*PLEASE PRINT ON AGENCY LETTERHEAD*

<Date>

KC EMAT Oversight Board:

The individual listed below has my approval to be a member of the King County Regional Emergency Management Assistance Team. I have reviewed the member application and attest to the qualifications identified.

I understand that the KC EMAT is the county-wide EOC/ECC support team, which is activated by a local or county Emergency Management agency. The member that I endorse will be part of a team that provides oversight, planning and coordination assistance for jurisdictions that are overwhelmed and/or overtaxed by an event, incident or disaster.

I also understand the expectation and support my EMAT member’s participation in training four times per year, and that they may be called upon for 72-hour activation opportunities.

I further understand that it is my responsibility to authorize acceptance of activation opportunities, and may decline if it conflicts with agency priorities. If I approve of an activation assignment, I fully understand that it is a mutual aid response and my agency is responsible for any associated costs of my member’s time, resources and travel expenses.

I acknowledge that a request may be made for longer than 72-hours, and that is a decision between myself, the member and the requesting agency. I recognize that those costs may be reimbursable if the event becomes a federally declared disaster, but are not guaranteed.

Membership on an EMAT requires a commitment of time and effort from both the individual and their agency. I recognize that it is an honor to have a member of my agency participate and support that engagement.

By signing this authorization letter, I attest that I have the authority to encumber my agency for the costs incurred as outlined in this letter, and that I approve of participation of the listed individual in authorized EMAT activations and training.

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| --- | --- |
| Agency Head *print* | Emergency Manager *print* |
| Title | Jurisdiction |
| Signature | Signature |
| Date | Date |

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_