



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

**Agreement #
ID-SJS-ICMA-002-2026**
Term: 5/15/2026 - 5/14/2027

Fire Department / District (Cooperator)

Contact

Gateway Fire Protection District
POBox 328
Plummer, ID 83851

Business Phone: 12086861313 After Hours Phone: 12087555029

Workers Compensation

icrimp

Representative

Greg McFadden 12087555029

District Fire Warden

cory flesher 2082454551

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)

-

Local Dispatch (Provider)

Coeur d'Alene 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 | S1 - Operated | 1761 1985 1986 freightliner 1fupysyb1fh268387 f2598 Standard Staffing: 1 Size: 60000 | \$181.00 /Hour | - | \$0.00 | - | \$0.00 | 1/2 | 05/15/2027 | Yes |
| Support Water Tenders | S2 - Operated | 1762 2006 peterbuilt 2npllzox46m887466 f3272 Standard Staffing: 1 Size: 60000 | \$140.00 /Hour | - | \$0.00 | - | \$0.00 | 1/3 | 05/15/2027 | 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 09:46:45 MDT by Greg McFadden

ID Approval 05/15/2026 11:03:53 MDT by Cory Flesher

