



ID FORESTRY AND FIRE MANAGEMENT FIRE RATE AGREEMENT

Agreement # ID-KVS-002-2024-13

Term: 6/1/2024 - 4/30/2025

Fire Department / District (Cooperator)

Contact

Boundary Ambulance Service
PO BOX 441
BONNERS FERRY, ID 83813

Business Phone: 2089468832 FAX #: 2082679408
After Hours Phone: 2089468832

Workers Compensation

Idaho State Insurance Fund John Naccarato, 2086649783
Haddock & Assoc.

Representative

Drew Rinella 2089468832

District Fire Warden

Ashley Stoneham 208-290-6067

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)

Kootenai Valley Forest Protective District Office
6327 Main Street
Bonners Ferry, ID 83805

Business Phone: 208-267-5577

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 '24

Kind	Type	Description	Rate	Dev Rate	Rate per Staff	Rate per Mile	Max Daily Rate	Staffing (min/max)	Inspection Exp Date	Active
Ambulances	ALS - Operated	Unit 1 2021 RAM 3500 3C7WRTBL6MG52212 7 C20411 Standard Staffing: 2	\$189.00 /Hour	-	\$0.00	-	\$0.00	2/2		Yes
Ambulances	ALS - Operated	Unit 2 2013 RAM 3500 3C7WRTBL5DG560108 C20665 Standard Staffing: 2	\$189.00 /Hour	-	\$0.00	-	\$0.00	2/2		Yes
Ambulances	ALS - Operated	Unit 3 2023 FORD (BRAUN) F-350 (F350 4X4) 1FDRF3HT6PDA11539 C20410 Standard Staffing: 2	\$189.00 /Hour	-	\$0.00	-	\$0.00	2/2		Yes
Ambulances	ALS - Operated	Unit 4 2022 FORD (BRAUN) F-350 (F-350 4X4) 1FDRF3HT0NDA22985 C20904 Standard Staffing: 2 Features: 4X4	\$189.00 /Hour	-	\$0.00	-	\$0.00	2/2		Yes

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 06/04/2024 15:32:06 MDT by Drew Rinella

ID Approval 07/11/2024 17:09:34 MDT by Ashley Stoneham

Amendment #13