

Job Aid for Equipment Check-In Form

Please email the completed form to DNR-NoMichigan-IceStorm-Docs@michigan.gov.

Save your documents in the following format: **DocType_DIV_Name_Date**.

Use the document name as the **SUBJECT** section of the email.

We appreciate your patience as we navigate through the document collection process. Please reach out to any of the Document Unit if there are any questions.

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EQUIPMENT CHECK-IN – Only need once

1. See highlighted fields that need to be completed
2. Incident name – DNR Ice Storm Response
3. Equipment Make / Equipment Model
4. *Using 2025 Schedule C Rates, include the MDOT Equipment Code at the top of the form. This could be multiple codes depending on what equipment is used. [Schedule C Rental Rates](#)*
5. License Plate Number & Wheels Number (if VTS or State owned)
6. Is there a Trailer/lowboy with your equipment? – fill out separate form if yes
7. Are there other implements available for your equipment (if applicable and in use, select yes and list.)
8. For Heavy Equipment (if applicable) -indicate what information is relevant in the boxes highlighted
9. Primary Operator – list who is the one using the equipment the most (if applicable)
10. Home Unit / Vendor – Work location or Vendor / Home Unit Address – address of home unit or Vendor's address
11. SIGMA Unit Number – 4-digit Unit (i.e. 3642)
12. Unit Phone number or cell number
13. Work Email – your work email
14. Direct Supervisor - your supervisor of record
15. Admin Support – who takes care of your p-cards, invoices, etc.
16. Sign / Date - This does not need to be certified signature

IV. Applicant-Owned and Purchased Equipment

- FEMA provides PA funding for the use of applicant-owned (force account) equipment, including permanently mounted generators, based on hourly equipment rates.

- FEMA may provide PA funding based on mileage for vehicles, if the mileage is documented and less costly than hourly rates.
- There are instances when applicants do not have sufficient equipment to effectively respond to an incident. If an applicant purchases equipment that it justifiably needs to respond effectively to the incident, FEMA provides PA funding for both the purchase price (subject to disposition requirements as specified under Disposition of Equipment and Supplies in this chapter) and either:
 - The use of the equipment based on equipment rates; or
 - The actual fuel and maintenance costs. F
- FEMA only applies equipment rates to the time an applicant is operating the equipment.
- Although costs associated with transporting equipment (e.g., labor and equipment costs used to transport equipment) to an eligible site are eligible, costs for standby time (time spent on hold or in reserve) are ineligible unless the equipment operator uses the equipment intermittently for more than half of the working hours for a given day. In this case the intermittent standby time is eligible.
- Applicants must submit the following to support claims for applicant-owned or purchased equipment costs:

Table 12. Required Documentation and Information for Applicant-Owned or Purchased Equipment Costs

Equipment Type	For Small Projects	For Large Projects ¹⁵⁷
Applicant-owned equipment	<ul style="list-style-type: none"> ▪ Itemized cost summary of actual or estimated costs broken out by type of equipment: <ul style="list-style-type: none"> ○ Total usage hours; and, ○ Total cost. 	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual costs, or estimated costs for completed work, broken out by type of equipment: <ul style="list-style-type: none"> ○ Type of equipment and attachments used, including year, make, model, size, capacity, horsepower, and wattage (as applicable); ○ Location(s) or site(s) used; ○ Equipment code (if using FEMA rates); ○ Schedule of rates, including rate components (if not using FEMA rates); and, ○ Operator name with date and hours used each day.
Purchased equipment	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual or estimated costs broken out by type of equipment: <ul style="list-style-type: none"> ○ Total cost. 	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual or estimated costs broken out by type of equipment: <ul style="list-style-type: none"> ○ Invoices or receipts.

FEMA Rates

- FEMA publishes equipment rates applicable on a national basis. FEMA's rate schedule includes **any item powered by fuel or attached to any item powered by fuel.**
- FEMA develops equipment rates based on all costs associated with ownership and operation of equipment (except for operator labor).

- FEMA equipment rate components include depreciation, overhead, equipment overhaul (labor, parts, and supplies), maintenance (labor, parts, and supplies), lubrication, tires, ground engaging component (if applicable), and fuel. **Because the rates include maintenance costs, a mechanic's labor costs to maintain applicant-owned equipment are ineligible.**
- **Similarly, because the rates include fuel costs, an applicant cannot claim fuel costs in addition to FEMA equipment rates.**

Table 13. Required Documentation and Information for Rented or Leased Equipment Costs

For Small Projects	For Large Projects ¹⁶⁷
<ul style="list-style-type: none"> ▪ Itemized cost summary of actual or estimated costs for leased equipment: <ul style="list-style-type: none"> ○ Total usage days or hours; and, ○ Total cost. 	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual costs, or estimated costs for completed work, broken out by type of equipment or each piece of leased equipment: <ul style="list-style-type: none"> ○ Type of equipment, including make, model, size, capacity, horsepower, and wattage (as applicable); ○ Location or site used; ○ Dates and hours used (required if lease agreement charges hourly rates); ○ Rates and total cost; ○ Vendor and invoice number; ○ Amount of fuel used (if not included in rental cost); ○ Lease agreement; and, ○ Invoices or receipts.



EQUIPMENT CHECK-IN

Incident Name		Incident Number (if known)	
Equipment Make		Equipment Model	
License Plate Number		Wheels Number	Inventory Tag Number
Ownership	<input type="checkbox"/> VTS	<input type="checkbox"/> State Owned	<input type="checkbox"/> Rental/Contract/Other

Is there a trailer/lowboy with your equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please fill out separate sheet for trailer/lowboy.		
Does the equipment have lights for night operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment have four-wheel drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there other implements available for your equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:		
Is a CDL needed to operate this equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which type?	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B
	<input type="checkbox"/> Class C	<input type="checkbox"/> Endorsements

For Heavy Equipment (if applicable)			
Horsepower		Bucket/Load Capacity (Cu. Yds or Lbs.)	
G.V.W.R. (Trucks/Trailers)		Water Tank Capacity	

Operator Information			
Primary Operator		Number of Personnel	
Travel Start	Date	Time	Location
Home Unit/Vendor		SIGMA Unit Number	
Home Unit Address			
Unit Phone Number		Cell Number	
Work Email			
Direct Supervisor		Administrative Support	
Check-In	Date	Time	Location
Demobilization	Date	Time	Location

Operator's Signature		Date	
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Official Use Only

Government Officer's Signature				Date	
Entered	Init:	Date:	Audited	Init:	Date:
			Submitted	Init:	Date: