

ATTACHMENT A

Parties to the North Central Electric Association Mutual Assistance Agreement:

Name of Party: Utility Type: Effective Date:	Service Area:
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ATTACHMENT B

NCEA MUTUAL ASSISTANCE AGREEMENT (Electric & Natural Gas)
Names and Address of Authorized Representative(s)/ Billing

Date _____
Name of Utility _____
Mailing Address _____

Individuals to Call for Emergency Assistance:

AUTHORIZED REPRESENTATIVE

Name _____
Title _____ Address _____
E-Mail _____ Pager No. _____
Day Phone _____ Night Phone _____
FAX _____ Cellular Phone _____

ALTERNATE AUTHORIZED REPRESENTATIVE

Name _____
Title _____ Address _____
E-Mail _____ Pager No. _____
Day Phone _____ Night Phone _____
FAX _____ Cellular Phone _____

DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING

Name _____
Title _____
Address _____
Phone _____ Radio Frequency _____
FAX _____

CHOICE OF LAW (State or Province): _____

BILLING/PAYMENT ADDRESS

Name of Utility _____
Department of Utility _____
Billing/Payment Address _____

Telephone No. _____
FAX _____

Information provided to 2008 NCEA Custodian:

_____ North Central Electric Association

ATTACHMENT C

ACTIVATION OF NCEA MUTUAL ASSISTANCE AGREEMENT

Procedures for Requesting and Providing Assistance

- A. The Requesting Party shall include the following information, as available, in its request for Assistance:
 - A.1 A brief description of the emergency situation creating the need for Assistance;
 - A.2 A general description of the damage sustained by the Requesting Party, including the part of the utility system, e.g., generation, transmission, substation, or distribution, affected by the emergency situation;
 - A.3 The number and type of personnel, equipment, vehicles, materials and supplies needed;
 - A.4 A reasonable estimate of the length of time that the Assistance will be needed;
 - A.5 The name(s) and contact information of individuals employed by the Requesting Party who will be the Mutual Assistance Coordinator(s) and Operations Liaison(s);
 - A.6 A specific time and place for the designated representative of the Requesting Party to meet the personnel and equipment being provided by the Assisting Party;
 - A.7 Type of fuel available (gasoline, propane, CNG or diesel) to operate equipment;
 - A.8 Availability of food and lodging for personnel provided by the Assisting Party; and
 - A.9 Current weather conditions and weather forecast for the following twenty-four hours or longer.

- B. The Assisting Party, in response to a request for Assistance, shall provide the following information, as available, to the Requesting Party:
 - B.1 The name(s) and contact information of designated representative(s) to act as Mutual Assistance Coordinator(s).
 - B.2 The number and type of crews and equipment available to be furnished;
 - B.3 The name and title of the crew members responding to the Assistance;
 - B.4 Materials available to be furnished;
 - B.5 An estimate of the length of time that personnel and equipment will be available;
 - B.6 The name and contact information of the person(s) to be designated as supervisory personnel to accompany the crews and equipment; and
 - B.7 When and where Assistance will be provided, giving consideration to the request set forth in section A.6 above.

ATTACHMENT C-1

ACTIVATION OF NCEA MUTUAL ASSISTANCE AGREEMENT

Sample Written Request for Assistance

Date

Assisting Party Name

Assisting Party Address

“In recognition of the personnel, material, equipment, supplies and/or tools being sent to us by [name of Assisting Party] in response to a request for mutual Assistance made by [Requesting Party] on [date of request], we agree to be bound by the principles noted in the NCEA Mutual Assistance Agreement (Electric and Natural Gas).

(Brief Statement of What Assistance)

[Requesting Party Name]

[Authorized Representative of Requesting Party].

