

**National Pollution Funds
Center**

U.S. Department of
Homeland Security

United States
Coast Guard



NPFC INSTRUCTION 16451.2

**Technical Operating
Procedures for
Resource Documentation**

under

The Oil Pollution Act of 1990

JUNE 1999

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NPFCINST 16451.2

NATIONAL POLLUTION FUNDS CENTER INSTRUCTION 16451.2

Subj: Resource Documentation and Cost Documentation Technical Operating Procedures

- I. PURPOSE. The enclosed Technical Operating Procedures (TOPs) for Resource Documentation under The Oil Pollution Act of 1990 (P.L. 101-380) have been developed to provide guidance to users operating as, or in support of, the Federal On-Scene Coordinator.

- II. DISCUSSION.
 - A. The National Pollution Funds Center (NPFC) is Administrator of the Oil Spill Liability Trust Fund (OSLTF). One of the major missions of the NPFC is the recovery of costs from responsible parties for removal activities. The term “removal cost” found throughout the text of this TOPs refers to the costs of removal that are incurred after a discharge of oil has occurred or, in any case in which there is a substantial threat of a discharge of oil, the costs to prevent, minimize, or mitigate oil pollution from such an incident.

 - B. Attached are instructions and formats for the preparation and submission of resources and cost documentation for cost recovery.

 - C. COMDT (G-MOR) has indicated that it will require Coast Guard program personnel to utilize the Resource Documentation and Cost Documentation for cost recovery.

 - D. EPA (OERR) has adopted Resource Documentation per the CG/EPA MOU “For the Use of OSLTF” dated 12/19/96.

 - E. Other government and state agencies involved in removal activities that require reimbursement from the OSLTF may make use of these procedures, or request NPFC approval of alternate resource documentation. Alternate systems should cover the same elements and level of detail as the NPFC’s TOPs. Additionally, requests should allow sufficient time for the NPFC to review and coordinate approval (see Chapter 3).

- III. CHANGES. When necessary, changes to these TOPs will be made by the Case Management Division. They will appear as consecutively-numbered changes implemented by a NPFCNOTE.
- IV. FORMS AND REPORTS. Pollution Incident Completion Report (RCN 16451-1) applies. The following forms included in enclosure (1) may be locally reproduced.

Pollution Incident Daily Resource Report (PIDRR)
Government Summary Sheet (CG-5136A)
PIDRR Government Personnel (CG-5136B)
PIDRR Government Equipment (CG-5136C)
PIDRR Government Purchases/Expendables/Travel (CG-5136D)
PIDRR Government Short Form (CG-5136E)
PIDRR Contractor Personnel (CG-5136E-1)
PIDRR Contractor Equipment (CG-5136E-2)
PIDRR Contractor/Subcontractor Materials (CG-5136E-3)
PIDRR Contractor Short Form (CG-5136E-4)
Environmental Response Ceiling Management
Incident Obligation Log (CG-5136F)
Pollution Incident Daily Resource Report (CG-5136F-1)

- IV. ACTION. This Instruction and its provisions will be adhered to by all NPFC personnel.

DANIEL F. SHEEHAN
Director
National Pollution Funds Center

Encl: (1) Technical Operating Procedures for Resource Documentation and Cost
Documentation Under The Oil Pollution Act of 1990 (P.L. 101-380)

Request for Comments:

The NPFC desires comments concerning these technical operating procedures. Please address comments to:

Director (CD)
National Pollution Funds Center
U.S. Coast Guard
4200 Wilson Blvd., Ste 1000
Arlington, Virginia 22203-1804

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RECORD OF CHANGES			
CHANGE NUMBER	DATE OF CHANGE	DESCRIPTION	
#1	1 JANUARY 1994	INCORPORATED	NPFC (cm)
#2	1 JANUARY 1995	INCORPORATED	NPFC (cm)
#3	1 JUNE 1995	INCORPORATED	NPFC (cm)
#4	1 JUNE 1996	INCORPORATED	NPFC (cm)
#5	1 NOVEMBER 1998	INCORPORATED	NPFC (cm)
#6	16 MARCH 2000	INCORPORATED	NPFC (cm)
#7	31 JANUARY 2003	Corrected CG5136A form (p. 3-147)	
#8	23 APRIL 2003	Added SF 1081 (Chapter 9) & removed the sample Non-Federal PRFA (Chapter 5)	
#9	17 FEBRUARY 2004	Revised PRFA Amendment (Chapter 8)	
#10	26 FEBRUARY 2007	Added Sample PRFA SOW at the end of Chapter 8	
#11	1 MARCH 2007	Added Cost Doc Checklist as Appendix A	
#12	27 MARCH 2007	PRFA Doc Type changed to 34 (pp. 3-128, 169)	
#13	3 MAY 2007	Updated Table of Contents, Introduction, & How to Use This Guide	
		Updated CG5136 forms (chapters 1 & 6) & page 2 of the Incident Report & Transmittal (chapter 5)	
		Added flowchart of how to enter PRFAs into FPD (Chapter 8)	
#14	30 JUNE 2008	Chapter 1 Ceiling Management is being revised	

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**Technical Operating Procedures
for Resource Documentation**

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INTRODUCTION

- A. The procedures outlined in this manual have been updated to reflect changes recommended from the field and improved business practices at the NPFC. These procedures cover ceiling management and resource documentation recommended for use by the Federal On Scene Coordinator (FOSC).
- B. These procedures implement current cost documentation requirements that provide a system of accounting to support proper payment, case ceiling management, and recovery of costs incurred in removal activities.
- C. Generally, responsible parties are held liable for all damages and costs incurred as a result of an oil pollution incident and/or threat. In order to recover costs, expenses must be properly documented to provide the responsible party with an accurate accounting of payments due. Furthermore, if litigation is required, documentation must be admissible in federal district courts. The procedures outlined are designed to meet such requirements.
- D. Information collected by field units should be delivered to the NPFC in a timely manner. The guidance in this TOPs provides basic documentation requirements. A Financial Summary Report should be submitted by the Coast Guard FOSC within 120 days after the removal activities are completed (120 days from contractor invoice date for EPA FOSCs). When unusual circumstances prevent collecting all cost documentation, the FOSC should submit a partial report, and forward remaining documentation to the NPFC case officer within an agreed-upon schedule.
- E. During the course of a removal operation the FOSC should track expenses and project costs to facilitate judgments on proposed actions and additional funding. In response to numerous requests from field units, the enclosed procedures provide an effective method to maintain this system. NPFC case officers are available to address specific case questions that may not be covered in these procedures. In addition, NPFC can deploy a case team, upon request by the FOSC, when an incident exceeds existing FOSC capabilities.
- F. Any alternative documentation package requires NPFC review and approval prior to acceptance for use.
- G. **Electronic Forms**. All forms mentioned in this manual are available from the NPFC Web site at www.uscg.mil/npfc (click on **Home > Response > Cost Documentation**). In most cases, the forms can be completed electronically.

Contact your Regional Manager for more information.

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HOW TO USE THIS GUIDE

- A. The main purpose of this manual is to assist the FOSC in documenting and reporting resources associated with removal activity. **All forms in this manual can be locally reproduced.**
1. This manual provides detailed guidance and standard forms to keep track of, report, and document the use of removal resources. Considering the potential for litigation with the responsible party, supporting documentation must be able to withstand judicial review. Therefore, it is imperative that the FOSC prepare accurate and complete cost documentation consistent with this guidance.
 2. **Ceiling Management** procedures and forms for use by an FOSC while the response is ongoing are discussed in Chapter 1. Use these forms or existing unit obligation logs when tracking the use of funds assigned under a FPN, whether the case is an oil removal (**OSLTF** Emergency Fund) or a hazardous materials response (CERCLA/SUPERFUND).
 3. The NPFC has developed a three level system for recording and reporting costs under a FPN. The FOSC determines the appropriate level based on parameters given in Chapter 2. Note that the transition from one level to another is not always clear. The FOSC may shift from one level to a greater or lower level depending on the complexity of the case. The documentation required for each level is also discussed in Chapter 2.
 4. An overview of the elements of the **FOSC's Financial Summary Report** are given in Chapter 4. This overview is a good way to see all the components of this report. An abbreviated Financial Report is now available for mystery spills under \$25,000.00; see Chapter 4 for more details.
 5. A detailed description of information entry requirements for each of the five separate forms comprising the **Pollution Incident Report and Transmittal** can be found in Chapter 5. Details are also given on the types of existing reports which may be attached in lieu of duplicating information.
 6. Chapter 6 provides descriptions of **Pollution Incident Daily Resource Reports**. The type of information that should be collected from contractors, Coast Guard units and other government agencies is explained. This is where information on any of the eight standard forms for documenting resource use is located. The Coast Guard forms are available in electronic form **from the NPFC's Web site (www.uscg.mil/npfc, click on **Spill Response Funding > Cost Documentation > CG-5136 Forms**)**.
 7. **Coast Guard/EPA Purchases of Equipment**. The OSLTF provides a funding mechanism for the FOSC to utilize whatever resources are necessary to mitigate a pollution discharge. If resources cannot be obtained through leasing or renting, and

a purchase is required to obtain specific resources, the FOSC shall follow guidelines addressed in Chapter 7 for documenting all purchases using funds from the OSLTF.

8. A key document for use by non-Coast Guard agencies working for the FOSC is the **Pollution Removal Funding Authorization (PRFA)**. A sample form with detailed instructions for completion can be found in Chapter 8.

Note: It is important to follow directions for completing the accounting data section of the PRFA to ensure that an agency prepares its billing properly. Each federal agency must submit a request for reimbursement using SF-1080/1081, which is explained in Chapter 9.

9. Procedures for the **Reimbursement of Coast Guard units** for expenses incurred during a pollution incident are discussed in Chapter 10.
10. **Appendix A: Case/Cost Documentation Checklist** can serve as a job aide to help FOSCs collect, prepare, and finalize their cost documentation packages for submission to the NPFC.

- B. Please forward any recommendations for improving these chapters to the NPFC (Cs).

Chapter 1

CEILING MANAGEMENT

This section is being revised. For proper procedures, please contact the Case Management Division at http://www.uscg.mil/npfc/poc.asp#case_teams

Chapter 2
THREE LEVELS OF RESPONSE
&
DOCUMENTATION FLOW

CHAPTER 2 - LEVELS OF CASES & DOCUMENTATION FLOW

- A. Based on historical data, a three level system was designed to help determine the complexity of a case and its required resource documentation. Some factors for determining the level of a spill are given below. The FOSC is considered to be the best judge of the factors involved in an event and is expected to select the level of documentation appropriate for the circumstances.

1. Level I - Routine:

Routine incidents represent approximately 85% of all oil incidents. A routine incident is one where:

- a. Total removal costs to the government will not exceed \$50,000;
- b. Removal activities will probably be completed within one to two weeks;
- c. Removal activities are localized;
- d. Primarily unit resources are involved.

Documentation from all resources is submitted to the FOSC at completion of removal activities.

2. Level II - Moderately Complex:

Level II cases represent 10-15% of all oil incidents. A moderately complex incident is one where:

- a. Total removal costs are between \$50,000 and \$200,000;
- b. Removal activities take place in several locations;
- c. There are several external resources such as a strike team, a state agency, and other government units involved; and
- d. Removal activities will take longer than two weeks to complete.

Documentation from all resources is submitted to the FOSC as often as practical (daily if possible) until final removal activities are completed.

3. Level III - Significantly Complex:

Level III cases typically represent less than 5% of all oil incidents. A significantly complex incident is one where:

- a. Total removal costs are greater than \$200,000;
- b. Removal activities involve numerous contractors;
- c. Removal activities take place at several locations; and
- d. As in Level II, there are several external resources involved.

Documentation is submitted as in Level II.

DOCUMENTATION FLOW - FOR ALL LEVELS

B. FOSC ACTIONS:

1. Responsibilities/Document Flow:

- a. Include removal ceiling information in each POLREP for:
 1. The Approved Project Ceiling; and
 2. Total Cumulative Obligations against the ceiling (See Chapter 1).
- b. Complete the Incident Report when removal activities are finished (See Chapter 5).
- c. Complete the Daily Resource Report (Dailies) covering unit resources involved in removal activities (See Chapter 6).
- d. Collect Daily Resource Reports and official records (i.e., aircraft blue sheets and cutter navigation logs) from other Coast Guard units.
- e. Issue "Pollution Removal Funding Authorizations" (PRFA) to other government agencies for removal activities (See Chapter 8).
- f. Review the SF-1080/1081 and Daily Resource Reports submitted by other government agencies, and certify that services were authorized and completed. (See Chapter 8). Documentation should be provided that supports a clear audit trail for reimbursement. The FOSC should send this documentation to the NPFC where it will be reviewed for continuity and propriety. The NPFC may return incomplete submittals to other government agencies.
- g. Review contractor invoices against Daily Resource Reports, and certify that services were authorized and completed. The FOSC:
 - (1) Sends the "original" invoice with daily reports to the appropriate contracting officer (MLCLANT or MLCAPAC);
 - (2) Sends a copy of certified invoice to the NPFC (**Do not send contractor dailies to the NPFC**); and
 - (3) Keeps a copy for the unit's file.

The FOSC is not required to validate the invoice(s) against the BOA to verify personnel, equipment, etc.

- h. Resolve any discrepancies between government agencies and contractors prior to submitting documentation.
- i. Consolidate information and submit a Financial Summary Report to the NPFC (See Chapter 4).

2. Ceiling Management Requirements:
 - a. For Ceiling Management, use CG Form CG-5136F, CG-5136F-1, or a local log.
3. Resource Documentation Requirements:
 - a. CG Form CG-5136A through 5136E

C. CONTRACTOR ACTIONS:

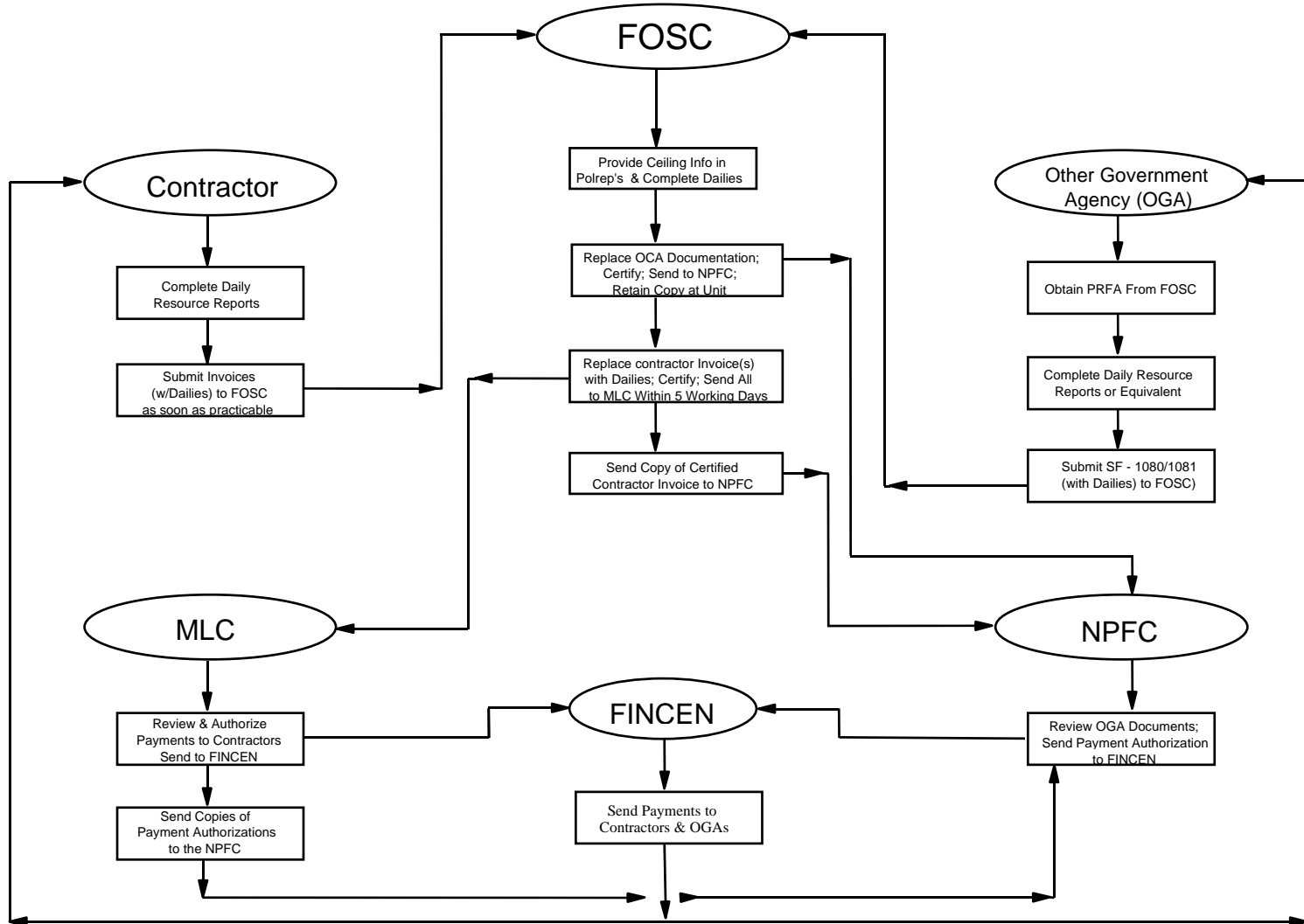
1. Responsibilities/Document Flow:
 - a. Complete Daily Resource Reports for removal activities.
 - b. Prepare an invoice supported by Daily Resource Reports upon completion of removal activities or in at least 30 day periods (for long term removal activities) to the FOSC.
2. Resource Documentation Requirements:
 - a. Use CG-5136E (1-4).
 - b. Use in-house invoices to bill for removal activities prepared from the forms mentioned above.

D. OTHER GOVERNMENT AGENCIES ACTIONS:

1. Responsibilities/Document Flow:
 - a. Obtain “Pollution Removal Funding Authorization“ (PRFA) from FOSC for removal activities (See Chapter 8).
 - b. Maintain Daily Resource Reports (Dailies) or equivalent forms approved by the NPFC, and submit to the FOSC upon completion of removal activities.
 - c. Government agencies should prepare a SF-1080/1081 based on information gathered from Daily Resource Reports. This task is usually handled by the agency’s accounting office. Documentation should be organized that provides a clear audit trail for reimbursement. (The NPFC may return incomplete submittals to other government agencies for corrective action.)
 - d. Send the SF-1080/1081 with Daily Resource Reports as required in the PRFA within 30 days after completion of removal activities to the FOSC.
 - e. Identify a point of contact on resource documentation for discrepancy resolution.
2. Resource Documentation Requirements:
 - a. Use one of the following: CG-5136A-E, or another equivalent form approved by the NPFC.
 - b. Government agencies should use SF-1080/1081 to request reimbursement for removal costs, attaching copies of Daily Resource Reports.

Documentation Flow

The following flowchart shows the documentation flow for Levels I, II, and III incidents. See text in preceding pages for detailed information.



Note: LEVEL 1 documentation should be submitted at the completion of removal activities.
 LEVEL II and II documentation should be submitted as soon as practicable (at least in 30 day cycles)

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Chapter 3

METHODS OF DOCUMENTATION

CHAPTER 3 - METHODS OF DOCUMENTATION

A. THERE ARE TWO METHODS OF DOCUMENTING COSTS:

1. The Pollution Incident Daily Resource Reporting System, as outlined in this guide, or
2. A NPFC Approved Alternate Record Keeping System.

B. POLLUTION INCIDENT DAILY RESOURCE REPORTING SYSTEM

1. This is a series of forms, instructions, and submission schedules used to document costs associated with removal activities under OPA. It is based on the use of standard rates.
2. Contractors - use rates in the Basic Ordering Agreement or as agreed to with a contracting Officer .
3. Coast Guard units - use standard rates found in Commandant Instruction 7310.1 (Series).
4. Other Government agencies - may have a publication listing standard rates to be used for all of their resources. The agency should provide this to the FOSC, if possible.

C. AN APPROVED ALTERNATE RECORD KEEPING SYSTEM FOR FEDERAL, STATES AND OTHER AGENCIES

1. An existing, alternate system for documenting activities and costs associated with removal under OPA. Alternative systems will be approved by the NPFC on a case-by-case basis. Proposed systems will be addressed by the NPFC in a timely fashion.
2. Alternative systems are generally preexisting systems designed by government agencies which do not use standard rates.

D. Resource documentation identifies costs as personnel, equipment, or services. It also includes brief descriptions of actions taken and their justification. Original documentation is preferred for cost recovery, and should not be retyped, even when handwritten.

E. Alternate systems must be approved by NPFC prior to submitting forms for a specific incident.

F. The NPFC will investigate the best method of interfacing with Oracle as soon as all units have transferred to SWSIII.

Chapter 4
FOSC'S FINANCIAL SUMMARY REPORT

CHAPTER 4 - FOSC'S FINANCIAL SUMMARY REPORT

- A. **Financial Summary Report**. This report consists of several components that address all the necessary information required for cost recovery. This report should be **submitted within 120 days upon completion of final removal activities**. There is “**no cover letter required**” for this report, if the following components are enclosed in the order listed.
1. **Incident Report & Transmittal** - This is considered the cover letter for the report. The FOSC signs the bottom of this form ensuring all applicable enclosures are attached. See Chapter 5 of this guide for more detailed information.
 2. **FOSC Pollution Incident Daily Resource Reports** - If other Coast Guard resources are used (e.g. air station, small boat units), these units should provide copies of the official records/logs (CG-4377: aircraft flight records, cutter logs, etc.) to the FOSC. The FOSC is ultimately responsible for obtaining these supporting documents as part of the Financial Summary Report.
 3. **Copy of Certified Contractor Invoices** - If the contractor has not submitted all the invoices, submit the Financial Summary Report with the exceptions noted. Forward copies of the certified invoices when they are received. **Send the original certified invoices (with Daily Resource Reports) to the respective Contracting Officer. Do not send the contractor's dailies to the NPFC.**
 4. **Other Government Agencies Resource Documentation** - When a Federal Agency is involved, this agency should submit an SF-1080/1081 with invoices, Daily Resource Reports, and Pollution Removal Funding Authorization (PRFA) to the FOSC. If the agency has not submitted the SF-1080/1081, submit the Financial Summary Report with the PRFA. The SF-1080/1081 and supporting documentation should be forwarded when received.
 5. **Out-of-pocket expenses** - If the unit incurred any out-of-pocket expenses, these expenses must be substantiated by attached documentation providing a clear audit trail, and marked as an “Out of Pocket Expense.”
- *NOTE:** If a case is expected to last for several months, an interim report should be **submitted at 30 day intervals**. Each interim report should contain all original documentation up to the date being submitted and in the format specified above. However, submissions from EPA are required six months from initiation of the removal action and every six months thereafter until site completion. The FOSC must assemble an interim cost documentation package and forward copies to the CFMC and NPFC. The cost documentation package should contain all of the elements described in this document.

B. **Abbreviated FOSC Financial Report.** For incidents with no identifiable responsible party (RP) and costs do not exceed \$25,000, in lieu of the regular report required above, FOSCs can file an Abbreviated Financial Report.

1. This report format cannot be used if:
 - a. There is an identified RP; or
 - b. The total cost of the case exceeds \$25,000; or,
 - c. the response was funded by CERCLA (a CPN).
2. The content of the Abbreviated Financial Report is as follows.

Incident Summary

This section of the Abbreviated Financial report provides a “thumbnail” summary of the response, including the date and location of the response.

Personnel

This section summarizes the personnel employed during the response. It includes the pay grade and total hours worked by each person.

Personnel hours are reported in half-hours, do not track time to any finer level of detail. Costs or totals do not have to be provided.

Equipment

This section summarizes the equipment employed during the response. It includes a description and identifying information (license plate number, GSA vehicle type code, tail number etc.) and total hours it was operated.

Equipment hours are reported in half-hours, do not track time any finer level of detail. Costs or totals do not have to be provided.

Obligations

This section summarizes the obligations made during the response -- Contractors, PRFAs, Purchases, etc. It includes the type of obligation, the name of the vendor, the Document Control Number (DCN) assigned the amount of the obligation the estimated cost is sufficient) and a short description.

- For Coast Guard FOSC's, NPFC will use DAFIS, contacts with the cognizant contracting officers and finance centers to confirm actual paid amounts. For EPA FOSC's, a SCORPIOS financial summary should be provided. With this information, the NPFC Case Officer will calculate the total cost for the incident. No further financial report is required.

Incident Summary:							
On 02JAN01 oil was discovered in the NW cover of No-Name Harbor, AK.							
No RP could be located.							
Personnel:							
02	6 Hours						
E5	6 Hours						
Equipment:							
41 Ft UTB	2 Hours						
Lt. Truck (GSA: 4100)	1 Day						
Lt. Truck (GSA: 4100)	50 Miles						
Obligations:							
Contractor	Riedel-Peterson	24	95	23	5	H YE 012	\$2,023.14
BOA OSRO							
PRFA	State of Alaska	34	95	33	5	H YE 013	\$500.00
Assisted in Response							
Purchase	Spill Supplies Inc	23	95	33	5	H YE 014	\$75.00
4 sample kits							
Analysis	USCG Marine Safety Lab					none	\$600.00
6 samples							

Example of an Abbreviated Financial Report

- Forwarding the Report. The Abbreviated Financial Report may be faxed, mailed, or e-mailed to the NPFC Case Officer, or included in the final incident POLREP.

Chapter 5
POLLUTION INCIDENT REPORT
AND
TRANSMITTAL

CHAPTER 5 - INCIDENT REPORT AND TRANSMITTAL

- A. The Incident Report serves two purposes: (1) it provides necessary case-related information on the pollution incident, and (2) it serves as a transmittal form to forward the FOSC's Financial Summary Report to the NPFC. The FOSC should prepare and submit this report and appropriate enclosures within 120 days after completion of removal activities.

SUMMARY

Instructions on completing Page 1

1. **Date:** Insert the date report is completed.
2. **From:** Insert the unit's name.
3. **To:** Director, National Pollution Funds Center.
4. **Subj:** Insert the FPN/CPN/**DPN**.

Incident Information

5. **FPN/CPN/DPN:** Insert the Federal, **CERCLA**, or **Disaster** Project Number.
6. **MISLE Information:** Enter the "MC" and "MV" numbers.
7. **Date of Incident:** Insert the date the incident occurred, was reported, or discovered.
8. **Date OPA/CERCLA Action Started:** Insert the date unit commenced operations.
9. **Date OPA/CERCLA Actions Completed:** Insert the date unit concluded removal operations.
10. **Location of Incident:** Provide the location of the incident, for example, insert the Saint Lawrence River, off Alexandria Bay, New York.
11. **Material Involved:** Insert the type of oil(s) or hazardous substance(s) discharged or that posed a substantial threat of discharge.
12. **Quantity Discharged:** Insert the amount of oil or hazardous substance discharged (best estimate).
13. **Was There A Substantial Threat:** Check the appropriate block.
14. **Water or Resource Affected:** Enter body of water affected by the discharge.
15. **Primary Unit Contact and phone number:** Insert the name of person designated with the responsibility to complete documentation.

Fund Information

16. **Total Authorized Ceiling:** Insert the dollar amount of the final removal ceiling for this incident.
17. **Total Coast Guard Costs:** Insert the total dollar amount of all Coast Guard costs.
18. **Total Contractor Costs:** Insert the total dollar amount of all contractor costs.
19. **Total OGA Costs:** Insert the total dollar amount of all other government agencies' costs.

Source Designation

20. **Has Source Been Identified:** Check the appropriate block.
21. **Has Source Been Designated:** Check the appropriate block.

Signature Block

22. **Submitted By:** Signature of person completing report.
23. **Approved By:** Signature of Federal On-Scene Coordinator or his designated representative.

Enclosures

24. **Complete as appropriate:** List all other applicable enclosures attached to the report.

Date: _____

From: _____

To: Director, National Pollution Funds Center

Subj: Forwarding of Financial Summary Report for FPN/CPN/DPN: _____

Incident Information:

Federal Project No. / CERCLA Case No.: _____

MISLE Info: MC _____ ; MV _____

Date of Incident: _____ Date OPA/CERCLA Actions started: _____

Date OPA/CERCLA Actions completed: _____

Location of Incident: _____

Material Involved: _____ Quantity Discharged: _____

Was there a Substantial Threat? Yes No

Water or Resource Affected: _____

(Primary Unit Contact) _____ (Telephone No) _____

Fund Information

Total Authorized Ceiling: \$ _____

Total Coast Guard Costs: \$ _____

Total Contractor Costs: \$ _____

Total OGA Costs: \$ _____

Source Designation Information

Has source been identified? Yes No If Yes, attach "Page 2 Source Information"

Has source been designated? Yes No

FOSC's Approval

Submitted By: _____

Approved By: _____

(FOSC's Signature or Designated Rep)

Enclosures:

- Incident Report (Page 2)
- _____
- _____
- _____
- _____
- _____
- _____
- _____

B. HOW TO COMPLETE PAGE 2 - SOURCE INFORMATION

1. **Identification - Vessel.** Complete this section when the source of the discharge is a vessel.
Vessel Name: Insert the name of the vessel involved in an incident.
Flag/Nationality: Insert the legal flag of the vessel involved.
Official Number/Call Sign/State Number: Insert the official number, call sign, or the state number of a vessel involved in an incident.
Gross Tons: Insert the gross tonnage of a vessel (if applicable).
Home Port: Insert the official home port of the vessel.
Type Of Vessel: Insert the type of vessel (e.g., fishing vessel, tank vessel, freight vessel, or pleasure craft).
Master's Name: Insert the name of the master of the vessel, or on smaller vessels, the name of the person operating the vessel (if applicable).
Source Identified: If you have identified the source of the discharge, check yes. This is usually followed by the Pollution Investigator's issuing a Notice of Federal Interest (NOFI) to the owner of the source. If the source has not been identified, check no. Occasionally, this is delayed until the Marine Safety Lab finalizes the oil sample analysis (if applicable).
U.S. Agent: For commercial vessels having an agent in port, insert the name of the agency.
Address: Insert the address of the local agent.
Contact: Insert the name of the contact at the U.S. agency office.
2. **Identification - Facility.** Complete this section when the source of the discharge is a facility.
Facility Name: Insert the complete legal name for the facility (e.g., ABC Facility at Bayway, N.J.).
Facility Address: Insert the mailing street address of the facility.
Type Of Facility: Insert the type of facility (i.e., tank storage, tank truck, gas station, or private home).
Source Identified: Check the appropriate block.
3. **Responsible Parties.** (Owner, Operator, Insurance Company, and Other Parties may have entries in each of the categories listed below)
Company Name: Insert the name of the company that owns, operates, or insures the facility or vessel. If the owner is a private individual, insert their name.
Company Address: Insert the address of record for the owner, operator, or insurer; try to obtain street address.
Contact Name: Insert the name of the person at the company with whom you have made contact.
Contact Phone Number: Insert the contact person's phone number.
Notice of Designation: The NPFC will complete this section with coordination from the FOOSC's staff.
 - **Notified Of Designation:** If the owner, operator, or insurer was notified of the need to advertise for claims, check yes.
 - **Date Notified:** Insert the date of the letter providing notification.
 - **Accepted Designation:** If the owner, operator, or insurer formally accepted designation as a source, check yes. If the owner either rejected designation, or simply did not reply to designation, check no.
 - **Rejected Designation:** If the owner, operator, or insurer formally rejected designation as a source, check yes. If the owner either accepted designation or simply did not reply to designation, check no.

- **Advertised:** If the owner, operator, or insurer advertised in accordance with instructions given to him in the designation letter, check yes. If the owner did not advertise, or if the advertisement was not in accordance with the instructions given, check no. Provide a copy of advertisement.

Incident Report
Page 2

Source Information

Identification - Vessels

Vessel Name _____	Flag / Nationality _____
Official Number/ Call Sign / State Number _____	Gross Tons _____
Home Port _____	Type of Vessel _____
Masters Name _____	Source Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Agent _____	
Address _____	

Contact _____	
Phone _____	

Identification - Facility

Facility Name: _____

Facility Address: _____

Type of Facility: _____ Source Identified? Yes No

Responsible Parties

Owner	Insurance Company
Company Name _____	Company Name _____
Company Address _____	Company Address _____
_____	_____
_____	_____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Notice of Designation (To be completed by NPFC)	Notice of Designation (To be completed by NPFC)
Notified of Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Notified _____	Date Notified _____
Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator	Other
Company Name _____	Company Name _____
Company Address _____	Company Address _____
_____	_____
_____	_____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Notice of Designation (To be completed by NPFC)	Notice of Designation (To be completed by NPFC)
Notified of Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Notified _____	Date Notified _____
Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach copies of all designation letters and any other related correspondence
(Local Reproduction 11-05)

C. HOW TO COMPLETE PAGE 3 - CONTRACTORS

1. Complete one page for each contractor involved in the pollution incident. Attach copy of certified contractor's invoice.
 - a. **Company:** List the name of the company that was hired to assist and operate in removal activities under the direction of the FOSC.
 - b. **Address:** List the formal address of the company.
 - c. **Contact:** Provide the name of the person with whom the FOSC or staff dealt with on-scene.
 - d. **Telephone:** Provide the contact person's telephone number.
 - e. **Authorized Ceiling Amount:** Provide the total ceiling amount the FOSC authorized for the contractor's activity.
 - f. **Contract Number:** This is the purchase order number (DCN) assigned for the specific job under a BOA Contract (i.e. 24/94/84/4/H/XN/024). It is not the BOA contract number.
 - g. **Primary Function:** Provide a brief description of the activities this contractor provided. For example: "conducted general cleanup operations." An example of one that might be somewhat different would be "provided disposal services in accordance with RCRA." This section does not need to be completed for subcontractors, only for primary contractors.

List Contractors that
assisted in Removal Operations
under the direction of the PreDesignated Federal On-Scene Coordinator.
Duplicate and enumerate for multiple contractors.

Company:	_____
Address:	_____ _____
Contact:	
Telephone:	_____
Authorized Ceiling Amount:	_____
Contract No:	_____
	Attach copy of Certified Contractor's Invoice(s)
Primary Function	_____ _____ _____ _____

(Local Reproduction 01-93)

D. HOW TO COMPLETE PAGE 4 - OTHER GOVERNMENT AGENCIES

1. Complete one page for each agency involved in the pollution incident. Attach copies of all Pollution Removal Funding Authorizations.
 - a. **Agency:** Provide the name of the agencies involved. For example, U.S. Coast Guard; U.S. Environmental Protection Agency; Commonwealth of Massachusetts, Department of Environmental Protection, etc.
 - b. **Unit:** Provide the particular part or subunit that was involved in the operations. For example, Station Alexandria, Region III Emergency Response Team, Bayonne State Response Unit, etc.
 - c. **Address:** Provide the address of the unit responding.
 - d. **Contact:** Provide the name of the person with whom the FOOSC or his staff dealt with at that agency.
 - e. **Telephone:** Provide the telephone number of the contact.
 - f. **Authorized Ceiling Amount:** Insert the total ceiling authorized to this agency for its activities in removal.
 - g. **Comments:** Provide explanatory comments, as necessary, so that the case team and subsequent parties involved understand the relationship of this agency to the removal effort.

List Government Agencies that assisted in Removal Operations under the direction of the PreDesignated Federal On-Scene-Coordinator. Duplicate and enumerate for multiple government agencies.

Agency	_____
Unit:	_____
Address:	_____ _____ _____
Contact:	_____
Telephone:	_____
Authorized Ceiling Amount:	_____
Attach copy of Certified Cost Documentation (PRFAs, etc.)	
Comments:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

(Local Reproduction 01-93)

[Removed Sample Non-Federal PRFA (originally pp. 3-141 to 3-142).]

