RATE BOOK

2016 Mobilization

2016
IDAHO FIRE SERVICE ORGANIZATION RATE BOOK

Developed by the Idaho Department of Lands (IDL) in conjunction with the Idaho Bureau of Homeland Security and Idaho Fire Chiefs Association.

This publication, and electronic documents, is available at: www.idl.idaho.gov. Published copies of this document may be obtained from Area IDL Forest Protective District and Timber Protective Association offices throughout the State, or the IDL Bureau of Fire Management, 3284 West Industrial Loop, Coeur d'Alene, ID, 83815-6021, (208) 769-1525.

Direct comments or questions to:

Wendy J. Walter
Fire Business Program Manager
Bureau of Fire Management
3284 West Industrial Loop
Coeur d'Alene, ID 83815-6021
wwalter@idl.idaho.gov
(208) 666-8648

TABLE OF CONTENTS

INTRODUCTION 3
- Purpose 3
- Scope 3
- Initial Attack Exclusion 3

PRE-CERTIFICATION AND CERTIFICATION PROCEDURES 4
- Position Task Books 4
- Incident Qualification Cards (Red Cards) 4

WATER HANDLING EQUIPMENT CLASSIFICATION 5
- Engines 5
- Tactical Water Tenders and Support Water Tenders 5
- Personnel Requirement for Water Handling Equipment 6
- Water Handling Equipment Rates 7
- Federal Excess Personal Property (FEPP) Equipment Rates 7
- Portable Pumps 7

GENERAL REQUIREMENTS OF WATER HANDLING EQUIPMENT 7
- Commercial Driver's License 7
- Department of Transportation (DOT) Inspections 7
- Equipment Complement and Inventory 8
- Tank Baffling 8
- Gross Vehicle Weight 8

EMERGENCY MEDICAL SERVICES (EMS) 8
- Equipment 8
- EMS Personnel/Staff License Levels 8
- Equipment/Vehicles Minimum Staffing/Training/Fitness for Wildland Fire Use 9
- Medical Equipment and Supplies 10
- EMS Rates 10

MOBILIZATION 11
- Equipment Hiring Methods 11
- Single Resource Hiring Methods 11
- Supplemental Fire Department Resources 11
- Check-in 11
- Demobilization 12
- Length of Assignment 12
- Crew Rotations 12

VEHICLE AND EQUIPMENT PROVISIONS 12
- Hourly/Daily Rate 12
- Double Shift 12
- Other Equipment Rates 13
- Operating Supplies 13
- Foam Units 13
- Transport of FSO Equipment 13
- Claims 13
- Chase/Command Vehicles 13
- Repairs 14
- Tires 14

RESOURCE ORDERING AND TRACKING 14
- Standard Fire Mobilization 14
- County and State Disaster Mobilization 14

REIMBURSEMENT PROCEDURES 14
- Documentation Necessary for Payment – Fully Operated 14
- Documentation Necessary for Payment – Unoperated/Single Resource 15
- Documentation Necessary for Payment – Backfill 16

REQUIRED COMPLEMENT 18
Engines 18
Tactical Water Tenders 19
Support Water Tenders 19

APPENDICES

APPENDIX 1 - Idaho Cooperator Certification Form (ICCF)

APPENDIX 2 - Fire Service Organization Mobilization Checklist

APPENDIX 3 - Personal Protective Equipment (PPE) for Fire Personnel

APPENDIX 4 - Example Emergency Equipment Shift Ticket, OF-297

APPENDIX 5 - Fire Apparatus/Equipment Rates

APPENDIX 6 - Travel and Per Diem Meal Rate Guidelines

APPENDIX 7 - Fire Service Organization Invoice (Sample and Blank)

APPENDIX 8 - IDL Fire Management Contacts

1. INTRODUCTION

A. Purpose

The Idaho Fire Service Organization (FSO) Rate Book describes the required procedures for certifying, mobilizing, and reimbursing FSOs throughout the state of Idaho. The FSO Rate Book also establishes standard rates for equipment and personnel while mobilized in support of extended attack assignments, or while hired under local agreements.

Authority for policies and procedures contained herein are granted by the *Idaho Cooperative Fire Protection and Stafford Act Response Agreement.*

1. "**Fire Service Organization (FSO):** includes: (1) county or municipal (e.g., town or city) equipment and personnel, (2) volunteer and paid personnel, from fire service organization(s), and (3) county and fire service organization equipment and apparatus."

2. "**Cooperation with Fire Service Organizations:** Fire Service Organizations are made available to the federal agencies through the State within the Northern Rockies and the Great Basin geographic areas. Cooperation with Fire Service Organizations at the city and county government level is desirable. Local Cooperative Fire Agreements for initial attack mutual assistance can be entered into with Fire Service Organizations by any agency. It is the State's responsibility to be the single hiring point for equipment and personnel obtained from Fire Service Organizations for all dispatches outside their jurisdictional responsibility*."*

B. Scope

The requirements within this document are designed for FSO mobilization to support **Extended Attack or Planned Need Assignments**. These assignments typically:

1. Require a Resource Order from Idaho Department of Lands (IDL), typically generated by the dispatch center responsible for support of an incident, or a Mission Assignment from the Idaho Bureau of Homeland Security (BHS).

2. Have an anticipated duration of 24 hours to a maximum of 14 days, or more with proper approvals.

<u>FSOs responding to incidents under their jurisdictional responsibility should not expect to be placed in paid status</u>.

C. Initial Attack Exclusion

This document does <u>not</u> supersede local **Initial Attack or Immediate Need Response** assistance agreements. Initial attack agreements can be entered into between FSOs and any wildland agency.

In areas where an FSO and a wildland fire protection agency(s) have common jurisdictional fire responsibilities, the entities should enter into agreements to define operational guidelines and specify payment arrangements during initial attack. When a payment is made to an FSO through a local agreement, the rates from this publication should be used.

2. PRE-CERTIFICATION AND CERTIFICATION PROCEDURES

Local FSO resources operating within their jurisdiction are responsible for establishing and meeting their own local standards. When being mobilized for extended attack, all equipment and personnel must be certified by the procedures established in this document through the IDL. Certification should take place preseason so that any problems can be addressed. It is the responsibility of the FSO Fire Chief, or their designee, to ensure resources meet all minimum requirements. Refer to *Idaho Cooperator Certification Form*, Appendix 1, for specific details.

There are two acceptable systems for wildland certification that may be used:

1. Skills Crosswalk - Wildland Training for Structural Firefighters (Crosswalk). The Crosswalk recognizes the skills developed through the National Fire Protection Association (NFPA) structural fire training and identifies additional wildland fire training needs to meet National Wildfire Coordinating Group (NWCG) minimum qualifications. The Crosswalk is designed to facilitate wildland and structural cross-training. Currently the Crosswalk is limited to Wildland Firefighter Type 2 (FFT2), Wildland Firefighter Type 1 (FFT1), Engine Boss (ENGB), and Strike Team Leader, Engines (STEN). For detailed information see:

   http://www.usfa.fema.gov/downloads/pdf/wildland_training_crosswalk.pdf

2. National Incident Management System Wildland Fire Qualifications System Guide, PMS 310-1, published by the National Wildfire Coordinating Group.

   www.nwcg.gov/pms/docs/docs.htm

A. Position Task Books

Position Task Books are required for all wildland fire positions listed in the PMS 310-1. FSO Fire Chiefs may initiate any task book, but can only certify task books for wildland FFT2 and FFT1. When Position Task Books are initiated for positions higher than FFT1, a copy of the completed cover page shall be provided to IDL for the individual's training records and entry into Incident Qualification System (IQS). Training records will be maintained at the Bureau of Fire Management in Coeur d'Alene.

