

Fire Dept Name:  
Agreement #

# **Idaho Cooperative Mobilization Agreement 2018-2022**



Developed by the Idaho Department of Lands (IDL) in conjunction with the Idaho Office of Emergency Management and Idaho Fire Chiefs Association.

This publication, and electronic documents, is available at [www.idl.idaho.gov](http://www.idl.idaho.gov). Published copies of this document may be obtained from Area IDL Forest Protective District and Timber Protective Association offices throughout the State, or the IDL Bureau of Fire Management, 3284 West Industrial Loop, Coeur d'Alene, ID, 83815-6021, (208) 769-1525.

Direct comments or questions to:

Wendy J. Walter  
Fire Business Program Manager  
Bureau of Fire Management  
3284 West Industrial Loop  
Coeur d'Alene, ID 83815-6021  
[firebusiness@idl.idaho.gov](mailto:firebusiness@idl.idaho.gov)  
Office: (208) 666-8648  
Mobile: (208) 755-2924

Evenings/Weekends: IDL Duty Officer: 208-769-1530

## IDAHO COOPERATIVE MOBILIZATION AGREEMENT (ICMA)

- A. The equipment listed in the Idaho Cooperative Mobilization Agreement (ICMA), formerly known as the Fire Service Organization Rate Book (FSO Rate Book), meets all of the minimum requirements for use and operation of the equipment type identified.
- B. Failure to accurately classify the equipment as described in the ICMA shall result in an adjustment of type and rate to the type the equipment meets as set forth in the ICMA.
- C. It is agreed that the hiring agency may inspect the listed equipment and the appropriate training records. These inspections may be done preseason and/or at the incident during fire season.
- D. It is agreed that IDL may request additional documentation from the FSO to support the billing for FSOs hired with an Unoperated Agreement, if necessary for audits.
- E. A copy of this agreement shall be provided to the Finance Section Chief, or their designated representative, upon arrival at an incident. **No other agreement (or EERA) is necessary.**
- F. The individuals listed on the Personnel Roster Appendix, meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), National Incident Management System Wildland Fire Qualifications System Agreement, PMS 310-1, or NFPA Equivalency, and Idaho EMS License. Operators must possess a valid Driver's License and have the knowledge, skills, and abilities to operate the type and class of equipment listed. IDL may audit training and experience records upon written request.
- G. Experience records and completed task books must be submitted to IDL or Timber Protective Association no later than **December 31** annually. Exceptions to the deadline may be granted by the local IDL representative for special circumstances.
- H. Work capacity tests and fireline refreshers with shelter training shall be submitted to the local IDL Area or Timber Protective Association no later than **April 30** annually in order to get qualification cards prior to fire season.
- I. The Fire Apparatus/Equipment Rates shall be reviewed and updated, as needed, by **May 30**, annually.
- J. The ICMA is a five-year agreement; however, appendices may be updated annually no later than **May 30**.
- K. All billing for reimbursement will be submitted to the local IDL Area/District/Association office within 45 days of being released from the incident.
- L. This Agreement shall remain in effect until December 31, 2022, unless terminated by either party with 30-day written notice.

My signature below certifies that the equipment and personnel listed herein meet the minimum resource typing and standards as required by the Idaho Cooperative Mobilization Agreement (ICMA) and agree to all terms and conditions of said agreement. Furthermore, I certify that I am authorized to sign on behalf of my agency.

\_\_\_\_\_  
Fire Chief (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief Name (Printed)

\_\_\_\_\_  
Fire Department Name (Printed)

My signature certifies that I am an authorized agent of Idaho Department of Lands and have authority to enter into this agreement.

\_\_\_\_\_  
IDL Fire Warden or Area Manager (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
IDL Fire Warden or Area Manager (Printed)

**Idaho Cooperative Mobilization Agreement (ICMA)  
Personnel Roster**

| Name | Qualification(s)/Licenses |      |     |
|------|---------------------------|------|-----|
|      | NWCG                      | NFPA | EMS |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |

**I certify that the personnel listed herein meet the minimum standards for their positions listed as required in the terms of the ICMA and I am authorized to sign for my agency.**

FSO Fire Chief or Designee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Idaho Cooperative Mobilization Agreement (ICMA)  
Personnel Roster CONTINUED**

| Name | Qualification(s)/Licenses |      |     |
|------|---------------------------|------|-----|
|      | NWCG                      | NFPA | EMS |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |
|      |                           |      |     |

**I certify that the personnel listed herein meet the minimum standards for their positions listed as required in the terms of the ICMA and I am authorized to sign for my agency.**

FSO Fire Chief or Designee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Personnel Qualifications/Job Title**

National Wildfire Coordinating Group (NWCG)

FFT2 Firefighter 2 (Basic)  
FFT1 Firefighter 1 (Advanced)  
WTOP Water Tender Operator  
ENGB Engine Boss  
CRWB Crew Boss  
HEQB Heavy Equipment Boss  
STEN Strike Team Leader Engine  
TFLD Task Force Leader  
DIVS Division Supervisor  
ICT5 Incident Commander Type 5  
ICT4 Incident Commander Type 4  
ICT3 Incident Commander Type 3  
ICT2 Incident Commander Type 2  
STPS Structure Protection Specialist  
FAL1 Advanced Faller  
FAL2 Intermediate Faller  
FAL3 Basic Faller

“(T)” after the qualification designates trainee in that position. Example: ENGB(T)

National Fire Protection Association (NFPA)

FF1 Firefighter 1 (Basic)  
FF2 Firefighter 2 (Advanced)  
FEO Engineer (Operator/Driver)  
FADO Fire Apparatus Driver Operator  
CA Captain (A-D)  
BC Battalion Chief

Emergency Medical Services (EMS)

EMTP Paramedic (ALS)  
EMPF Paramedic Fireline (ALS)  
AEMT Advanced Emergency Medical Technician (ILS)  
AEMF Advanced Emergency Medical Technician Fireline (ILS)  
EMTB Emergency Medical Technician (BLS)  
EMTF Emergency Medical Technician Fireline (BLS)

This list is not all-inclusive. Standard/universal acronyms shall be used for positions not listed herein.

### Idaho Cooperative Mobilization Agreement (ICMA) Equipment Roster

| <p>1. IDL AREA/DISTRICT/ASSOCIATION<br/>a. Name and Address:</p>   | <p>b. E-mail Address:</p> <p>c. Phone:</p> <p style="padding-left: 40px;">Cell Phone:</p> | <p>2. EFFECTIVE DATES OF CERTIFICATION</p> <p>a. Beginning: June 1, 2018</p> <p>b. Ending: December 31, 2022</p>            |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---|-------------|-----------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>3. COOPERATING AGENCY /FIRE DEPARTMENT<br/>a. Name and Address:</p>   | <p>b. E-mail Address:</p> <p>c. Phone:</p> <p style="padding-left: 40px;">Cell Phone:</p> | <p>4. ORDERING DISPATCH CENTER</p>  |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>5. THE FOLLOWING EQUIPMENT IS BEING PROVIDED:</p> <p><input type="checkbox"/> Operated (Includes Personnel &amp; Equipment)</p> <p><input type="checkbox"/> Unoperated (Personnel Costs Billed Separately)</p> <p><input type="checkbox"/> FSO bills payroll costs portal-to-portal</p>   |   | <p>6. VEHICLE OPERATING SUPPLIES (Fuel, oil, DEF, etc.)</p> <p><input checked="" type="checkbox"/> Provided by Incident</p> |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>7. ITEM DESCRIPTION - Provide: <b>Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Description</th> <th style="width: 15%;">NWCG Type</th> <th style="width: 15%;">Minimum Staff</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |   |   | Description | NWCG Type | Minimum Staff |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Description  | NWCG Type   | Minimum Staff   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>8. SPECIAL<br/>List FEPP and other Typing</p>   |   |   |             |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**Idaho Cooperative Mobilization Agreement (ICMA)  
Equipment Roster CONTINUED**

| 7. ITEM DESCRIPTION - Provide: <b>Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type</b> |           |               | 8. SPECIAL<br>List FEPP and other Typing |
|---|-----------|---------------|--|
| Description   | NWCG Type | Minimum Staff |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |
|   |           |               |  |

9. SPECIAL PROVISIONS – When equipment is hired at a Type other than what is listed in this agreement, the payment rate shall match its use while under hire for the incident. See rates in Appendix. *Example: Agreement lists a Type 1 Engine but is ordered as a Type 2 Engine; payment will be made at the Type 2 rate.* Upon release from the incident, **original payment documents shall be given to the FSO** including Incident Time Reports OF-288, Crew Time Reports SF-261 (when OF-288’s are not completed at the incident), Emergency Equipment Shift Tickets OF-297 and Emergency Equipment Use Invoices OF-286.

**I certify that the personnel listed herein meet the minimum standards for their positions listed as required in the terms of the ICMA and I am authorized to sign for my agency.**

FSO Fire Chief or Designee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

| <i>Class or Type</i>  | <i>Minimum Staffing</i> | <i>Unoperated Hourly Rate</i> | <i>Operated Hourly Rate</i> | <i>FEPP Unoperated Hourly Rate</i> | <i>FEPP Operated Hourly Rate</i> |
|---|-------------------------|-------------------------------|-----------------------------|------------------------------------|----------------------------------|
| <b>Structure Engines</b>  |                         |                               |                             |                                    |                                  |
| <b>E1</b>   | <b>4</b>                | \$123                         | \$215                       | \$82                               | \$174                            |
| <b>E2</b>   | <b>3</b>                | \$108                         | \$177                       | \$72                               | \$141                            |
| <b>Wildland Engines</b>   |                         |                               |                             |                                    |                                  |
| <b>WE3</b>  | <b>3</b>                | \$88                          | \$161                       | \$59                               | \$132                            |
| <b>WE4</b>  | <b>2</b>                | \$78                          | \$125                       | \$52                               | \$101                            |
| <b>WE5</b>  | <b>2</b>                | \$69                          | \$115                       | \$46                               | \$93                             |
| <b>WE6</b>  | <b>2</b>                | \$62                          | \$109                       | \$41                               | \$90                             |
| <b>WE7</b>  | <b>2</b>                | \$52                          | \$98                        | \$35                               | \$81                             |
| <b>Tactical Water Tenders</b>   |                         |                               |                             |                                    |                                  |
| <b>T1</b>   | <b>2</b>                | \$132                         | \$178                       | \$88                               | \$134                            |
| <b>T2</b>   | <b>2</b>                | \$116                         | \$164                       | \$77                               | \$125                            |
| <b>Support Water Tenders</b>  |                         |                               |                             |                                    |                                  |
| <b>S1</b>   | <b>1</b>                | \$120                         | \$143                       | \$80                               | \$103                            |
| <b>S2</b>   | <b>1</b>                | \$106                         | \$129                       | \$71                               | \$94                             |
| <b>S3</b>   | <b>1</b>                | \$86                          | \$109                       | \$57                               | \$80                             |
| <b>Agency Owned Support Vehicles</b>  |                         |                               |                             |                                    |                                  |
| <b>SUV</b>  |                         | \$6                           |                             |                                    |                                  |
| <b>1/2 Ton 4 x 4</b>  |                         | \$6                           |                             |                                    |                                  |
| <b>3/4 Ton 4 x 4</b>  |                         | \$8                           |                             |                                    |                                  |
| <b>Ambulances</b>   |                         |                               |                             |                                    |                                  |
| <b>ALS</b>  | <b>2</b>                | \$66                          | \$140                       | \$44                               | \$118                            |
| <b>ILS</b>  | <b>2</b>                | \$64                          | \$130                       | \$43                               | \$109                            |
| <b>BLS</b>  | <b>2</b>                | \$60                          | \$122                       | \$40                               | \$102                            |
| <b>EMS Kits</b>   |                         |                               |                             |                                    |                                  |
| <b>ALS Kit</b>  |                         | \$21                          |                             |                                    |                                  |
| <b>ILS Kit</b>  |                         | \$18                          |                             |                                    |                                  |
| <b>BLS Kit</b>  |                         | \$14                          |                             |                                    |                                  |
| <b>Aircraft Rescue and Firefighting Apparatus (ARFF)</b>  |                         |                               |                             |                                    |                                  |
| <b>ARFF 1</b>   | <b>3</b>                | \$204                         | \$278                       | \$136                              | \$210                            |
| <b>ARFF 2</b>   | <b>3</b>                | \$154                         | \$226                       | \$103                              | \$175                            |
| <b>ARFF 3</b>   | <b>3</b>                | \$112                         | \$186                       | \$75                               | \$149                            |
| <b>Portable Pumps</b>   |                         |                               |                             |                                    |                                  |
| <b>P1</b>   |                         | \$10                          |                             |                                    |                                  |
| <b>P2</b>   |                         | \$6                           |                             |                                    |                                  |
| <b>P3</b>   |                         | \$4                           |                             |                                    |                                  |
| <b>Medical Trailers</b>   |                         |                               |                             |                                    |                                  |
|   |                         | \$86                          | \$155                       |                                    |                                  |
| <b>Personnel Rates when exceed Minimum Staffing Requirements</b>  |                         |                               |                             |                                    |                                  |
| When staffing levels exceed the minimum levels listed herein, the additional staffing must be authorized on the Resource Order. The additional staff shall be paid in accordance with the Agreement. See Hiring Method. |                         |                               |                             |                                    |                                  |
| Rates Revised 3/2018  |                         |                               |                             |                                    |                                  |

**Fire Apparatus/Equipment Rates**

# TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>1. INTRODUCTION.....</b>   | <b>1</b>  |
| <b>A. PURPOSE.....</b>  | <b>1</b>  |
| <b>B. SCOPE.....</b>  | <b>1</b>  |
| <b>C. HIRING METHODS.....</b>   | <b>2</b>  |
| <b>2. QUALIFICATION AND CERTIFICATION REQUIREMENTS .....</b>  | <b>3</b>  |
| <b>A. POSITION TASK BOOKS.....</b>  | <b>4</b>  |
| <b>B. INCIDENT QUALIFICATION CARDS (RED CARDS) .....</b>  | <b>4</b>  |
| <b>3. WATER HANDLING EQUIPMENT CLASSIFICATION AND PERSONNEL REQUIREMENTS .....</b>                      | <b>5</b>  |
| <b>A. ENGINE EQUIPMENT STANDARDS AND TYPING .....</b>   | <b>5</b>  |
| <b>B. TACTICAL AND SUPPORT WATER TENDER EQUIPMENT MINIMUM STANDARDS AND TYPING .....</b>                | <b>5</b>  |
| <b>C. PERSONNEL TRAINING, QUALIFICATION, AND FITNESS STANDARDS .....</b>                                | <b>6</b>  |
| <b>D. PERSONAL PROTECTIVE EQUIPMENT (PPE) STANDARDS .....</b>   | <b>6</b>  |
| <b>E. PORTABLE PUMPS CLASSIFICATION .....</b>   | <b>7</b>  |
| <b>F. FEDERAL EXCESS PERSONAL PROPERTY (FEPP).....</b>  | <b>8</b>  |
| <b>G. COMMERCIAL DRIVER’S LICENSE.....</b>  | <b>8</b>  |
| <b>H. DEPARTMENT OF TRANSPORTATION (DOT) INSPECTIONS.....</b>   | <b>8</b>  |
| <b>I. EQUIPMENT COMPLEMENT AND INVENTORY.....</b>   | <b>8</b>  |
| <b>J. TANK BAFFLING.....</b>  | <b>8</b>  |
| <b>K. GROSS VEHICLE WEIGHT .....</b>  | <b>8</b>  |
| <b>4. AIRCRAFT RESCUE AND FIREFIGHTING APPARATUS (ARFF), EQUIPMENT AND PERSONNEL REQUIREMENTS .....</b> | <b>9</b>  |
| <b>A. STANDARDS AND REGULATIONS .....</b>   | <b>9</b>  |
| <b>B. FSO OBLIGATIONS .....</b>   | <b>9</b>  |
| <b>C. OPERATIONAL READINESS AND RESPONSE TIME.....</b>  | <b>9</b>  |
| <b>D. APPARATUS SPECIFICATIONS .....</b>  | <b>9</b>  |
| <b>E. AIRCRAFT RESCUE AND FIREFIGHTING APPARATUS (ARFF) .....</b>                                       | <b>10</b> |
| <b>F. FOAM GENERATING REQUIREMENTS.....</b>   | <b>11</b> |
| <b>G. ADDITIONAL REQUIREMENTS .....</b>   | <b>12</b> |
| <b>H. PERSONNEL MINIMUM TRAINING AND QUALIFICATIONS.....</b>  | <b>12</b> |
| <b>I. MINIMUM STAFFING REQUIREMENT .....</b>  | <b>12</b> |
| <b>J. PERSONAL PROTECTIVE EQUIPMENT (PPE) IN ACCORDANCE WITH NFPA 1971 .....</b>                        | <b>13</b> |
| <b>5. EMERGENCY MEDICAL SERVICES (EMS) EQUIPMENT AND PERSONNEL REQUIREMENTS.....</b>                    | <b>13</b> |
| <b>A. AMBULANCES .....</b>  | <b>13</b> |
| <b>B. SINGLE RESOURCE EMS PROVIDERS .....</b>   | <b>14</b> |
| <b>C. ALS MEDICAL TRAILERS.....</b>   | <b>14</b> |
| <b>D. REQUIREMENTS FOR CHECK-IN AT INCIDENT .....</b>   | <b>15</b> |
| <b>6. MOBILIZATION .....</b>  | <b>15</b> |
| <b>A. STANDARD FIRE MOBILIZATION .....</b>  | <b>15</b> |
| <b>B. COUNTY AND STATE DISASTER MOBILIZATION .....</b>  | <b>15</b> |
| <b>C. TRAVEL TO/FROM INCIDENTS .....</b>  | <b>16</b> |
| <b>D. CHECK-IN AT INCIDENT.....</b>   | <b>16</b> |
| <b>E. LENGTH OF ASSIGNMENT .....</b>  | <b>16</b> |
| <b>F. CREW ROTATIONS .....</b>  | <b>16</b> |
| <b>G. DEMOBILIZATION FROM INCIDENT.....</b>   | <b>16</b> |
| <b>7. TIME KEEPING .....</b>  | <b>16</b> |
| <b>A. HOURLY RATE .....</b>   | <b>17</b> |
| <b>B. DOUBLE SHIFT.....</b>   | <b>17</b> |
| <b>C. RENTAL VEHICLES .....</b>   | <b>17</b> |

Idaho Cooperative Mobilization Agreement Terms and Conditions

|    |  |    |
|----|--|----|
| D. | OTHER EQUIPMENT RATE DETERMINATION .....     | 17 |
| E. | OPERATING SUPPLIES.....                      | 17 |
| F. | FOAM UNITS .....                             | 18 |
| G. | INCIDENT REPLACEMENT .....                   | 18 |
| H. | CLAIMS.....                                  | 18 |
| I. | AGENCY OWNED SUPPORT VEHICLES.....           | 18 |
| J. | REPAIRS.....                                 | 18 |
| K. | TIRES .....                                  | 19 |
| 8. | REQUIREMENTS FOR REIMBURSEMENT.....          | 19 |
| A. | REQUIREMENTS FOR BACKFILL REIMBURSEMENT..... | 19 |

## 1. INTRODUCTION

### A. Purpose

The Idaho Cooperative Mobilization Agreement (ICMA) describes the required procedures for certifying, mobilizing, and reimbursing FSOs throughout the state of Idaho. The ICMA also establishes standard rates for equipment and personnel while mobilized in support of extended attack assignments, or while hired under local agreements.

Authority for policies and procedures contained herein are granted by the *Idaho Cooperative Fire Protection and Stafford Act Response Agreement*.

1. Fire Service Organization (FSO): includes (1) county or municipal (e.g., town or city) equipment and personnel, (2) volunteer and paid personnel, from fire service organization(s), and (3) county and fire service organization equipment and apparatus.
2. Cooperation with Fire Service Organizations: Fire Service Organizations are made available to the federal agencies through the State within the Northern Rockies and the Great Basin geographic areas. Cooperation with Fire Service Organizations at the city or county government level is desirable. Local Cooperative Fire Agreements for initial attack mutual assistance can be entered into with Fire Service Organizations by any agency. It is the State's responsibility to be the single hiring point for equipment and personnel obtained from Fire Service Organizations for all dispatches outside their jurisdictional responsibility.

### B. Scope

The requirements within this document are designed for FSO mobilization. These assignments typically:

1. Require a Resource Order generated by the Interagency Dispatch Center responsible for support of an incident, or a Mission Assignment from the Idaho Office of Emergency Management (IOEM).
2. Have an anticipated duration of 24 hours up to 14 days, or more with proper approvals.
3. Initial Attack or Mutual Aid Exclusion

This document does not supersede local **Initial Attack or Immediate Need Response** assistance agreements. Initial attack agreements can be entered into between FSOs and any wildland fire agency.

In areas where an FSO and a wildland fire protection agency(s) have common jurisdictional fire responsibilities, the entities should enter into agreements to define operational guidelines and payment terms. When a payment is made to an FSO through a local agreement, the rates from this Agreement shall be used.

FSOs responding to incidents under their jurisdictional responsibility should not expect to be placed in paid status.

### C. Hiring Methods

There are three hiring options for FSO equipment:

1. Operated – This is the preferred method of hire. This hiring method is intended for Volunteer Fire Departments (VFD) and combination VFD and Career-Staffed Fire Service Organizations. Under this option, the FSO is paid a single rate for personnel and equipment. The FSO is responsible for all payroll costs, including payroll tax and Workers' Compensation. Backfill will not be reimbursed under this process.
2. Unoperated – The intent of this process is for Municipal Fire Service Organizations. This method is used when mobilizing resources from career-staffed departments or combination career and volunteer/part-time departments when the Operated Agreement is cost prohibitive.

FSOs with a Collective Bargaining Agreement (CBA) the equipment will be hired at the unoperated rate and actual payroll costs for personnel will be reimbursed.

Combination career-staff and volunteer/part-time departments with an Employee Agreement (EA), as defined below, may be reimbursed for actual payroll costs or no more than the hourly rate listed in the current USFS AD Pay Plan for the position listed on the resource order, including trainee positions.

Fire departments with Unoperated Agreements may be reimbursed for backfill costs and portal-to-portal when obligated by their agreement. See Requirements for Reimbursement.

When an FSO bills portal-to-portal or for more hours than what is authorized on the Crew Time Report (SF-261) or Incident Time Report (OF-288) to meet the terms of the Collective Bargaining Agreement, and they are billing for more than one incident in a single day (0001 hours to 2400 hours), payroll costs shall be prorated based upon the number of hours actually worked on each incident as documented on the SF-261 or OF-288.

*Example: A Firefighter worked 8 hours on Fire A and 8 hours on Fire B. Each fire will be billed 50 percent (50%) of the actual payroll costs for the firefighter.*

#### Definitions

Collective Bargaining Agreement (CBA) – An agreement negotiated between employers and a group of employees aimed at reaching agreements to regulate working conditions. The interests of the employees are commonly presented by representatives of a trade union to which the employees belong.

Employee Agreement (EA) – An agreement negotiated between employers or elected officials and a group of employees that regulate working conditions. The interests of the employees are commonly presented by representatives of an employee association or other recognized body.

3. Unoperated - Personnel hired as IDL casuals: This option will only be utilized if the department does not have payroll capabilities or there is an extenuating circumstance. Under this option, the equipment will be hired at the unoperated rate and the personnel will be hired as an IDL casual, in accordance with IDL policy. IDL casuals are covered by the State Workers' Compensation policy and required to complete all necessary hiring paperwork through the local IDL Area/District office prior to mobilization.

4. Single Resources:

a. Volunteer or Part-time Firefighters:

- (1) When VFD personnel are mobilized as single resources under this agreement, rate of pay shall not exceed the current USFS AD Pay Plan for the position listed on the Resource Order.
- (2) When VFD personnel are mobilized as single resources under this agreement in a "trainee" position, rate of pay shall not exceed one classification lower than the qualified rate listed in the current USFS AD Pay Plan for the position listed on the Resource Order. *Example: The rate for a qualified Task Force Leader (TFLD) is Classification Level AD-H; the trainee rate of pay shall not exceed Classification Level AD-G.*
- (3) Reimbursement for personnel time shall be for actual hours worked as reflected on the Crew Time Report (SF-261) or Incident Time Report (OF-288) and approved at the incident.

b. Full-time Career-staff Personnel:

- (1) When single resource career-staff personnel are mobilized, payroll costs shall be reimbursed in accordance with the terms and conditions of their agreement.

5. Additional Staffing:

When staffing levels exceed the minimum levels listed herein, additional staffing must be authorized on the Resource Order. Staffing rate of pay shall be:

a. Volunteer or Part-time Firefighters:

Volunteer or part-time firefighter's rate of pay shall not exceed the current USFS AD Pay Plan for the position listed on the Resource Order.

b. Full-time Career-staff:

Full-time Career-staff payroll costs shall be in accordance with their agreement.

**2. QUALIFICATION AND CERTIFICATION REQUIREMENTS**

Local FSO resources operating within their jurisdiction are responsible for establishing and meeting their own local standards. When being mobilized for extended attack, all equipment and personnel must be certified by the procedures established in this agreement through the IDL. Certification should take place preseason so that any issues can be addressed. It is the responsibility of the FSO Fire Chief, or their designee, to ensure resources meet all minimum requirements. All equipment and personnel training and experience must be certified by the FSO Chief or their designee as meeting the requirements and standards of the agreement.

There are two acceptable systems for wildland certification:

1. Skills Crosswalk - Wildland Training for Structural Firefighters (Crosswalk). The Crosswalk recognizes the skills developed through the National Fire Protection Association (NFPA) structural fire training and identifies additional wildland fire training needs to meet National Wildfire Coordinating Group (NWCG) minimum qualifications. The Crosswalk is designed to facilitate wildland and structural cross training. Currently the Crosswalk is limited to Wildland Firefighter Type 2 (FFT2), Wildland Firefighter Type 1 (FFT1), Engine Boss (ENGB), and Strike Team Leader, Engines (STEN). For detailed information see: <https://www.usfa.fema.gov/training/other/>

2. National Incident Management System Wildland Fire Qualifications System Agreement, PMS 310-1, published by the National Wildfire Coordinating Group.  
<https://www.nwccg.gov/?q=publications/310-1>

#### A. Position Task Books

Position Task Books are required for all wildland fire positions listed in the PMS 310-1. FSO Fire Chiefs or their designee may initiate any task book, but can only certify task books for wildland FFT2 and FFT1. When Position Task Books are initiated for Single Resource Boss, a copy of the completed Position Task Book cover page for FFT2 and FFT1 with supporting documentation for training, experience, and qualification records shall be provided to IDL for the individual's training records and entry into Incident Qualification System (IQS). Training records will be maintained at the Bureau of Fire Management in Coeur d'Alene.

#### B. Incident Qualification Cards (Red Cards)

Incident Qualification Cards are required when working on wildland fire incidents under the terms of this agreement. Incident Qualification Cards for FFT2 and FFT1 will be issued by the FSO Fire Chief or their designee to persons in their district/department that meet all qualifications, including Annual Fireline Safety Refresher (RT-130) and NWCG fitness requirements. Incident Qualification Cards for single resource positions **must be issued by the IDL Bureau of Fire Management**. Qualification Cards (Red Cards) issued by private contractors will not be recognized.

For positions listed in the PMS 310-1 that require an EMS license, i.e. Medical Unit Leader (MEDL), a copy of the cover letter from the Idaho EMS Bureau that grants the licensing and includes the license information shall be provided to IDL when initiating the Position Task Book and updated as necessary.

Personnel utilized for structural protection on wildland incidents need to be trained to meet NFPA standards for their respective structural firefighting positions. This includes personnel staffing Type 1 or Type 2 structure engines. Qualifications for these positions will be certified by the FSO Fire Chief or their designee. **Wildland fire qualification cards are not required.**

If an individual who is a member of an FSO contracts themselves, or their privately-owned equipment, under a separate agreement they are considered a private contractor and do not fall under any policy or rules pertaining to FSOs **or** this agreement.



**3. WATER HANDLING EQUIPMENT CLASSIFICATION AND PERSONNEL REQUIREMENTS**

**A. Engine Equipment Standards and Typing**

| Requirements   | Engine Classification |       |          |     |        |        |        |
|--|-----------------------|-------|----------|-----|--------|--------|--------|
|  | Structural            |       | Wildland |     |        |        |        |
|  | 1*                    | 2*    | 3        | 4   | 5      | 6      | 7      |
| Tank Minimum Capacity (gal)  | 300                   | 300   | 500      | 750 | 400    | 150    | 50     |
| Pump Minimum Flow (GPM)  | 1,000                 | 500   | 150      | 50  | 50     | 50     | 10     |
| At rated pressure (PSI)  | 150                   | 150   | 250      | 100 | 100    | 100    | 100    |
| Hose, 2 ½" (feet)  | 1,200                 | 1,000 | --       | --  | --     | --     | --     |
| 1 ½" (feet)  | 500                   | 500   | 1,000    | 300 | 300    | 300    | --     |
| 1" (feet)  | --                    | --    | 500      | 300 | 300    | 300    | 200    |
| Ladders per NFPA 1901  | Yes                   | Yes   | --       | --  | --     | --     | --     |
| Master Stream 500 gal/min.   | Yes                   | --    | --       | --  | --     | --     | --     |
| Pump and Roll  | --                    | --    | Yes      | Yes | Yes    | Yes    | Yes    |
| Maximum GVWR (lb)  | --                    | --    | --       | --  | 26,000 | 19,500 | 14,000 |
| Personnel (minimum)  | 4                     | 3     | 3        | 2** | 2**    | 2**    | 2**    |
| <i>* Type 1 and 2 Structural Engines must also meet minimum equipment and PPE specifications of NFPA 1901, Standard for Automotive Fire Apparatus.</i> |                       |       |          |     |        |        |        |
| <i>** Type 4 through 7 Engines may be ordered with an additional crewmember at the request of the host agency.</i>                                     |                       |       |          |     |        |        |        |

1. All types shall meet federal, state, and agency requirements for motor vehicle safety standards, including all gross vehicle weight rating (GVWR) when fully loaded.
2. Type 4 through Type 7 Engines shall be able to prime and pump water from a 10-foot lift. Portable volume pump with a minimum capacity to pump 100 gallons per minute is acceptable.

**B. Tactical and Support Water Tender Equipment Minimum Standards and Typing**

| Requirements                  | Water Tender Type |       |       |       |       |
|-------------------------------|-------------------|-------|-------|-------|-------|
|                               | S1                | S2    | S3    | T1    | T2    |
| Tank capacity (gal)           | 4,000             | 2,500 | 1,000 | 2,000 | 1,000 |
| Pump minimum flow (gal/min)   | 300               | 200   | 200   | 250   | 250   |
| At rated pressure (psi)       | 50                | 50    | 50    | 150   | 150   |
| Maximum refill time (minutes) | 30                | 20    | 15    | --    | --    |
| Pump and Roll                 | --                | --    | --    | Yes   | Yes   |
| Personnel (minimum)           | 1                 | 1     | 1     | 2     | 2     |

Support Water Tenders may be ordered with an additional crewmember at the request of the host agency. FSO policy may require two personnel for off-district response, but must be authorized by the ordering agency and be documented on the Resource Order. Adjustments to the hourly rate shall be done in accordance with this agreement.

1. All types shall meet federal, state, and agency requirements for motor vehicle safety standards, including all gross vehicle weight rating (GVWR) when fully loaded.
2. All water tenders shall be able to prime and pump water from a 10-foot lift. Portable volume pump with a minimum capacity to pump 100 gallons per minute is acceptable.
3. A Support Water Tender is intended for use in support of fire suppression activities, water transfer, unloading into port-a-tank or engine, and dust abatement. When spray bars are required by an incident it should be specified at time of order. If required to work on or near the fireline, personnel must meet fireline qualifications or be escorted by someone who does.
4. Tactical Water Tenders may be used in direct fire suppression missions such as pumping hoselays, live reel use, running attack, and use of spray bars and monitors to suppress fires. Spray bars may be required by an incident, in such cases, it should be ordered with those specifications.

**C. Personnel Training, Qualification, and Fitness Standards**

| Classification             | Physical Fitness Test        | Fireline Safety Refresher (5) | Personal Protective Equipment (PPE) |
|----------------------------|------------------------------|-------------------------------|-------------------------------------|
| Support Water Tenders (1)  | No                           | Yes                           | Yes                                 |
| Tactical Water Tenders (2) | Arduous or NFPA 1001 or 1500 | Yes                           | Yes                                 |
| Engines, Types 1 and 2 (3) | Light or NFPA 1001 or 1500   | Yes                           | Yes                                 |
| Engines, Type 3-7 (4)      | Arduous or NFPA 1001 or 1500 | Yes                           | Yes                                 |

(1) Support Water Tenders will not be used for direct fire suppression activity.

(2) Must be fireline-qualified.

(3) Need to meet the requirements of NFPA 1001, Standard for Firefighter Professional Qualifications, and NFPA 1021, Standard for Fire Officer Professional Qualifications.

(4) Single Resource Boss (Engine) required.

(5) Annual Fireline Safety Refresher Training is required for all personnel participating in fire suppression activities who may be subject to assignments on the fireline. Refresher training shall minimally consist of fire shelter purpose and use, practice deployments, and any pertinent fire safety related topics such as: Fire Orders and Watch-Out Situations; Lookouts, Communications, Escape Routes, and Safety Zones (LCES); Look Up, Look Down, and Look Around.

**D. Personal Protective Equipment (PPE) Standards**

It is required that all individuals who engage in fire suppression activities, under this Agreement, have and use appropriate Personal Protective Equipment (PPE). A list of required PPE for unique equipment is provided in this Agreement. PPE and other gear shall not be replaced with suppression funds except through the claims process.

**STANDARD PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR FIRE PERSONNEL**

1. Boots: All leather, lace-up type, minimum 8 inches high with lug-type soles in good condition (steel toe boots are unacceptable).
2. Hard Hat: Plastic, Class B, ANSI Z89.1, 1986, OSHA approved, with chin strap. Note: Hard hat meeting NFPA Standard 1977, 2005 Edition, is required.
3. Gloves: One pair of heavy-duty leather per person.
4. Eye Protection: One pair per person (meets standards ANSI 287, latest edition).
5. Head Lamp: One lamp per person with batteries and attachment for hard hat.
6. Canteen: Quart size, two per person required, four per person recommended (filled prior to arrival at incident).
7. New Generation Fire Shelter: One serviceable shelter for each person.
8. Flame Resistant Clothing: Shirt and trousers for routine fireline duties, flame resistant clothing must:
  - a. Self-extinguish upon removal from heat source.
  - b. Act as an effective thermal barrier by minimizing conductive heat transfer.
  - c. Not melt or shrink to any appreciable degree upon decomposition during exposure to a high heat source.
  - d. Be manufactured from flame retardant treated (FRT) cotton, FRT rayon, FRT wool, aramid (Nomex), or other similar fabric.
9. Turnout Gear: Structural engines only.
10. Line Gear (Day Pack)
11. Current Incident Response Pocket Guide (IRPG), NFES 001077

**E. Portable Pumps Classification**

| <b>Class</b> | <b>Remarks</b>   |
|--------------|--|
| P1           | Trailer-mounted low-pressure/high-volume pump producing a minimum volume of 500 GPM. FSO provides intake and discharge hose.   |
| P2           | Small low-volume/high-pressure portable pumps with intake hose, capable of being transported by one or two people. Pumps in this category are the Mark 26, Mark III, and Gorman Rupp, or similar type pumps. |
| P3           | Small low-pressure/high-volume portable pump that can be transported by one or two people. These pumps are similar to a Homelite or Honda trash pump.  |

**F. Federal Excess Personal Property (FEPP)**

Federal Excess Personal Property (FEPP) is made available to local government agencies through IDL. FEPP rates are calculated at .666 percent of the unoperated equipment rate. The FEPP rate covers operating expenses only for the equipment. There is no allowance for depreciation.

FEPP equipment listed in this agreement shall be designated in the Special block of ICMA Equipment Roster.

**G. Commercial Driver's License**

It is recommended, but may not be required, that FSOs accepting assignments outside the state of Idaho with equipment that is over 26,000 lbs. Gross Vehicle Weight (GVW) or has air brakes, have drivers with an Interstate Commercial Driver's License (CDL) and all applicable endorsements. An incident may demobilize a resource if the operators do not have the applicable license and endorsements to satisfy the requirements of a particular state.

**H. Department of Transportation (DOT) Inspections**

It is recommended, but may not be required, that FSOs accepting assignments outside the state of Idaho with a piece of equipment over 10,000 lbs. GVW, have a DOT Equipment Inspection on all vehicles. An incident may demobilize a resource if the equipment does not have this inspection to satisfy the requirements of a particular state.

**I. Equipment Complement and Inventory**

For the required complement, see References. At the time of hire, the FSO shall provide a complete inventory of the firefighting accessories on the vehicle. A copy of the inventory shall be provided to the inspector and the procurement unit each time the vehicle is hired or reassigned to an incident.

**J. Tank Baffling**

The water tanks must be equipped with partitions that reduce the shifting of the water load. Engines and water tenders shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, the American Society of Mechanical Engineers standards, or other industry-accepted engineering standards.

**K. Gross Vehicle Weight**

Fully-loaded water handling equipment (including operators and accessory equipment) must conform to manufacturer's gross vehicle weight rating (GVWR). This includes balancing the load in a manner that all axle weights comply with the manufacturer's gross axle weight rating. Certification will require the unit to be fully loaded, with the FSO providing weight tickets for the load from a certified scale. The weight tickets will be by individual axle weight. An exception to the GVW requirements may be made for Type 1 Tenders, designed for off-highway construction where the GVW is less than the GVWR.

#### **4. AIRCRAFT RESCUE AND FIREFIGHTING APPARATUS (ARFF), EQUIPMENT AND PERSONNEL REQUIREMENTS**

##### **A. Standards and Regulations**

Applicable National Fire Protection Association (NFPA) standards, Federal Aviation Administration (FAA) regulations, Occupational Safety and Health Administration (OSHA) requirements and National Wildland Coordination Group (NWCG) requirements.

This specification was derived from the pertinent NFPA and NWCG standards, and FAA and OSHA regulations. The intent herein is to align this specification with existing, validated industry standards for ARFF apparatus, equipment and trained personnel to the extent possible to meet federally mandated regulations and to assure these specifications are not in conflict with existing federal interagency Aviation policies and guidelines.

##### **B. FSO Obligations**

FSO shall:

1. Provide qualified, knowledgeable, and skilled ARFF personnel.
2. The FSO shall furnish all labor, equipment/tools, transportation, lodging if needed, and incidentals necessary to accomplish the project.
3. Have required licenses and certifications.
4. FSO employees are expected to follow the rules of conduct established at the work site that apply to all (both Government and non-Government) personnel.
5. The FSO may be required to replace employees who are found to be in noncompliance with Government rules of conduct.

##### **C. Operational Readiness and Response Time**

From time of initial notification FSO shall be operational ready to respond within one (1) minute, unless otherwise authorized by the Helibase Manager. FSO personnel shall attend operational briefings as directed by the Government.

##### **D. Apparatus Specifications**

- 500-gallon (minimum) water tank, in accordance with NFPA 1901.
- Apparatus must be maintained in accordance with NFPA 1911 and must comply with current U.S.D.O.T. regulations.
- Apparatus shall be able to prime and pump water from a 10-foot lift.
- 150 GPM at 250 PSI rated capacity pump in accordance with NFPA 1901.
- Documentation of annual pump service test in accordance with NFPA 1911 by a qualified vendor is required.
- High visibility and contrasting markings in accordance with NFPA 1901.
- Adequate code 3 lighting/warning devices including siren with minimum 120 DB rating, and PA system.
- Two adjustable cab mounted spotlights.

- All threaded connections shall be National Hose threads (NH).
- One (1) 2 ½ inch intake valve with (NH) threads.
- 500' double jacket 1.5" or 1.75" synthetic hose, coupled with 1.5" NH in 50 ft. lengths. 300' or 400' of which will be configured as pre-connected attack hose lines in hose trays; immediately available for rapid initial attack.
- 300' double jacket, 2.5" or greater supply hose.
- Ability to refill from static water source.
- Two universal spanner wrenches.
- One adjustable hydrant wrench.
- Assorted adapters, reducers, increasers, double male and double female connectors to facilitate re-filling and inter-engine operations. One (1) 2 ½ "camlock to 2 ½ "NH adapter.
- One 6' pike pole or trash hook.
- One Halligan tool or other comparable prying tool.
- Two wheel chocks.
- Minimum AFFF foam supply for 500 gallons of water:
  - 6%: 30 gallons or
  - 3%: 15 gallons or
  - 1%: 5 gallons

## **E. Aircraft Rescue and Firefighting Apparatus (ARFF)**

### **Apparatus Equipment Minimum Requirements**

- Three (3) complete Self Contained Breathing Apparatus (SCBA), meeting NFPA Standard 1981, with one extra air cylinder per pack.
- Two (2) 20lb. Aqueous Film Forming Foam (AFFF) compatible dry chemical portable fire extinguishers.
- One (1) portable reciprocating saw with power and a minimum of five (5) metal cutting blades.
- One ladder, combination or roof ladder, a minimum of 14 feet in length.
- ARFF Vehicle Radio
  - One (1) programmable VHF-AM portable radio.
  - Two (2) narrow band programmable VHF-FM portable radios.
  - A VHF-FM two-way mobile radio, with a matched broadband antenna (Antenna Specialists ASPR7490, Maxrad MWB5803, or equivalent), shall be installed in the ARFF unit. The radio's operational bandwidth shall include the 150 MHz to 174 MHz frequency band, with user-programmable channels. Selection of either wideband (25.0 kHz) or narrowband (12.5 kHz) channel spacing is required on each channel. The radio shall be frequency- synthesized, equipped with a CTCSS sub-audible tone encoder having a minimum of 32 selectable tones meeting the current TIA/EIA-603A standard, and develop a minimum of 30 watts carrier output power.
  - The use of appropriate portable VHF-FM radios (Relm BK EPH/GPH/DPH series; Motorola XTS3000 & XTS5000; Thales Racal 25; EF Johnson 5100; and Datron Guardian 25, or equivalent) with suitable output power booster units is permissible.
  - Transceivers shall be set to operate in the narrowband mode unless local requirements dictate otherwise. All radios must have the ability to be programmed in the field by the operator without the aid of a computer or radio shop.
  - The following mobile radios are known to meet the above requirements:

- BK Radio EMH, GMH, or KNG ("Smartmic" option required)
- ICOM IC-F320\*
- Kenwood TK-760H\*
- Relm APCO 25\*

Note: \*Dealer modification required for programmability.

- One (1) portable aircraft rescue extrication kit, which may be used independently of the CR apparatus. Kit to include as a minimum:
  - Hack saw w/ 5 spare metal cutting blades
  - Seatbelt cutter
  - Serrated fire axe/metal cutting hatchet
  - 3' Pry bar
  - Pry Axe
  - Bolt cutters (30" handle or greater)
  - One flat head axe
  - One 8# sledge hammer
  - One rubber mallet (minimum 2# head)
  - One round point, long handled shovel
  - Four (4) step chocks
  - Two (2) portable battery powered handheld flashlights.
- Medical Equipment - minimum
  - Two (2) long backboard with straps.
  - Various size c-collars.
  - One full D cylinder of oxygen and regulator with two (2) non re-breather masks, one (1) bag valve mask.
  - Assorted airways.
  - One burn kit.
  - One First Aid kit with BP cuff and stethoscope.
- Jumper cables (commercial grade)
- Hazardous Materials spill kit – minimum
  - Equivalent of five gallons of absorbent for spills of hydrocarbon and polar solvents.
  - Twenty (20) sorbent pads.
  - One boom capable of spill containment up to 25 gallons of hydrocarbons or polar solvents.
  - Two (2) constant flow rated nozzles with manual gallonage adjustment and full-flow waterway ball shutoff valves.
  - One (1) piercing applicator (nozzle) rated GPM shall match the rated GPM of the eductor.
  - Complete inventory list for all equipment on the apparatus.

## **F. Foam Generating Requirements**

- Pump at a minimum, 95 GPM foam solution for 5 minutes utilizing one 1.5" or 1.75" hose line.
- Performance is predicated upon deployment of double jacket all polyester hose rated and U.L approved for 300 PSI service test and 600 PSI burst test.

- Performance is predicated upon deployment of combination, constant flow rated nozzles with manual gallonage adjustment and full-flow waterway ball shutoff valves.
- Performance is predicated upon deployment of in-line or by-pass discharge side eductors or an around-the-pump proportioner designed for flow rates cited and equipped with adjustable metering devices with ball checks located at the venturis.
- The use of aspirating nozzles on handlines will not be permitted for initial attack operations.
- Only AFFF synthetic foam concentrate is permitted. The use of hydrocarbon / polar solvent combination AFFF (Alcohol Resistant Concentrate (ARC) / Alcohol Type Concentrate (ATC) is permissible.
- When utilizing inline or by pass eductors rated at 95 GPM, 1.5" hose lines may not exceed 100 feet in overall length.
- When utilizing inline or by pass eductors rated at 95 GPM, 1.75" hose lines may not exceed 200 feet in overall length.

### **G. Additional Requirements**

1. At IDL's request the FSO may be required to perform periodic training evolutions using suppression agents. IDL will reimburse or replace suppression agents. Training evolution will demonstrate readiness to don PPE with SCBA, engage apparatus, and ability to produce adequate foam.
2. FSO must have a signed copy of their ICMA, Employee qualifications worksheet, apparatus inventory list, and a copy of the apparatus specifications on the apparatus at all times during this agreement period and provide copy to the helibase manager upon arrival at the helibase.

### **H. Personnel Minimum Training and Qualifications**

#### Training

- Hazardous Materials Awareness and Operations – First Responder and recurrency in compliance with CFR1910.120.
- S-130 and S-190, Annual Fire Shelter deployment training in accordance with NWCG 310-1, and proof of successful completion of the Work Capacity Test - Arduous.
- I-101 and I-200 Incident Command System in accordance with NWCG 310-1.
- Personnel must meet recurrency training in accordance with NFPA 405, Chapter 12. Documentation of live fire training within the last 2 years must be provided.
- One member of the ARFF crew must be currently certified as a EMT.
- Blood borne pathogens training in accordance with OSHA 1910.1030.
- Annual SCBA qualitative fit testing and training in accordance with OSHA 1910. Proof must be provided.

#### Qualifications

Driver/Operators must meet current licensing requirements for the state in which the apparatus is licensed.

### **I. Minimum Staffing Requirement**

At a minimum any ARFF apparatus assigned to an aircraft base for ARFF responsibilities must have three fully trained and qualified personnel available and remain on site at all times or as directed by the base manager that meet the following.



- One Firefighter trained and qualified in accordance with NFPA 1001.
- One Driver Operator trained and qualified in accordance with NFPA 1002.
- One Fire Officer I trained and qualified in accordance with NFPA 1021.

FSO shall provide a manifest of all employees, along with proof of qualifications for each crew member upon arrival to the assigned incident helibase.

#### **J. Personal Protective Equipment (PPE) in Accordance with NFPA 1971**

Each crewmember shall have the following serviceable and properly fitted equipment:

- Structural Firefighting boots.
- Structural Firefighting Helmet with shield or goggles.
- Structural Firefighting gloves.
- Nomex or other “approved” structural hood.
- Structural firefighting turnout coat and pants.
- Approved federal fire shelter.
- Personnel are required to wear cotton or Nomex under garments against skin under clothing.

Note: A full complement of serviceable and properly fitted NFPA standard 1976 Protective Ensemble for Proximity Fire Fighting is acceptable as an alternative to the NFPA 1971 standard.

### **5. EMERGENCY MEDICAL SERVICES (EMS) EQUIPMENT AND PERSONNEL REQUIREMENTS**

EMS providers must arrive at incidents with “Minimum Equipment Standards” as set forth by the Idaho EMS Bureau, in accordance with the providers EMS license. Medical supplies used on the incident shall be restocked at the incident, or the cost of the supplies will be added to final invoice at time of billing. Reimbursement of medical supplies not replaced at the incident must be billed at actual replacement cost. See Incident Replacement. NWCG recommended items are not required, but may be requested by the host agency at the time of mobilization.

All EMS personnel must have a minimum training of Annual Fireline Safety Refresher (RT-130) including fire shelter.

When hired to work on the fireline, personnel must meet minimum standards for NWCG Basic Firefighter (FFT2).

#### **A. Ambulances**

When ordering an Ambulance, the Resource Order must specify whether ordering a Type 1 Advanced Life Support (ALS), Type 3 Intermediate Life Support (ILS), or Type 3 Basic Life Support (BLS) Ambulance. The license level of staffing must match the equipment ordered.

##### **1. Personnel and Staffing Licensure Requirements**

- Type 1 Ambulance (ALS Transport) – 1 Paramedic, 1 EMT
- Type 3 Ambulance (ILS Transport) – 1 AEMT, 1 EMT
- Type 3 Ambulance (BLS Transport) – 2 EMTs

The minimum staffing listed above is for wildland fire incidents and meets or exceeds the minimum standard for licensing in the state of Idaho. If an incident requests a specific license level for personnel, it will be documented on the Resource Order.

If the ambulance crew exceeds work/rest guidelines while transporting a patient to a medical facility, the crew may seek lodging after delivering the patient to said facility. Cost for lodging shall be reimbursed by the incident but must be authorized in writing by the Incident Commander, their designee, or host agency. When ordered for 24-hour shift coverage, a second crew must be ordered to meet work/rest requirements.

## **2. Patient Care and Transports**

When ambulances are under hire and assigned to an incident, patient transports are included in the established hourly rates. When transporting a patient from an incident to a medical facility, they are still under hire by the incident and shall not bill the patient. Medical transports shall be documented on an Emergency Equipment Shift Ticket OF-297.

If the ambulance transports individuals other than those assigned to the incident, the transporting agency shall follow their standard billing procedures. The incident shall not be responsible for personnel or equipment costs for such transports, including medical supplies or equipment used. A negotiated reduction in payment shall be done at the incident for the timeframe the ambulance was not available to the incident.

Patient care reporting shall follow the standard procedures in accordance with the Idaho EMS Bureau.

It is the responsibility of the licensed EMS Provider at the incident to make arrangements for the Patient Care Integration Agreement with the local EMS Jurisdiction.

### **B. Single Resource EMS Providers**

Single resource EMS provider vehicles must be off-road 4x4 vehicles capable of maneuvering steep, rocky terrain. For Agency Owned Vehicles (AOV) see Appendix for rates. If a rental vehicle is authorized, refer to Rental Vehicles for reimbursed procedures.

ALS, ILS and BLS Kits are paid an hourly rate. See Appendix.

Vehicle and kit use shall be documented on an Emergency Equipment Shift Ticket OF-297.

### **C. ALS Medical Trailers**

Medical trailer staffing level shall meet the minimum requirements as an ALS Ambulance.

Vehicle used to transport the medical trailer, to/from the incident, is included in the rate of the trailer. A separate Resource Order is not required, as they are a single unit. Once at the incident, if the vehicle is hired for another use, it must be authorized on a separate Resource Order.

Medical trailer operating supplies, i.e. electricity, propane, potable water, will be provided at the incident or reimbursed at actual cost.

The incident will provide disposal of grey and black water.

For supplies not replaced at the incident, see Incident Replacement.

Medical Trailer use shall be documented on an Emergency Equipment Shift Ticket OF-297.

#### **D. Requirements for Check-in at Incident**

EMS resources shall provide the IMT or host agency the following:

1. Letter from the EMS provider's Medical Director giving them authority to work on the wildland fire incident outside their home jurisdiction. The letter should include any restrictions, if applicable.
2. Copy of EMS License for personnel.
3. Copy of Agency License and Cover Letter, if applicable, for EMS agency.
4. Qualification (Red) Cards issued by IDL shall not include EMS license levels. The EMS license level shall be listed on the ICMA Personnel Roster for individuals. Individuals shall provide a copy of their EMS license at check-in.
5. EMS providers must furnish medical supply inventory upon arrival at the incident and maintain minimum equipment standards established by the Idaho Department of Health and Welfare, EMS Bureau, throughout the deployment and for reimbursement purposes at the end of the incident.

### **6. MOBILIZATION**

#### **A. Standard Fire Mobilization**

Resource Orders will typically be generated by the interagency dispatch center responsible for support of an incident. The dispatch center will go through the usual resource procurement process to fill the order. If an FSO resource is used to fill the order, the FSO will provide the dispatch center the detail of equipment unique identifier and names of personnel being mobilized. This information will be input into the Resource Ordering and Status System (ROSS) at the dispatch center for tracking purposes. A Resource Order which includes Resource Order number, incident name and location, responsible agency, reporting location, date and time needed, and other pertinent information will be sent, by fax or email, to the FSO office. A copy of the Resource Order must accompany the resource when checking in at the incident. The FSO will ensure a copy of the Resource Order has been sent to their local IDL office for tracking purposes.

#### **B. County and State Disaster Mobilization**

Local, city and county government agencies can request assistance for resources through the Idaho Office of Emergency Management (IOEM) Mission Request System once declarations of disaster have been made by both the county and State. IOEM will issue a Mission Assignment to IDL for the requested resources. If the Mission Assignment is accepted, IDL will fill the request through the normal interagency dispatching procedure or other process as determined.

### **C. Travel to/from Incidents**

All resources under the control of the incident or incident agency will follow incident agency requirements when staying at incident base or other location. Individuals are not automatically entitled to stay in a hotel/motel, eat meals at restaurants, or claim per diem. When resources are required to be self-sufficient, they must have written approval from the IMT or host agency and is required for reimbursement. Individuals who deviate from incident agency requirements will not be reimbursed for unauthorized expenses. Most incidents utilize a base camp to provide for resource needs through the use of a caterer, local restaurants, other food providers and issuance of a sleeping bag.

When FSO equipment is transported to/from an incident via heavy equipment transport (not being driven) the equipment rate will be reduced by one-half.

### **D. Check-In at Incident**

When checking into the incident it is important to have all needed documentation. See Reference.

### **E. Length of Assignment**

When mobilized under this agreement, FSO personnel should be prepared for a 14-day assignment, excluding travel days. Depending on incident location, one or more days may be necessary for travel, increasing the total assignment time. When assignments are extended, the process will be in accordance with the Interagency Incident Business Management Handbook (IIBMH), Chapter 10. If provided paid days off at an incident to extend, documentation with approvals must be provided for reimbursement.

Administrative Paid Days off upon return to the home unit will not be reimbursed.

### **F. Crew Rotations**

In order to maintain consistency, accountability, and safety, crew rotations are discouraged. However, it is recognized that rotations may be necessary. Compensation for expenses associated with rotations will be at the FSO's expense unless authorized in writing by the Incident Management Team (IMT) or host agency. When rotating crews, incoming and demobing crew members must work with the IMT or host agency to ensure proper tracking of work/rest.

### **G. Demobilization from Incident**

During demobilization ensure the Finance Section provides the FSO with original documentation required for reimbursement. This includes original Incident Time Report OF-288, Emergency Equipment Shift Ticket OF-297, and Emergency Equipment Use Invoice OF-286. When OF-288's are not provided at the incident, original Crew Time Reports OF-288 shall be returned to the FSO.

## **7. TIME KEEPING**

Personnel and equipment time for resources with an Operated Agreement will be documented on an Emergency Equipment Shift Ticket OF-297 or a combined Emergency Personnel and Equipment Shift Ticket available from the Coeur d'Alene Interagency Fire Cache (CDK) and

recorded on an Emergency Equipment Use Invoice OF-286. Original documents shall be given to the FSO at demobilization.

Personnel time for resources with an Unoperated Agreement will be documented on a Crew Time Report SF-261 or combined Emergency Personnel and Equipment Shift Ticket available from CDK and recorded on an Incident Time Report, OF-288. Original OF-288 shall be given to the FSO at demobilization.

Equipment time for resources with an Unoperated Agreement will be documented on an Emergency Equipment Shift Ticket, OF-297, or a combined Emergency Personnel and Equipment Shift Ticket available from CDK and recorded on an Emergency Equipment Use Invoice OF-286. Original documents shall be given to the FSO at demobilization.

#### **A. Hourly Rate**

Hours worked in excess of 16 must have written approval from the Incident Commander (IC), as per Interagency Incident Business Management Handbook (IIBMH).

Unoperated equipment shall be paid from the start of shift until the end of shift for each day.

#### **B. Double Shift**

Double shift is defined as being staffed with two operators or two crews (one per shift). IMT personnel at the Section Chief level, or host agency, may authorize a second operator/crew. In order to be compensated for two operators/crews, a resource order is required. *It is a rare occasion that an operator or crew is required to work a double shift without rotating personnel. This will not be paid unless authorized in writing by the Incident Commander.*

#### **C. Rental Vehicles**

Use of rental vehicles while assigned to an incident must be authorized by the incident agency and documented on a Resource Order. The itemized receipt from the rental company is required prior to reimbursement. Use of the vehicle must be documented on an Emergency Equipment Shift Ticket OF-297.

#### **D. Other Equipment Rate Determination**

When an FSO has unique items or equipment not included in this publication, the local IDL Area/District/Association office will work in cooperation with the IDL Fire Business Program to determine a rate. Rates shall be negotiated on a case-by-case basis. Typically, rates are determined by reducing the rates published in the appropriate Geographic Area's Supplement to the IIBMH, Chapter 20, Acquisition, by 20 percent. This reduction accounts for costs to contractors that are not applicable to FSOs.

#### **E. Operating Supplies**

FSO equipment will be reimbursed for fuel and operating fluids (transmission fluid, Diesel Exhaust Fluid (DEF), etc.) as required by manufacturer for safe operation of equipment during an assignment. Costs will be reimbursed with proper documentation (e.g., detailed receipt). Normal wear and tear and maintenance will be the FSO's responsibility, as the rates for equipment are calculated to cover such costs.

## **F. Foam Units**

The amount of foam used at an incident must be documented daily on the Emergency Equipment Shift Ticket (OF-297), and have appropriate approvals. If the foam available at the incident, or by host agency, is not compatible with FSO equipment, the FSO may be reimbursed upon return to the home unit. If replacing at the home unit the incident must approve an Incident Replacement Requisition (OF-315). Refer to IIBMH, Chapter 30.

A Supply Resource Order is required for replacing items at the home unit.

No additional compensation will be given for equipment with foam units.

## **G. Incident Replacement**

Incident replacement shall be in accordance with IIBMH, Chapter 30. The incident agency should limit replacement to those items that are consumed, lost, damaged or rendered unserviceable on the incident. These items can be replaced at the incident or the incident can approve an Incident Replacement Requisition (OF-315) for replacement of items by a cache or at the home unit.

A Supply Resource Order is required for replacing items at the home unit.

## **H. Claims**

Equipment furnished under this agreement may be operated in and subjected to extreme environmental and/or strenuous operating conditions. These could include, but are not limited to: unimproved roads; steep, rocky, hilly terrain; dust; heat; and smoky conditions. As a result, by entering into this agreement, the FSO agrees that what is considered wear and tear under this agreement is in excess of what the equipment is subjected to under normal operations and is reflected in the rates paid for the equipment.

All claims for lost or damaged equipment should be properly reported and documented through the Finance Section at the incident. If a claim is made after return to the home unit, the host agency must approve the claim in writing.

A Supply Resource Order and appropriate approval documentation is required prior to reimbursement.

## **I. Agency Owned Support Vehicles**

The cost of support vehicles will not be reimbursed without a Resource Order. See Appendix for rates.

## **J. Repairs**

No further payment will accrue during any period that equipment is not in a safe or operable condition. Payment will be based on the hours the resource was operational during the assigned shift. Personnel are entitled to eight hours in pay status while equipment is being repaired.

**K. Tires**

Tire minimum tread shall be 4/32” on the front axle (steer axle), and 2/32” on the remaining tires. Tire load ratings should be in accordance with the vehicle GVWR.

**8. REQUIREMENTS FOR REIMBURSEMENT**

Payment for all FSO resources mobilized under the terms of this agreement is transacted through IDL. The IMT, or host agency, must complete the normal timekeeping functions for the FSO while assigned to the incident.

For those FSOs that have entered into agreements with neighboring state or federal agencies for initial attack, mutual aid, or other fire protection services, payment will be processed through the respective agencies.

Operated Agreements: When FSOs with Operated Agreements submit costs for single resource personnel, they shall submit an invoice with a summary of their fire costs in addition to the other required documentation. The invoice must be signed by the Fire Chief or their designee.

Unoperated Agreements: FSOs with Unoperated Agreements shall submit an invoice with a summary of their fire costs in addition to other required documentation. The invoice must be signed by the Fire Chief or their designee.

Invoices shall not contain more than one Resource Order unless the personnel and equipment are requested as a unit and assigned separate Resource Orders.

**IDL will not reimburse administrative costs.**

**A. Requirements for Backfill Reimbursement**

The reimbursement for backfill will only be for the shifts that the mobilized employee was scheduled to work at their home unit. Reimbursement shall be for the backfill costs only, while the costs of the mobilized employee for the same shift is not reimbursable. All backfill costs shall be itemized by date on the FSO Invoice.

EXAMPLE for billing backfill: If an employee is brought in on a regularly scheduled day off to cover the shift of the mobilized employee, IDL will pay the costs for that individual. The costs for the mobilized employee are covered by the FSO.

**EXAMPLE:**

|   | <b>Mobilized Firefighter 1<br/>John Doe</b>                           | <b>Backfill Firefighter 2<br/>James Smith</b> |
|---|---|---|
| Day 1: John Doe is mobilized to Big Ben Fire. He is scheduled to work at the fire station this day. | Incident does not reimburse for these payroll costs.                  | Incident is billed for these payroll costs.   |
| Day 2: John Doe is on assignment Big Ben Fire. This is his scheduled day off.                       | Incident is billed for these payroll costs.                           |   |
| Day 3: John Doe is on assignment to Big Ben Fire. This is his scheduled day off.                    | Incident is billed for these payroll costs.                           |   |
| Day 4: John Doe is on assignment at Big Ben Fire. This is a scheduled work day at the fire station. | Incident does not pay for these payroll costs.                        | Incident is billed for these payroll costs.   |
| Day 5: John Doe is demobilized from Big Ben Fire. This is a scheduled day off.                      | Incident is billed for payroll costs to point of return to home unit. |   |

**REQUIRED COMPLEMENT (OR AS REQUIRED BY NWCG)**

**A. Engines**

- 2 each – Nozzles, combination fog/straight stream, 1” National Pipe Straight Hose (NPSH) female
- 2 each – Nozzles, combination fog/straight stream, 1 ½” National Hose (NH) female
- 20 feet – Suction hose with strainer or screened foot valve
- 2 each – Shovels, size 1
- 2 each – Pulaski
- 1 each – Spanner wrench, combination 1” – 1 ½”
- 2 each – Gated wyes, 1 ½”, NH
- 4 each – Reducers, 1 ½” NH female to 1”, NPSH male
- 2 each – Increasesers 1” NPSH female to 1 ½” NH male
- 1 each – Double male 1 ½ ” NH
- 1 each – Double female 1 ½ ” NH
- 2 each – Adapters 1 ½” NH female to 1 ½” NPSH male
- 2 each – Adapters 1 ½” NPSH female to 1 ½” NH male
- 1 each – Fire hose clamp
- 1 each – First Aid Kit (5 person)
- 1 each – Five (5) gallon container, or equivalent, for drinking water
- 1 each – Set of three (3) reflectors
- 1 each – Fire extinguisher (5 lb. or better)
- 1 each – Set of wheel chocks (meets industry standards)
- 1 each – Pump for water fill or have drafting capability
- 300 feet – Hose, synthetic ¾” – 50 foot sections
- 300 feet – Hose, 1” NPSH
- 300 feet – Hose, 1 ½” NH
- 4 each – Reducer, 1” NPSH to ¾” hose
- 2 each – Adjustable nozzles, ¾”
- 1 each – Mop-up wand, ¾” receptor for hose
- 4 each – Gated wye, ¾”
- 5 each – Inline ball valves, ¾”
- Fuel to operate pump and engine for 12 hours (minimum five (5) gallons)



## **B. Tactical Water Tenders**

- 1 each – Nozzle, 1" – combination; fog/straight stream
- 20 feet – Suction hose (minimum) with strainer or screened foot valve
- 2 each – Shovels, size 1
- 2 each – Pulaski
- 1 each – Spanner wrench, combination
- 1 each – Hydrant wrench
- 2 each – Adapters, 1 ½" NPSH female to 1 ½" NH male
- 2 each – Adapters, 1 ½" NH female to 1 ½" NPSH male
- 2 each – Reducers, 2 ½" NH female to 1 ½" NH male
- 1 each – Double male, 1 ½" NH
- 1 each – Double female, 1 ½" NH
- 1 each – Gated wye, 1 ½" NH
- 1 each – Fire hose clamp
- 1 each – First Aid Kit (5 person)
- 1 each – Set of three (3) reflectors
- 1 each – Fire extinguisher (5 lb. or better)
- 2 each – Portable hand lights
- 100 feet – Hose, 1 ½" NH
- 50 feet – Hose, 2 ½" NH with nozzle
- 2 each – Discharge outlets: 1 ½" NH
- 1 each – Discharge outlet: 2 ½" NH
- 1 ½" NH to 1" NPSH reducer
- Frame or self-standing portable water tank - 1,000 gallon minimum
- Wheel Chocks (meets industry standards)
- Fuel to operate pump and engine for 12 hours (minimum five (5) gallons)

## **C. Support Water Tenders**

- Wheel Chocks (meet industry standards)
- Fire Extinguisher (5 lb. or better)
- Drafting Hose (20 ft. w/strainer)
- First Aid Kit (5 person)
- Reflectors (set of 3)

## MOBILIZATION/DEMOB CHECKLIST

### Documentation to Take with You:

- Resource Order (RO) – Two (2) copies.
- Two copies of the Idaho Cooperative Mobilization Agreement (ICMA).
- Emergency Equipment Shift Ticket Book, OF-297, or equivalent. Time shall be recorded daily.
- Crew Time Reports, SF-261. Time shall be recorded daily for personnel.
- Evaluation Forms – Single Resource, ICS225 or Crew, ICS224. Required for experience records to maintain qualifications.
- Inventory of apparatus/EMS equipment.
- Incident Qualification Cards. Indicates wildland fire qualifications for personnel.
- Position Task Books for trainee positions.
- Other personnel qualification documentation (Certifications, Licenses, CDL, EMS, etc.).
- Credit Card for fuel, lodging, etc.
- Personal Items. Tent, sleeping bag, warm clothing, personal hygiene items, etc. for a 14-day assignment.
- Other, as needed to be self-sufficient.

### Documentation to Bring Back with You:

- Payment documents, including signed original Emergency Equipment Use Invoice OF-286, original (Pink) Emergency Equipment Shift Tickets OF-297, original Incident Time Report OF-288. Obtain from Finance during demobilization.
- All pre and post inspections.
- Receipts for fuel, lodging, and other miscellaneous expenses not provided at the fire. Reimbursement determination will be made upon return to your home unit.
- Evaluations. An evaluation must be completed by your immediate supervisor at the fire. Required for recertification of positions.
- Claims, Incident Replacement documentation, if applicable.
- Other documents provided to you at the fire.
- Supply Resource Orders, if applicable.

**FIRE SERVICE ORGANIZATION (FSO) PAYMENT CHECKLIST**

**FSO:** \_\_\_\_\_ **Resource No.:** \_\_\_\_\_

**Fire Name:** \_\_\_\_\_ **Inclusive Dates:** \_\_\_\_\_

**Fire No.:** \_\_\_\_\_ **Project Code:** \_\_\_\_\_

**Arrange payment package in order of FSO Payment Checklist.**

**UNOPERATED**

- FSO Invoice with summary of fire costs
- Emergency Equipment Use Invoice, OF-286, with Original Signatures
- Emergency Equipment Deductions and Additions (Attachment to OF-286), if provided
- Emergency Equipment Shift Tickets, OF-297, Original (Pink)
- Receipts (Fuel, Lodging, Rental Vehicle, etc.)
- Emergency Equipment Fuel & Oil Issue, OF-304, if applicable
- Vehicle/Heavy Equipment Pre and Post Inspection Checklist, OF-296
- Signed copy of ICMA (with Appendices 1, 2, and 3)
- Incident Time Report, OF-288 (or Original Crew Time Report, SF-261, if no OF-288)
- FSO Payroll Reports (all personnel costs)
- Resource Order
- Incident Evaluation
- Request for Taxpayer Identification Number & Certification, W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

**OPERATED**

- Emergency Equipment Use Invoice, OF-286, With Original Signatures
- Emergency Equipment Deductions and Additions (Attachment to OF-286), if provided
- Emergency Equipment Shift Tickets, OF-297, Original (Pink)
- Receipts (Fuel, Lodging, Rental Vehicle, etc.)
- Emergency Equipment Fuel & Oil Issue, OF-304, if applicable
- Vehicle/Heavy Equipment Pre and Post Inspection Checklist, OF-296
- Signed copy of ICMA (with Appendices 1, 2, and 3)
- Resource Order
- Incident Evaluation
- Request for Taxpayer Identification Number & Certification, W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

**DO NOT WRITE BELOW THIS LINE**

**FOR FISCAL/FIRE BUREAU USE ONLY**

|  |
|--|
| <input type="checkbox"/> Revised Invoice to Area |
| To: _____  |
| Date: _____                                      |
| By: _____  |

|                        |            |                        |            |                |
|------------------------|------------|------------------------|------------|----------------|
| <b>Approved:</b> _____ |            | <b>Inv Date:</b> _____ |            |                |
| <b>Vendor#:</b> _____  |            | <b>Inv#:</b> _____     |            |                |
| <b>Description:</b>    |            |                        |            |                |
| <b>SUBOBJ</b>          | <b>PCA</b> | <b>TC</b>              | <b>AMT</b> | <b>PROJ/PH</b> |
|                        |            |                        |            |                |
|                        |            |                        |            |                |
|                        |            |                        |            |                |
|                        |            |                        |            |                |
|                        |            |                        |            |                |
|                        |            |                        |            |                |

## EMERGENCY EQUIPMENT SHIFT TICKET OF-297

Shift tickets must be completed for each operational period. Shift tickets may be obtained from a Division Supervisor or the Finance Section. The Fire Service Organization and the person responsible for directing the work of the equipment are responsible to see that shift tickets are completed and approved. All crew members shall be listed on the CTR or Shift Ticket. **Any known defects or damage to equipment going on or off shift must be documented in the “14. Remarks” section.**

| <b>EMERGENCY EQUIPMENT SHIFT TICKET</b>                                |  |   |   |   | <b>E-52</b>                       |
|--|--|---|---|---|-----------------------------------|
| 1. AGREEMENT NUMBER<br><b>IDL-230-xx-05</b>                            |  |   | 2. CONTRACTOR (name)<br><b>Fire District One</b>              |   |                                   |
| 3. INCIDENT OR PROJECT NAME<br><b>Bad One</b>                          |  | 4. INCIDENT NUMBER<br><b>ID-SWS-23010</b> |   | 5. OPERATOR (name)<br><b>Bob Builder, Engine Boss</b>   |                                   |
| 6. EQUIPMENT MAKE<br><b>Ford</b>                                       |  | 7. EQUIPMENT MODEL<br><b>WE6</b>          |   | 8. OPERATOR FURNISHED BY<br><input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT  |                                   |
| 9. SERIAL NUMBER<br><b>ID32146567</b>                                  |  | 10. LICENSE NUMBER<br><b>KB 1234</b>      |   | 11. OPERATING SUPPLIES FURNISHED BY<br><input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry)   |                                   |
| 12. DATE<br>MO/DAY/YR  | 13. EQUIPMENT USE<br>HOURS/DAYS/MILES (circle one) |   | 14. REMARKS (released, down time and cause, problems, etc.)   |   |                                   |
|  | START  | STOP                                      | WORK  |   |                                   |
| <b>8/15/xx</b>   | <b>0600</b>  | <b>1800</b>                               | <b>12</b>   | <b>Franklin McDonald, Crew Member<br/>Leonardo Giordino, Crew Member</b>  |                                   |
|  |  |   |   | 15. EQUIPMENT STATUS<br><input checked="" type="checkbox"/> a. Inspected and under agreement<br><input type="checkbox"/> b. Released by Government<br><input type="checkbox"/> c. Withdrawn by Contractor |                                   |
|  |  |   |   | 16. INVOICE POSTED BY (Recorder's initials)   |                                   |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE<br><b>Bob Builder</b> |  |   | 18. GOVERNMENT OFFICER'S SIGNATURE<br><i>Tinder Dry, DIVS</i> |   | 19. DATE SIGNED<br><b>8/15/xx</b> |
| NSN 7540-01-119-5628<br>50297-102                                      |  |   |   | OPTIONAL FORM 297 (Rev. 7-90)<br>USDA/USDI  |                                   |

Write Resource Order Number in upper corner of the Shift Ticket

All crew members are listed on the Shift Ticket

| <b>CREW TIME REPORT</b>   |                     |                               |  |                                  |                       |      |
|---|---------------------|-------------------------------|--|----------------------------------|-----------------------|------|
| (1) CREW NAME<br>Blackwell RFD  |                     |                               |  | (2) CREW NUMBER<br>E-5           |                       |      |
| (3) OFFICE RESPONSIBLE FOR FIRE<br>Southwest District IDL                   |                     | (4) FIRE NAME<br>Timber Butte |  | (5) FIRE NUMBER<br>ID-SWS-000092 |                       |      |
| (6)   | (7)                 | (8)                           | (9)                                    |                                  | (10)                  |      |
| RE-<br>MARKS<br>NO.   | NAME OF<br>EMPLOYEE | CLASSIF-<br>ICATION           | DATE 8/7/2018                          |                                  | DATE 8/7/2018         |      |
|   |                     |                               | MILITARY TIME                          |                                  | MILITARY TIME         |      |
|   |                     |                               | ON                                     | OFF                              | ON                    | OFF  |
|   | S. Burns            | ENGB                          | 0600                                   | 1900                             |                       |      |
|   | A. Brown            | FFT1                          | 0630                                   | 1900                             |                       |      |
| T   | R. Wyatt            | FFT1                          | 0700                                   | 0930                             |                       |      |
|   | R. Wyatt            | FFT1                          |  |                                  | 0930                  | 1900 |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
| REMARKS   |                     |                               |  |                                  |                       |      |
| Unable to take a meal break due to blow up on Division F                    |                     |                               |  |                                  |                       |      |
| T - Wyatt traveled to incident to replace F. Johnson who was injured on 8/6 |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
|   |                     |                               |  |                                  |                       |      |
| (12) OFFICER-IN-CHARGE<br>(Signature)<br><i>John Smith</i>                  |                     |                               | (13) TITLE (Officer-in-Charge)<br>DIVS |                                  |                       |      |
| (14) NAME (Person Posting to Emergency Time Report)<br><i>Laurie Time</i>   |                     |                               |  |                                  | (15) DATE<br>8/8/2018 |      |

## EMERGENCY PERSONNEL AND EQUIPMENT SHIFT TICKET

*This booklet is only available through the Coeur d'Alene Cache.*

| EMERGENCY PERSONNEL & EQUIPMENT SHIFT TICKET   |   |  |   |  |              | 1. DIVISION<br>A / ZULU                    |            | 2. SHIFT<br>DAY SINGLE                                     |            |
|--|---|--|---|--|--------------|--|------------|--|------------|
| 3. OWNER/CONTRACTOR<br><b>DRY CREEK F.P.D</b>  |   |  | 4. CONTRACT/AGREEMENT NUMBER<br><b>IDL-610-17-105</b> |  |              | 5. RESOURCE REQ NUMBER<br><b>E-157</b>     |            |  |            |
| 6. TYPE OF RESOURCE<br>GOVERNMENT <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> PRIVATE <input type="checkbox"/> |   | 7. HIRED<br>WET <input type="checkbox"/> DRY <input checked="" type="checkbox"/> |   | 8. INCIDENT NAME<br><b>BIG HOT FIRE</b>  |              | 9. INCIDENT NUMBER<br><b>ID-PAF-000193</b> |            |  |            |
| 10. EQUIPMENT TYPE<br><b>WE3</b>   |   | 11. EQUIPMENT MAKE/MODEL<br><b>BME INTL 1996</b>                                 |   | 12. REMARKS (released, down time and cause, problems, etc.)<br><b>JON SNOW REPLACED MORTON GLOCKNER AT END OF SHIFT ON 7/11/2017.<br/>GLOCKNER WAS RELEASED AT 2100 ON 7/11/2017</b> |              |  |            |  |            |
| 13. VIN (LAST 5)<br><b>74836</b>   |   | 14. LICENSE #<br><b>F2011</b>  |   |  |              |  |            |  |            |
| 15. DATE<br>MO/DAY/YEAR  | 16. EQUIPMENT USE (circle one)<br>HOURS / MILES |  | 19. TOTAL<br>HOURS/MILES                              | 20. OPERATOR/PERSONNEL NAMES   | 21. POSITION | PERSONNEL TIME                             |            | PERSONNEL TIME   |            |
|  | 17. BEGINNING                                   | 18. ENDING   |   |  |              | 22. BEGINNING                              | 23. ENDING | 24. BEGINNING  | 25. ENDING |
| 7/11/17  | 0600  | 2200   | 16  | JACK BLACK   | ENGB         | 0600                                       | 1200       | 1230   | 2200       |
|  |   |  |   | JIM RODGERS  | FFT1         | 0600                                       | 1200       | 1230   | 2200       |
|  |   |  |   | MORTON GLOCKNER  | FFT2         | 0600                                       | 1200       | 1230   | 2100       |
|  |   |  |   | (T) JON SNOW   | FFT2         | 0600                                       | 1200       | 1230   | 1830       |
| 7/12/17  | 0600  | 2200   | 16  | JACK BLACK   | ENGB         | 0600                                       | 1200       | 1230   | 2200       |
|  |   |  |   | JIM RODGERS  | FFT1         | 0600                                       | 1200       | 1230   | 2200       |
|  |   |  |   | JON SNOW   | FFT2         | 0600                                       | 1200       | 1230   | 2200       |
| 26. AUTHORIZED AGENT SIGNATURE<br><i>Jack J. Black</i>   |   |  |   | 27. GOVERNMENT OFFICER SIGNATURE<br><i>Walter Frey</i>   |              | 28. DATE SIGNED<br><b>7/12/17</b>          |            | 29. INVOICE POSTED BY recorder's Initials<br><b>T.U.L.</b> |            |

FINANCE

EQUIPMENT TIME RECORDER

CONTRACTOR

RETAIN IN BOOK

## TRAVEL AND PER DIEM MEAL RATE AGREEMENT

### Travel Reimbursements

All travel costs being submitted for reimbursement will be itemized on the **FSO Invoice**. Supporting documentation such as receipts for fuel, rental vehicles, etc., shall be provided with the FSO Invoice. All meal reimbursements shall be in accordance with the Idaho State Board of Examiners and Idaho Department of Lands policies and procedures, unless FSO policy differs.


### Travel To/From Fire Suppression Assignments

The GSA domestic per diem daily meal rates will be used while traveling to/from incidents. The rates are found at: <http://www.gsa.gov/portal/category/100120>. Per diem rates are based upon destination.

Example: Traveling to Missoula, MT, for fire assignment. Per diem rates used for mobilization and demobilization period will be at the rate for Missoula, MT, or \$59, as seen below.

The following rates apply for Missoula / Polson / Kalispell Montana

|                               |                            | Max lodging by Month (excluding taxes) |      |      |      |      |      |      |      |      |       |       |      |          |
|-------------------------------|----------------------------|--|------|------|------|------|------|------|------|------|-------|-------|------|----------|
|                               |                            | 2015                                   |      |      | 2016 |      |      |      |      |      |       |       |      |          |
| Primary Destination (1, 2)    | County (3, 4)              | Oct                                    | Nov  | Dec  | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul   | Aug   | Sep  | M&IE (5) |
| Missoula / Polson / Kalispell | Missoula / Lake / Flathead | \$95                                   | \$95 | \$95 | \$95 | \$95 | \$95 | \$95 | \$95 | \$95 | \$136 | \$136 | \$95 | \$59     |



**NOTE:** The Idaho Department of Lands uses the GSA per diem rates strictly for obtaining daily meal rates. The GSA breakdown of meal rates is NOT used. Following the Idaho State Board of Examiners policy, a partial-day reimbursement, or breakdown by meal for per diem shall be paid to the traveler at the maximum rate set within the following limitations:

- Breakfast:** If the actual departure time is 7:00 a.m. or before, or if the return time is 8:00 a.m. or after. Paid at 25% of Federal Rate.
- Lunch:** If the actual departure time is 11:00 a.m. or before, or if the return time is 2:00 p.m. or after. Paid at 35% of Federal Rate.
- Dinner:** If the actual departure time is 5:00 p.m. or before, or if the return time is 7:00 p.m. or after. Paid at 55% of Federal Rate.

