



IDAHO FORESTRY AND FIRE MANAGEMENT
IDAHO COOPERATIVE MOBILIZATION AGREEMENT

Agreement #
ID-KVS-004-2025-02
Term: 5/1/2025 - 4/30/2026

Fire Department / District (Cooperator)

Contact

Curly Creek Volunteer Fire District
P.O. Box 36
Moyie Springs , ID 83845

Business Phone: 2089207135 After Hours Phone: 3602692453

Workers Compensation

Representative

Frank Wright 3602692453

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)

Kootenai Valley Forest Protective District Office
6327 Main Street
Bonners Ferry, ID 83805

Business Phone: 208-267-5577

Local Dispatch (Provider)

Coeur d'Alene 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 | CCVFD-472 2009 FREIGHTLINER (FREIGHTLINER) (TENDER) 1FULATCG69PAG0350 F3039 Standard Staffing: 1 | \$140.00 /Hour | - | \$0.00 | - | \$0.00 | 1/3 | | 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 05/06/2025 14:09:53 MDT by Chief Frank Wright

ID Approval 05/12/2025 16:26:39 MDT by Ashley Stoneham

Amendment #02