

ID Forestry and Fire Management IDAHO COOPERATIVE MOBILIZATION AGREEMENT

Agreement # ID-SWS-054-2025-04 Term: 5/1/2025 - 4/30/2026

Fire Department / District (Cooperator)					State Area Office (ADO Payment Office)					
Contact					Contact					
Silver Creek Volunteer Fire District 10139 Rim Rd Nampa , ID 83686 Business Phone: 2082505928					Idaho Department of Lands Fire Management Bureau 3284 W. Industrial Loop Coeur d'Alene, Idaho 83815					
Buoilloco I I	10110. 200200	0020		Home Unit Office (Owner)						
Workers Compensation					Southwest Supervisory Area Office					
					8355 W. STATE STREET BOISE, Idaho 83714					
Representative										
Brian Vezzoso 2082505928					Business Phone: 208-334-3488					
District Fire Warden					Local Dispatch (Provider)					
					Boise Dispatch Payette Dispatch					
Memo										
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	Туре	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	#585 1986 American General 6 x 8 T1 C52309183 F3083 Standard Staffing: 1 Size: 2.5T	\$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.										
Special P	rovisions	terms set forth on the Gene	rol Drovinio	on and Instruc	tions form					
Cooperator v	viii auriere lu	terms set forth on the Gene	1a1 F10V15101	is allu liisiluu	uona ioiii.					

Approved By

No special provisions

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 05/09/2025 10:58:37 MDT by Brian Vezzoso

ID Approval 05/09/2025 11:51:44 MDT by Casper Urbanek

Amendment #04