B. Incident Qualification Cards (Red Cards)

Incident Qualification Cards are required when working on wildland fire incidents under the terms of this agreement. Incident Qualification Cards for FFT2 and FFT1 will be issued by the FSO Fire Chief to persons in their district/department that meet all qualifications, including Annual Fireline Safety Refresher (RT-130) and NWCG fitness requirements. Incident Qualification Cards for single resource positions above FFT1 must be issued by the IDL Bureau of Fire Management.

NOTE: For positions listed in the PMS 310-1 that require an EMS license, i.e. Medical Unit Leader (MEDL), a copy of the cover letter from the Idaho EMS Bureau that grants the licensing and includes the license information shall be provided to IDL when initiating the Position Task Book, and updated as necessary.

Personnel utilized for structural protection on wildland incidents need to be trained to meet NFPA standards for their respective structural firefighting positions. This includes personnel staffing Type 1 or Type 2 structure engines. Qualifications for these positions will be certified by the FSO Fire Chief.

NOTE: If an individual who is a member of an FSO contracts themselves, or their privately-owned equipment under a separate agreement, they are considered a private contractor and do not fall under any policy or rules pertaining to FSOs.

3. WATER HANDLING EQUIPMENT CLASSIFICATION

A. Engines

	Engine Classification						
	Structural		Wildland				
Requirements	1*	2*	3	4	5	6	7
Tank Minimum Capacity (gal)	300	300	500	750	400	150	50
Pump Minimum Flow (GPM)	1,000	500	150	50	50	50	10
At rated pressure (PSI)	150	150	250	100	100	100	100
Hose, 2 ½" (feet)	1,200	1,000	--	--	--	--	--
1 ½" (feet)	500	500	1,000	300	300	300	--
1" (feet)	--	--	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	--	--	--	--	--
Master Stream 500 gal/min.	Yes	--	--	--	--	--	--
Pump and Roll	--	--	Yes	Yes	Yes	Yes	Yes
Maximum GVWR (lb)	--	--	--	--	26,000	19,500	14,000
Personnel (minimum)	4	3	3	2**	2**	2**	2**

** Type 1 and 2 Structural Engines must also meet minimum equipment and PPE specifications of NFPA 1901, Standard for Automotive Fire Apparatus.*

*** Type 4 through 7 Engines may be ordered with an additional crew member at the request of the host agency.*

1. All types shall meet federal, state, and agency requirements for motor vehicle safety standards, including all gross vehicle weight rating (GVWR) when fully loaded. Ref. 4, E.

2. When an incident requests Type 3 engines, and they require it to be equipped with a foam proportioner system, they must request it at the time of the order.

3. Type 3 through Type 6 Engines shall be able to prime and pump water from a 10-foot lift. Portable volume pump with a minimum capacity to pump 100 gallons per minute is acceptable.

B. Tactical Water Tenders and Support Water Tenders

MINIMUM STANDARDS FOR WATER TENDERS

	Water Tender Type				
Requirements	**S1**	**S2**	**S3**	**T1**	**T2**
Tank capacity (gal)	4,000	2,500	1,000	2,000	1,000
Pump minimum flow (gal/min)	300	200	200	250	250
At rated pressure (psi)	50	50	50	150	150
Maximum refill time (minutes)	30	20	15	--	--
Pump and Roll	--	--	--	Yes	Yes
Personnel (minimum)	1	1	1	2	2

Support Water Tenders may be ordered with an additional crew member at the request of the host agency. FSO policy may require two personnel for off-district response, but must be authorized by the ordering agency. Adjustments to the daily/hourly rate shall be done in accordance with, "D. Water Handling Equipment Rates."

1. All types shall meet federal, state, and agency requirements for motor vehicle safety standards, including all gross vehicle weight rating (GVWR) when fully loaded. Ref. 4, E.

2. All water tenders shall be able to prime and pump water from a 10-foot lift. Portable volume pump with a minimum capacity to pump 100 gallons per minute is acceptable.

3. A Support Water Tender is intended for use in support of fire suppression activities, water transfer, unloading into port-a-tank or engine, and dust abatement. When spray bars are required by an incident it should be specified at time of order. Not to be used on the fireline.

4. Tactical Water Tenders may be used in direct fire suppression missions such as pumping hoselays, live reel use, running attack, and use of spray bars and monitors to suppress fires. Spray bars may be required by an incident, in such cases, it should be ordered with those specifications.

C. Personnel Requirement for Water Handling Equipment

Classification		Physical Fitness Test	Fireline Safety Refresher (5)	Personal Protective Equipment (PPE)
Support Water Tenders	**(1)**	No	Yes	Yes
Tactical Water Tenders	**(2)**	Arduous or NFPA 1001 or 1500	Yes	Yes
Engines, Types 1 and 2	**(3)**	Light or NFPA 1001 or 1500	Yes	Yes
Engines, Type 3-7	**(4)**	Arduous or NFPA 1001 or 1500	Yes	Yes

(1) Support Water Tenders will <u>not</u> be used for direct fire suppression activity.
(2) Must be fireline-qualified.
(3) Need to meet the requirements of NFPA 1001, Standard for Firefighter Professional Qualifications, and NFPA 1021, Standard for Fire Officer Professional Qualifications.
(4) Single Resource Boss (Engine) required.
(5) Annual Fireline Safety Refresher Training is required for all personnel participating in fire suppression activities who may be subject to assignments on the fireline. Refresher training shall minimally consist of fire shelter purpose and use, practice deployments, and any pertinent fire safety related topics such as: Fire Orders and Watch-Out Situations; Lookouts, Communications, Escape Routes, and Safety Zones (LCES); Look Up, Look Down, and Look Around.

D. Water Handling Equipment Rates

Daily shift rates are based on a 14-hour day. The hourly rate will be used on the first and last days of an assignment, not to exceed the daily rate. If reassigned to another incident and not returning to the home unit, the last day is considered the day the equipment is demobilized to return to its home unit.

Personnel rates for Fully Operated Rates are calculated using an average hourly rate of $25 or a $350 daily rate. Personnel costs for career-staffed departments utilizing the unoperated process will bill for actual payroll costs.

E. Federal Excess Personal Property (FEPP) Equipment Rates

FEPP rates are calculated at .666 percent of the equipment portion of the daily/hourly rate. The FEPP rate is calculated to cover operating expense of the equipment only, with no allowance for depreciation.

F. Portable Pumps

Class	Unoperated Daily Rate	Remarks
P1	$137	Trailer-mounted low-pressure/high-volume pump producing a minimum volume of 500 GPM. FSO provides intake and discharge hose.
P2	$ 64	Small low-volume/high-pressure portable pumps with intake hose, capable of being transported by one or two people. Pumps in this category are the Mark 26, Mark III, and Gorman Rupp, or similar type pumps.
P3	$ 37	Small low-pressure/high-volume portable pump that can be transported by one or two people. These pumps are similar to a Homelite or Honda trash pump.

4. GENERAL REQUIREMENTS OF WATER HANDLING EQUIPMENT

A. Commercial Driver's License

It is recommended, but may not be required, that FSOs accepting assignments outside their Geographic Areas, whether the Great Basin or Northern Rockies, with a piece of equipment that is over 26,000 lbs Gross Vehicle Weight (GVW) or has air brakes, have drivers with an Interstate Commercial Drivers License (CDL) and all applicable endorsements. An incident may demobilize a resource if the operators do not have the applicable license and endorsements to satisfy the requirements of a particular state.

B. Department of Transportation (DOT) Inspections

It is recommended, but may not be required, that FSOs accepting assignments outside their Geographic Areas, whether the Great Basin or Northern Rockies, with a piece of equipment over 10,000 lbs. GVW, have a DOT Equipment Inspection on all vehicles. An incident may demobilize a resource if the equipment does not have this inspection to satisfy the requirements of a particular state.