ATTACHMENT D

DEACTIVATION UNDER NCEA MUTUAL ASSISTANCE AGREEMENT

Procedures for Deactivation of Assistance

- A. The Requesting Party shall, as appropriate, include the following in their Deactivation:
 - A.1. Number of crews returning and, if not all crews are returning, expected return date of remaining crews
 - A.2. Notification to the Assisting Party of the time crews will be departing.
 - A.3. Whether crews have been rested prior to their release or status of crew rest periods
 - A.4. Advisement to the Assisting Party regarding current weather and travel conditions and suggested routing

- B. The Assisting Party shall, as appropriate, include the following in their Deactivation:
 - B.1. Return of any equipment, material, tools, or supplies provided by the Requesting Party
 - B.2. Provision of any information that may be of value to the Requesting Party in their critique of response efforts
 - B.3. Estimation as to when billing will be available
 - B.4. Billing to include detail under headings as outlined in Section 4.0 of this Agreement.
 - B.5. Retention of documentation as specified in Section 5.3 of the Mutual Assistance Agreement.
 - B.6. Confirmation that all information pertaining to the building, modification, or other corrective actions taken by the Assisting Party have been appropriately communicated to the Requesting Party

ATTACHMENT E
CUSTODIANSHIP OF NCEA
MUTUAL ASSISTANCE AGREEMENT

Responsibilities of the NCEA Mutual Assistance Agreement (Electric and Natural Gas) Custodian are:

- A. Act as the single repository for all original signature pages, changes, updates, and addendums to the Agreement, including Attachment B.
- B. Ensure all Parties provide an annual update of the Authorized Representative and Alternate Authorized Representative(s), as identified in Attachment "B", no later than December 15 of each year.
- C. Distribute annual update of Attachment "B" no later than January 15 of each year.
- D. Coordinate and facilitate meetings of the parties to the Agreement, as necessary, to include an after action review of recent mutual Assistance activations and document changes requested by any party to the Agreement. An annual meeting will also be held to review general mutual Assistance issues, and assignment of the Agreement Custodian for the next year.
- E. Assist and guide utilities interested in becoming a party to the Agreement by providing a copy of the existing Agreement for their review and signature pursuant to Section 6.3 of this Agreement.
- F. Facilitate any necessary reviews of the Agreement.
- G. Term of the Custodian responsibilities is annual and will commence on February 1, and terminate on January 31 of the following year. There are no limits to the number of terms or consecutive terms of the custodian. The name and contact information for the current Agreement Custodian will be provided as part of the Attachment B update as outlined in A and B above.

ATTACHMENT F

SUPPLEMENTAL INVOICE INFORMATION

Sections 4 and 5 of this Mutual Assistance Agreement provide for the accumulation of costs incurred by the Assisting Party to be billed to the Requesting Party for Assistance provided. Each utility company has their own accounts receivable or other business enterprise system that generates their billing invoices. Generally these invoices do not provide for a breakdown of costs that delineate labor hours, transportation costs, or other expenses incurred in travel to and from the Assistance, or the subsequent repair of equipment that may be necessary.

This attachment provides guidelines, format and explanations of the types of cost breakdown, and supportive information and documentation that are important to accompany the invoice for providing of mutual Assistance. It is intended to provide sufficient information to the Requesting Party at the time of invoice to minimize an exchange of detail information requests that may delay the payment of the invoice.

This information in no way eliminates or minimizes the Requesting Party's ability to audit the information or request additional cost detail or documentation.

Supplemental Invoice Information is a recommendation and not a requirement.

The form is available electronically from the Agreement Custodian.

This supplemental invoice information is provided pursuant to Sections 4.0 & 5.0 of the NCEA Mutual Assistance Agreement for Electric and Natural Gas, for Assistance provided. (RP = Requesting Party, AP = Assisting Party)

AP Invoice Date:	_____	RP Purchase Order #	_____
AP Invoice #:	_____	RP Reference or W/O#	_____
Bill To: 3 (Requesting Party)	_____	Remit To: 4 (Assisting Party)	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Attention: 5	_____	Attention: 6	_____

Name or Description of Event: _____

Location of Assistance or Event: _____

Assistance / Billing Period: _____

From: **7** _____ Date Assistance Accepted: _____ To: **8** _____ Date Demobilization Complete: _____

LABOR 1: Employee Wages and Salary while at RP Service Area **9**

Labor:	Hours	Wages	Additives	
Straight Time, Overtime and Premiums:	_____	_____	_____	LABOR 1 Subtotal: _____

LABOR 2: Employee Wages and Salary while traveling to and from RP Service Area **10**

Labor:	Hours	Wages	Additives	
Straight Time, Overtime and Premiums:	_____	_____	_____	LABOR 2 Subtotal: _____

LABOR 3: Employee Wages and Salary of service and support personnel not traveling to RP Service Area **11**

Labor:	Hours	Wages	Additives	
Straight Time, Overtime and Premiums:	_____	_____	_____	LABOR 3 Subtotal: _____

LABOR 4: Overtime Wages and Salary Incurred in AP Service Area as a Result of Assistance **12**

Labor:	Hours	Wages	Additives	
Overtime and Premiums:	_____	_____	_____	LABOR 4 Subtotal: _____

Premiums: _____

LABOR TOTAL

TOTAL Wages, Salaries and Payroll Additives: _____

MATERIALS: Cost of materials, supplies, tools, and repair or replacement of non-fleet equipment used in Assistance **13**
MATERIALS TOTAL **TOTAL Materials, Equipment, etc. and Additives:** _____

TRANSPORTATION: Cost of vehicles and equipment including parts and repairs and Additives (No Wages)

Fleet Costs: (Hourly or Use Charge for vehicles and equipment and Additives) **14** _____

Repair Costs: (Cost of repair or replacement of vehicles and equipment, excluding labor) **15** _____

TRANSPORTATION TOTAL **TOTAL Vehicles, Equipment, etc. and Additives:** _____

EXPENSE: Cost of transporting employees and equipment, to and from RP's Service area, and living expenses not provided by RP.

Transportation Expense: Cost to transport vehicles and equipment (fleet) to and from RP Service Area **16** _____

Travel Expense: Cost to transport personnel, airfare etc., (non-fleet equip/ tools) to and from RP Service Area **17** _____

Living Expense: Cost of meals, lodging and incidentals not provided by RP or incurred during travel **18**

<i>Meal</i>	<i>Lodgin</i>	<i>Incidental</i>
s: _____	g: _____	s: _____

EXPENSE TOTAL **TOTAL Transportation, Travel and Living and Additives:** _____

ADMINISTRATIVE & GENERAL COSTS: Cost properly allocable to the Assistance and not charged in above sections **19**

ADMINISTRATIVE & GENERAL TOTAL

TOTAL Administrative & General: _____

All costs and expenses of Assisting Company are summarized in this Invoice.

Pay This Amount: _____

(A Form W-9, Request for Taxpayer Identification Number and Certification, has been included with this invoice.) **20**

Instructions and Explanations

This information provides a breakdown of costs incurred in the providing of Assistance, and is intended to provide sufficient details to allow Requesting Party to expedite payment by minimizing requests for detailed information. This detailed breakdown, and supportive documentation, should supplement the remittance invoice normally generated by the utility's business enterprise or accounts receivable systems.

Reference Section Explanations: (Numbers correspond to sections on preceding supplemental invoice page(s).)

(Information in parentheses and italics are references to the related section of the CUEA MAA)

- 1** If Requesting Company has designated a Purchase Order to be used for this remittance, provide the PO number in this space.
- 2** If Requesting Company has designated a Work Order or Tracking number to be used for this remittance, provide the number here.
- 3** This "Bill To" address is designated by the Requesting Party and may be the same as the Billing / Payment Address as it appears on the Assisting Company's "Attachment B" of the Agreement. *(Sec. 4.2)*
- 4** This "Remittance Address" is the address specified on the Assisting Company's Primary Invoice.
- 5** The person identified in Billing / Payment section of Requesting Party's "Attachment B", or Authorized Representative, or the Requesting Party's designated Mutual Assistance Coordinator.
- 6** The person identified in Billing / Payment section of Requesting Party's "Attachment B", or Authorized Representative, or the Assisting Party's designated Mutual Assistance Coordinator.
- 7** The date the Assistance was agreed to commence. *(Sec. 3.2, 3.5,)*
- 8** The date the Assistance demobilization is complete. *(Sec. 3.5, Att D) (Note: subsequent repair or replacement costs incurred by the AP may be realized and billed past this date, as noticed by the AP to the RP in writing.)*
- 9** Labor 1: This total includes all hourly wages, including straight time, overtime, premium pay and payroll additives that are the normal payroll of the Assisting Party. This is for time worked in the Requesting Party's service area, and does NOT include time or pay for travel to, or from, the Requesting Party's service area. Labor 1 total includes all employees, management and supervision, that physically traveled to the Requesting Party's service area. (The numbers are reported as totals for Hours, Wages, and Additives (premiums and additives reported in same total). Supportive

