



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

**Agreement #
ID-SJS-ICMA-001-2026**
Term: 5/1/2026 - 4/30/2027

Fire Department / District (Cooperator)

Contact

St. Maries Fire Protection District
308 W JEFFERSON AVE
St. Maries , ID 83861

Business Phone: 2082455253 After Hours Phone: 2087835790

Workers Compensation

SIF 2083322100

Representative

Mike Patti 2082455253

District Fire Warden

Cory Flesher 2082454551

Memo

Contact Cary Rubiera for billing questions, (208) 245-5253,
crubiera@smfpd.com

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)

-

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 '26

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	1561 2007 Freightliner CID439 1FVHCYDJ07HW76377 SMF1561 Standard Staffing: 3 Size: 54,600	\$140.00 /Hour	-	\$0.00	-	\$0.00	1/3		Yes
Support Water Tenders	S2 - Operated	1562 2006 International 7400 1HTWGAZT06J267637 SMF1562 Standard Staffing: 3 Size: 28 Tons	\$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.

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 03/06/2026 12:06:50 MST by Michael Patti

Amendment #06