C. Equipment Complement and Inventory

For the engine or water tender complement, see Required Complement–Engines and Water Tenders, Ref. 10. At the time of hire, the FSO shall provide a complete inventory of the firefighting accessories on the vehicle. A copy of the inventory shall be provided to the inspector and the procurement unit each time the vehicle is hired or reassigned to an incident.

D. Tank Baffling

The water tanks must be equipped with partitions that reduce the shifting of the water load. Engines and water tenders shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, the American Society of Mechanical Engineers standards, or other industry-accepted engineering standards.

E. Gross Vehicle Weight

Fully-loaded water handling equipment (including operators and accessory equipment) must conform to manufacturer's gross vehicle weight rating (GVWR). This includes balancing the load in a manner that all axle weights comply with the manufacturer's gross axle weight rating. Certification will require the unit to be fully loaded, with the FSO providing weight tickets for the load from a certified scale. The weight tickets will be by individual axle weight. An exception to the GVW requirements may be made for Type 1 Tenders, designed for off-highway construction where the GVW is less than the GVWR.

5. EMERGENCY MEDICAL SERVICES (EMS)

ALL EMS providers working in accordance with this agreement must meet minimum license standards, as determined by the Idaho Department of Health and Welfare, EMS Bureau.

A. Equipment

When ordering an Ambulance, the Resource Order must specify whether ordering a Type 1 Advanced Life Support (ALS), Type 3 Intermediate Life Support (ILS), or Type 3 Basic Life Support (BLS) Ambulance. The license level of staffing must match the equipment ordered. If ordering a single resource to work near or on the fireline, the vehicle must be an off-road 4x4 vehicle capable of maneuvering steep, rocky terrain.

B. EMS Personnel/Staff License Levels

EMTP – Paramedic (ALS)
EMPF – Paramedic Fireline (ALS)
AEMT – Advanced Emergency Medical Technician (ILS)
AEMF – Advanced Emergency Medical Technician Fireline (ILS)
EMTB – Emergency Medical Technician (BLS)
EMTF – Emergency Medical Technician Fireline (BLS)
Documentation required by EMS providers to be provided to the IMT or host agency upon check-in at an incident includes:

1. Letter from the EMS provider's Medical Director giving them authority to work on the wildland fire incident outside their home jurisdiction. The letter should include any restrictions, if applicable.

2. Copy of EMS License for personnel.

3. Copy of Agency License and Cover Letter, if applicable, for EMS agency.

4. Qualification (Red) Card for wildland fire positions. (Red cards issued by Idaho Department of Lands (IDL) shall not have EMS license levels included. They shall be included on the Idaho Cooperator Certification Form (ICCF) Agreement for individuals. Individuals shall provide a copy of their license as listed in Item 2, above.)

It is the responsibility of the licensed EMS Provider at the incident to make arrangements for the Patient Care Integration Agreement with the local EMS Jurisdiction.

C. Equipment/Vehicles Minimum Staffing/Training/Fitness for Wildland Fire Use

Type 1 Ambulance (ALS Transport) – 1 Paramedic, 1 EMT
Type 3 Ambulance (ILS Transport) – 1 AEMT, 1 EMT
Type 3 Ambulance (BLS Transport) – 2 EMTs

EMTP – Medical Supplies/Equipment, and 4x4 Vehicle, recommended
EMPF – Medical Supplies/Equipment, and 4x4 Vehicle, required
AEMT – Medical Supplies/Equipment, and 4x4 Vehicle, recommended
AEMF – Medical Supplies/Equipment, and 4x4 Vehicle, required
EMTB – Medical Supplies/Equipment, and 4x4 Vehicle, recommended
EMTF – Medical Supplies/Equipment, and 4x4 Vehicle, required

The minimum staffing listed above is for wildland fire incidents and meets or exceeds the minimum standard for licensing in the state of Idaho. If an incident requests a specific license level for staff, it will be documented on the Resource Order.

Ambulances hired at the Fully Operated rate include vehicle, medical supplies and equipment, and medical personnel. Ambulances are under hire for the incident use only and will be required to be available during off-shift hours if needed for emergencies. Since the incident may need an ambulance at any time of the day or night, the rates established for ambulances are based on a 24-hour period. Incident patient transports are included in the established daily rates. When transporting a patient from an incident to a medical facility, they are still under hire by the incident and shall not bill the patient. If the ambulance crew exceeds work/rest guidelines while transporting a patient to a medical facility, the crew may seek lodging after delivering the patient to said facility. Cost for lodging shall be reimbursed by the incident but must be authorized by the Incident Commander, their designee, or host agency. When ordered for 24-hour shift coverage, a second crew must be ordered to meet work/rest requirements.

NOTE: If the ambulance transports individuals other than those assigned to the incident, the transporting agency shall follow their standard billing procedures. The incident shall not be responsible for costs for such transports, or medical supplies or equipment used. A negotiated reduction in payment shall be done at the incident for the timeframe the ambulance was not available to the incident.
EMS providers must furnish medical supply inventory upon arrival at the incident and maintain minimum equipment standards established by the Idaho Department of Health and Welfare throughout the deployment and for reimbursement purposes at the end of the incident.

All EMS personnel must have a minimum training of Annual Fireline Safety Refresher (RT-130) including fire shelter.

When hired to work on the fireline, personnel must have, at minimum, Basic Firefighter Training (FFT2) with physical fitness level of “Arduous.”

D. Medical Equipment and Supplies

EMS Equipment rates include medical supplies/equipment (kit) and vehicle.

EMS providers must arrive at incidents with "Minimum Equipment Standards" as set forth by the Idaho EMS Bureau, in accordance with their EMS license. Medical supplies used on the incident shall be restocked at the incident, or the cost of those supplies will be added to final invoice at time of billing. Reimbursement of medical supplies not replaced at the incident must be billed at actual replacement cost. The FSO must include supporting documentation in order to get reimbursement for supplies. This may include fire department published price list showing actual costs.

IF AN INCIDENT REQUESTS AN EMS RESOURCE FOR WORKING NEAR THE FIRELINE, THE RESOURCE SHALL BE NWCG QUALIFIED IN A FIRELINE POSITION AND HAVE IN THEIR POSSESSION A CURRENT RED CARD (QUALIFICATION CARD) AND APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE).

2016 EMS RATES				
TYPE	UNOP DAILY RATE	UNOP HOURLY RATE	FULLY OP DAILY RATE	FULLY OP HOURLY RATE
Type 1 Ambulance (ALS)	$910	$65	$1,941	$139
Type 3 Ambulance (ILS)	$875	$63	$1,799	$129
Type 3 Ambulance (BLS)	$840	$60	$1,712	$122
EMPF (ALS Fireline)**		$33		$76
EMTP (ALS)**		$33		$72
AEMF (ILS Fireline)**		$33		$72
AEMT (ILS)**		$33		$68
EMTF (BLS Fireline)**		$33		$68
EMTB (BLS)**		$33		$64

EMS Equipment Rates include the minimum medical equipment and supply standards as required by the Idaho EMS license. See "5, D" for procedure for replacement of supplies.

***If a rental vehicle is used in lieu of agency vehicle, the equipment rate (unoperated and operated) shall be reduced by $7 per hour. Reimbursement will be for rental vehicle and fuel costs incurred, when costs have been properly documented. (Receipts required.)*

Medical transports shall be documented on an Emergency Equipment Shift Ticket, OF-297, and on the Patient Care Report following standard procedures in accordance with the Idaho EMS Bureau.

When an FSO has a third party contract for EMS equipment, a rate shall be negotiated and added to their agreement prior to mobilizing to an incident. Refer to 7. C. "Other Equipment Rates" for procedures.

All EMS personnel authorized to work on wildland fire incidents need to be listed on the ICCF with the four-letter ICS designator for the position they are licensed/qualified. Example: EMPF, EMT, AEMT, etc.

6. MOBILIZATION

A. Equipment Hiring Methods

There are three hiring options for FSO equipment:

1. Fully operated: This is the preferred method of hire. Under this option, the FSO is paid a single rate for personnel and equipment. The FSO is responsible for all payroll costs, including payroll tax and Workers' Compensation.

2. Unoperated - actual personnel payroll costs reimbursed: This method can be used when mobilizing resources from **career-staffed** departments. Under this option, the equipment will be hired at the unoperated rate and actual payroll costs for personnel will be reimbursed. Full time career-staffed fire departments may be reimbursed for backfill costs, portal-to-portal pay, and other fire department contract specifications when obligated by existing collective bargaining agreement. A copy of the collective bargaining agreement that includes pay provisions, including overtime, and compensatory time, shall be provided to the IDL hiring unit annually, prior to any reimbursement. See Reimbursement Procedures for further information on department-specific expenses.

3. Unoperated - personnel hired as IDL casuals: This option will only be utilized if the department does not have payroll capabilities. Under this option, the equipment will be hired at the unoperated rate, and the personnel will be hired as IDL casuals (temporary employees) in accordance with IDL policy. IDL casuals are covered by the State Workers' Compensation policy. Personnel hired as casuals are required to complete all necessary hiring paperwork through the local IDL Area/District office prior to mobilization.

B. Single Resource Hiring Methods

There are two options for hiring single resource personnel:

1. FSO personnel mobilized as single resources will remain employees of their department and be subject to all applicable department policies. Actual payroll and travel costs to/from incidents will be reimbursed. Backfill costs may be reimbursed when obligated by existing collective bargaining agreement. See Reimbursement Procedures for further direction.

2. FSO personnel mobilized as single resources from fire departments without payroll capability may be hired as an IDL casual employee. IDL policy is to hire casuals as needed to directly support IDL incidents or interests in accordance with IDL policy. All hiring documentation for casuals must be completed and on file at the local IDL office prior to mobilization.

C. Supplemental Fire Department Resources

Idaho Department of Lands does not allow hiring of Supplemental Fire Department Resources.

D. Check-In

At check-in at an incident, the FSO will provide the Finance Section a copy of their current Idaho Cooperator Certification Form (ICCF) that is signed by both parties to the agreement.

The FSO should have in their possession, the current Idaho Fire Service Organization Rate Book in the event questions arise during an incident. If not available, FSO personnel should direct Incident Management Teams to the IDL public website under Fire Management at http://www.idl.idaho.gov/fire/index.html.

E. Demobilization

At demobilization, the Finance Section will provide the FSO all **original** payment documents, including the **original** Emergency Equipment Shift Ticket (pink), OF-297, and the **original** Emergency Equipment Use Invoice, OF-286, for equipment. Single resource and personnel working on equipment hired at the unoperated rate shall be provided the **original** Emergency Firefighter Time Report, OF-288. When hired under the unoperated rate, the FSO shall bill actual payroll and benefit costs to IDL.

F. Length of Assignment

When mobilized under this agreement, FSO personnel should be prepared for a 14-day assignment, excluding travel days. Depending on incident location, one or more days may be necessary for travel, increasing the total assignment time. When assignments are extended, the process will be in accordance with the Interagency Incident Business Management Handbook (IIBMH), Chapter 10.

G. Crew Rotations

In order to maintain consistency, accountability, and safety, crew rotations are discouraged. However, it is recognized that rotations may be necessary. Compensation for expenses associated with rotations will be at the FSO's expense unless authorized, in writing, by the IMT or host agency. When rotating crews, incoming and demobing crew members must work with Finance and Plans in order to ensure proper tracking of work/rest guidelines.

7. VEHICLE AND EQUIPMENT PROVISIONS

A. Hourly/Daily Rate

The hourly rate will apply to the first and last day of the assignment. When using a daily rate, it will be paid for all other shifts. The daily rate is based on a 14-hour day and no additional compensation may be given for shifts longer than 14 hours. The Incident Commander may require longer shifts, as outlined in 7.B "Double Shift". If reassigned to another incident before returning to the home unit, the last day (hourly rate), applies to the day the equipment is demobilized to return to its home unit.

NOTE: Equipment does not take breaks, therefore, should be paid from the start of shift until the end of shift for each day.

B. Double Shift

Double shift is defined as being staffed with two operators or two crews (one per shift). IMT personnel at the Section Chief level, or host agency, may authorize a second operator/crew. In order to be compensated for two operators/crews, a resource order is required. *It is a rare occasion that an operator or crew are required to work a double shift without rotating personnel. This will not be paid unless authorized in writing by the Incident Commander.*

The double shift rate will be calculated as 1.65 times the daily rate for the appropriate vehicle class.

C. Other Equipment Rates

When an FSO has unique items or equipment not included in this publication, the local IDL Area/District/Association office will work in cooperation with the IDL Fire Business Program Manager prior to adding it to the agreement. Rates shall be negotiated on a case-by-case basis. Typically, rates are determined by reducing the rates published in the appropriate Geographic Area's Supplement to the Interagency Incident Business Management Handbook (IIBMH), Chapter 20, Acquisition, by 20 percent. This reduction accounts for costs to contractors that are not applicable to FSOs.

D. Operating Supplies

FSO equipment will be reimbursed for fuel used during an assignment. Costs will be reimbursed with proper documentation (e.g., detailed receipt). Normal maintenance will be the FSO's responsibility, as the rates for equipment are calculated to cover such costs.

E. Foam Units

Foam used during an incident will be replaced by the incident or host agency. If the foam available at the incident, or by host agency, is not compatible with FSO equipment, the FSO may be reimbursed upon return to the home unit. The amount of foam used must be documented daily on the Emergency Equipment Shift Ticket, OF-297, with appropriate approvals. A Resource Order will be issued by the Supply Unit Leader for the replacement foam. The Resource Order and a copy of proper supporting documentation will be submitted prior to reimbursement.

No additional compensation will be given for foam units.

F. Transport of FSO Equipment

When FSO equipment is transported to/from an incident via heavy equipment transport (not being driven) the equipment rate will be reduced by one-half.

G. Claims

Equipment furnished under this agreement may be operated in and subjected to extreme environmental and/or strenuous operating conditions. These could include, but are not limited to: unimproved roads; steep, rocky, hilly terrain; dust; heat; and smoky conditions. As a result, by entering into this agreement, the FSO agrees that what is considered wear and tear under this agreement is in excess of what the equipment is subjected to under normal operations and is reflected in the rates paid for the equipment.

All claims for lost or damaged equipment should be properly reported and documented through the Finance Section at the incident. Claims may be filed from the home unit; however, are subject to written approval from the host agency prior to reimbursement.

H. Chase/Command Vehicles

The cost of chase/command vehicles will not be charged to an incident unless authorized by the ordering agency. When under hire, a Resource Order is required. When under hire, the vehicle will be paid at a daily rate and actual cost for fuel shall be reimbursed. Copies of fuel receipts are required for reimbursement. There is no reduction in daily rate for partial days.

I. Repairs

No further payment will accrue during any period that equipment is not in a safe or operable condition. Payment will be based on the hours the resource was operational during the assigned shift. Personnel are entitled to eight hours in pay status while equipment is being repaired, unless bargaining agreements specify otherwise. (See Water Handling Equipment Rates for personnel rates for Fully Operated equipment when calculating personnel pay for an eight-hour shift.)

J. Tires

Tire minimum tread shall be 4/32" on the front axle (steer axle), and 2/32" on the remaining tires. Tire load ratings should be in accordance with the vehicle GVWR.

8. RESOURCE ORDERING AND TRACKING

A. Standard Fire Mobilization

Resource Orders will typically be generated by the interagency dispatch center responsible for support of an incident. The dispatch center will go through the usual resource procurement process to fill the order. If an FSO resource is used to fill the order, the FSO will provide the dispatch center the detail of equipment unique identifier and names of personnel being mobilized. This information will be input into the Resource Ordering and Status System (ROSS) at the dispatch center for tracking purposes. A Resource Order which includes Resource Order number, incident name and location, responsible agency, reporting location, date and time needed, and other pertinent information will be sent, by facsimile (fax) or email, to the FSO office. A copy of the Resource Order must accompany the resource when checking in at the incident. The FSO will ensure a copy of the Resource Order has been sent to their local IDL office for tracking purposes.

B. County and State Disaster Mobilization

Local, city and county government agencies can request assistance for resources through the Idaho Bureau of Homeland Security (BHS) Mission Request System once declarations of disaster have been made by both the county and State. BHS will issue a Mission Assignment to IDL for the requested resources. If the Mission Assignment is accepted, IDL will fill the request through the normal interagency dispatching procedure or other process as determined.

9. REIMBURSEMENT PROCEDURES

Payment for all FSO resources mobilized under the terms of this agreement is transacted through IDL. The Incident Management Team, or local administrative office (federal or state), must complete the normal timekeeping functions for the FSO while assigned to the incident.

For those FSOs that have entered into agreements with neighboring state or federal agencies for initial attack or other fire protection services, payment will be processed through that agency for those services.

A. Documentation Necessary for Payment – Fully Operated

All payment documentation must be submitted to the appropriate IDL Area/District/Association office within 30 days of being released. Exceptions to the timeframe may be negotiated with the local hiring unit. The following documents are required for payment:

1. Resource Order.

2. Emergency Equipment Use Invoice, OF-286 (signed original).

3. Emergency Equipment Shift Tickets, OF-297 (signed pink originals).

4. Emergency Equipment Fuel and Oil Issue, OF-304, if applicable.

5. Vehicle/Heavy Equipment Pre and Post Inspection, OF-296, when provided.

6. Miscellaneous receipts, e.g., fuel, rental car.

7. Evaluation from the incident, when provided.

B. Documentation Necessary for Payment – <u>Unoperated/Single Resource</u>

The intent of the Unoperated process is to reimburse career-staffed FSO's for actual payroll costs, or to make them whole. **When an FSO's policy or procedures differ from the reimbursement procedures, as published in this agreement, the FSO will work with the IDL local hiring unit, who will obtain Fire Bureau approval, to ensure the payment reimbursement meets the intent of this agreement**.

All payment documentation must be <u>submitted to the appropriate IDL Area/District/Association office within 30 days of being released</u>. Exceptions to the timeframe may be negotiated with the local hiring unit.

FSO Invoice shall include the signature of the fire chief, a summary of fire costs and not contain more than one Resource Order per invoice. The only exception is when the personnel and equipment are assigned separate Resource Order numbers. For that example, one invoice is sufficient.

The following documents are required for payment:

1. Collective Bargaining Agreement.

2. FSO Invoice with Summary of Fire Costs; (Invoice must have costs summarized, as per example in Appendix 7).

3. Resource Order.

4. Emergency Firefighter Time Report, OF-288 (signed original).

5. Crew Time Report, SF-261 (signed original, if OF-288 not provided).

6. Emergency Equipment Use Invoice, OF-286 (signed original), if applicable.

7. Emergency Equipment Shift Tickets, OF-297 (signed pink originals).

8. Emergency Equipment Fuel and Oil Issue, OF-304, if applicable.

9. Miscellaneous receipts, (e.g., fuel, rental car).

10. Vehicle/Heavy Equipment Pre and Post Inspection, OF-296, when provided.

11. Evaluation from incident, when provided.

12. Payroll Report including salary and benefits.

C. Documentation Necessary for Payment - <u>Backfill</u>

Backfill costs may be billed only when it is necessary to meet department minimum staffing requirements for career-staffed departments. Reimbursement shall only be for those additional payroll costs above and beyond what the department would have incurred to provide minimum level of staffing. **When an FSO's policy or procedures differ from the reimbursement procedures, as published in this agreement, the FSO will work with the IDL local hiring unit, who will obtain Fire Bureau approval, to ensure the payment reimbursement meets the intent of this agreement.**

The billing for the mobilized employee will not include the shifts they were scheduled to work at the FSO department or fire station.

The reimbursement for backfill will only be for the shifts that the mobilized employee was scheduled to work for the duration of the incident assignment.

The following documentation is required for payment:

1. Copy of shift schedule for fire department/station that shows the dates the mobilized employee was scheduled to work.

2. Personnel and benefit costs for backfill will be included in the payroll report required in B, above.

3. All backfill costs will be itemized by date on the FSO invoice.

EXAMPLE for billing backfill: If an employee is brought in on a regularly scheduled day off to cover the shift of the mobilized employee, IDL will pay the costs for that shift. The costs for the mobilized employee are covered by the FSO.

See charted example below.

EXAMPLE:

	Mobilized Firefighter 1 John Doe	**Backfill Firefighter 2 James Smith**
Day 1: John Doe is mobilized to Big Ben Fire. He is scheduled to work at the fire station this day.	Incident does not reimburse for these payroll costs.	Incident is billed for these payroll costs.
Day 2: John Doe is on assignment Big Ben Fire. This is his scheduled day off.	Incident is billed for these payroll costs.	
Day 3: John Doe is on assignment to Big Ben Fire. This is his scheduled day off.	Incident is billed for these payroll costs.	
Day 4: John Doe is on assignment at Big Ben Fire. This is a scheduled work day at the fire station.	Incident does not pay for these payroll costs.	Incident is billed for these payroll costs.
Day 5: John Doe is demobilized from Big Ben Fire. This is a scheduled day off.	Incident is billed for payroll costs to point of return to home unit.	

Upon request, FSOs, utilizing the Unoperated process, shall provide a breakdown of daily costs for their personnel expenditures to IDL. This would typically be required when IDL or their cooperators are seeking recovery of costs i.e., Cost Share Agreement, FMAG.

IDL will not reimburse administrative costs.

10. REQUIRED COMPLEMENT

A. Required Complement - Engines

- 2 each – Nozzles, combination fog/straight stream, 1'' National Pipe Straight Hose (NPSH) female
- 2 each – Nozzles, combination fog/straight stream, 1 ½'' National Hose (NH) female
- 20 feet – Suction hose with strainer or screened foot valve
- 2 each – Shovels, size 1
- 2 each – Pulaskis
- 1 each – Spanner wrench, combination 1'' – 1 ½''
- 2 each – Gated wyes, 1 ½'', NH threads
- 4 each – Reducers, 1 ½'' NH female to 1'', NPSH male
- 2 each – Increasers 1'' NPSH female to 1 ½'' NH male
- 1 each – Double male 1 ½ '' NH threads
- 1 each – Double female 1 ½ '' NH threads
- 2 each – Adapters 1 ½'' NH female to 1 ½'' NPSH male
- 2 each – Adapters 1 ½" NPSH female to 1 ½" NH male
- 1 each – Fire hose clamp
- 1 each – First Aid Kit (5 person)
- 1 each – Five (5) gallon container for drinking water
- 1 each – Set of three (3) reflectors
- 1 each – Fire extinguisher (5 Lb or better)
- 1 each – Set of wheel chocks (meets industry standards)
- 1 each – Pump for water fill or have drafting capability
- 300 feet – Hose, synthetic ¾" – 50 foot sections
- 300 feet – Hose, SJRL 1"
- 300 feet – Hose, SJRL 1 ½"
- 4 each – Reducer, 1" NPSH to ¾" hose
- 2 each – Adjustable nozzles, ¾"
- 1 each – Mop-up wand, ¾" receptor for hose
- 4 each – Gated wye, ¾"
- 5 each – Inline ball valves, ¾"
- 2 each – Adapters, ¼ turn to 1 ½ NH (1 female/1 male)
- Fuel to operate pump and engine for 12 hours (minimum five (5) gallons)

B. Required Complement – Tactical Water Tenders

- 1 each – Nozzle, 1'' – combination; fog/straight stream
- 20 feet – Suction hose (minimum) with strainer or screened foot valve
- 2 each – Shovels, size 1
- 2 each – Pulaskis
- 1 each – Spanner wrench, combination
- 1 each – Hydrant wrench
- 2 each – Adapters, 1 ½'' NPSH female to 1 ½'' NH male
- 2 each – Adapters, ¼ turn to 1 ½'' NH (1 female/1 male)
- 2 each – Adapters, 1 ½'' NH female to 1 ½'' NPSH male
- 2 each – Reducers, 2 ½'' NH female to 1 ½'' NH male
- 1 each – Double male, 1 ½'' NH
- 1 each – Double female, 1 ½'' NH
- 1 each – Gated wye, 1 ½'' NH
- 1 each – Fire hose clamp
- 1 each – First Aid Kit (5 person)
- 1 each – Set of three (3) reflectors
- 1 each – Fire extinguisher (5 Lb or better)
- 2 each – Portable hand lights
- 100 feet – Hose, cotton/synthetic, 1 ½'', NH thread
- 50 feet – Hose, cotton/synthetic, 2 ½'' with nozzle, NH thread
- 2 each – Discharge outlets: 1 ½'' NH thread
- 1 each – Discharge outlet: 2 ½'' NH thread
- 1 ½'' NH to 1'' NPSH reducer
- Frame or self-standing portable water tank - 1,000 gallon minimum
- Wheel Chocks (meets industry standards)
- Fuel to operate pump and engine for 12 hours (minimum five (5) gallons)

C. Required Complement – Support Water Tenders

- Wheel Chocks (meet industry standards)
- Fire Extinguisher (5 Lb or better)
- Drafting Hose (20 ft w/strainer)
- First Aid Kit (5 person)
- Reflectors (set of 3)

IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

A. The equipment listed on the Idaho ICCF meets all of the minimum requirements found in the Idaho Fire Service Organization Rate Book (FSO Rate Book) for use and operation of the equipment type identified.

B. Failure to accurately classify the equipment type as described in the FSO Rate Book shall result in a downgrade of typing and a reduction in rate to the type level the equipment meets as set forth in the FSO Rate Book. Failure of the equipment described herein to meet all FSO Rate Book requirements, or to provide the qualified personnel or equipment within 24 hours, will be cause for release and return to point of hire in pay status.

C. It is agreed that the hiring entity may inspect the listed equipment and the appropriate training records. These inspections may be done preseason and/or at the incident during fire season.

D. A copy of this certification shall be provided to the Finance Section Chief, or their designated representative, immediately upon arrival at an incident. When the Idaho Cooperator Certification Form (ICCF) has been completed, **no other agreement (or EERA) is necessary**.

E. The individuals listed on the Idaho Cooperator Certification Form Resources, Appendix 1 (Page 2 of 8), meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), National Incident Management System Wildland Fire Qualifications System Guide, PMS 310-1, or NFPA Equivalency, and Idaho EMS License. Operators must possess a valid Driver's License and have the knowledge, skills, and abilities to operate the type and class of equipment listed herein.

I certify that the equipment and personnel listed herein meet the minimum resource typing standards as shown in the Idaho Fire Service Organization Rate Book. I hereby certify that I am authorized to sign this Idaho Cooperator Certification Form.

_____ _____

Fire Chief (Signature) Date

_____

Fire Chief Name (Printed)

_____

Fire Department Name (Printed)

Idaho Cooperator Certification Form (ICCF)
Resources

Name	Qualification(s)/Licenses (NWCG/NFPA/EMS)

IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

When the Idaho Cooperator Certification Form (ICCF) has been completed, no other agreement (or EERA) is necessary.

1. IDL Area/District/Association a. Name and Address:	b. Agreement No.: c. Phone: d. FAX:	2. EFFECTIVE DATES OF CERTIFICATION a. Beginning: b. Ending:
3. FIRE DEPARTMENT a. Name and Address:	b. E-mail Address: c. Phone (Day): Phone (Night): Cell Phone: FAX:	4. ORDERING DISPATCH CENTER

5. THE FOLLOWING EQUIPMENT IS BEING PROVIDED: ☐ Fully Operated (Includes Personnel & Equipment) ☐ Unoperated (Personnel Costs Billed Separately)	6. OPERATING SUPPLIES ☐ Provided by Incident

7. ITEM DESCRIPTION **-** Provide: **Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type**			8. HRLY/DAILY/MILEAGE/SHIFT BASIS		9. SPECIAL
Description	NWCG Type	Minimum Staff	Rate	Unit	
			$0.00		
			$0.00		
			$0.00

Description	Type	Minimum Staff	Rate	Unit	Special
			$0.00		
			$0.00		
			$0.00		

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Cat. No. 10231X Form **W-9** (Rev. 12-2014)

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

FIRE SERVICE ORGANIZATION (FSO) MOBILIZATION CHECKLIST

Don't Forget to Take With You:

- ☐ Resource Order (RO) – Two (2) copies.
- ☐ Fire Service Organization Rate Book (www.idl.idaho.gov/bureau/firemgt.htm)
- ☐ Completed Idaho Cooperator Certification Form – Personnel and Equipment.
- ☐ Emergency Equipment Shift Ticket Book, OF-297. Record time/shifts for crew and equipment for fully operated and/or Unoperated equipment daily.
- ☐ Crew Time Reports, SF-261. Personnel time if paid utilizing the unoperated process or single resource personnel such as Strike Team Leader Engine (STEN).
- ☐ Evaluation Forms – Single Resource, ICS225 or Crew, ICS224
- ☐ Inventory of apparatus. Complement on engine including Personal Protective Equipment (PPE), etc.
- ☐ Incident Qualification Cards. Indicates wildland fire qualifications for all personnel.
- ☐ Position Task Books, if applicable.
- ☐ Other personnel documentation(Qualifications, Certifications, Licenses, CDL, EMS)
- ☐ Credit Card for fuel.
- ☐ Personal Items. Tent, sleeping bag, warm clothing, personal hygiene items.
- ☐ Other (i.e., Ambulance/Kit Inventory, etc.).

Paperwork to Bring Back With You:

- ☐ Payment documents, including signed original Emergency Equipment Use Invoice, OF-286, original (Pink) Emergency Equipment Shift Tickets, OF-297, original Emergency Firefighter Time Report, OF-288. Obtain from Finance during demobilization.
- ☐ All pre and post inspections.
- ☐ Receipts for fuel, lodging, and other miscellaneous expenses not provided at the fire. Reimbursement determination will be made upon return to your home unit.
- ☐ Evaluations. An evaluation must be completed by your immediate supervisor at the fire. Important for recertification of positions.
- ☐ Claims documentation, if applicable.
- ☐ Other documents provided to you at the fire.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR FIRE PERSONNEL

1. Boots: All leather, lace-up type, minimum 8 inches high with lug-type soles in good condition (steel toe boots are unacceptable).

2. Hard Hat: Plastic, Class B, ANSI Z89.1, 1986, OSHA approved, with chin strap.
   Note: Hard hat meeting NFPA Standard 1977, 2005 Edition, is required.

3. Gloves: One pair of heavy-duty leather per person.

4. Eye Protection: One pair per person (meets standards ANSI 287, latest edition).

5. Head Lamp: One lamp per person with batteries and attachment for hard hat.

6. Canteen: One quart size, two per person required, four per person recommended (filled prior to arrival at incident).

7. New Generation Fire Shelter: One serviceable shelter for each person.

8. Flame Resistant Clothing: Shirt and trousers for routine fireline duties, flame resistant clothing must:

   a. Self-extinguish upon removal from heat source.

   b. Act as an effective thermal barrier by minimizing conductive heat transfer.

   c. Not melt or shrink to any appreciable degree upon decomposition during exposure to a high heat source.

   d. Be manufactured from flame retardant treated (FRT) cotton, FRT rayon, FRT wool, aramid (Nomex), or other similar fabric.

9. Turnout Gear: Structural engines only.

10. Line Gear (Day Pack): One for each person on Type 3 through Type 7 only.

EMERGENCY EQUIPMENT SHIFT TICKET
OF-297

Shift tickets must be completed for each operational period. Shift tickets may be obtained from a Division Supervisor or the Finance Section. The Fire Service Organization and the person responsible for directing the work of the equipment are responsible to see that shift tickets are completed and approved. **Any known defects or damage to equipment going on or off shift must be documented in the "14. Remarks" section.**

EMERGENCY EQUIPMENT SHIFT TICKET — **E-52**

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment Inspections.

1. AGREEMENT NUMBER **IDL-230-xx-05**		2. CONTRACTOR *(name)* **Fire District One**
3. INCIDENT OR PROJECT NAME **Bad One**	4. INCIDENT NUMBER **ID-SWS-23010**	5. OPERATOR *(name)* **Bob Builder, Engine Boss**
6. EQUIPMENT MAKE **Ford**	7. EQUIPMENT MODEL **WE6**	8. OPERATOR FURNISHED BY ☒ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER **ID32146567**	10. LICENSE NUMBER **KB 1234**	11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR (wet) ☒ GOVERNMENT (dry)

12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START	STOP	WORK	SPECIAL
8/15/xx	**0600**	**1800**	**12**	

14. REMARKS *(released, down time and cause, problems, etc.)*

Franklin McDonald, Crew Member
Leonardo Giordino, Crew Member

15. EQUIPMENT STATUS
- ☒ a. Inspected and under agreement
- ☐ b. Released by Government
- ☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED
Bob Builder	*Tinder Dry, DIVS*	**8/15/xx**

NSN 7540-01-119-5628 — OPTIONAL FORM 297 (Rev. 7-90)
50297-102 — USDA/USDI

Write Resource Order Number in upper corner of Shift Ticket

All crew members are listed on the Shift Ticket.

2016 Fire Apparatus/Equipment Rates

Class	*# Persons*	*Unop Daily Rate*	*Unop Hourly Rate*	***Fully Op Daily Rate***	***Fully Op Hourly Rate***	***Fully Op Daily Rate Two Operational Periods***	*Unop Daily Rate Two Operational Periods*	*FEPP Unop Daily Rate*	*FEPP Unop Hourly Rate*	***FEPP Fully Op Daily Rate***	***FEPP Fully Op Hourly Rate***	***FEPP Fully Op Two Operational Periods***	*FEPP Unop Daily Rate Two Operational Periods*
Structure Engines													
E1	**4**	$ 1,484	$ 106	$ 2,856	$ 204	$ 4,712	$ 2,449	$ 988	$ 71	$ 2,357	$ 168	$ 3,889	$ 1,631
E2	**3**	$ 1,414	$ 101	$ 2,450	$ 175	$ 4,043	$ 2,333	$ 942	$ 67	$ 1,977	$ 141	$ 3,262	$ 1,554
Wildland Engines													
WE3	**3**	$ 1,218	$ 87	$ 2,254	$ 161	$ 3,719	$ 2,010	$ 811	$ 58	$ 1,847	$ 132	$ 3,048	$ 1,338
WE4	**2***	$ 1,022	$ 73	$ 1,750	$ 125	$ 2,888	$ 1,686	$ 681	$ 49	$ 1,409	$ 101	$ 2,325	$ 1,123
WE5	**2***	$ 854	$ 61	$ 1,582	$ 113	$ 2,610	$ 1,409	$ 569	$ 41	$ 1,297	$ 93	$ 2,140	$ 938
WE6	**2***	$ 798	$ 57	$ 1,526	$ 109	$ 2,518	$ 1,317	$ 531	$ 38	$ 1,259	$ 90	$ 2,077	$ 877
WE7	**2***	$ 504	$ 36	$ 1,232	$ 88	$ 2,033	$ 832	$ 336	$ 24	$ 1,064	$ 76	$ 1,756	$ 554
Tactical Water Tenders													
T1	**2**	$ 1,778	$ 127	$ 2,450	$ 175	$ 4,043	$ 2,934	$ 1,184	$ 85	$ 1,856	$ 133	$ 3,062	$ 1,954
T2	**2**	$ 1,624	$ 116	$ 2,296	$ 164	$ 3,788	$ 2,680	$ 1,082	$ 77	$ 1,754	$ 125	$ 2,894	$ 1,785
Support Water Tender													
S1	**1***	$ 1,484	$ 106	$ 1,820	$ 130	$ 3,003	$ 2,449	$ 988	$ 71	$ 1,324	$ 95	$ 2,185	$ 1,631
S2	**1***	$ 1,330	$ 95	$ 1,666	$ 119	$ 2,749	$ 2,195	$ 886	$ 63	$ 1,222	$ 87	$ 2,016	$ 1,462
S3	**1***	$ 952	$ 68	$ 1,288	$ 92	$ 2,125	$ 1,571	$ 634	$ 45	$ 970	$ 69	$ 1,601	$ 1,046

Command Vehicles/Chase Units	*Unop Daily Rate*
SUV	$ 80
1/2 Ton 4x4	$ 85
3/4 Ton+ 4x4	$ 95

Command vehicles are paid a daily rate. Actual cost of fuel will be reimbursed. If under hire by the incident, a Resource Order is required.

*For operational purposes and/or for safety reasons, some equipment may operate with an additional crew member with the approval of the host agency. For an apparatus being paid at the Fully Operated rate, the additional personnel rate is $25 per hour or a daily rate of $350.

TRAVEL AND PER DIEM MEAL RATE GUIDELINES

Travel Reimbursements

All travel costs being submitted for reimbursement will be itemized on the **FSO Invoice.** Supporting documentation such as receipts for fuel, rental cars, etc., shall be provided with the FSO Invoice. All meal reimbursements shall be in accordance with the Idaho State Board of Examiners and Idaho Department of Lands policies and procedures. They are summarized below.

Travel To/From Fire Suppression Assignments

The GSA domestic per diem daily meal rates will be used while traveling to/from incidents. The rates are found at: http://www.gsa.gov/portal/category/100120. Per diem rates are based upon destination.

Example: Traveling to Missoula, MT, for fire assignment. Per diem rates used for mobilization and demobilization period will be at the rate for Missoula, MT, or $59, as seen below.

