



IDAHO COOPERATIVE MOBILIZATION AGREEMENT

Agreement #
ID-EIS-ICMA-054-2025-
06
Term: 5/1/2025 - 4/30/2026

Fire Department / District (Cooperator)

Contact

Franklin County Fire District
55 West 1st South
Preston, ID 83263

Business Phone: 208-852-3111 After Hours Phone: 208-406-6528

Workers Compensation

Representative

Randon Naegle

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)

South-Central Dispatch
Eastern Idaho Dispatch
Central Idaho Dispatch

Resources

The following is being provided:



Operated (includes
Personnel & Equipment)



Unoperated (Personnel
Costs Billed Separately)



Unoperated - FSO Bills
Payroll Costs Portal-To-
Portal

Time Period: Fire Season '25

Kind	Type	Description	Rate	Dev Rate	Rate per Staff	Rate per Mile	Max Daily Rate	Staffing (min/max)	Inspection Exp Date	Active
Support Water Tenders	S2 - Operated	Engine 102 2003 Kenworth T800 1NKDLB0X04J053264 FCF2003 Standard Staffing: 2 Size: 62,000	\$140.00 /Hour	-	\$0.00	-	\$0.00	1/3		Yes
Wildland Engines	WE6 - Operated	Brush 102 2016 Dodge Ram 4500 3C7WRLEJ5HG552008 F2998 Standard Staffing: 3 Size: 16,500	\$136.00 /Hour	-	\$0.00	-	\$0.00	2/5		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 06/11/2025 14:08:30 MDT by Randon Naegle

ID Approval 06/11/2025 14:51:43 MDT by Katina Kienlen-Hoffer