E. HOW TO COMPLETE PAGE 5 - KEY PARTIES

1. This section is provided so that other persons, who did not work directly for the FOOSC, but were involved in removal efforts can be identified. Examples of this type of entity would be witnesses to the removal effort; state and local agencies that assisted, but did not request funding; and private individuals or voluntary organizations that assisted, and did not request funding. Use as many pages as required.
 - a. **Person/Agency/Company:** Provide the appropriate entry.
 - b. **Address:** Provide the address of the person/agency/company noted.
 - c. **Contact:** For an agency or company, provide the name of the person with whom the FOOSC or his staff dealt with during the incident.
 - d. **Telephone:** Provide the contact person's number.
 - e. **Relationship To Case:** Describe what effect this person had on the removal efforts, and what the relationship of this person/agency/company is to the removal activity.

List other person(s) or companies that are important to the case and not listed elsewhere.

Duplicate and enumerate for multiple key parties.

Person / Agency / Company:	_____
Address:	_____

Contact:	_____ Telephone: _____
Relationship to the case:	_____

Person / Agency / Company:	_____
Address:	_____

Contact:	_____ Telephone: _____
Relationship to the case:	_____

Person / Agency / Company:	_____
Address:	_____

Contact:	_____ Telephone: _____
Relationship to the case:	_____

(Local Reproduction 01-93)

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Chapter 6

***POLLUTION INCIDENT
DAILY RESOURCE REPORTS***

CHAPTER 6 - POLLUTION INCIDENT DAILY RESOURCE REPORT CG-5136A GOVERNMENT SUMMARY SHEET

- A. This form summarizes all personnel, equipment, and other resources used during the removal activities of each incident. Each Coast Guard or EPA unit must complete their own documentation. All agencies being funded by a PRFA must complete these forms.
1. **Level I cases:** All parties involved must submit documentation to the FOSC at the completion of removal activities.
 2. **Level II & III cases:** All parties involved must submit documentation to the FOSC as often as practical until removal activities are completed (at least in 30 day cycles).

B. HOW TO COMPLETE FORM:

1. **Report Type (Interim/Final):** If the submission does not include all costs associated with the incident, check the interim report, otherwise, if the submission is the final submission of resource documentation, check the final report.
2. **OPA/CERCLA/NRDA:** Check the one that applies to the incident.
3. **(Incident Data) FPN/CPN/CPN:** The **Federal, CERCLA, or Disaster Project Number** assigned to the incident.
4. **Date:** The date of the submission.
5. **Period Covered:** The period (dates) for which resource documentation is being submitted.
6. **Agency Reporting:** The agency submitting documentation
7. **Unit Reporting:** The CG Marine Safety Office or EPA Regional Office collecting resource documentation.
8. **Description of Activities:** Brief description of removal activities performed, and the objective of each activity. If more space is required, attach additional pages.
9. **Reports Attached:** This is a number reflecting how many of each form is completed and attached.
10. **Key Parties:** Include information for key parties authorized by the FOSC who can provide information on resource documentation. This could include the FOSC's representative, persons authorized by the FOSC to supervise on-site operations, other government agency personnel, and persons preparing cost documentation (e.g., storekeeper, accounting clerk, etc.).

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5136A (06-04)	POLLUTION INCIDENT DAILY RESOURCE REPORT	GOVERNMENT SUMMARY SHEET (RCN-16451-1)
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<u>REPORT TYPE</u>	<u>ACTIVITY</u>
INTERIM ____ FINAL ____	OPA ____ CERCLA ____ NRDA ____

<u>INCIDENT DATA</u>	
FPN/CPN/DPN _____	DATE _____
PERIOD COVERED _____	TO _____
AGENCY REPORTING _____	UNIT REPORTING _____

<u>DESCRIPTION OF ACTIVITIES</u> (Attach additional pages, if needed)

<u>REPORTS ATTACHED</u>	
SHORT FORMS _____ DAILY EQUIPMENT FORMS _____	DAILY PERSONNEL FORMS _____ DAILY PURCHASE FORMS _____

<u>KEY PARTIES</u>	
DOCUMENTATION	CONTRACTOR
Name _____	Name _____
Agency _____	Agency _____
Telephone _____	Telephone _____

REMARKS:

This form is available as a fillable form from the [NPFC Web site](#) or the [USCG Adobe Forms](#).

**C. POLLUTION INCIDENT DAILY RESOURCE REPORT --
CG-5136B GOVERNMENT PERSONNEL**

This form should be completed for government personnel costs incurred for each day of removal activity.

How to complete this form:

1. **FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project Number** assigned to the incident.
2. **Date:** The date that costs are reported.
3. **Parent Unit:** The parent unit of the party completing the form. The command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth) or the regional office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
4. **FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC. The FOSC certifies that the personnel listed were authorized for the date being reported.

Government Personnel

Supply the following information for each person involved in removal activities.

5. **Name:** First and last names of the government personnel involved in removal activities.
6. **Pay Grade/Labor Category:** Pay grade or labor category of the personnel involved in removal activity (i.e., O4, E5, GS12).
7. **Duty:** Specific duty during removal activity (i.e., monitor, driver, FOSC).
8. **Hours:** Actual hours spent performing removal duty.
9. **Standard Rate:** The standard rate for the pay grade/labor category in accordance with OMB Circular A-87. Attach the agency's standard rate table or information presenting the computation and derivation of the rate (may be completed by agency's accounting office). For all Coast Guard equipment and personnel, use COMDTINST 7310.1E, outside government rates only.
10. **Total Cost:** The standard rate multiplied by the hours (may be completed by the agency's accounting office).
11. **Office Use:** Used by NPFC Staff.
12. **Total Personnel Costs For This Date:** The sum of the amounts entered in the total column (may be completed by agency's accounting office).
13. **Remarks:** Any amplifying information considered important by the FOSC for this particular day.

FPN/CPN/DPN _____ DATE _____
 PARENT UNIT _____
FOSC/REP/LEAD TRUSTEE SIGNATURE

GOVERNMENT PERSONNEL

NAME (LAST, FIRST)	PAY GRADE	DUTY	HOURS	STANDARD RATE	TOTAL	OFFICE USE

TOTAL PERSONNEL COSTS FOR THIS DATE _____

REMARKS:

This form is available as an Excel spreadsheet from the [NPFC Web site](#) or as a fillable form from the [USCG Adobe Forms](#).

D. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136C GOVERNMENT EQUIPMENT

This form should be completed for government equipment costs incurred for each day of removal activity.

How to complete form:

- 1. FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project Number** assigned to the incident.
- 2. Date:** The date costs are reported.
- 3. Parent Unit:** The Parent Unit of the party completing the form. The command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth) or the regional office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
- 4. FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC; the FOSC certifies that the equipment listed was authorized for the date reported.

Government Equipment

Supply the following information for each piece of equipment involved in removal activities.

- 5. Item Description:** Description of the equipment used for removal activities.
- 6. Rate Basis:** The basis used for charging equipment costs (e.g., hourly, daily, weekly).
- 7. # Units:** The number of units for which the equipment was utilized, defined in terms of the rate basis (i.e., number of hours, days, weeks).
- 8. Rate/Unit:** The rate charged per unit; attach the agency's standard rate table or a computation showing how the rate was derived (may be completed by agency's accounting office).
- 9. Rate Charges:** The rate per unit multiplied by the number of units (may be completed by agency's accounting office).
- 10. Non-Rate Charges:** The total charges related to the equipment not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges) may be completed by agency's accounting office.
- 11. Total:** The sum of the Rate Charges and the Non-Rate Charges (may be completed by agency's accounting office).
- 12. Office Use:** Used by NPFC Staff.
- 13. Total Equipment Costs For This Date:** The sum of the amounts entered in the Total column (may be completed by agency's accounting office).
- 14. Remarks:** Any amplifying information considered important by the FOSC for this particular day.

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

PARENT UNIT _____

FOSC/REP/LEAD TRUSTEE SIGNATURE _____

GOVERNMENT EQUIPMENT

ITEM DESCRIPTION	RATE BASIS	# UNITS	RATE/ UNIT	RATE CHARGE	NON-RATE CHARGES	TOTAL	OFFICE USE

TOTAL EQUIPMENT COSTS FOR THIS DATE _____

REMARKS:

This form is available as an Excel spreadsheet from the [NPFC Web site](#).

F. POLLUTION INCIDENT DAILY RESOURCE REPORT C CG-5136D
GOVERNMENT PURCHASES/EXPENDABLES/TRAVEL ORDERS/
CONTRACTORS/OTHER AGENCIES

This form should be completed for government purchases and expendables incurred for each day of removal activity. Additionally, the form is used to identify travel orders issued, contractors authorized to perform removal activities, and (for FOSC use) other government agencies involved in removal activities.

How to complete form:

1. **FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project Number** assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Parent Unit:** The parent unit of the party completing the form, the command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth); or the Regional Office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
4. **FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC/Lead Trustee. The FOSC certifies that purchases or other items listed were authorized for the date reported.

Purchases/Expendables

Indicate whether purchase orders were completed, how many purchase orders were completed, the number of purchase orders attached, if any. Also, indicate the total purchases/expendables for the date reported. If copies of purchase orders are not attached, complete the remainder of the Purchase/Expendables section.

5. **Description of Item:** Description of item purchased.
6. **Purchase Order Number:** Purchase Order Number issued for the item.
7. **Cost:** The cost of the item purchased.
8. **Office Use:** Used by NPFC Staff.
9. **Total Purchases/Expendables For This Date:** The sum of the items purchased.

Travel Orders

Indicate whether travel orders were issued, the number issued, and copies attached. If copies are not attached, complete the remainder of the travel orders section. Also indicate whether liquidated (i.e., paid) travel claims are attached and if so, how many are attached. If liquidated travel claims are not attached, submit copies when the claims have been liquidated.

10. **Name:** First and last name of traveler.
11. **Travel Order No:** The number assigned to the travel orders.
12. **Issued By:** The agency issuing the travel order.
13. **Estimated Cost:** This is the estimated cost on each individual travel order.
14. **Office Use:** Used by NPFC Staff.

Contractors

Indicate whether contractors were authorized to perform services on the date reported. Only list contractors who are contracted and paid through your agency. If marked YES, complete the following for each authorized contractor.

15. **Name:** Indicate name of company.
16. **P.O./Contract Number:** List the contract number, purchase order number, and delivery order number for this contract.

Other Agencies Involved (For FOSC Use)

Indicate whether other government agencies were authorized to perform removal activities on the date reported. If marked Yes, complete the following information for each agency:

17. **Name:** Agency name.
18. **Agreement Number:** The applicable Pollution Removal Funding Authorization number (FPN, DCN). Attach copies of authorizations used by the other agencies (if not previously submitted).
19. **Office Use:** Used by NPFC Staff.

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

PARENT UNIT _____

FOSC/REP/LEAD TRUSTEE SIGNATURE _____

PURCHASES/EXPENDABLES

Were any purchase orders completed? YES NO If yes, how many: _____
 If yes, are they attached? YES NO If yes, how many: _____

If no, complete information below

DESCRIPTION OF ITEM	PURCHASE ORDER NUMBER	COST	OFFICE

TOTAL COST FOR THIS DATE: _____

TRAVEL ORDERS

Were travel orders issued? YES NO If yes, how many: _____
 If yes, are copies attached? YES NO If no, complete below information
 Are the liquidated travel claims attached? YES NO If yes, how many: _____
 If no, submit when liquidated

NAME (LAST, FIRST)	TRAVEL ORDER NO.	ISSUED BY	EST. COST	OFFICE USE

ESTIMATED TOTAL TRAVEL COST: _____

CONTRACTORS

Are contractor services authorized for this date? YES NO If yes, list contractors hired

NAME	P.O./CONTRACTOR NUMBER	OFFICE USE

OTHER AGENCIES INVOLVED

(For FOSC or Lead Trustee Use)

Were agencies authorized to act? YES NO If yes, list other agencies and attach copy of authorization

NAME	AGREEMENT NUMBER	OFFICE USE

This form is available as an Excel spreadsheet from the [NPEC Web site](#) or as a fillable form from the [USCG Adobe Forms](#).

G. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E
GOVERNMENT SHORT FORM (May be used as a CG-5136 (B-D)).

How to complete form:

1. **FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project** Number assigned to the incident.
2. **Date:** The date which costs are reported.
3. **Parent Unit:** The parent unit of the party completing the form. The command for Coast Guard reports (i.e., MSO Hampton Roads, Station Portsmouth) or the Regional Office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
4. **FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC. The FOSC certifies that the items listed were authorized for the date reported.

Government Personnel Supply the following information for each person involved in removal activities.

5. **Name:** First and last names of government personnel involved in removal activity.
6. **Pay Grade/Labor Category:** Pay grade or labor category of the personnel involved in removal activity
7. **Duty:** Specific duty during removal activity (i.e., monitor, driver, FOSC).
8. **Hours:** Hours spent performing removal duty.
9. **Standard Rate:** The standard rate for the pay grade/labor category in accordance with OMB A-87.
10. **Total Cost:** The standard rate multiplied by the hours.
11. **Office Use:** Used by NPFC Staff.
12. **Total Personnel Costs For This Date:** The sum of the amounts entered in the Total column .
13. **Remarks:** Amplifying information considered important by the FOSC for this particular day.

Government Equipment Supply the following information for each piece of equipment used in removal activities.

14. **Item Description:** Description of the equipment used for removal activities.
15. **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly).
16. **# Units:** The number of units the equipment was used for defined in terms of the rate basis (i.e., number of hours, days, weeks).
17. **Rate/Unit:** The rate charged per unit, attach the agency's standard rate table or a computation showing how the rate was derived.
18. **Rate Charges:** The rate per unit multiplied by the number of units
19. **Non-Rate Charges:** The total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
20. **Total:** The sum of the rate charges and the non-rate charges
21. **Office Use:** Used by NPFC Staff.
22. **Total Equipment Costs For This Date:** The sum of the amounts entered in the Total column.
23. **Remarks:** Any amplifying information considered important by the FOSC for this particular day.

Purchases/Expendables Indicate the number of purchase orders and copies attach to this form. Also, indicate the total purchases/expendables for the date reported. If copies of purchase orders are not attached, complete the remainder of the Purchase/Expendables section.

24. **Description of Item:** Description of item purchased.
25. **Purchase Order Number:** Purchase Order Number issued for the item.
26. **Cost:** The cost of the item purchased.
27. **Office Use:** Used by NPFC Staff.
28. **Total Purchases/Expendables For This Date:** The sum of the items purchased.

Travel Orders Indicate whether travel orders were issued, and the number of travel orders attached. If copies are not attached, complete the remainder of the travel orders section. Also indicate the number of liquidated travel claims attached. If the claims are not attached, submit copies when the claims have been liquidated.

29. **Name:** First and last name of traveler.
30. **Travel Order No:** The number assigned to the travel orders.
31. **Issued By:** The agency issuing the travel order.
32. **Estimated Cost:** This is the estimated cost on each individual travel order.
33. **Office Use:** Used by NPFC Staff.

Contractors Indicate whether contractors were authorized to perform services on the date reported. Only list contractors who are contracted and paid through your agency. If marked YES, complete the following for each authorized contractor.

34. **Name:** Indicate name of company.
35. **P.O./Contract Number:** List the contract, purchase order , and delivery order numbers for this contract.

Other Agencies Involved (For FOSC Use) Indicate whether other government agencies were authorized to perform removal activities on the date reported. If marked Yes, complete the following information for each agency:

36. **Name:** Agency name.
37. **Agreement Number:** The applicable Pollution Removal Funding Authorization number (FPN, DCN). Attach copies of authorizations with other agencies (if not previously submitted).

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

PARENT UNIT _____
 FOSC/REP/LEAD TRUSTEE SIGNATURE _____

PERSONNEL

NAME (LAST, FIRST)	PAY GRADE	DUTY	HOURS	STANDARD RATE	TOTAL	OFFICE USE

Total Cost This Date: _____

EQUIPMENT

ITEM DESCRIPTION	RATE BASIS	# UNITS	RATE/UNIT	RATE CHARGE	NON-RATE CHARGE	TOTAL	OFFICE USE

Total Cost This Date: _____

PURCHASES/EXPENDABLES

Were any purchase orders completed? YES NO If yes, how many: _____
 If yes, are they attached? YES NO If yes, how many: _____
 If no, complete information below

DESCRIPTION OF ITEM	PURCHASE ORDER NUMBER	COST	OFFICE

Total Cost This Date: _____

TRAVEL ORDERS

Were travel orders issued? YES NO If yes, how many: _____
 If yes, are copies attached? YES NO If no, complete below information
 Are the liquidated travel claims attached? YES NO If yes, how many: _____
 If no, submit when liquidated

NAME (LAST, FIRST)	TRAVEL ORDER NO.	ISSUED BY	EST. COST	OFFICE USE

Estimated Total Travel Cost: _____

CONTRACTORS

Are contractor services authorized for this date? YES NO If yes, list contractors hired

NAME	P.O./CONTRACTOR NUMBER	OFFICE USE

OTHER FEDERAL/STATE/LOCAL AGENCIES INVOLVED

(For FOSC or Lead Trustee Use)

Were agencies authorized to act? YES NO If yes, list other agencies and attach copy of authorization

NAME	AGREEMENT NUMBER	OFFICE USE

H. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-1 CONTRACTOR PERSONNEL

This form should be completed for contractor personnel costs incurred for each day of removal activity.

How to complete form:

1. **FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project** Number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor; indicate if supporting documentation is attached.

Contractor Personnel

Provide the following information for each individual.

4. **CLIN:** The applicable contract line item number.
5. **Name:** First and last names of contract personnel involved in removal activity.
6. **Job Description:** What was the employee's job (i.e., supervisor, equipment operator, laborer). This may require an abbreviation to be entered.
7. **Hours Employed:** The starting and ending times during which the personnel were performing removal activities.
8. **Total Hours:** Hours spent performing removal duty.
9. **Hourly Rate:** The hourly rate of pay for personnel.
10. **Rate Charge:** The number of hours multiplied by the hourly rate of pay.
11. **Per Diem:** Per diem costs incurred by the personnel. This assumes a flat rate per diem is authorized by the contract. Otherwise, per diem costs should be documented as other expenses on the CG-5136E-3 form.
12. **Total Cost:** The sum of the Rate Charge and the Per Diem costs.
13. **Total Personnel Costs For This Date:** The sum of the amount entered in the Total column.
14. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
15. **FOSC/Trustee Signature:** Certification by the FOSC/Lead Trustee. The FOSC certifies that personnel listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

PARENT UNIT _____

FOSC/REP/LEAD TRUSTEE SIGNATURE _____

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.

CONTRACTOR PERSONNEL

CLIN	NAME (LAST, FIRST)	JOB DESCRIPTION	HOURS		TOT HRS	HOURLY RATE	RATE CHARGE	PER DIEM	TOTAL COST
			FRM	TO					

TOTAL PERSONNEL COSTS FOR THIS DATE _____

<p>CONTRACTOR'S CERTIFICATION:</p> <p>I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above:</p> <p>_____ Contractor's Authorized Representative</p>	<p>ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:</p> <p>I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.</p> <p>_____ FOSC/Lead Trustee</p>
---	--

This form is available as an Excel spreadsheet from the [NPFCC Web site](#) or as a fillable form from the [USCG Adobe Forms](#).

I. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-2 CONTRACTOR EQUIPMENT

This form should be completed for contractor equipment costs incurred for each day of removal activity.

How to complete form:

1. **FPN/CPN/DPN:** The **Federal**, CERCLA, **Disaster Project** Number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor; indicate if supporting documentation is attached.

Contractor Equipment

Provide the following information for each piece of equipment used in removal activities.

4. **CLIN:** The applicable contract line item number.
5. **Item Description:** Description of the equipment used for removal activities.
6. **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly).
7. **Employed From/To:** The period of time equipment was used.
8. **Units:** The number of units the equipment was used for expressed in terms of the rate basis (i.e., numbers of hours, days, weeks).
9. **Rate/Unit:** The rate charged per unit.
10. **Rate Charges:** The rate per unit multiplied by the number of units.
11. **Non Rate Charges:** Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
12. **Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
13. **Total Equipment Costs For This Date:** The sum of the amounts entered in the Total Costs column.
14. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
15. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies the equipment listed was authorized for the date reported. **The FOSC does not certify contract rates or costs.**

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

CONTRACTOR: _____ PO/CONTRACT NO: _____

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.

CONTRACTOR EQUIPMENT

CLIN	ITEM DESCRIPTION	RATE BASIS	EMPLOYED		# UNITS	RATE/ UNIT	RATE CHARGES	NON-RATE CHARGES	TOTAL COST
			FRM	TO					

TOTAL EQUIPMENT COSTS FOR THIS DATE _____

CONTRACTOR'S CERTIFICATION:

I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above:

 Contractor's Authorized Representative

ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:

I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.

 FOSC/Lead Trustee

This form is available as an Excel spreadsheet from the [NPFC Web site](#) or as a fillable form from the [USCG Adobe Forms](#).

J. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-3
CONTRACTOR/ SUBCONTRACTOR/MATERIALS/OTHER EXPENSES

This form should be completed by the contractor for costs incurred by subcontractors, and for materials and other expenses for each day of removal activities.

How to complete form:

1. **FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project** number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor. Indicate if supporting documentation is attached.

Subcontractors

Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-3) or CG-5136E-EZ forms as applicable.

4. **CLIN:** The applicable contract line item number.
5. **Subcontractor's Name:** Name of the subcontractor.
6. **Cost:** Costs incurred by the subcontractor for this date.
7. **Admin. Fee:** Fee charged for administering the subcontractor.
8. **Total Cost:** The sum of subcontractor costs and administration costs.
9. **Total Cost Of Subcontractors For This Date:** The sum of the amount entered in the Total Cost column.

Materials Used/Other Expenses

10. **CLIN:** The applicable contract line item number.
11. **Description:** Description of material or item used or purchased.
12. **Units:** Units of material or items used (e.g., pads, rolls, feet, etc.).
13. **Units Used:** Units of material or items used or purchased.
14. **Unit Cost:** Cost per unit.
15. **Total Cost:** Units used multiplied by the Unit Cost.
16. **Total Cost Of Materials Used/Other Expenses For This Date:** The sum of the amount entered in the Total Cost column.
17. **Subcontractor's Name:** Name of the subcontractor.
18. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
19. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies that the items listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

CONTRACTOR: _____ PO/CONTRACTOR NO: _____

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed

SUBCONTRACTORS

Were any subcontractors hired? YES NO If yes, list them below and attach subcontractor Daily Reports

CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE: _____

MATERIALS USED/OTHER EXPENSES

CLIN	DESCRIPTION	UNITS	UNITS USED	UNIT COST	TOTAL COST

TOTAL COST OF MATERIALS USED/OTHER EXPENSES FOR THIS DATE _____

CONTRACTOR'S CERTIFICATION

I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above for the project number cited above:

 Contractor's Authorized Representative

ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:

I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.

 FOSC/Lead Trustee

This form is available as an Excel spreadsheet from the [NPFC Web site](#) or as a fillable form from the [USCG Adobe Forms](#).

K. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-4 CONTRACTOR SHORT FORM

This can be used in lieu of long forms CG-5136E-(1-3).

How to complete form:

1. **FPN/CPN/DPN:** The **Federal, CERCLA, or Disaster Project** Number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor; indicate if supporting documentation is attached.

Contractor Personnel Provide the following information for each individual.

4. **CLIN:** The applicable contract line item number.
5. **Name:** First and last names of contractor personnel involved in removal activity.
6. **Job:** What was the employees job (i.e., supervisor, equipment operator, laborer); this may require an abbreviation to be entered.
7. **Hours Employed:** The starting and ending times during which personnel were performing removal activities.
8. **Total Hours:** Hours spent performing removal duty.
9. **Hourly Rate:** The hourly rate of pay for the personnel.
10. **Rate Charge:** The number of hours multiplied by the hourly rate of pay.
11. **Per Diem:** Per diem costs incurred by the personnel. This assumes a flat rate per diem is authorized by the contract. Otherwise, per diem type costs should be documented as other expenses on the CG-5136E-3 form.
12. **Total Cost:** The sum of the Rate Charge and the Per Diem costs.
13. **Total Personnel Costs For This Date:** The sum of the amount entered in the Total column.