**Per Diem for travel will not be paid in excess of the full daily rate allowed. When meals are furnished by the incident or host agency, individuals may not seek per diem or daily incidental reimbursement.**

**TRAVEL EXPENSE WORKSHEET**

| TRAVELERS' NAME(S) | RO # | AGENCY VEH LIC # |
|--------------------|------|------------------|
|                    |      |                  |
|                    |      |                  |
|                    |      |                  |
|                    |      |                  |
|                    |      |                  |
|                    |      |                  |
|                    |      |                  |

|                       |               |  |  |  |  |
|-----------------------|---------------|--|--|--|--|
| <b>FIRE NAME</b>      | RED FERN      |  |  |  |  |
| <b>RO#</b>            | E-9           |  |  |  |  |
| <b>INCIDENT #</b>     | UT-UWF-000543 |  |  |  |  |
| <b>FROM CITY</b>      | BOISE         |  |  |  |  |
| <b>DATE</b>           | 8/4/17        |  |  |  |  |
| <b>COUNTY</b>         | ADA           |  |  |  |  |
| <b>STATE</b>          | ID            |  |  |  |  |
| <b>DEPARTURE TIME</b> | 0600          |  |  |  |  |
| <b>MILEAGE START</b>  | 85000         |  |  |  |  |
| <b>TO CITY</b>        | OGDEN         |  |  |  |  |
| <b>DATE</b>           | 8/5/17        |  |  |  |  |
| <b>COUNTY</b>         | CALAVARAS     |  |  |  |  |
| <b>STATE</b>          | UT            |  |  |  |  |
| <b>ARRIVAL TIME</b>   | 1000          |  |  |  |  |
| <b>MILEAGE END</b>    | 85496         |  |  |  |  |

**MEALS X= MEALS NOT PROVIDED AT ICP O = MEALS PROVIDED AT ICP**

| DATE             | 8/4 | 8/5 |  |  |  |  |  |  |  |
|------------------|-----|-----|--|--|--|--|--|--|--|
| <b>BREAKFAST</b> | X   | X   |  |  |  |  |  |  |  |
| <b>LUNCH</b>     | X   | O   |  |  |  |  |  |  |  |
| <b>DINNER</b>    | X   | O   |  |  |  |  |  |  |  |

|                  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|
| <b>DATE</b>      |  |  |  |  |  |  |  |  |  |
| <b>BREAKFAST</b> |  |  |  |  |  |  |  |  |  |
| <b>LUNCH</b>     |  |  |  |  |  |  |  |  |  |
| <b>DINNER</b>    |  |  |  |  |  |  |  |  |  |

**CREDIT CARD CHARGES – (LODGING – FUEL – FOOD)**

| DATE | VENDOR              | DESCRIPTION                    | AMOUNT |
|------|---------------------|--------------------------------|--------|
| 8/4  | Holiday Inn Express | Lodging crew 6 3 rooms 1 night | 343.00 |
|      |                     |                                |        |
|      |                     |                                |        |
|      |                     |                                |        |
|      |                     |                                |        |

**COMMENTS:**

Optional Form



INVOICE AND REPORT SAMPLES

Fire Service Organization Invoice  
Electronic Version

From: Smith Fire Department  
P.O. Box 377  
Smith, ID 89999

To: Idaho Department of Lands  
(local IDL office address)

Date: 7/15/2015  
Invoice #: 12345  
Agreement No: ID-000-11-11

| Fire Name    | Fire Incident Number | Resource Order Number |
|--------------|----------------------|-----------------------|
| Endless Fire | ID-BOF-123456        | E-346                 |

| Unit         | Description  | Unit Amount | Line Subtotal | Benefit Rate | Benefit Amount | Line Total         |
|--------------|--|-------------|---------------|--------------|----------------|--------------------|
| 20.00        | John Smith, ENGB                                       | \$ 20.00    | \$ 400.00     | 20.00%       | \$ 80.00       | \$ 480.00          |
| 20.00        | Jane Doe, FFT1   | \$ 18.00    | \$ 360.00     | 18.00%       | \$ 64.80       | \$ 424.80          |
| 20.00        | Joe Firefighter, FFT2                                  | \$ 17.00    | \$ 340.00     | 18.00%       | \$ 61.20       | \$ 401.20          |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              | <b>Subtotal Personnel Costs</b>                        |             |               |              |                | <b>\$ 1,306.00</b> |
| 24.00        | Jimmy Dean backfilled for Lang 09/21/15                | 5.00        | \$ 30.00      | 20.00%       | \$ 72.00       | \$ 432.00          |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              | <b>Subtotal Backfill</b>                               |             |               |              |                | <b>\$ 432.00</b>   |
| 1.00         | Type 3 Engine  | \$ 1,200.00 | \$ 1,200.00   |              | \$ -           | \$ 1,200.00        |
|              |  | \$ -        |               |              |                |                    |
|              | <b>Subtotal Equipment</b>                              |             |               |              |                | <b>\$ 1,200.00</b> |
| 1.00         | 09/21/15 Mountain Home, ID                             | \$ 95.00    | \$ 95.00      |              | \$ -           | \$ 95.00           |
|              |  | \$ -        |               |              |                |                    |
|              | <b>Subtotal Lodging</b>                                |             |               |              |                | <b>\$ 95.00</b>    |
| 1.00         | 09/21/15 Breakfast for 3 - travel to incident          | \$ 34.50    | \$ 34.50      |              | \$ -           | \$ 34.50           |
| 1.00         | 9/28/15 Dinner for 3 - travel from incident            | \$ 75.90    | \$ 75.90      |              | \$ -           | \$ 75.90           |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              | <b>Subtotal Meals (not provided by Fire)</b>           |             |               |              |                | <b>\$ 110.40</b>   |
| 1.00         | 9/21/15 Fuel, Idaho Falls, ID                          | \$ 143.05   | \$ 143.05     |              | \$ -           | \$ 143.05          |
| 1.00         | 9/21/15, Fuel, Mountain Home, ID                       | \$ 130.53   | \$ 130.53     |              | \$ -           | \$ 130.53          |
| 1.00         | 9/27/15, Fuel, Twin Falls, ID                          | \$ 88.95    | \$ 88.95      |              | \$ -           | \$ 88.95           |
| 1.00         | 9/28/15, Fuel, Idaho Falls, ID                         | \$ 77.56    | \$ 77.56      |              | \$ -           | \$ 77.56           |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              |  | \$ -        |               |              |                |                    |
|              | <b>Subtotal Fuel, Misc. Charges (Rental Car, etc.)</b> |             |               |              |                | <b>\$ 440.09</b>   |
| <b>TOTAL</b> |  |             |               |              |                | <b>\$ 3,583.49</b> |

My signature below certifies these are true and accurate costs billed in accordance with the current Idaho FSO Rate Book.

  
Signature

7/15/2015  
Date

Ace Jones  
Print Name

Fire Chief  
Title

Reference 6 – Invoice and Report Samples

**EXAMPLE OF PAYROLL REPORT**

**IDAHO BUSINESS INTELLIGENCE SOLUTION**

Payroll Hours and Dollars by Project

For Agency 320 - DEPARTMENT OF LANDS

| FED070              |                |          |      |      |       |              |              |              |              |                 |               |              |                 |               |                 |                |               |                  |
|---------------------|----------------|----------|------|------|-------|--------------|--------------|--------------|--------------|-----------------|---------------|--------------|-----------------|---------------|-----------------|----------------|---------------|------------------|
| GRANT               | EMPLOYEE NAME  | Pay Date | G PH | P PH | PCA   | Paid Ot Hrs  | Reg Hrs      | Total Hrs    | OT Rate      | Ot Earnings     | OT Benefit    | Reg Rate     | Reg Earnings    | Reg Benefit   | Total Earnings  | Total Benefits | Benefit Rate  | Total Pysl Costs |
|                     | Frederen, John | 8/12/16  |      | 16   | 72003 | 19.5         | 21.0         | 40.5         | 12.29        | 239.66          | 18.99         | 12.29        | 258.09          | 20.46         | 497.75          | 39.45          | 7.93%         | 537.20           |
|                     | Smith, Dave    |          |      | 16   | 72003 | 19.5         | 20.0         | 39.5         | 16.82        | 327.99          | 104.80        | 16.82        | 336.40          | 107.49        | 664.39          | 212.29         | 31.95%        | 876.68           |
|                     | Frederen, John |          |      | 16   | 72003 | 19.5         | 21.0         | 40.5         | 11.08        | 216.06          | 17.15         | 11.08        | 232.68          | 18.47         | 448.74          | 35.62          | 7.94%         | 484.36           |
|                     | Looper, Jake   |          |      | 16   | 72003 | 19.5         | 21.0         | 40.5         | 11.08        | 216.06          | 17.17         | 11.08        | 232.68          | 18.50         | 448.74          | 35.67          | 7.95%         | 484.41           |
|                     | Lister, Mick   |          |      | 16   | 72600 | 6.0          | 0.0          | 6.0          | 18.86        | 113.16          | 40.50         |              | 0.00            | 0.00          | 113.16          | 40.50          | 35.79%        | 153.66           |
|                     | Davis, Lisa    |          |      | 16   | 72003 | 19.5         | 21.0         | 40.5         | 12.29        | 239.66          | 18.99         | 12.29        | 258.09          | 20.46         | 497.75          | 39.45          | 7.93%         | 537.20           |
|                     | Linder, Luke   |          |      | 16   | 72600 | 2.3          | 2.5          | 4.8          | 33.83        | 77.81           | 27.21         | 33.83        | 84.58           | 29.58         | 162.39          | 56.79          | 34.97%        | 219.18           |
|                     | Compton, Lee   |          |      | 16   | 72003 | 19.5         | 21.0         | 40.5         | 11.08        | 216.06          | 17.15         | 11.08        | 232.68          | 18.47         | 448.74          | 35.62          | 7.94%         | 484.36           |
| <b>Total</b>        |                |          |      |      |       | <b>125.3</b> | <b>127.5</b> | <b>252.8</b> | <b>13.14</b> | <b>1,646.46</b> | <b>248.54</b> | <b>12.83</b> | <b>1,635.20</b> | <b>246.85</b> | <b>3,281.66</b> | <b>495.39</b>  | <b>15.10%</b> | <b>3,777.05</b>  |
| <b>Total FED070</b> |                |          |      |      |       | <b>125.3</b> | <b>127.5</b> | <b>252.8</b> | <b>13.14</b> | <b>1,646.46</b> | <b>248.54</b> | <b>12.83</b> | <b>1,635.20</b> | <b>246.85</b> | <b>3,281.66</b> | <b>495.39</b>  | <b>15.10%</b> | <b>3,777.05</b>  |
| <b>Summary</b>      |                |          |      |      |       | <b>125.3</b> | <b>127.5</b> | <b>252.8</b> | <b>13.14</b> | <b>1,646.46</b> | <b>248.54</b> | <b>12.83</b> | <b>1,635.20</b> | <b>246.85</b> | <b>3,281.66</b> | <b>495.39</b>  | <b>15.10%</b> | <b>3,777.05</b>  |