

Title III
(Forest Service Special Project Funds)



REIMBURSEMENT PLAN

Part 1

Purpose, Scope, Definitions

1. **Purpose:** Provides that each participating entity with a current Memorandum of Understanding that engages in services on National Forest property which is under the jurisdiction of the US Forest Service may file a claim with Sabine County for reimbursement for expenses incurred by such service as a result of search, rescue and emergency services.

2. **Scope:** Sabine County Volunteer Fire Departments, Local E.M.S., Sabine County Law Enforcement, Pineland Police Department and Hemphill Police Department services may file claims for reimbursement under Title III Resolution.

3. **Definitions:** Claimant means entity with a signed Memorandum of Understanding current with Sabine County. Direct expenses means expenses incurred while in the course of action with search, rescue and emergency service while on Sabine National Forest. This includes individual man hours by an active employee of the named units, the cost of supplies expended, and the equipment used during documented time. Supplies means inventory which have valid replacement receipts and documentation on the basis for which the item was used. All rates shall be defined under Title III, Reimbursement Plan, Part 3 on Schedule of Rates. Schedule of Rates means the allocated amount of funds that shall be used to calculate all claims. Reimbursement means resources that already exist in the Sabine County Title III Forest Service Funds as stated on Title III Resolution. Resolution means the signed acknowledgement in Commissioner's Court on September 11, 2014.

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REIMBURSEMENT PLAN

Part 2

Allocated Funds, Submission, Determination of Payment

1. *Allocated Funds:* Refers to Title III Forest Service Funds in the amount set forth in the Resolution dated the 11th day of September, 2014. Funds shall be granted in the form of a claim until Title III account has depleted. Once said Title III funds are depleted this account shall conclude.

2. *Submission of claims:* Entities to file claim(s) shall complete this packet and provide all necessary supporting documents within 30 days of the occurrence.

- a. Claim form found in Title III, Reimbursement Plan as Part 4, at County Judge's office.
- b. All claims shall be completed by authorized claimant.
- c. Additional documentation of support shall be provided by claimant if deemed by County Judge.
- d. All claimed man hours shall be that of an active employee of approved entity.
- e. All claims for expended supplies shall attach documents in the form of an invoice with a written explanation of use.
- f. All claims for equipment and/or vehicle use shall be listed on the claim form.
- g. Only one claim per entity, per occurrence. Claim must be in alignment with Forest Service dates of occurrence.
- h. Claims **do not cover** rented equipment.
- i. Claims **do not cover** equipment purchased on date of occurrence or after.
- j. Claims **do not cover** medical or hospital requirements.

3. *Determination of Payment:* The County Auditor and Treasurer shall determine the amount to be reimbursed on a claim. The County Auditor and Treasurer shall establish the reimbursable amount from Title III, Reimbursement Plan, Part 3, Schedule of Rates. The reimbursement shall be endorsed by County Judge, Auditor and Treasurer before payment is rendered.

- a. All claims shall go through Commissioner's Court.
- b. All claims shall be paid by Sabine County Treasurer.

4. *Schedule of Rates:* see Part 3 of Plan

**Title III
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**REIMBURSEMENT PLAN
Part 3
Schedule of Rates**

This Schedule of Rates will apply to Sabine County Volunteer Fire Departments, Local E.M.S., Sabine County Law Enforcement, Pineland Police Department and Hemphill Police Department.

Title III funds will provide reimbursement for operations performed on National Forest Land within Sabine County.

| Name/Equipment | | Notes | Unit | Rate |
|-----------------|------------------|------------|------|-------|
| Ambulance | | | hour | 32.50 |
| Auto, Police | | Patrolling | mile | .60 |
| Auto, Police | | In use | hour | 16.25 |
| Chain Saw Bar | | | hour | 3.20 |
| Chain Saw Pole | | | hour | 1.60 |
| Vehicle, Rescue | | | hour | 7.00 |
| Generator | | In use | hour | 8.00 |
| Truck, Fire | Tanker-not truck | | hour | 70.00 |
| Truck | All other /brush | | hour | 32.50 |
| | | | | |
| | | | | |
| Ambulatory Care | | | hour | 15.45 |
| | | | | |
| Law Enforcement | Deputies | | hour | 16.01 |
| | Sergeants | | hour | 16.33 |
| | Chief Deputy | | hour | 16.64 |
| | | | | |
| | | | | |



Sabine County, Title III, Reimbursement Plan, Part 4, CLAIM FORM

Sabine County
P.O. Box 716
Hemphill, TX 75948

Phone: 409.787.3543
Fax: 409.787.2044

Expense Report

Entity:
Address:

Federal Tax ID Number

Table with 7 columns: Date, Equipment or Vehicle, Member/Name, Hours, Rate (County only), Total (County only), Award Amount

Preparer signature: (Benefactor)

Date:

Finalized signature: (County only)

Date:

Table with 6 columns: Date, Supplies, Quantity, Explanation/use, Rate (County only), Total (County only), Award Amount

Supporting documents must be attached to this claim form.

Location of occurrence:

Activity of occurrence:

Sabine County Officials will insert rates and totals for the awarded amount for reimbursement upon approval.

TOTAL AWARD APPROVED \$



**Sabine County Title III
Reimbursement Plan, Part 5
Entity Verification Form**

Name: _____ Entity: _____

Title/Position: _____ Street Address: _____

Federal Tax ID # _____ City, State, Zip: _____

Request for Reimbursement Packet must be submitted within 30 days of incident.

Date of occurrence: _____

Location of occurrence: _____

Signature of benefactor: _____

Remember to include:

- ✓ Copies of log sheets (list of vehicles used and time frame used)
- ✓ Documentation of equipment/ inventory used and how utilized
- ✓ Please confirm your Federal Tax ID number above

Entity must complete and return this form to receive reimbursement award:

****** Below shall be completed by Sabine County Officials ******

I certify that the items for which this reimbursement request is made in the amount of \$ _____ has been paid for by the Title III Forest Service Special Project Funds on behalf of the _____ Department. There were no County dollars used in this award.

Signature of County Auditor: _____ Date _____

Signature of County Treasurer: _____ Date _____

Signature of Sabine Co. Judge _____ Date _____

Award Amount paid: \$ _____

Fax to City

787-2259