Contractor Equipment Provide the following information for each piece of equipment used in removal activities.

14. **CLIN:** The applicable contract line item number.
15. **Item Description:** Description of the equipment used for removal activities.
16. **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly).
17. **Employed From/To:** The period of time the equipment was used.
18. **Units:** The number of units for which the equipment was utilized expressed in terms of the rate basis (i.e., numbers of hours, days, weeks).
19. **Rate/Unit:** The rate charged per unit.
20. **Rate Charges:** The rate per unit multiplied by the number of units.
21. **Non Rate Charges:** Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
22. **Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
23. **Total Equipment Costs For This Date:** The sum of the amounts entered in the Total Costs column.

Subcontractors Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-4) forms as applicable.

24. **CLIN:** The applicable contract line item number.
25. **Subcontractor's Name:** Name of the subcontractor.
26. **Cost:** Costs incurred by the subcontractor for this date.
27. **Admin. Fee:** Fee charged for the subcontractors administration.
28. **Total Cost:** The sum of subcontractor costs and administration costs.
29. **Total Cost Of Subcontractors For This Date:** The sum of the amount entered in the Total Cost column.

Materials Used/Other Expenses

30. **CLIN:** The applicable contract line item number.
31. **Description:** Description of material or items used or purchased.
32. **Unit Desc:** Type of units if not apparent in "description."
33. **Units Used:** Units of material or items used or purchased.
34. **Unit Cost:** Cost per unit.
35. **Total Cost:** Units used multiplied by the Unit Cost.
36. **Total Cost Of Materials Used/Other Expenses For This Date:** The sum of the amount entered in the Total Cost column.
37. **Subcontractor's Name:** Name of the subcontractor.
38. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
39. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee; the FOSC certifies that the items listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**

POLLUTION INCIDENT DAILY RESOURCE REPORT

FPN/CPN/DPN _____ DATE _____

CONTRACTOR: _____ PO/CONTRACT NO: _____

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed

PERSONNEL

CLIN	NAME (LAST, FIRST)	HOURS		TOTAL HOUS	HOURLY RATE	RATE CHARGE	PER DIEM	TOTAL COST
		FROM	TO					

TOTAL COST THIS DATE: _____

EQUIPMENT

CLIN	ITEM DESCRIPTION	RATE BASIS	EMPLOYED		# UNITS	RATE/ UNIT	RATE CHARGE	NON-RATE CHARGE	TOTAL
			FROM	TO					

TOTAL COST THIS DATE: _____

SUBCONTRACTORS

Were any subcontractors hired? YES NO If yes, how many: _____

CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE: _____

MATERIALS USED/OTHER EXPENSES

CLIN	DESCRIPTION	UNIT DESC.	UNITS USED	UNIT COST	TOTAL COST

TOTAL COST OF MATERIALS USED/OTHER EXPENSES FOR THIS DATE _____

CONTRACTOR'S CERTIFICATION:

I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above for the project number cited above:

 Contractor's Authorized Representative

ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:

I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.

 FOSC/Lead Trustee

This form is available as an Excel spreadsheet from the [NPFC Web site](#) or as a fillable form from the [USCG Adobe Forms](#).

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Chapter 7
***ACQUISITION OF PROPERTY
USING OSLTF***

Chapter 7 - Acquisition of Property Using OSLTF

A. Acquisition of Property.

1. FOSCs should only purchase property with OSLTF funds when operational necessity directly related to the removal dictates or when it is clearly more beneficial to the government than leasing. When making decisions to buy versus lease property, and operational conditions permit, units should factor in the costs necessary to acquire, maintain, and dispose of the property, not just the purchase price versus the costs of leasing. Many of these considerations are appropriately addressed through the planning process before a spill occurs. Except in unusually urgent situations, the FOSCs should contact the NPFC Regional Manager prior to beginning process of procuring/purchasing property with OSLTF funds. Documentation of the factors considered in purchasing property during a spill are critical in cost recovery and litigation efforts and shall be documented to the greatest extent possible. FOSCs should be aware that property purchased for removal activities will be billed to the RP at 100% of the cost. Accordingly, whenever feasible, the FOSC should provide the responsible party the opportunity to purchase or otherwise directly supply the property needed for removal activities. Upon case completion, any property purchased and provided by the responsible party shall be returned to the responsible party. Property purchased with the OSLTF, however, shall be disposed of in accordance with the procedures outlined below.
2. All property purchased must be accounted for in the cost documentation portion of the FOSC Completion Report (Financial Summary Report).
3. All **non-consumable** items, which includes any item or system having a cost of over \$2,500 or items of lower cost, but high interest (such as radios, fax machines, cellular phones, computers, pagers, copiers, photographic equipment, protective clothing, meters, and similar items) require evidence of disposal action. FOSCs shall dispose of such items through the closest Defense Reutilization and Marketing Office (DRMO).
 - a. Document the transfer of each group of like items to the DRMO using form DD-1348 or other form acceptable to the specific DRMO. FOSCs should contact the DRMO prior to any transfer to determine specific requirements.
 - b. After the transfer, forward the original transfer document to the NPFC as part of the FOSC Interim or Final Completion Report (Financial Summary Report). The FOSC should maintain a copy of the form for local records.
 - c. All lost, stolen, or damaged non-consumable property which is not available or suitable for transfer to the DRMO must be surveyed in accordance with agency property management guidelines and the Federal Property Management Regulations. Copies of approved survey reports shall be forwarded to the NPFC to provide the evidence of disposition.
- d. **Consumable** items (items not classified as non-consumable property) remaining at the end of the removal activity should be disposed of in the most cost-effective manner. Unused consumable property with a cost of more than \$2,500 shall require the same documented disposal action as non-consumable property.

- e. If questions arise on whether a particular item is consumable or non-consumable, or on clarification of the reporting requirements, FOSCs should contact the cognizant NPFC case officer for guidance. Coast Guard FOSCs may contact Commandant (G-CFM-3) with questions concerning DRMO availability or procedures for disposal.
- 3. Items which meet requirements for capitalization may be charged to the OSLTF, but the amount charged to the specific incident shall be based upon an appropriate standard cost or allocation of the acquisition cost to the useful life. FOSCs should identify such items separately in the documentation. The NPFC shall make appropriate adjustments to the incident specific costs. Any such items purchased with the OSLTF belongs to the OSLTF until properly disposed of as excess property.
- 4. Purchase of major property items (land, buildings, structures, etc.), or major pieces of equipment that will remain in use for long periods of time, presents special problems not only for disposition, but in planning for maintenance and operation as well. FOSCs contemplating such acquisitions should contact the cognizant NPFC Regional Manager to ensure that proper financial planning and analysis is performed.

B. Replenishments of inventory.

- 1. FOSCs routinely draw on existing inventory of response equipment for specific responses. The OSLTF may be used to return that equipment to inventory after the response in the same condition it was before the response. Inventory items used up in the response or damaged beyond economical repair may be replaced. The unit replacing inventory items must follow existing agency guidance regarding survey of lost or damaged property. Any survey should establish whether the damages were directly due to a specific response or otherwise due to manufacturer defect, improper maintenance, improper use of the equipment, or the actions of others unrelated to the removal.
- 2. If the equipment is replaced as a result of damage incurred during the response, the OSLTF will pay for the replacement. The OSLTF should not, however, be charged the standard rate for use of that particular item of equipment during the response.

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Chapter 8

Pollution Removal Funding Authorization (PRFAs)

CHAPTER 8 - POLLUTION REMOVAL FUNDING AUTHORIZATIONS (PRFAS)

- A. **General.** The Pollution Removal Funding Authorization (PRFA) is a tool available to FOSCs to quickly obtain needed services and assistance from other government agencies (federal, state, or local) in oil spill and hazardous materials response actions. There are **two types of PRFA forms**, one for Federal agencies and one for non-federal agencies.
- B. **Financial Obligation Document.** The PRFA commits the OSLTF to payment, by reimbursement, of costs incurred in pollution response activities undertaken by another government agency working for the FOSC.
- C. **Agency Reimbursement.** Under the terms of a PRFA, an FOSC may agree to reimburse another government agency for costs incurred in providing any agreed upon removal services and assistance to the FOSC, consistent with the NCP. Some of the costs which are reimbursable under a PRFA include, but are not necessarily limited to:
1. Personnel salary costs, including overtime;
 2. Travel and per diem expenses;
 3. Appropriate charges for the utilization of other government agency owned equipment or facilities; and
 4. Actual expenses for contractor or vendor supplied goods and services obtained by the other government agency, through its own purchasing process, to provide agreed upon assistance and support to the FOSC.
- D. **Clear Agreement as to Support Provided.** The FOSC and the other government agency must agree upon and document:
1. The specific goods and services to be provided; and
 2. A good faith estimate of the total anticipated costs, with a line item breakdown of the principal expense categories. This need not be more than a single page, and can be made an attachment to the PRFA.
- E. **Amendment.** The PRFA may be amended, at the FOSC's discretion, to increase the authorized maximum reimbursement ceiling, if additional assistance and support is desired, or if costs incurred for services provided exceed the original estimate. In essence, the PRFA creates a ceiling and makes funding available to the other government agency.
- F. **Other Agency Cost Tracking and Documentation.** The other government agency (OGA) receiving a PRFA must track its costs and provide documentation to support reimbursement and federal cost recovery actions against RPs, as appropriate. Cost documentation must follow the guidance stated in Chapter 2 of this manual or equivalent agency documentation. All alternative documentation schemes must be pre-approved by the NPFC prior to use.

1. **NOAA**. The NOAA Scientific Support Coordinators (SSC) and their associated services are the most frequently called other government agency resources which participate in Coast Guard pollution responses. Unless NOAA specifically declines the need for a PRFA, the FOSC must prepare a PRFA each time the SSC is called for incident specific response support. Based on input from the SSC for each prospective PRFA, NOAA’s Office of Ocean Resources Conservation and Assessment (ORCA) in Seattle, Washington will provide the FOSC with a spreadsheet showing the estimated costs for the PRFA. The FOSC shall attach the spreadsheet to the PRFA using it to support the maximum funding authorized by the PRFA.
 2. If the level of services provided by NOAA changes, e.g., either by shortening or lengthening the response, changing the nature of NOAA support, NOAA will issue a new estimate which becomes part of the PRFA package. If the funding authorization increases, a PRFA amendment must be issued to show the increase in the authorized funding (decreases do not need to have a amendment issued). Following the completion of a response, NOAA will issue a final cost spreadsheet to the FOSC. Under an agreement with the NPFC, this document will serve as NOAA’s resource and cost documentation for inclusion with the FOSC’s Financial Summary Report to the NPFC. NOAA has agreed to provide NPFC with a more detailed report upon request to support cost recovery action.
- G. Accounting Data for PRFA**. PRFAs are a Type “34” document. Construct the Document Control Number on all authorizations using the format found in “Accounting Information,” in Chapter 3 of the NPFC’s User Reference Guide (URG). Contact the NPFC for assistance.
- H. Authorizing Officer**: Signature of FOSC or authorized representative.
- I. Invoicing**. Reimbursements against a PRFA are invoiced to the NPFC, through the FOSC, on Standard Federal Form 1080/1081. The NPFC will not approve payment of charges against a PRFA for:
1. Costs of goods and services which fall outside of those which the FOSC authorized and requested, as to either amount or kind; and
 2. Costs which are not adequately documented.
- J. FOSC Certification**. In certifying an invoice for reimbursement against a PRFA, the FOSC is not verifying the various cost categories, but is attesting that the goods and services are consistent with those agreed upon and authorized. An example that can be used is:

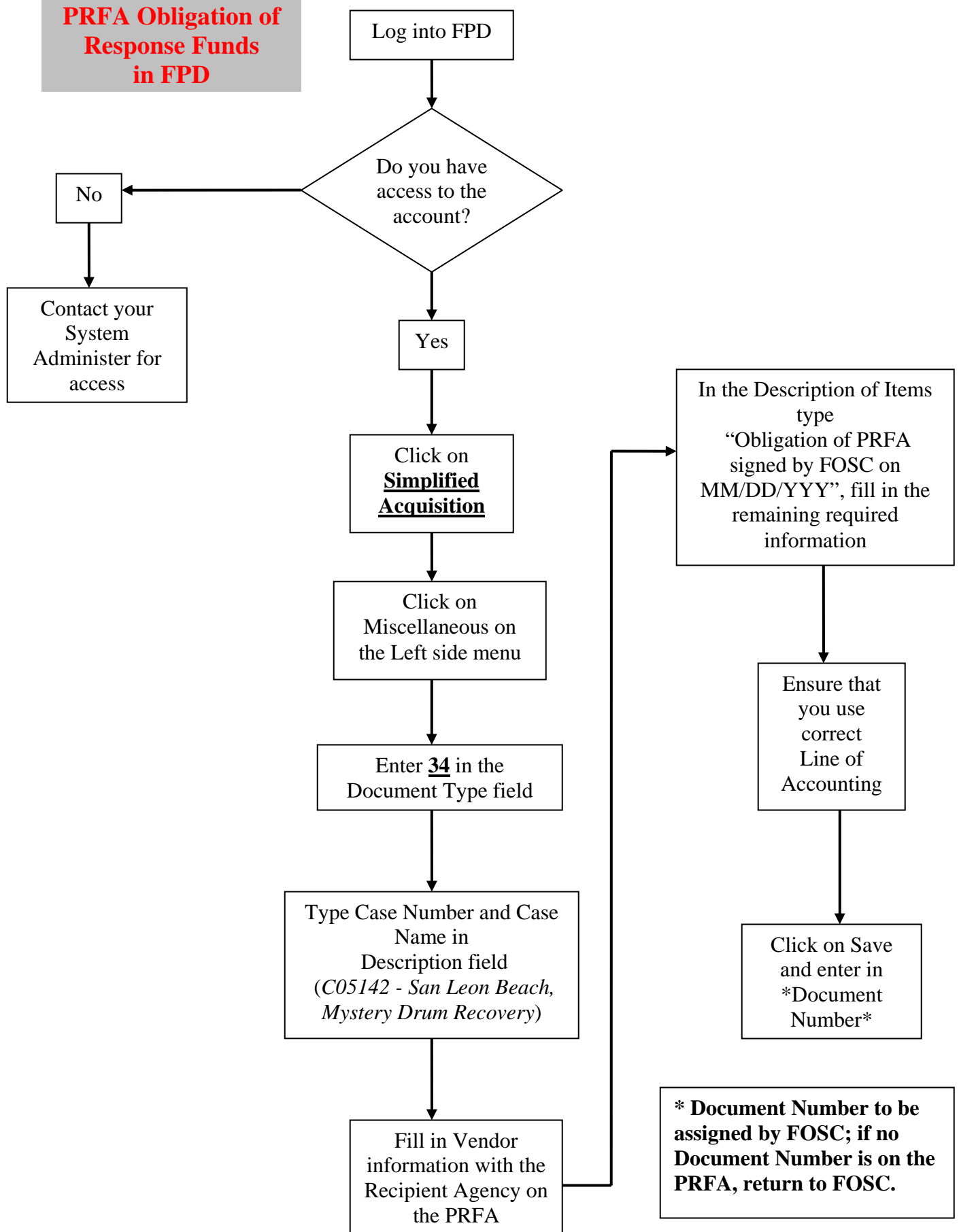
I certify that this agency performed removal activities in accordance with the issued Pollution Removal Funding Authorization and reimbursement of costs is authorized, unless otherwise indicated.

FOSC’s Signature and Date

- K. Limitations on use of PRFAs**. The PRFA may not be used by the FOSC to obtain goods or services directly from private individuals, groups, or companies. It should also not be used to obligate funds for the initiation of Natural Resources Damage Assessments (NRDA), further assessment actions, or payment of damages.

- L. **Entering PRFAs into FPD.** The flowchart on the following page shows the steps Coast Guard personnel should follow for using FPD to obligate OSLTF, CERCLA, and Disaster funds for PRFAs.

PRFA Obligation of Response Funds in FPD



**Federal Agency
Pollution Removal Funding Authorization**

Recipient Agency: _____

Address: _____

1. Purpose

This document authorizes reimbursement to the Recipient Agency from the Oil Spill Liability Trust Fund or CERCLA funds for certain removal costs incurred in response to the following pollution incident, _____, Federal Project Number/CERCLA Project Number, _____. This funding authorization is expressly contingent on the Recipient's compliance with all requirements contained herein.

2. Approved Functions and Reimbursement Limit

Costs will be reimbursed only for actions that are directed or approved in advance by the FOSC. Approval may be verbal or written. Assessment, restoration, rehabilitation or replacement of natural resources damaged by the spill are not covered.

Maximum limit of authorization: \$_____.

3. Conditions

See attached page(s) for scope of work, special conditions, date of performance, directions or approvals.

4. Period of Authorization

This authorization shall remain in effect until the completion date specified by the FOSC (which normally corresponds to the date of final removal activities).

5. Reimbursement Procedure

Upon completion of removal activities, the Recipient Agency will submit a SF-1080/1081 to the FOSC with detailed records of expenditures and activities for which reimbursement is sought. The agency may elect to use its own records providing an equivalent amount of documentation which has NPFC approval, or the agency may elect to use NPFC's Resource Cost Documentation package. The agency must submit the final request for reimbursement, supported by the required documentation, within 90 days following the completion date. If OMB Circular A-87 cost rates apply, cost certifications must be included. If at the end of the 90 days from final removal activities, there are any costs for which reimbursement has not been requested, written notice will be sent to the agency and 30 days later any balance remaining in the account will be deobligated.

6. Accounting Data

Document Control Number: _____

Accounting String: _____

7. Points of Contact

A. _____ _____ FOSC	Telephone: _____ FAX: _____ E-Mail: _____
B. _____ _____ Recipient Agency Representative	Telephone: _____ FAX: _____ E-Mail: _____
C. _____ _____ NPFC Case Officer	Telephone: _____ FAX: _____ E-Mail: _____

8. Authorizing Official

Signature: _____

Title: Federal On Scene Coordinator

Date: _____

Attachments: (1) Scope of Work

**Non-Federal Agency
Pollution Removal Funding Authorization**

Recipient Agency: _____

Recipient: _____

1. Purpose

This document authorizes reimbursement to the Recipient Agency from the Oil Spill Liability Trust Fund or CERCLA funds for certain removal costs incurred in response to the following pollution incident, _____, Federal Project Number/CERCLA Project Number, _____. This funding authorization is expressly contingent on the Recipient's compliance with all requirements contained herein.

2. Approved Functions and Reimbursement Limit

Costs will be reimbursed only for actions that are directed or approved in advance by the Federal On-Scene Coordinator (FOSC). Approval may be verbal or written. Assessment, restoration, rehabilitation or replacement of natural resources damaged by the spill are not covered.

Maximum limit of authorization: \$_____.

3. Conditions

See attached page(s) for scope of work, special conditions, date of performance, directions or approvals.

4. Period of Authorization

This authorization shall remain in effect until the completion date specified by the FOSC (which normally corresponds to the date of final removal activities).

5. Reimbursement Procedure

Upon completion of removal activities, the Recipient Agency will submit a SF-1080/1081 to the FOSC with detailed records of expenditures and activities for which reimbursement is sought. The agency may elect to use its own records providing an equivalent amount of documentation which has NPFC approval, or the agency may elect to use NPFC's Resource Cost Documentation package. The agency must submit the final request for reimbursement, supported by the required documentation, within 90 days following the completion date. If OMB Circular A-87 cost rates apply, cost certifications must be included. If at the end of the 90 days from final removal activities, there are any costs for which reimbursement has not been requested, written notice will be sent to the agency and 30 days later any balance remaining in the account will be deobligated.

6. Hold Harmless and Indemnify

By performing any action or seeking any reimbursement under this funding authorization, the Recipient Agency agrees that the United States of America and all of its departments and agencies, including, but not limited to, the U.S. Coast Guard and the Oil Spill Liability Trust Fund

6. **(cont)** ("United States"), shall not be liable to any party for damage, injury or loss to persons or property resulting from the acts or omissions of Recipient Agency, its employees, agents or contractors, related to the Recipient Agency's performance of this Agreement.

The Recipient agency agrees to indemnify and hold harmless the United States from all actions, claims or suits for damage, injury or loss to persons or property resulting from the acts or omissions of Recipient Agency, its employees, agents or contractors related to Recipient Agency's performance of this Agreement. This agreement to hold harmless and indemnify the United States is subject to the availability of Recipient Agency funds. The Recipient agrees in good faith to use available Agency funds and to undertake all reasonable effort to acquire such funds if not otherwise available.

7. **No Agency**

Nothing in this funding authorization is intended to create an agency relationship between the Recipient Agency and the United States of America (or any of its departments, agencies, or employees). Nor shall anything in this funding authorization be construed as creating an agency relationship. By performing any action or seeking any reimbursement under this funding authorization, the Recipient Agency agrees that it has not been authorized to act as an agent of the United States, and shall not act in any such capacity.

8. **Accounting Data**

Document Control Number: _____
 Accounting String: _____

9. **Points of Contact**

D. _____ FOSC	Telephone: _____ FAX: _____ E-Mail: _____
E. _____ Recipient Agency Representative	Telephone: _____ FAX: _____ E-Mail: _____
F. _____ NPFC Case Officer	Telephone: _____ FAX: _____ E-Mail: _____

10. **Authorizing Official**

Signature: _____
 Title: Federal On Scene Coordinator Date: _____

Attachments: (1) Scope of Work

**AMENDMENT TO
POLLUTION REMOVAL FUNDING AUTHORIZATION**

*An electronic, fillable form is available from the NPFC Web site at
www.uscg.mil/npfc/response (under Cost Documentation).*

Issued To (Recipient Agency): _____

Address: _____

By (FOSC): _____

Date of Original Authorization: _____

Document Number of Original Authorization: _____

The Authorization cited above is amended as follows:

Document Control Number of this Amendment: _____

Authorizing Official

Signature: _____

Title: Federal On Scene Coordinator Date: _____

PRFA
SAMPLE STATEMENT OF WORK FOR REMOVAL ACTIONS

The task list below addresses the specific removal actions that are ordered through PRFA's (Pollution Removal Funding Authorization) in support of FOSC's/OSC's. When modification or amendment to this PRFA is required, the "Amendment to Pollution Removal Funding Authorization" shall be used and a new task list shall be assigned if new tasking is identified.

The recipient agency of the PRFA shall perform the following (as identified by the appropriate check marks below):

- collect facts regarding the discharge of oil into navigable waters, to include its source and cause;
- identify potentially responsible parties (RP's);
- analyze the nature, amount, and location of discharged oil;
- analyze the probable direction and time of travel of discharged oil;
- identify pathways to human and environmental exposure;
- provide analysis of discharges posing a substantial threat to the public health or welfare of the United States;
- provide temporary/permanent stabilization prior to the mobilization of other responders;
- provide appropriate personnel, equipment, and supplies to contain and remove discharged oil from navigable waters and shoreline;
- document all site-specific costs incurred by the contractor and the recipient agency for the removal actions;
- identify active or historical facility processes or operations that may have contributed to the discharge of oil;
- prepare a sampling plan that describes the number, type, and location of samples and the type of analysis (for example, sampling and analysis plans for collection of multimedia environmental samples; petrochemical product or waste oil or crude oil);
- collect representative oil sample(s) and submit them to the U. S. Coast Guard Marine Safety Lab for appropriate analyses;
- develop site specific Health and Safety Plans (HSP's);
- review, prepare, and submit all required accounting/accounting records in accordance with the National Pollution Funds Center (NPFC) Instruction 16451, "Technical Operating Procedures for Resource Documentation under the Oil Pollution Act (OPA) of 1990";
- submit Pollution Reports (POLREPS) at periodic intervals as specified by the issuing FOSC/OSC;
- provide daily progress reports and/or consultations to the OSC/FOSC, as necessary;
- develop health and safety procedures for response activities, such as OSHA levels of protection associated with a site;
- recommend cleanup and disposal options;
- review completeness of disposal documentation, such as manifests, waste profile data, and other information;
- obtain permits from local, state or federal agencies, associated with the contractor's response activities;

See www.uscg.mil/npfc/Response/Cost Documentation/prfa.htm for more information

- provide or arrange for site security to prevent unauthorized access of any persons or animals to preserve public safety, such as armed or unarmed security services;
- identify concerned local and elected officials;
- conduct deed and title searches as appropriate;
- conduct waste profile analysis;
- perform and advise on wildlife capture, recovery, and stabilization.

