

California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division
2017 SALARY SURVEY / ACTUAL ADMINISTRATIVE RATE
for the
AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO
THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES
(California Fire Assistance Agreement)

Please complete and/or correct this salary survey information sheet (all fields on this form that pertain to your agency are required or survey may be returned due to lack of information). Return your completed survey as soon as possible to:

California Governor's Office of Emergency Services / Fire and Rescue Division
3650 Schriever Ave Mather, California 95655

or

FAX: (916) 845-8396

(To ensure receipt of your salary survey, we recommend mailing it to us "Certified with Return Receipt Requested")

Agency 3-Letter MACS I.D.:	
Agency / Department Name:	
Chief's Name:	
Chief's Email Address*:	
Department Email Address:	
Physical Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Telephone Number:	
FAX Number:	
Federally Recognized Tribe? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Federal Fire Dept.? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Dept. of Defense? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*Email is for the individual responsible for reviewing and processing the Salary Survey, Administrative Rate, and invoices.

All information provided on this form is subject to audit by Cal OES, CAL FIRE, and the Federal Fire Agencies signatory to the California Fire Assistance Agreement.

Please provide the hourly Average Actual Rate or Base Rate for each classification used by your agency that is reflected in the chart below. Instructions for completing the [Cal OES 2017 Salary Survey / Actual Administrative Rate](#) form.

Classification Title	Base Rates (ST) as of 06/01/2017	Avg. Actual Rate or Base Rate (ST) as of:	Above B/C with a MOU/MOA for above Straight Time (OT)	MOU/MOA/GBR for Portal to Portal
Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Deputy Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Division Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assistant Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Battalion Chief	\$24.94 /per hour	/per hour		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Co. Officer/Capt./Lt.	\$20.69 /per hour	/per hour		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
App. Officer/Engineer	\$20.69 /per hour	/per hour		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Firefighter/FF-PMedic	\$20.69 /per hour	/per hour		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Actual Administrative Rate** (due by July 1st):				(Enter as Decimal)
Workers Compensation Insurance Rate:				(Enter as Decimal)
Unemployment Insurance Rate:				(Enter as Decimal)
Agency Federal Taxpayer I.D. Number or Federal Employee I.D. Number:				
Agency Data Universal Numbering System (DUNS) Number:				

NOTE: These rates are not effective until the date they are received by Cal OES.

****If your Actual Administrative Rate is on file, you are required to update and complete an Actual Administrative Rate Calculation Sheet (Page 2) by July 1st, 2017. After that date, the rate will default back to 10%.**

What is reported on this form constitutes direct salary costs for employees.

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief that this information is correct. Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA. I also agree to comply with all cooperator agency internal accounting and expense reimbursement standards.

Print Name _____

Authorized Representative _____

Date _____

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3-Letter MACS I.D.: _____ **Department Name:** _____

FY _____ / _____ **Data for use in** _____ **Fire Agreements**
Year

Actual Administrative Rate (Include ONLY allowable costs and use whole numbers)

PROGRAM	INDIRECT	DIRECT	TOTAL
Emergency Medical Services			
General Administration			
Information Technology			
Logistics / Procurement / Supply / Minor Fire Equipment			
Public Information Office			
Telecommunications			
Arson Investigation			
Community Education			
Facilities			
Fire Comm. Center / Dispatch / Comm. & Control Center			
Fire Hazard Reduction Program			
Fleet			
Hazardous Materials Response Program			
Mapping			
Operations			
Prevention			
Training			
Urban Search and Rescue			
GRAND TOTALS			

ADMINSTRATIVE RATE (INDIRECT COST/DIRECT COST):

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief that the actual administrative rate is correct and is established in accordance with OMB Super Circular Title 2 in the Code of Federal Regulations (2 CFR), Subtitle A, Chapter II, part 225 (A-87) using the instructions for completing [Actual Administrative Rate Calculations](#) and [ICRP Definitions](#). Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA.