

# ID FORESTRY AND FIRE MANAGEMENT IDAHO COOPERATIVE MOBILIZATION AGREEMENT

# Agreement # ID-EIS-ICMA-051-2025-

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

## Fire Department / District (Cooperator)

Contact

McCammon Fire Department 100 Center St McCammon , ID 83250

Business Phone: 208-220-2749 After Hours Phone: 280-220-2749

Workers Compensation

Representative

Johnny Ketner 208-220-2749

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)

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	283 1986 International S1900 1HTLDUYP2GHA64813 C18473 Standard Staffing: 2	\$140.00 /Hour	-	\$0.00	-	\$0.00	1/3		Yes
Wildland Engines	WE4 - Operated	484 2002 Stewart & Stevenson LMTV A- t017418EFDM Standard Staffing: 3 Features: 4X4	\$176.00 /Hour	-	\$0.00	-	\$0.00	2/4		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 04/30/2025 12:49:02 MDT by Johnny Ketner

Amendment #06