



Cost Estimate Form

Mission Information:

Incident: Washington County Helene

Mission #:

Resource Provider:

Kingsport Fire Department

Resource Provider Deployment Point of Contact

Name: Scott Boyd

Title: Fire Chief

Email Address: scottbovd@kingsporttn.gov

Phone Number: 423-229-9444

Deployment Details

Start Date: 9/27/2024

End Date: 10/8/2024

Location: Washington County
City: Johnson City

Zip Code: 37615

Reimbursement Information:

Reimbursement Point of Contact

Name: Terry Arnold

Title: Assistant Chief

Email Address: terryarnold@kingsporttn.gov

Phone Number: 423-430-3925

Remittance Information

FEIN: 62-6000323

Remittance Address: 415 Broad St Kingsport TN. 37660

Receivable Method: Electronic Fund Transfer

Cost Estimate Summary

Personnel:	\$	33,278.04
Personnel Backfill:	\$	-
Travel:		
Meals and Incidentals:	\$	-
Lodging:	\$	-
Personal Vehicle:	\$	-
Total:	\$	-
Equipment:	\$	10,028.78

Materials: \$ -
Other (explain in comments): \$ -
Total Cost Estimate: \$ 43,306.82

Comments:

Authorized Representative Approval

By signing below, I, the individual authorized to obligate funding and resources on behalf of my jurisdiction, do consent to the terms and conditions of reimbursement in performing this Mission at the request of the State of Tennessee.

Name: Paul Montgomery
Signature: Paul Montgomery
Date: 2/26/25

Title: Mayor

APPROVED AS TO FORM:
[Signature]
CITY ATTORNEY

TEMA Approval

State Public Assistance
Officer:

ATTEST:
[Signature]
DEPUTY CITY RECORDER
