



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

**Agreement #
ID-CTS-ICMA-110-
2026**

Term: 5/1/2026 - 4/30/2027

Fire Department / District (Cooperator)

Contact

Orofino Fire Department
Orofino Fire Department
PO Box 312
Orofino , ID 86544

Business Phone: 2084769335 FAX # : 208-476-3634
After Hours Phone: 208-827-6109

Workers Compensation

State Insurance Fund Bart Jones 208-827-6109

Representative

Bart Jones 208-827-6109

District Fire Warden

Kane Steinbreuker 208-476-5612

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)

Clearwater Supervisory Area Office
10230 Hwy 12
Orofino , Idaho 83544

Business Phone: 208-476-5612

Local Dispatch (Provider)

Grangeville 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 '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	OFD Tender 2 1985 Ford 9000 1FDZU90R9FVA73373 F764 Standard Staffing: 1 Size: 60,000	\$140.00 /Hour	-	\$0.00	-	\$0.00	1/3		Yes
Support Water Tenders	S3 - Operated	OFD Tender 1 2005 FREIGHTLINER 1FVACYBS58DAC8697 Standard Staffing: 1	\$112.00 /Hour	-	\$0.00	-	\$0.00	1/2		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 05/15/2026 13:12:58 MDT by Bart Jones

Amendment #03