

State of New Hampshire

JOHN J. BARTHELMES
COMMISSIONER OF SAFETY



EARL M. SWEENEY
ASSISTANT COMMISSIONER

DEPARTMENT OF SAFETY

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

Tel: (603) 271-2559

Speech/Hearing Impaired

TDD Access Relay NH 1-800-735-2964

NH SHSGP (FFY 2011, 2012, 2013, 2014) Overtime/Backfill Forms Packet and Instructions – February 2015

Packet Contents

- **Overtime/Backfill Policy** – Please read this carefully. It outlines the specifics of what is allowable and what is not.
- **Overtime/Backfill Form** – This form will need to be completed for each student who successfully completes the courses outlined in the Policy mentioned above.
- **Notice of Local Requirement to Complete ICS 300 / ICS 400 (ONLY USED FOR ICS 300/400 CLASSES)**
- **Summary Sheet (Spreadsheet)** – Use this spreadsheet to calculate the allowable overtime/backfill costs for each student member of your agency.
- **Volunteer Declaration** – This is used by volunteer agencies that do not pay their responders an hourly rate for responses or training.
- **Later Payment Statement for Call and/or Volunteer Payroll** – This is to be used by agencies that do not have a method whereby they pay their responders on a regular schedule.

Basic Instructions

All reimbursement documentation packets must be submitted to the NH Fire Academy for initial review as soon as possible following the completion of the class. The NH Fire Academy will verify each student's successful completion of the training, which will determine their reimbursement eligibility.

1. Complete the Overtime/Backfill form for each student who attended the class.
2. Complete the Volunteer Declaration if applicable.
3. Complete the ICS 300/ICS400 Chief's designation if applicable (ONLY USED FOR ICS 300/400 CLASSES)
4. Calculate their payroll on the Summary Sheet and either 1) attach signed payroll documentation to support the amount being requested for each student, or 2) complete the Later Payment Statement in the case of Call or Volunteer responders. If you elect to pay Call or Volunteer responders prior to submitting for reimbursement, please provide signed payroll documentation. This can be either an actual payroll records or copies of canceled checks.
5. Create an invoice for the total amount being requested.
6. Submit entire packet to the Fire Academy for processing. Send the packet to:
Heather Newland, Administrative Supervisor heather.newland@dos.nh.gov 603-223-4229

**NH Department of Safety
Division of Fire Standards & Training and EMS
33 Hazen Drive
Concord, NH 03305**

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OVERTIME AND BACKFILL POLICY FOR DHS-APPROVED TRAINING COURSES UNDER SHSGP FISCAL YEARS 2011, 2012, 2013 & 2014 February 4, 2015

1. Scope

This policy shall take effect immediately and will apply to training participation for eligible classes as outlined below which are based on **SHSGP fiscal years 2011, 2012, 2013 & 2014**. This policy shall not be precedent setting for any other classes, programs or grant periods,

2. Policy:

The policy set forth shall be for all first responders that attend DHS-Approved classes as outlined above.

A. General Conditions

1. *Under no circumstances is dual compensation allowed.*
2. There is no reimbursement for straight time pay except in the cases of part time, paid-per-call or volunteer stipends.
3. The maximum allowable reimbursement is set by the Commissioner of the NH Department of Safety at **\$650 per person per day**.

Only expenses outlined in this document shall be eligible for reimbursement.

Reimbursement for Overtime and/or Backfill will be paid to the community *not* the student. The Grant reimbursement is intended to make a "municipality whole" for the participation of an employee in training or exercises.

B. FULL TIME PERSONNEL

Communities will be reimbursed for full time personnel participating in eligible training under the following conditions:

Overtime

Full time personnel who are paid overtime to attend training will be reimbursed for actual time in class; i.e. 8 hours of pay for an 8 hour class. Travel time and/or mileage are not eligible.

Backfill

Full time personnel who are called in on overtime to cover a duty shift for another member who is on-duty and receiving straight time to attend training (backfill) will be reimbursed for the actual class time only as outlined above. Travel time and/or mileage are not eligible.

It is expected that the responder who is assigned to training in lieu of normal duty and whose shift is being covered will return to duty to complete their normal shift assignment.

C. PART-TIME PERSONNEL

If an agency has budgeted employees to work less than a full time schedule, the time that these employees spend traveling to and attending approved training above and beyond their regularly scheduled hours can be considered overtime and therefore covered. For example, if an agency budgets an individual for 20 hours per week but approved training activities require that person to work 25 hours in a week, the additional 5 hours spent in training could be covered by SHSGP grants.

D. 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 approved training and exercises, grantees can use SHSGP grant funds to pay volunteers for their attendance at these activities in accordance with established processes. These Communities will be reimbursed for their members to attend training based on their documented rate of pay.

E. STIPENDS FOR VOLUNTEER FIRST RESPONDERS

Stipends for purely volunteer first responders to attend approved training are allowable when volunteers are completely unpaid and no legal agreement exists to support pay for training activities with the following justification:

These Communities will be reimbursed for actual class time at the rate of \$20.80 per hour. Student travel time and mileage expenses are not eligible.

All funds will be paid to the community. Students will not receive payment made out to them.

