and room numbers

**V. Equipment**

- a. DEMES Resource Management Equipment Activity Logs
  - i. Equipment claims must be accompanied by proof of the equipment's operation in support of emergency response activities and must be logged in the DEMES Resource Management system equipment activity logs.
  - ii. Claims for hourly rates and mileage rates may not be duplicated during an equipment's period of performance.
  - iii. Equipment damage incurred while on deployment **MUST** be reported in the DEMES Resource Management system prior to asset or team demobilization. Damages reported following demobilization (or without all required documentation) will be ineligible for reimbursement.

**VI. Materials and Other**

- a. Zero-balance receipts for all claimed purchases
  - i. Purchases must be in direct support of the emergency response activity.
  - ii. For purchases made with an employee's personal money, proof of reimbursement to the employee must be provided along with the purchase receipt.
  - iii. Fuel purchases and equipment rates may not be claimed simultaneously.
- b. Justification for equipment repair expenses
  - i. Routine wear and tear is not a reimbursable expense.
  - ii. Federally funded equipment shall be reimbursed for the actual cost of fuel and repairs only, not hourly rates.
- c. Copies of supporting contracts with justification

This is not an exhaustive list. Proof of work and proof of payment must be provided for all claimed expenses, and **all expenses must be in direct response to the emergency as requested by the State of Florida.**<sup>2</sup> After action reports and activities are not eligible. Please use the "Claim Checklist" attached to the Claim Summary Form to ensure all expenses are documented and supported properly for reimbursement.

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<sup>2</sup> Expenses incurred for after action reports are not eligible for reimbursement unless authorized by the Division.

**Completed reimbursement requests must be submitted to FDEM within 30 days of mission completion.** Requests received after this time will not be eligible for reimbursement.

For further guidance or clarification, please contact the Mutual Aid Branch at [MutualAid@em.myflorida.com](mailto:MutualAid@em.myflorida.com).

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Expenses incurred for after action reports are not eligible for reimbursement unless authorized by the Division.



# Resource Support Agreement

## Section I - Resource Request

### Requesting Party Information

**Requesting Party:** Florida Division of Emergency Management

**Assisting Party:** Palm Beach County Fire Rescue

**Incident:** 2025 OVS FACILITIES - TNT

**New/Amended:** Submitted

**Mission #:** 00046

**Emergency Status:** Governor Declared Emergency

#### Primary Point of Contact

**Name:** Roberto M'Causland

**Title:** Incident Commander

**E-Mail Address:** rmcausla@pbcgov.org

**Phone Number:** 5616354964

#### Mission Timeline

**Start Date:** //

**End Date:** //

**Location:**

**Zip Code:**

**City:**

### Mission Information - Request

#### Mission Description:

Requesting 1 Communications Unit Leader and Communications Technician to support Communications Needs at TNT Airport Camp. COML & COMT request will be for as needed support for radio programming and ESF-2 Support.

#### Resources/Capabilities Requested:

1 State Recognized Communications Unit Leader and Communications Technician from Collier County

**Deployment Conditions**

**Working Conditions:**

Comments:

**Health & Safety Concerns:**

Comments:

**Deployment Logistics**

**Is Lodging Available? No**

Comments:

**Will Meals Be Provide No**

Comments:

**Will Other Logistics Be No**

Comments:

**Additional Comments:**



# Resource Support Agreement

## Section II - Resource Offer

### Assisting Party Information

**Assisting Party:** Palm Beach County Fire Rescue

**Requesting Party:** Florida Division of Emergency Management

**Incident:** 2025 OVS FACILITIES - TNT

**New/Amended:** Submitted

**Mission #:** 00046

**Primary Point of Contact**

**Name:** Roberto M'Causland

**Title:** Incident Commander

**E-Mail Address:** rmcausla@pbcgov.org

**Phone Number:** 5616354964

**Mission Timeline**

**Date Available:** 6/30/2025

**Return Date:** 7/2/2025

**Location:**

**Zip Code:**

**City:**

### Mission Information - Offer

**Resources Available:**

Communications Unit Leader and Communications Technician to support Communications

**Logistical Needs/Requirements:**

Yes

### Deployment Cost Summary

<b>Personnel Costs:</b>	\$	4,574.12
<b>Personnel Backfill Costs:</b>		
<b>Travel Costs:</b>		
Meals	\$	108.00
Lodging		
Tickets		
Vehicle		
<b>Total Travel</b>	\$	108.00
<b>Equipment:</b>	\$	860.88
<b>Materials:</b>	\$	500.00
<b>Total estimated cost:</b>	\$	6,043.00

**Comments:**

Assisting Agency Authorized Representative Approval

Name:  Roberto M' Causland

Title: Incident Commander

Signature: \_\_\_\_\_

Date: 6/30/2025

Assisting Agency Authorized Representative Approval

Name:  Amy Gaby

Title: Operations Section Chief

Signature: \_\_\_\_\_

Date: 6/30/2025



# Resource Support Agreement

## Section II - Personnel Cost Estimate

Employee Name/Position	Regular Salary Rate	Fringe Benefit Hourly Rate	Regular Hours Per Day	OT Hourly Rate	OT Fringe Benefit Hourly Rate	OT Hours Per Day	Total Daily Cost	Mission Days	Total Mission Cost
Sean Robert	\$ 52.53	\$ 40.44	10	\$ 78.80	\$ 40.44	14	\$ 2,287.06	2	\$ 4,574.12
<b>Total Personnel Estimate:</b>									<b>\$ 4,574.12</b>



# Resource Support Agreement

## Section II - Personnel Backfill Cost Estimate

Employee Name/Position	Regular Salary Rate	Fringe Benefit Hourly Rate	Regular Hours Per Day	OT Hourly Rate	OT Fringe Benefit Hourly Rate	OT Hours Per Day	Total Daily Cost	Mission Days	Total Mission Cost
<b>Total Personnel Estimate:</b>									\$ -



## Resource Support Agreement

### Section II - Travel Cost Estimate

#### Per Diem Estimate

Employee Name/Position	Breakfast	Lunch	Dinner	Daily Rate	Daily Total	Mission Days	Total
Sean Robert	\$ 13.00	\$ 15.00	\$ 26.00	\$ -	\$ 54.00	2	\$ 108.00

Per Diem Estimate Total \$ 108.00

#### Lodging Estimate

Accommodation	Nightly Rate	Number of Rooms	Number of Nights	Total

Total Estimated Lodging: \$ -

#### Travel Ticket Cost Estimate

Travel Method	Number of Tickets	Total Ticket Cost

Total Estimated Travel Ticket Cost: \$ -

#### Vehicle Estimate

Vehicle Type	Vehicle Mileage Rate	Estimated Mileage	Daily Rental Rate	Mission Days	Estimated Fuel	Total

Total Vehicle Estimate: \$ -

Total Estimated Travel: \$ 108.00

RSA - Section II - Travel



Statewide Mutual Aid Agreement

## Resource Support Agreement

### Section II - Equipment Cost Estimate

Equipment	FEMA Equipment Code #	Equipment Rate	Hours Per Day	Days In Use	Total Mission Cost
	8810	\$ 35.87	12	2	\$ 860.88
<b>Total Equipment Estimate:</b>					<b>\$ 860.88</b>

RSA - Section II - Equipment



**Resource Support Agreement**

**Section II - Materials & Other**

Item	Unit Price	Amount	Reason for Purchase	Total
Miscellaneous	\$ 1.00	500		\$ 500.00
<b>Total Materials &amp; Other Estimate:</b>				<b>\$ 500.00</b>

RSA - Section II - Materials and Other