



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

**Agreement #
ID-EIS-ICMA-047-2026
Term: 5/1/2026 - 4/30/2027**

Fire Department / District (Cooperator)

Contact

North Fork Fire Protection District
2068 US Hwy 93 N
PO Box 11
North Fork , ID 83466

Business Phone: 208-865-2017

Workers Compensation

SIF Idaho Workers Compensation 208-332-2100

Representative

David Schuler 760-964-0816

District Fire Warden

Katina Keinlen-Hoffer 208-569-9619

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)

Eastern Supervisory Area Office
Attn: Katina Kienlen-Hoffer, khoffer@idl.idaho.gov (Cell: 208-569-9619)
3563 E. Ririe Highway
Idaho Falls, Idaho 83401

Business Phone: 208-525-7167

Local Dispatch (Provider)

South-Central Dispatch
Eastern Idaho Dispatch
Central Idaho 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	Water Tender 841 2006 Freightliner WT2500 1FUBC4DL06HW03528 F1291 Standard Staffing: 2 Size: 48,000 lbs	\$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 05/14/2026 10:08:18 MDT by Dave Schuler

ID Approval 05/27/2026 12:28:22 MDT by Katina Kienlen-Hoffer

Amendment #01