



ID Forestry and Fire Management IDAHO COOPERATIVE MOBILIZATION AGREEMENT

Agreement # ID-SWS-001-2025 Term: 5/1/2025 - 4/30/2026

Fire Department / District (Cooperator)

Contact

Atlanta Rural Fire Department
97 W Pine Street
97 W. Pine Street
Atlanta, ID 83716

Business Phone: 208 864 2300 After Hours Phone: 208 864 2170

Workers Compensation

Representative

Gene Haught Fire Chief 208 513 4449

District Fire Warden

Casper Urbanek 208 334 3488

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)

Southwest Supervisory Area Office
8355 W. STATE STREET
BOISE, Idaho 83714

Business Phone: 208-334-3488

Local Dispatch (Provider)

Boise Dispatch
Payette 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	S3 - Operated	S3 - Operated 1985 AM GENERAL 693102593 Standard Staffing: 1 Features: 4X4	\$112.00 /Hour	-	\$0.00	-	\$0.00	1/2	03/21/2026	Yes
Tactical Water Tenders	T1 - Operated	Atlanta Rural Fire District 1985 AM General 693102593 Standard Staffing: 2 Features: 4X4	\$212.00 /Hour	-	\$0.00	-	\$0.00	2/2	03/21/2026	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 06/26/2025 16:27:30 MDT by Gene Haught

ID Approval 06/30/2025 15:30:53 MDT by Casper Urbanek

