

ID FORESTRY AND FIRE MANAGEMENT IDAHO COOPERATIVE MOBILIZATION AGREEMENT

Agreement # ID-EIS-ICMA-035-2025-

Term: 5/1/2025 - 4/30/2026

Fire Department / District (Cooperator) Contact

Shelley Firth Ambulance District 585 W FIR ST Shelley , ID 83274

Business Phone: 2085160017

Workers Compensation

State insurance fund

Representative

Lyle Barney 2085160017

District Fire Warden

Memo

State Area Office (ADO Payment Office)

Contact

Idaho Department of Lands Fire Management Bureau 3284 W. Industrial Loop Coeur d'Alene, Idaho 83815

Home Unit Office (Owner)

Eastern Supervisory Area Office

Attn: Katina Kienlen-Hoffer, khoffer@idl.idaho.gov (Cell: 208-569-9619)

3563 E. Ririe Highway Idaho Falls, Idaho 83401

Business Phone: 208-525-7167

Local Dispatch (Provider)

Eastern Idaho Dispatch

Resources

| The following is being provided: Operated (includes Personnel & Equipment) Time Period: Fire Season '25 | | | X Unoperated (Personnel Costs Billed Separately) | | | Unoperated - FSO Bills Payroll Costs Portal-To- Portal | | | |
|---|--|-------------------|--|-------------------|------------------|--|--------------------|------------------------|--------|
| Kind Type | Description | Rate | Dev Rate | Rate per Staff | Rate per Mile | Max Daily Rate | Staffing (min/max) | Inspection Exp Date | Active |
| Agency 1 Ton 4 x 4 Owned - Support Unoperate Vehicles d | UNIT 1 2011 CHEVROLET (CHEVROLET 3500) 3500 1GB4KZCG6BF206856 SFQRU1 Standard Staffing: 0 Size: 1 T | \$15.00 /Hour | - | \$0.00 | - | \$0.00 | 0/0 | 04/23/2026 | Yes |
| Agency Owned Support Vehicles SUV - Unoperate d | UNIT 2 2019 CHEVROLET SUBURBAN (SUBURBAN 4X4) 1GNSKHKCXKR23961 SFQRU2 Standard Staffing: 0 Size: 2019 Features: 4X4 | \$11.00 /Hour | - | \$0.00 | - | \$0.00 | 0/0 | 04/23/2026 | Yes |
| Ambulance ALS - Unoperate d | Shelley -Firth Ambulance-1 2013 FORD f45 1FDUF4HTODEB78548 FOO411 Standard Staffing: 2 Features: 4X4 | \$122.00 /Hour | - | \$0.00 | - | \$0.00 | 2/2 | 04/23/2026 | Yes |
| Ambulance S ALS - Unoperate d | Shelley Ambulance 2 2008 FORD (F350 4X4 CREW CAB) 1FDWF37878ED81225 C 02651 Standard Staffing: 2 Size: 1 T | \$122.00 /Hour | - | \$0.00 | - | \$0.00 | 2/2 | 04/23/2026 | Yes |
| Ambulance ALS - Unoperate d | Shelley Ambulance 4 2010 FORD CB TK 1FDAF4HR4AEA57637 4B/exempt Standard Staffing: 2 Size: F3500 Features: 4X4 | \$122.00 /Hour | - | \$0.00 | - | \$0.00 | 2/2 | 01/01/2026 | Yes |

| Kind | Туре | Description | Rate | Dev Rate | Rate per Staff | Rate per Mile | Max Daily Rate | Staffing (min/max) | Inspection Exp Date | Active |
|----------------|-----------------------------|---|-------------------|----------|-------------------|------------------|-------------------|-----------------------|------------------------|--------|
| Ambulance s | BLS - Unoperate d | SHELLEY AMBULANCE 3 2006 Chevrolet 4500 1GBE4C3285F515605 4B exempt plate Standard Staffing: 2 Size: 4500 | \$108.00 /Hour | - | \$0.00 | - | \$0.00 | 2/2 | 04/23/2026 | Yes |
| EMS Kits | ALS Kit - Unoperate d | ALS KIT 1 PARAMEDIC 2024 1 Standard Staffing: 0 | \$21.00 /Hour | - | \$0.00 | - | \$0.00 | 0/0 | 04/23/2026 | Yes |
| EMS Kits | BLS Kit - Unoperate d | BLS KIT 1 EMT 2024 1 Standard Staffing: 0 | \$14.00 /Hour | - | \$0.00 | - | \$0.00 | 0/0 | 04/23/2026 | Yes |
| EMS Kits | ILS Kit - Unoperate d | ILS ADVANCED EMT 2024 1 Standard Staffing: 0 | \$18.00 /Hour | - | \$0.00 | - | \$0.00 | 0/0 | 04/23/2026 | Yes |

General Provisions

Cooperator will adhere to terms set forth on the General Provisions and Instructions form.

No general provisions

Special Provisions

Cooperator will adhere to terms set forth on the General Provisions and Instructions form.

No special provisions

Approved By

By signing electronically, I am certifying that the equipment and personnel mobilized under this Agreement 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.

Cooperators create a user account, agreeing to program terms and conditions. Cooperators select equipment and positions to complete the form. Review and approval by the State is indicated by the signature.

Signed 05/07/2025 10:43:14 MDT by Lyle Barney

ID Approval 05/13/2025 09:57:25 MDT by Katina Kienlen-Hoffer

Amendment #39