F. Filing Procedure

The following procedure must be followed by all Communities seeking reimbursement of payroll costs as outlined in this policy:

All documentation packages must be submitted to the NH Fire Academy for initial review as soon as possible following the completion of the class. The following documents **must** be submitted as part of this package:

1. Successful completion of the specific training courses must be on file at the Fire Academy.
2. Completed NH Department of Safety Overtime/Backfill Reimbursement Forms for each person for whom reimbursement is being requested, **signed by an authorized official.**
3. Payroll documentation to support the requested reimbursement, signed by an **official authorized to approve payroll.**
4. Summary sheet listing the employee name, date of training, rate of pay, hours, benefits by percentage and total amount requested, **signed by an authorized official.** Benefits are limited to FICA, Workers Compensation, Unemployment Compensation and Retirement rate in effect at the time of the training.
5. Volunteer Stipend Justification (if applicable), **signed by an authorized official.**
6. Invoice for the total amount requested, made out to NH Department of Safety, Grants Management Unit.



**DEPARTMENT OF SAFETY- GRANTS MANAGEMENT UNIT
 FY 2011/'12/'13/'14 HOMELAND SECURITY GRANT PROGRAM
 REQUEST FOR OVERTIME/BACKFILL REIMBURSEMENT-Effective for Eligible Events 10/1/14 or later**

MUNICIPALITY _____

This is to certify that (insert name): _____

Was relieved from active duty, while attending a DHS/FEMA approved training session or exercise OR backfilled a position for _____ (INSERT NAME OF BACKFILL PERSONNEL HERE) who attended the training or exercise:

Training/Exercise: _____ Date: _____

Location: _____ Amount of reimbursement requested: _____

Because of such absence, the municipality incurred overtime or backfill expenses. (The maximum reimbursement available will not exceed a documented **\$650** per person per day for salary **PLUS allowed benefits in total**). **For all DHS/FEMA training programs and exercises proper pre-approval documentation of eligibility must have been received from the Department of Safety point of contact for each program. Strict coordination with DOS is required (NH FS&T, NH HSEM, DOS- Grants Management). SIGNED Payroll records must be attached that correspond to this request; a signed summary of costs by day must be attached. Only time in class is reimbursed. Only documented and pre-approved exercise related time is reimbursed.**

Overtime expenses are the result of personnel who worked over and above their normal scheduled daily or weekly work time in the performance of DHS/FEMA-approved activities. Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours) related to the planning and conduct of exercise or training projects. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is applicable. In no case is dual compensation allowable. Overtime costs which are the direct result of attendance at FEMA and/or approved training courses and programs are allowable. Overtime payments related to backfilling personnel who have been sent to training are also allowable, but only the marginal added cost to the grantee of having to pay overtime instead of regular time. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation and as of April 26, 2005 retirement may be reimbursed per program guidance.

Backfill, also called "Overtime as Backfill", expenses are the result of personnel who are working overtime in order to perform the duties of other personnel who are temporarily assigned to DHS/FEMA approved activities (training, exercises, etc.) outside their core responsibilities. Backfill-related Overtime- Also called "Overtime as Backfill": These expenses are limited to overtime costs which result from personnel who are working OVERTIME - which results from personnel working over and above what your department considers overtime as a direct result of their performance of DHS/FEMA-approved activities specified in the applicable grant guidance-to perform duties of other personnel who are temporarily assigned to DHS-approved activities outside of their core responsibilities. These costs are calculated by subtracting the non-overtime compensation, including fringe benefits of the temporarily assigned personnel from the total costs (non-overtime and overtime compensation, including fringe benefits) paid to backfill the position.

Therefore, I am seeking reimbursement for costs incurred as described above. Documentation will be retained at the Municipal/Agency level and be available for State/Federal audit. I further certify that these costs are an accurate record of those incurred by the listed individual for this specific DHS/FEMA approved training or exercise and that the individuals have been paid by the municipality.

Sincerely,

 (Signature Municipal CEO authorized to sign)

 (Print name and phone number)

Remittance Address:

Remittance Federal ID Number:

A copy of the training certificate issued must be attached.

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Notice of Local Requirement to Complete ICS 300 and/or ICS 400

As a Chief Officer of the _____
Department, I recognize that there may be occasions when our members other than ranking
Chief Officers will be required to act in Command or General Staff positions under the Incident
Command System and as such, I require that those members be trained to act in those
positions.

As a result of this, I designate the following members of my organization to be required by me
to attend either ICS 300 and/or ICS 400 training and be afforded eligibility to apply for
overtime and/or backfill reimbursement as it may apply:

ICS 300 ICS 400 CREF #: _____

Name: _____	Name: _____

Name (Printed): _____

Rank: _____

Signature: _____

Date: _____

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VOLUNTEER STATUS DECLARATION FOR SHSGP REIMBURSEMENT

Organization Name: _____

Address: _____

I hereby certify that members of our organization are purely volunteers and receive no monetary compensation for their efforts on our behalf.

1. Volunteers in the State of New Hampshire are held to the same standards as their career counterparts, if not by law then by the public they are protecting. Training to meet these standards often places an undue hardship on both the volunteer and the organization due to the ever-increasing amount of time that volunteers are both asked and expected to contribute. This makes it extremely difficult to find volunteers who are willing to participate in specialized training and exercises beyond their normal scope of responsibility without some sort of compensation as is rightfully due them. It is also inherently inequitable to provide compensation to career responders and not to volunteers who are required to attend the same training.

2. Volunteers in response organizations willingly and freely donate their time to train to their normally expected level of response in their respective disciplines. The training offered or approved by the US Department of Homeland Security, Preparedness Directorate, Office of Grants & Training goes above and beyond their normally expected level of response; the training is designed to prepare responders to deal with all hazards and as such requires additional hours of training which accumulate additional time away from their paid jobs and their families.

Printed Name of Authorizing Official: _____

Title: _____

Signature: _____ Date: _____