information such as time sheets, or spreadsheets, that break down the totals reported, is strongly recommended.) (Sec. 4.1(a))

- 10** Labor 2: This total includes all hourly wages, including straight time, overtime, premium pay and payroll additives that are the normal payroll of the Assisting Party. This is for time or pay for travel to, or from, the Requesting Party's service area, and does NOT include time worked in RP's service area. Labor 2 total includes all employees, management and supervision, that physically traveled to the Requesting Party's service area. (The numbers are reported as totals for Hours, Wages, and Additives (premiums and additives reported in same total). Supportive information such as time sheets, or spreadsheets, that break down the totals reported, is strongly recommended.) (Sec. 4.1(b))
- 11** Labor 3: This total includes all hourly wages, including straight time, overtime, premium pay and payroll additives that are the normal payroll of the Assisting Party. This is for time or pay for employees, management, or supervision that is directly attributed to the Assistance, but did NOT travel to the Requesting Party's service area. Labor 3 total may include support services in the Assisting party's own service area such as warehouse, fleet, Assistance Liaisons, administrative and coordination personnel. (The numbers are reported as totals for Hours, Wages, and Additives (premiums and additives reported in same total). (Supportive information such as time sheets, or spreadsheets, that break down the totals reported, is strongly recommended.) (Sec. 4.1)
- 12** Labor 4: This total includes only overtime pay and additives that are incurred by the Assisting Party for emergency response in the Assisting Party's service area, that is directly attributable to the providing of Assistance. This total requires detailed support information and explanation provided to the Requesting Party prior to the inclusion of costs for Assistance. (Sec. 4.1 (f))
- 13** Materials: This total includes all non-fleet equipment, tools and supplies, provided by Assisting Party's warehouse or other supplier that was used, consumed, or has normally applied overhead costs or depreciation, as outlined in the agreement. (Sec. 4.1 (c))
- 14** Transportation: This total includes the hourly or use charge of vehicles and equipment, and normally applies overheads and additives, for all vehicles and equipment used in the providing of Assistance. These are direct "Fleet" costs excluding labor, which is included in Labor totals. (Sec. 4.1 (d))
- 15** Transportation: This total includes cost of repair or replacement of vehicles or equipment used in the providing of Assistance, by AP, dealer service, or contracted repairs, including all normally applies overheads and additives. These are direct "Fleet" costs excluding labor, which is included in Labor totals. (Sec. 4.1 (d))

- 16** Transportation Expense: This total includes only the incurred costs of transporting, by contractor or entity other than the AP or RP, the fleet vehicles and equipment to RP's service area, and return to AP's home base. (Supportive information such as contract carrier's invoice or trip tickets is recommended.)
- 17** Travel Expense: These include all costs incurred by AP for the transportation of personnel to and from the RP's service area. These include airfare, cab fare, rental vehicles, or any other transportation not provided by the RP. It also included the transportation or shipping costs of non-fleet tools or equipment to and from the RP's service area. (Sec. 4.1(b))
- 18** Living Expense: This includes all meals, lodging, and incidentals incurred during travel to and from RP's service area. It includes any of these costs incurred while working in the RP's service area that were not provided by the RP. (Sec. 4.1(b))
- 19** Administrative and General Costs: This includes all costs that are allocable to the Assistance, to the extent that they are not included in all the foregoing costs identified in this invoice. (Sec. 4.1(e))
- 20** Form W-9, Tax Identification and Certification: This standard tax form should be completed and accompany this form, unless such information has been previously transmitted to the Requesting Company.