

Henry County Emergency Management Agency\DHS

Send to: Ronald Huffman, Director
Emergency Equipment/Manpower Agreement
107 S 12th Street
New Castle IN 47362-

Office Phone (765) 521-0582
Office FAX (765) 521-3657
E-Mail ema@henryco.net

I _____ of address: _____, City: _____

State: _____ Zip: _____

Home TX: _____ Mobile TX: _____ Work: _____

representing _____ agree to provide the services, equipment and/or personnel listed below at the cost indicated;

Manpower: Yes No Type: _____

Equipment Operator: Yes No Type: _____

Welder: Arc Mig Heliarc Tig Oxy /Acetalene

Cutting: Oxy/Acetylene Plasma Other: _____

Special Equipment:

Crane Earth Moving Off-Road Public Works Watercraft

Generator Port-A-Johns Snow Plow Snow Vehicle

Description: _____

Make: _____ Yr of Mfg: _____ Model: _____ Size: _____ Height: _____ Width: _____

Engine: _____ Length: _____ Cylinders: _____ Fuel: _____ Tank Cap: _____ (Gal.)

Per Hr Fuel Usage: _____

Above Listed Item: \$ _____ per _____ Hour Day Incident (Please Circle One)

Listed Item will be provided FREE of charge to local emergency responders. YES NO (Circle One)

All apparatus and equipment responding under this signed document shall come under the authority and direction of the Incident Commander of the jurisdiction/Officer in Charge (OIC) or Henry County Emergency Management Agency/Department of Homeland Security .

Each responding organization/volunteer shall bear its own costs of Worker's Compensation, and any other insurance on its personnel during response and recovery operations. All volunteer (non-emergency responders) workers that have been pre-registered with the counties Emergency Management Agency as a ROSTERED Volunteer shall fall under the Counties Worker's Compensation insurance. No costs for labor or equipment may be billed for or payed for that have not been listed above. This agreement is treated as a contract; therefore, the labor and equipment rates outlined in the agreement are acceptable provided they are reasonable in terms and costs.

If the providing entity is staffed with volunteer labor, the value of the volunteer labor may be credited to the non-Federal cost share in accordance with the provisions of the Donated Resources policy (#9525.2). All apparatus and equipment repairs are the sole responsibility of the owner of the equipment.

Company _____

Representative Signature: _____ Date: ____/____/____

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Representative Signature: _____ Date: ____/____/____