



Cost Estimate Form

Mission Information:

Incident: Helene Unicoi county

Mission #:

484

Resource Provider:

Kingsport Fire Department

Resource Provider Deployment Point of Contact

Name: Scott Boyd

Title: Fire Chief

Email Address: scotboyd@kingsporttn.gov

Phone Number: 423-430-3925

Deployment Details

Start Date:

10/3/2024

End Date:

10/23/2024

Location: Unicoi County

Zip Code:

37650

City: Erwin

Reimbursement Information:

Reimbursement Point of Contact

Name: Terry Arnold

Title: Assistant Fire 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:

\$ 37,420.91

Personnel Backfill:

\$ -

Travel:

Meals and Incidentals: \$ -

Lodging: \$ -

Personal Vehicle: \$ -

Total: \$ -

Equipment:

\$ 14,326.80

Materials:

\$ -

Other (explain in comments):

\$ -

Total Cost Estimate:

\$ **51,747.71**

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 W. Montgomery

Title: *Mayor*

Signature: *Paul W. Montgomery*

Date: *12/20/2024*

ATTEST:
[Signature]
DEPUTY CITY RECORDER
APPROVED AS TO FORM:
[Signature]
CITY ATTORNEY



TEMA Approval

State Public Assistance
Officer:

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
<i>EXAMPLE: Person A</i>	\$ 50.00	\$ 0.95	8	\$ 75.00	\$ 50.00	4	\$ 907.60	16	\$ 14,521.60
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Total Personnel Estimate:									\$ -

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
EXAMPLE: Person B: backfill for Person A	\$ 45.00	\$ 0.95	8	\$ 75.00	\$ 50.00	4	\$ 867.60	16	\$ 13,881.60
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Total Personnel Backfill Estimate:									\$ -

Equipment Cost Estimate

The 2023 FEMA Equipment rates are included on the last tab of this workbook. Equipment Rates include depreciation, overhead, maintenance, field repairs, fuel, lubricants, and tires. Labor costs of operators are not included and should be documented seperately on the "Personnel" tab.

Equipment	FEMA Equipment Code #	FEMA Equipment Rate	Hours Per Day	Days In Use	Total Mission Cost
EXAMPLE: Equipment A	8301	\$ 14.73	6	14	\$ 1,237.32
750 gpm Pumper, 460 HP E-ONE Enforcer	8696	\$ 119.39	12	5	\$ 7,163.40
Truck, fire, 380 HP, Freightliner commercial	8696	\$ 119.39	12	5	\$ 7,163.40
Haz Mat unit					\$ -
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Total Equipment Estimate:					\$ 14,326.80

Lodging Estimate

Lodging provided at no expense to the Resource Provider is not eligible for reimbursement.

Accommodations	Nightly Rate	Number of Rooms	Number of	Total
EXAMPLE: Hotel	\$ 150.00	1	14	\$ 2,100.00
				\$ -
				\$ -
				\$ -
				\$ -

Total Estimated Lodging: \$ -

Vehicle Estimate

Either mileage or fuel receipts may be claimed; both cannot be claimed during the same operational period of a vehicle.

Vehicle Type	Vehicle Mileage Rate	Estimated Mileage	Daily Rental Rate	Days In Use	Estimated Fuel	Total
EXAMPLE: Economy Rental			\$ 35.00	16	\$ 200.00	\$ 760.00
						\$ -
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						\$ -
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Total Vehicle Estimate: \$ -

Total Estimated Travel: \$ -

Materials & Other

Materials				
Item	Unit Price	Amount	Reason for Purchase	Total
<i>EXAMPLE: Sleeping Bag</i>	\$ 35.00	1	<i>bedding at base camp</i>	\$ 35.00
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Total Materials Estimate: \$ -

Other		
Expense	Reason for Purchase	Total
<i>EXAMPLE: Laundry Services</i>	<i>Service not provided at base camp</i>	\$ 25.00

Total Other Costs Estimate: \$ -