Cost Unit Leader (COST3)

State of Alaska All-Hazards Position Task Book Assessment and Guide

Finance/Administration Section

Type 3

The Cost Unit Leader (COST3) will be used as assigned by the Finance Section Chief or designee.

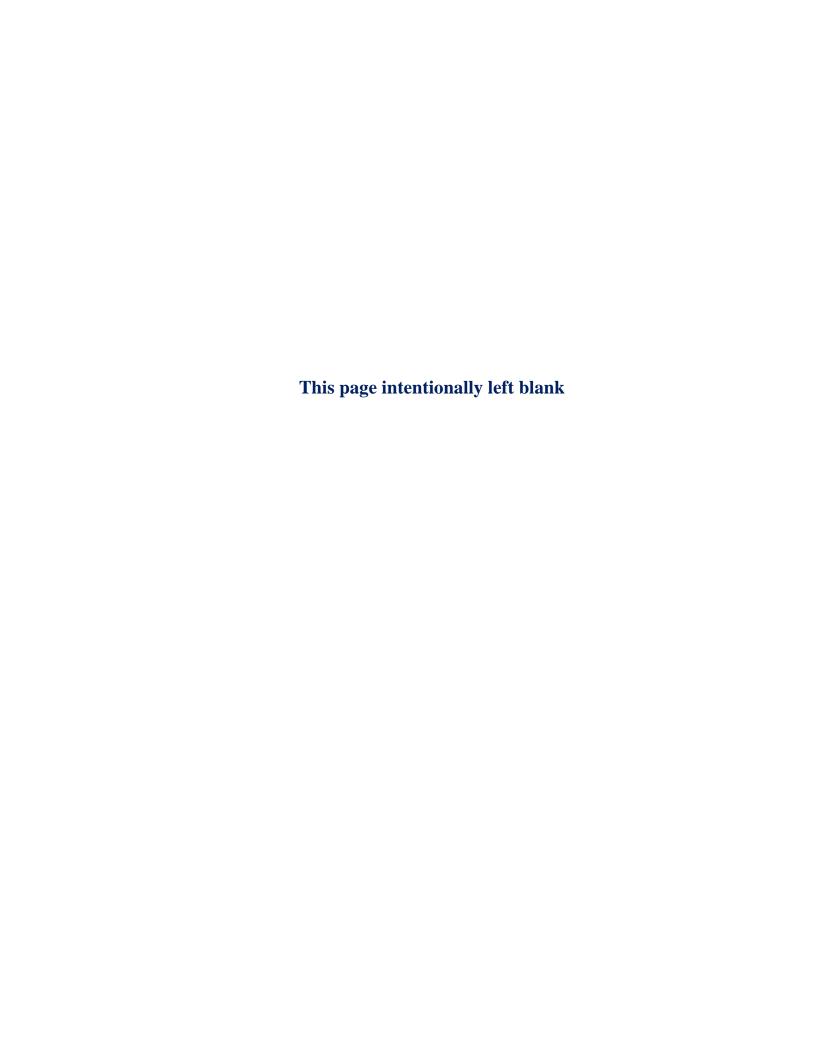
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For more information or to suggest changes, corrections, or improvements, please contact:

Alaska Division of Homeland Security & Emergency Management ATTN: Training Department PO Box 5750 JBER, Alaska 99505-5750

Telephone: (907) 428-7000





State of Alaska (SOA)

Type 3 Position Task Book (PTB)

State of Alaska (SOA) Type 3 Position Task Books (PTBs) have been created for designated National Incident Management System (NIMS) positions. Each PTB lists the competencies, tasks, and behaviors required to be successful in a specific position. Trainees must complete all competencies, tasks, and behaviors and demonstrate acceptable performance during the completion of this PTB.

Evaluator(s) will complete an Evaluation Record documenting the trainee's progress after each evaluation opportunity. Trainees will be observed and evaluated by qualified evaluators during a qualifying event and their performance will be documented in the PTB for each task by entering the Evaluation Record number, date of completion, and the evaluator's initials. Evaluation and confirmation of the trainee's performance on all tasks may require more than one <u>qualifying event</u> and may involve more than one evaluator during each opportunity.

After the trainee has met all the requirements in the State of Alaska (SOA) Type 3 Position Task Book (PTB), the home Agency will complete the final agency certification verifying the trainee is qualified in the position and will submit the Agency-certified PTB to the Alaska Interstate Mutual Aid Committee/ Credentialing Subcommittee for approval and issuance of an SOA Type 3 All Hazards Credential.

Position Task Book Timeline

- 1. Emergency management experience must include a minimum of three (3) events.
 - Emergency management events may include one (1) tabletop exercise and at least two (2) emergency management events.
 - Additional events may be required to complete the qualification process.
- 2. The three (3) emergency management events must occur within a five (5) year period.
- 3. All qualifying events must be completed within a five (5) year period with no more than three (3) years between each event.

Training Specialist/Certifying Official Responsibilities

- 1. Be authorized by the AHJ.
- 2. Maintain PTBs and training records for agency staff.
- 3. Initiate or issue PTBs and blank Evaluation Records to trainees when they are deployed on a Type 3 assignment.
- 4. Meet with the Evaluator and Trainee to discuss training and experience needs.
- 5. As the Trainee completes required training, enter the information into the Required Training section on page 2 of the PTB.

- 6. Once a Trainee completes all the requirements of a Position Task Book (PTB) and is approved by the AHJ, submit a Nomination Package to the DHS&EM for processing, which includes fully completed:
 - PTB and associated Evaluation Records
 - "Agency Certification" (last page of PTB)
 - State of Alaska Type 3 Nomination Application
- 7. Provide a report to the DHS&EM Training Section once a year showing how individuals maintained their currency for All-Hazards credentialing (see page 16 of the All Hazard Qualification Guide).

Trainee Responsibilities

- 1. Review and understand the assigned PTB.
- 2. Share training and experience with the Evaluator and Training Specialist.
- 3. After each assignment, meet with the evaluator to review and discuss overall performance and the continued expectations to successfully perform all competencies, tasks, and behaviors for the assigned position.
- 4. Return the PTB and Evaluation Record to your home agency.
- 5. Understand that PTBs do NOT replace the standard performance appraisal process by your home agency.
- 6. Coordinate with the AHJ to find opportunities to maintain currency once Type 3 All-Hazards credentialing has been obtained.

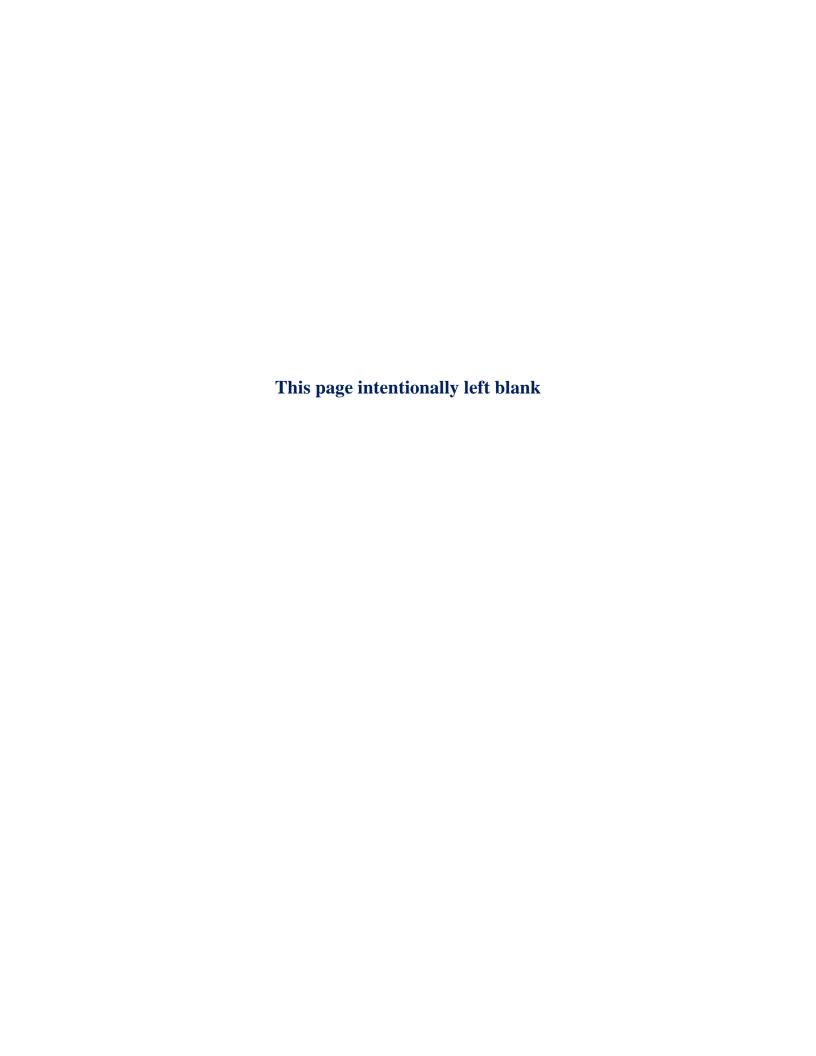
Evaluator Responsibilities

- 1. Be qualified in the position for which they are evaluating a trainee.
- 2. Review the competencies, tasks, and behaviors listed in the PTB, so you know what to observe while the trainee performs his/her duties.
- 3. Fully complete an Evaluation Record form for each qualifying event the trainee has participated.
 - The evaluation records should be numbered sequentially.
 - The evaluator must sign and date the Evaluation Record form, which validates the trainee's experience.
- 4. For the current Type 3 qualifying event:
 - Enter the evaluation record number, date, and initials into the PTB, if the trainee performed the task **OR**
 - Enter N/A, date and initials, if the task was not performed by the trainee.
- 5. Conduct the PTB review meeting in a private setting.
 - Begin by asking the individual to comment on his or her performance, including strengths, areas needing improvement, and any thoughts for training.
 - Provide a summary of the trainee's overall performance demonstrated during the assigned event.
 - Review the completed assessment with the trainee.
 - Return the PTB and Evaluation Record to the trainee, so they can return it his/her home agency.
- 6. Once a trainee completes all the requirements of the PTB, review the evaluation records and PTB entries to ensure they are completed correctly.
- 7. On the trainee's final assignment, complete the Final Evaluator's Verification section and submit the completed PTB to the AHJ Training Specialist recommending Type 3 All-Hazards Credentialing.



Evaluation Record #:_____

Trainee Information	Evaluator Information	
Printed Name:	Printed Name:	
Position: Cost Unit Leader Type 3 (COST3)	Evaluator position:	
Agency Name:	Agency Name:	
Agency Address:	Agency Address:	
Home Unit Phone Number: ()	Home Unit Phone Number: ()	
Incident/Event Information		
Incident/Event Name:		
	Duration:	
Training Start Date:	End Date:	
Incident Kind: ☐ Flood ☐ Fire ☐ Ground Failure/Av	alanche/Landslide Planned Event	
☐ Other All Hazard (specify):		
Location (include governmental/geographic area):		
Management Type (check one): ☐ Type 5 ☐ Type 4	☐ Type 3 ☐ Type 2 ☐ Type 1 ☐ Area Command	
Evaluator's Recommendation (initial only one	e line as appropriate):	
satisfactory manner. The trainee has successfu	cation Record have been performed under my supervision in a ally performed all tasks in the PTB for the position. I have ection and recommend the trainee be considered for agency	
2) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner; however, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.		
Trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.		
4) Trainee is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.		
Record additional remarks/recommendations on an Inpage to this evaluation record.	dividual Performance Evaluation or attach an additional	
Evaluator's Signature:	Date:	
Evaluator's Relevant Qualification (or agency certific	ation):	





Cost Unit Leader Type 3 (COST3)

Task book assigned to:

Trainee's Name:
Trainee's Email Address:
Home Unit/Agency:
Home Unit Address:
Home Unit Phone Number: ()
Task book initiated by:
Official's Name:
Home Unit Title:
Home Unit/Agency:
Home Unit Address:
Home Unit Phone Number: (Date:
Home Unit/Agency is the agency that provides opportunities for individuals to complete the requirements of the State of Alaska Type 3 Position Task Books.
The material contained in this book accurately defines the performance expected of the position for which it was developed. This PTB is approved for use as a position qualification document in accordance with the instructions contained herein.

