

# ID FORESTRY AND FIRE MANAGEMENT IDAHO COOPERATIVE MOBILIZATION AGREEMENT

# Agreement # ID-CAS-003-2025-01 Term: 5/1/2025 - 4/30/2026

|  | ire Department / | District ( | (Cooperator) |  |
|--|------------------|------------|--------------|--|
|--|------------------|------------|--------------|--|

Contact

Shoshone County Fire Protection #2 911 Bunker Avenue Kellogg , ID 83837

Business Phone: 208-784-1188 After Hours Phone: 208-691-2973

Workers Compensation

State Insurance Fund Kristi Stuart 208-332-2437

Representative

Scott Dietrich 208-691-2973

District Fire Warden

Memo

208-661-0383

| State Area Office (ADO Payment Office | State Area | Office ( | (ADO Pa | vment Office |
|---------------------------------------|------------|----------|---------|--------------|
|---------------------------------------|------------|----------|---------|--------------|

Contact

Idaho Department of Lands Fire Management Bureau 3284 W. Industrial Loop Coeur d'Alene, Idaho 83815

Home Unit Office (Owner)

Cataldo Forest Protective District Office 80 Hilltop Overpass Road

Kingston, Idaho 83839

Business Phone: 208-682-4611

Local Dispatch (Provider)

#### Resources

Chris Myers

The following is being provided:

X 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 Rate per Rate per Max Daily Staffing Inspection Active Staff Mile Rate (min/max) Exp Date

## **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 05/22/2025 14:42:42 MDT by Scott Dietrich

ID Approval 05/22/2025 15:38:03 MDT by Chris Myers

**Amendment #01**