



**ID Forestry and Fire Management
IDAHO COOPERATIVE MOBILIZATION AGREEMENT**

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

Fire 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

Chris Myers 208-661-0383

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)

Cataldo Forest Protective District Office
80 Hilltop Overpass Road
Kingston, Idaho 83839

Business Phone: 208-682-4611

Local Dispatch (Provider)

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	T3 (T222) 2011 Kenworth Rosenbauer Tender KW10222 SCFD222 Standard Staffing: 1	\$140.00 /Hour	-	\$0.00	-	\$0.00	1/3	05/01/2026	Yes
Wildland Engines	WE5 - Operated	B1 (B242) 2008 Ford F-550 1FDAX57Y58EE12840 SCFD242 Standard Staffing: 2 Features: 4X4	\$144.00 /Hour	-	\$0.00	-	\$0.00	2/3	05/01/2026	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 05/22/2025 14:42:42 MDT by Scott Dietrich

ID Approval 10/01/2025 08:57:38 MDT by Chris Myers