Competency: Complete required training documented by the AHJ Training Specialist.

Description: Obtain the required training that will provide an understanding of the duties, responsibilities, and capabilities of an effective **Cost Unit Leader** (COST3) on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

Behavior: Complete required training for position qualification.	Date Completed	Training Specialist Initials
IS-100.B: Introduction to Incident Command System, ICS-100		
IS-200.B: ICS for Single Resources and Initial Action Incidents		
IS-700.A: National Incident Management System (NIMS) An Introduction		
IS-800.B: National Response Framework, An Introduction		
ICS-300 Intermediate ICS for Expanding Incidents		
E0975 NIMS ICS All-Hazards Finance/Administration Unit Leader Course		

Competency: Assume position responsibilities.

Description: Successfully assume role of Cost Unit Leader (COST3) and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness of assignment.	Evaluation Record #, Evaluator Initials, and Date
 Obtain valid Resource Order from Dispatching Agency. Incident information (name, order number, phone numbers, etc.). Expected reporting time and location Contact procedures during travel (telephone/radio) Transportation arrangements/travel routes Lodging/meal/per diem arrangements IAP and/or Situation Reports 	
 Obtain pre-assembled kit, which includes, but is not limited to: Agency-specific and ICS forms. References appropriate to the incident. Agency policies & procedures. Office supplies appropriate to the function. Home agency PTB. 	
3. Obtain the appropriate equipment for the assignment, for example, laptop, printer, cell or satellite phone, weather gear, PPE, etc.	
4. Arrive at assignment and check in.	

Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.	Evaluation Record #, Evaluator Initials, and Date
 5. Organize work area to facilitate unit operations. Establish filing system. Establish area to receive documents. Establish message center (e.g., bulletin board). 	
Behavior: Gather, update, and apply situational information relevant to the assignment.	Evaluation Record #, Evaluator Initials, and Date
 Obtain initial briefing from Finance Section Chief or supervisor. Names, contact number, and positions/functions of host unit administrative personnel and cooperating/assisting agencies. Local administrative guidelines. Resources assigned and ordered for the incident and the unit. Logistical information (e.g., eating, sleeping, shower hours). Expectations and section operating procedures. Copy of Incident Action Plan (IAP) or other relevant plan. Unit specific information. 	
Behavior: Establish effective relationships with relevant personnel.	Evaluation Record #, Evaluator Initials, and Date
7. Establish and maintain positive interpersonal and interagency working relationships.	
Behavior: Implement ICS concepts and principles.	Evaluation Record #, Evaluator Initials, and Date
 8. Apply the ICS. Follow chain of command. Maintain appropriate span of control. Use appropriate ICS forms. Use appropriate ICS terminology. 	

Competency: Lead assigned personnel.Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.

Behavior: Model leadership values and principles.	Evaluation Record #, Evaluator Initials, and Date
 9. Exhibit principles of duty. Be proficient in your job, both technically and as a leader. Make sound and timely decisions. Ensure tasks are understood, supervised and accomplished. Develop your subordinates for the future. 	

 10. Exhibit principles of respect. Know your subordinates and look out for their well-being. Keep your subordinates informed. Build the team. Employ your subordinates in accordance with their capabilities. 	
 11. Exhibit principles of integrity. Know yourself and seek improvement. Seek responsibility and accept responsibility for your actions. Set the example. 	
Behavior: Emphasize teamwork.	Evaluation Record #, Evaluator Initials, and Date
 12. Establish cohesiveness among assigned resources. Provide for open communication. Seek commitment. 	
Set expectations for accountability.Focus on the team result.	
	Evaluation Record #, Evaluator Initials, and Date

Competency: Communicate effectively.Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.	Evaluation Record #, Evaluator Initials, and Date
14. Provide input for the ICS 209, Incident Status Summary.	
15. Provide daily cost estimates to appropriate agency personnel.	
 16. Attend incident operational briefings and meetings as directed. Provide information as requested. Keep supervisor informed of issues and potential problems. 	
17. Participate in functional area briefings and conduct unit After Action Reviews (AARs), as appropriate.	

Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials, and Date
18. Document incident costs according to direction, timeframes, and regulations.	
 19. Finalize cost documentation. Coordinate completion of incident finance package with Finance Section Chief. 	
 20. Submit completed original documents at appropriate time (e.g., each operational period, final package). ICS 213, General Message ICS 214, Unit Log 	
21. Compile unit documentation for final incident package.	
Behavior: Gather, distribute, and explain information as necessary.	Evaluation Record #, Evaluator Initials, and Date
22. Prepare information for preplanning/strategy meeting.Display information appropriate for next operational period.	
23. Prepare input to final narrative and transition plan as requested.	

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

Behavior: Administer and/or apply agency policy, contracts and agreements.	Evaluation Record #, Evaluator Initials, and Date
24. Assist with the development of cost share agreements.	
25. Track costs in accordance with established cost share agreements.	
Behavior: Gather, analyze, and validate pertinent information and recommend priorities.	Evaluation Record #, Evaluator Initials, and Date
26. Verify incident resources with Planning Section.	
27. Provide appropriate information for cost containment effort.	

28. Ensure resources are entered and tracked in the applicable cost reporting Validate rates within the applicable cost reporting program for accuracy by geographic area. Provide projections as necessary. Obtain aviation cost information from Operations Section. Obtain costs for national contracts (e.g., showers, caterers). Obtain other miscellaneous costs (e.g., Buying Team purchases, cache items, mobilization costs, rental vehicles). Evaluation Record #, **Behavior: Utilize information to produce outputs. Evaluator Initials, and Date** 29. Ensure cost packages are completed and distributed in accordance with agency policy. 30. Ensure accruals are reported in accordance with agency policy. Behavior: Follow established procedures and/or safety Evaluation Record #, guidelines relevant to given assignment. **Evaluator Initials, and Date** 31. Ensure established guidelines are followed. Work/rest Agency safety standards and procedures **Behavior: Transfer position duties while ensuring continuity Evaluation Record #**, **Evaluator Initials, and Date** of authority, knowledge, and the incident complexity. 32. Coordinate an efficient transfer of position duties when mobilizing/ demobilizing (e.g., incoming Incident Management Team (IMT), host agency). Inform incoming/outgoing IC, Section Chief, and/or staff. Ensure there is no adverse impact on safety or productivity. Document follow-up action needed by relief staff. If necessary, coordinate with agencies about transfer of command. 33. Ensure financial documentation packages are submitted to processing agency. **Evaluation Record #**, Behavior: Plan and implement demobilization procedures. **Evaluator Initials, and Date**

Cost Unit Leader Type 3 Position Task Book (PTB)

34. Anticipate demobilization of resources.Identify excess resources.

Prepare schedule for demobilization.

 35. Ensure incident and agency demobilization procedures are followed. Brief subordinate staff on demobilization procedures and responsibilities. Demobilize incident resources by predetermined priorities or as work progress dictates. 	
 36. Demobilize equipment and process any claims. Prepare equipment/services for release. Notify contractors/vendors of impending release schedule. Process any claims for damage, loss, or wear on equipment, leases or facilities. 	
37. Ensure your PTB is completed by the Finance Section Chief (FSC3).	
 38. Demobilize and check out. Receive demobilization instructions from incident supervisor. If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. 	
 39. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to: Identify strengths that should be maintained and built upon. Identify potential areas for improvement and propose solutions 	



Cost Unit Leader Type 3 (COST3)

Final Evaluator's Verification

To be completed ONLY when the trainee has fully completed all required assignments and is recommended for credentialing.

I verify that (trainee name) a trainee by demonstrating all tasks for the position listed abov assignments, and should be considered for credentialing in this appropriate initials.	
Final Evaluator's Signature:	
Final Evaluator's Printed Name:	
Home Unit Title:	
Home Unit/Agency:	
Home Unit Phone Number: ()	Date:
Agency Certifica	ation
I certify that (trainee name)qualification in the above position.	has met all requirements for
Certifying Official's Signature:	
Certifying Official's Printed Name:	
Title:	
Certifying Official's Email Address:	
Home Unit/Agency:	
Home Unit Phone Number: ()	Date:
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