See [www.uscg.mil/npfc/Response/Cost Documentation/prfa.htm](http://www.uscg.mil/npfc/Response/Cost%20Documentation/prfa.htm) for more information

Chapter 9
STANDARD FORM 1080/1081

CHAPTER 9 - SF 1080/1081: VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS

A. The SF-1080/1081 is used by other government agencies to request reimbursement from the Coast Guard.

1. Documentation should be organized and summarized, to provide a clear audit trail from the detail to the SF-1080/1081 or invoice submitted for reimbursement. These submittals will be reviewed by the NPFC staff for continuity and propriety. Incomplete submittals will be returned to sender for corrective action.

B. HOW TO COMPLETE SF-1080/1081/GENERAL INFORMATION:

1. **Voucher No:** Inserted by the agency submitting the SF-1080/1081.
2. **Schedule No:** Inserted by the agency submitting the SF-1080/1081.
3. **Department, establishment, bureau, or other receiving funds:** Federal agency submitting SF-1080/1081 (usually complete mailing address).
4. **Bill No:** Used by federal agencies to identify accompanied invoice number.
5. **Department, establishment, bureau, or office charged:** Address of CG-FOSC agency receiving reimbursement request.
6. **Paid By:** Leave blank.
7. **Order No:** Varies according to agency; numerical identifier for job (e.g. 0001, etc.).
8. **Date of Delivery:** Date work began and was completed.
9. **Articles or Services:** Brief explanation of how expenses were incurred; ensure Pollution Removal Funding Authorization Accounting String and Document Control Number are listed. Some agencies may choose to include their own in-house accounting information.
10. **Quantity:** Entry varies.
11. **Unit Price:** Entries depend on how specific work is identified; normally accompanied by an invoice and dailies to explain work specifics.
12. **Amount:** Exact dollar amount of reimbursement.
13. **Total:** Same as above.
14. **Remittance in payment hereof should be sent to:** Mailing address of agency submitting SF-1080/1081.

C. ACCOUNTING CLASSIFICATION - OFFICE RECEIVING FUNDS

1. This section is completed by agency submitting SF-1080/1081. There should be a name listed as a point of contact with a telephone number.

D. CERTIFICATE OF OFFICE CHARGED

1. This is to be completed by NPFC staff after the SF-1080/1081 and its attached documentation has been reviewed.

E. ACCOUNTING CLASSIFICATION - OFFICE CHARGED

1. This section is completed by NPFC staff.

Standard Form 1080 Revised April 1982 Department of the Treasury 1 TFRM 2-2500 1080-109	VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS	VOUCHER NO. <hr/> SCHEDULE NO.				
Department, establishment, bureau, or office receiving funds <hr/> Department, establishment, bureau, or office charged Director (CM) National Pollution Funds Center Case Management Division 4200 Wilson Blvd., Suite 1000 Arlington, VA 22203-1804		BILL NO. <hr/> PAID BY				
ORDER	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	DOLLARS AND CENTS
				TOTAL		
Remittance in payment hereof should be sent to –						
<i>ACCOUNTING CLASSIFICATION C Office Receiving Funds</i>						
CERTIFICATE OF OFFICE CHARGED						
I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.						
_____ officer)	_____ (Date)	_____ (Authorized administrative or certifying _____ (Title)				
<i>ACCOUNTING CLASSIFICATION C Office Charged</i>						
Paid by Check No.						

MSN 7540-00634-4220

PREVIOUS EDITIONS ARE USABLE

STANDARD FORM 1081 Revised September 1982 Department of the Treasury ITFRM 2-2500	VOUCHER AND SCHEDULE OF WITHDRAWAL AND CREDITS			
CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANSACTION FOR ACCOUNTING PERIOD ENDING			Transaction Date	
			Document No.	
CUSTOMER AGENCY		BILLING AGENCY		
Agency Location Code (ALC)	Customer Agency Voucher No.	Agency Location Code (ALC)	Billing Agency Voucher No.	
DEPARTMENT BUREAU ADDRESS		DEPARTMENT BUREAU ADDRESS		
SUMMARY		SUMMARY		
APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	APPROPRIATION, FUND, OR RECEIPT SYMBOL	AMOUNT	
(MUST AGREE WITH BILLING AGENCY) TOTAL		(MUST AGREE WITH BILLING AGENCY) TOTAL		
Details of charges or reference to attached supporting documents				
BILLING AGENCY CONTACT: PREPARED BY APPROVED BY TELEPHONE NO.				
CERTIFICATION OF CUSTOMER OFFICE I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> (Date) (Authorized administrative or certifying officer) </div> <div style="display: flex; justify-content: center; margin-top: 20px;"> (Telephone) </div>				

Chapter 10

***UNIT FUND
REIMBURSEMENT***

CHAPTER 10 - UNIT FUND REIMBURSEMENT

Ref: (a) NPFCINST M7300.1: TOPs for Determining Removal Costs Under the Oil Pollution Act of 1990

- A. During a pollution response, FOSC's should attempt to charge incident specific costs directly to the applicable Federal Project Number (is this limited only to FPN's or is it applicable to CPN's also?) to simplify the FOSC's responsibilities for both ceiling management and cost recovery. When this is not possible, circumstances have sometimes forced units to use their own funds. An example of a reimbursable cost is phone charges on a unit phone bill made in support of an oil pollution removal case. This Chapter provides instructions on how to request a reimbursement from the NPFC.
- B. Only appropriate removal costs may be refunded. Reimbursements may be authorized for items purchased for removal operations related to a specific FPN and to replace a unit's stock if they were expended as a result of the specific incident. Refer to ref (a) for general guidance on property purchases and acquisitions.
- C. Requests for reimbursement may be submitted via email to your case officer and should include the following:
 - a. The total dollar amount of the reimbursement request as well as a break down of the individual expenditures that make up the total dollar amount.
 - b. The date each expenditure was incurred.
 - c. The document control number for each expenditure, as well as the line of accounting each expenditure was charged against.
 - d. Facsimile of:
 - i. Itemized bill with items for reimbursement clearly highlighted or otherwise indicated;
 - ii. PES Report documenting that the expenditures were paid out of the unit's account and;
 - iii. For credit card purchases, include a copy of credit card statement with the items for reimbursement highlighted or otherwise indicated.
- D. FOSCs must continue to track the estimated totals for all categories of applicable costs against the assigned ceiling. Upon approval of reimbursement requests for out-of-pocket expenses, the FOSC should record those reimbursed expenditures on the Pollution Daily Resource Report. Such reimbursements would reduce the amount of remaining ceiling by the amount of the reimbursements approved.
- E. Units may only be reimbursed in the fiscal year in which expenses were incurred. Requests for reimbursement should be received prior to 15 August to ensure adequate time for obligation of the "reimbursed" funds prior to the end of the fiscal year. NPFC will attempt to expedite reimbursements received after 15 August, but may be constrained by G-CFM SOP's for Fiscal Year Closeout.

Appendix A

***COST DOCUMENTATION
CHECKLIST***

Department of Homeland Security
U.S. Coast Guard

National Pollution Funds Center
4200 Wilson Boulevard, Suite 1000
Arlington, VA 22203-1804
202/493-6700 www.uscg.mil/npfc

**Case/Cost Documentation Checklist for Federal Project
Numbers (FPNs), CERCLA Project Numbers (CPNs), and
Disaster Project Numbers (DPNs)**

*Checklist for FOSCs as they collect, prepare, and finalize
cost documentation packages for submission to the NPFC.*

- Incident Report and Transmittal Form (IRAT) (5 pages)**
 - Page 1—Complete all applicable sections. Identify all supplemental documents as enclosures to this IRAT. *Ensure this is signed by the FOSC or designated person.*
 - Page 2—Complete all applicable sections. Provide name, address, and phone numbers of all involved parties (owner, operator, guarantor, or insurance representative).
 - Page 3—Complete all applicable sections about the contractors hired by the CG.
 - Page 4—Complete all applicable sections about other government agencies (OGAs) involved in this case.
 - Page 5—Complete this section identifying all other key parties, including other CG units involved.
- Strike Team Participation**
 - Capture all members of the Strike Team on the dailies, unless they do a separate daily.
 - Collect a copy of each member's travel orders and liquidated travel claim (TVS).
Note: Each traveler is required to hold a copy of his/her documents for 6 years and 3 months, no exceptions.
 - Collect a copy of the Strike Team Summary Report and include it as an enclosure to the IRAT.
- Ceiling Messages, Situation Reports, Pollution Reports, Strike Team Launch Messages, NRC Messages**
 - Collect copies of all these messages as they pertain to this case and include them as enclosures to the IRAT.
- Other Correspondence** (COTP Orders, Administrative Orders, Decision Memos, MISLE Documents, Marine Safety Lab Reports, Vessel Critical Profiles, RP Correspondence)
 - Ensure all applicable documents listed above are included as enclosures to the IRAT
- Coast Guard Cost Documentation**
 - Ensure all the dailies are completed and signed by FOSC/FOSCR.
 - Ensure all personnel involved in the response are listed on the dailies.
 - Ensure all equipment physically used in the response is listed on the dailies.
 - Aircraft—Get a copy of the Aircraft Bluesheet from the Air Station.
 - Cutters—Get a copy of the cutter nav log and abstract of ops report.
 - Ensure all the TONOs are “accounted for or noted” on the dailies.
 - Include a copy of all signed travel orders.
 - Include a copy of all liquidated travel claims (TVS). (Member is required to hold these records for 6 years 3 months.)
 - Ensure all GTRs used are “accounted for or noted” on the dailies.
 - Include a copy of flight itinerary showing payment made on GTA account (not member's travel card) if over \$1,000.
 - Ensure all purchase requests (PRs), CG ICS 213RRs, purchase orders (POs), and credit card purchases are “accounted for or noted” on the dailies.
 - Include copies of all obligation documents, which must be signed.
 - Include copies of all receipts for purchases (i.e., the receipts the vendors provide for a purchase or for services rendered).
Include all DRMO receipts for property purchases that require disposal at a DRMO or approved receiving agency.
 - Include any MIPR (DOD Assets). (Rarely used by CG units, these documents are coordinated through the MLC office.)
- Pollution Removal Funding Authorizations (PRFAs)** (These documents are all obligated in FPD by NPFC)
 - Include a signed copy of the PRFA(s) in the documentation.
 - Include a copy of any amendments to PRFAs in documentation.
 - Include the completed SF-1080 or SF-1081 from agency under the PRFA.
 - Include the completed cost documentation package from agency under the PRFA.
 - Ensure FOSC endorsement is evident on the agency cost documentation package.
- Contractor Services**
 - Include a copy of the signed PR and OF 347 (Delivery Order) and any amendments.
 - Include a copy of the Authorization to Proceed (ATP) to contractor (if applicable) or message ATP.
 - Include a copy of the contractor's invoice, with FOSC endorsement on services rendered.
 - Include a copy of the Contractor Dailies signed by contractor and FOSCR (CG-5136 forms or equivalent as authorized by NPFC/MLC).
 - Include a copy of the Contractor's Waste Manifest for disposal.

See NPFC's Web site (www.uscg.mil/npfc) at [Home > Response > Cost Documentation](#) for forms and instructions.