

Joelle Martin

From: Alicia Woodberry <alicia.woodberry@boston.gov>
Sent: Thursday, May 12, 2022 11:00 AM
To: Joelle Martin; William Czar; Christopher Folan; Kevin Mascoll; Camara, Melinda; Kelly Parker; Paula Sarcia; Maria Bussell; Koco, Ledia
Cc: Francis Otting; Mark Wolfgang; Stephen Maguire; Jillian Eweka; Andrew Bloniarz
Subject: UASI Rescue Recruit - Department Reimbursement for Instructor BF/OT
Attachments: Reimbursement Request Letter.doc; Reimbursement Request Cover Sheet and OEM Approved Worksheet 2017.xls

Good Morning All!

As you are probably aware, we are finally doing another installment of the Rescue Recruit course! As usual, each City should only submit one packet for reimbursement for the entirety of the training. I wanted to send out some refresher instructions on how your department can submit for reimbursement :)

As a reminder, your department is only eligible for reimbursement for BF/OT for those who are instructors of this course, if you have any.

We will need **(please send via email as our office has moved to Roxbury):**

1. Reimbursement Request Letter on your Department Letterhead **(Attached)**
2. OEM Approved Worksheet & BF/OT Reimbursement Cover Sheet **(THIS SHEET HAS TWO TABS one for each respective worksheet) (must be signed off by Dept Head & Payroll Head)** Warrant #s must be included, if not, will kick back for correction. **[Attached - See the 2 tabs]**
3. Sign-In Sheets **(with personnel that is receiving BF or OT highlighted)**
4. Proof of Payment/Payroll backup

I will send out all of the sign-in sheets for each installment of training once they have concluded.

Please let me know if you have any questions. Thank you and HAPPY TRAINING!

Regards,

Alicia Woodberry
Training & Exercise Director
Office of Emergency Management (OEM)
85 Bragdon St | Boston, MA 02119

Phone: [617-635-1400](tel:617-635-1400) | Cell: [857-972-6122](tel:857-972-6122) | Fax: [617-635-2974](tel:617-635-2974) | alicia.woodberry@boston.gov



CITY OF SOMERVILLE, MASSACHUSETTS
FIRE DEPARTMENT
266 Broadway
Somerville, Massachusetts 02145

CHARLES J. BREEN JR.
CHIEF ENGINEER

TEL: (617) 623-1700
FAX: (617) 625-8101

REIMBURSEMENT REQUEST

June 9, 2022

Boston City Hall
Office of Emergency Management
Attn: Alicia Woodberry
One City Hall Square Room 204
Boston, MA 02201

Re: UASI RESCUE RECRUIT TRAINING

Pursuant to the MOA between the Boston Mayor's Office of Emergency Management (OEM) and the Somerville Fire Department for the distribution of UASI Regional Funds, dated April 2019, the Somerville Fire Department hereby requests reimbursement as follows:

Total Amount of
Reimbursement
Requested in this Request: **\$9205.03**

The Somerville Fire Department certifies that:

- (a) The total amount of funds requested pursuant to this Funding Request will be used to reimburse the Somerville Fire Department for Authorized Expenditures, attached are true and correct copies of all required documentation of such expenditures.
- (b) The undersigned is an officer of the Somerville Fire Department authorized to execute this Reimbursement Request on behalf of the Somerville Fire Department.

Signature of Authorized Agent: _____ 

Charles J. Breen Jr.

Printed Name of Authorized Agent: _____

Title/Agency: Chief Somerville Fire

Date: 6/9/22


OEM Approved
Backfill/Overtime Reimbursement Request Cover Sheet

Title, Location, Hours, and Date(s) of Activity	Rescue Recruit Training Moon Island Boston May 14-25, 2022
Name of Municipality/District/Agency (as it should appear on check)	Somerville Fire Department
Mailing Address for check	266 Broadway Somerville, MA 02145
Contact Person's name, e-mail, and phone	Charles Breen cbreen@somervillema.gov 617-625-6600 x8100
Payroll Administrator's name, e-mail, and phone	same

TOTAL REIMBURSEMENT REQUESTED: \$9,205.03

- Required submissions for reimbursement:**
1. This cover sheet, signed by appropriate official
 2. Overtime/Backfill Worksheet
 3. Payroll and CBA documentation
 4. Proof of attendance (see instructions sheet)

I certify that I am the department/district/agency official and/or Chief Financial Officer for the municipality/department/district/agency referenced above. I certify and attest to the truth and accuracy of the information provided on this form and hold harmless the region's fiduciary against error and/or fraud.


 Authorized Signature _____ Title Fire Chief
Charles J. Breen Jr. Printed Name _____ Date 6/9/22

Submit documentation to:
Mayors Office of Emergency Management, ATTN: Brenda Jones

Questions? Call Alicia Woodberry at (617) 635-1400 or e-mail at alicia.woodberry@boston.gov