The following rates apply for **Missoula / Polson / Kalispell Montana**														
		Max lodging by Month (excluding taxes)												
		2015			2016									
Primary Destination (1, 2)	County (3, 4)	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	M&IE (5)
Missoula / Polson / Kalispell	Missoula / Lake / Flathead	$95	$95	$95	$95	$95	$95	$95	$95	$95	$136	$136	$95	$59

NOTE: The Idaho Department of Lands uses the GSA per diem rates strictly for obtaining daily meal rates. The GSA breakdown of meal rates is NOT used. Following the Idaho State Board of Examiners policy, a partial-day reimbursement, or breakdown by meal for per diem shall be paid to the traveler at the maximum rate set within the following limitations:

Breakfast: If the actual departure time is 7:00 a.m. or before, or if the return time is 8:00 a.m. or after. Paid at 25% of Federal Rate.

Lunch: If the actual departure time is 11:00 a.m. or before, or if the return time is 2:00 p.m. or after. Paid at 35% of Federal Rate.

Dinner: If the actual departure time is 5:00 p.m. or before, or if the return time is 7:00 p.m. or after. Paid at 55% of Federal Rate.

Per Diem for travel will not be paid in excess of the full daily rate allowed. <u>When meals are furnished by the incident or host agency, individuals may not seek per diem or daily incidental reimbursement</u>.

Fire Service Organization Invoice

Electronic Version

From: Smith Fire Department
P.O. Box 377
Smith, ID 89999

To: Idaho Department of Lands
(local IDL office address)

Date: 7/15/2015
Invoice #: 12345
Agreement No: ID-000-11-11

Fire Name	Fire Incident Number	Resource Order Number
Endless Fire	ID-BOF-123456	E-346

Unit	Description	Unit Amount	Line Subtotal	Benefit Rate	Benefit Amount	Line Total
20.00	John Smith, ENGB	$ 20.00	$ 400.00	20.00%	$ 80.00	$ 480.00
20.00	Jane Doe, FFT1	$ 18.00	$ 360.00	18.00%	$ 64.80	$ 424.80
20.00	Joe Firefighter, FFT2	$ 17.00	$ 340.00	18.00%	$ 61.20	$ 401.20
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				
	Subtotal Personnel Costs					**$ 1,306.00**
24.00	Jimmy Dean backfilled for Lang 09/21/15	5.00	$ 30[illegible]	20.00%	$ 72.00	$ 432.00
		$ -				
		$ -				
	Subtotal Backfill					**$ 432.00**
1.00	Type 3 Engine	$ 1,200.00	$ 1,200.00		$ -	$ 1,200.00
		$ -				
	Subtotal Equipment					**$ 1,200.00**
1.00	09/21/15 Mountain Home, ID	$ 95.00	$ 95.00		$ -	$ 95.00
		$ -				
	Subtotal Lodging					**$ 95.00**
1.00	09/21/15 Breakfast for 3 - travel to incident	$ 34.50	$ 34.50		$ -	$ 34.50
1.00	9/28/15 Dinner for 3 - travel from incident	$ 75.90	$ 75.90			$ 75.90
		$ -				
		$ -				
		$ -				
	Subtotal Meals (not provided by Fire)					**$ 110.40**
1.00	9/21/15 Fuel, Idaho Falls, ID	$ 143.05	$ 143.05		$ -	$ 143.05
1.00	9/21/15, Fuel, Mountain Home, ID	$ 130.53	$ 130.53		$ -	$ 130.53
1.00	9/27/15, Fuel, Twin Falls, ID	$ 88.95	$ 88.95		$ -	$ 88.95
1.00	9/28/15, Fuel, Idaho Falls, ID	$ 77.56	$ 77.56		$ -	$ 77.56
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				
	Subtotal Fuel, Misc. Charges (Rental Car, etc.)					**$ 440.09**
					TOTAL	**$ 3,583.49**

SAMPLE

My signature below certifies these are true and accurate costs billed in accordance with the current Idaho FSO Rate Book.

Signature

7/15/2015
Date

Ace Jones
Print Name

Fire Chief
Title

Fire Service Organization Invoice

Fill-in by hand

From:

Date:
Invoice #:
Agreement No:

To: Idaho Department of Lands

Fire Name	Fire Incident Number	Resource Order Number

Unit	Description	Unit Amount	Line Subtotal	Benefit Rate	Benefit Amount	Line Total
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
	Subtotal Employee Costs					**$**
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
	Subtotal Backfill					**$**
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
	Subtotal Equipment					**$**
		$	$	%	$	$
		$	$	%	$	$
	Subtotal Lodging					**$**
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
	Subtotal Meals					**$**
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
		$	$	%	$	$
	Subtotal Fuel, Misc. Charges (Rental car, etc.)					**$**
					TOTAL	**$**

My signature below certifies these are true and accurate costs billed in accordance with the current Idaho FSO Rate Book.

Signature

Date

Print Name

Title

IDL BUREAU of FIRE MANAGEMENT AND AREA/DISTRICT/ASSOCIATION CONTACT INFORMATION

Coeur d'Alene Staff Office
IDL State Duty Officer Phone: 208-769-1530
JT Wensman – Chief, Bureau of Fire Management
Wendy Walter – Fire Business Program Mgr.
Kevin Benton – Fire Operations Program Mgr.
Mark Eliot – Fire Aviation & Investigation Program Mgr.
Don Wagner – Fire Planning Program Mgr.
Julia Sullens – South Idaho Fire Liaison (Boise Staff)
Matt Hicks – Fire Training/Safety Program Specialist

Coeur d'Alene Staff Office
3284 West Industrial Loop, Coeur d'Alene, ID 83815
Phone: 208-769-1525 Fax: 208-769-1524

Boise Staff Office
300 N. 6th St., Suite 103, Boise, ID 83702
Phone: 208-334-0256

Priest Lake Area
Mick Schanilec – Area Manager
Dan Brown – Fire Warden
Scott Hayes – Asst. Warden
Nicci Lee – Admin. Asst.
4053 Cavanaugh Bay Road
Coolin, ID 83821
Phone: 208-443-2516
Fax: 208-443-2162

Mica Area
Frank Waterman – Area Manager
Gary Darrington – Fire Warden
Shane O'Shea – Asst. Warden
Teresa McFadden – Admin. Asst.
3258 West Industrial Loop
Coeur d'Alene, ID 83815
Phone: 208-769-1577
Fax: 208-769-1597

Cataldo FPD
Kjell Truesdell – Fire Warden
Chris Myers – Asst. Warden
Jenny Rollins – Admin. Asst.
80 Hilltop Overpass Road
Kingston, ID 83839
Phone: 208-682-4611
Fax: 208-682-2991

Pend Oreille Lake Area
Tom Fleer – Area Manager
Shawn Hicks – Fire Warden
Vacant – Asst. Warden
Jeannie Nez Perce – Office Spec.
2550 Highway 2 West
Sandpoint, ID 83864
Phone: 208-263-5104
Fax: 208-263-0724

Kootenai Valley FPD
Ken Homik – Fire Warden
Nate Rodgers – Asst. Warden
Vikki Snider – Admin. Asst.
6327 Main Street
Bonners Ferry, ID 83805
Phone: 208-267-5577
Fax: 208-267-8301

St. Joe Area
Richard "Tiny" Furman – Area Mgr.
Josh Harvey – Fire Warden
Corey Flesher – Asst. Warden
Jocelyn Schiermeister – Office Spec.
1806 Main Ave.
St. Maries, ID 83861
Phone: 208-245-4551
Fax: 208-245-4867

Clearwater Area
Jay Sila – Area Manager
Monica Hagen – Admin. Asst.
10230 Highway 12
Orofino, ID 83544
Phone: 208-476-4587
Fax: 208-476-7175

Ponderosa Area
Mark Lesko – Area Manager
Jason Svancara – Fire Warden
Casey Strong – Asst. Warden
Nikki Shockley – Admin. Asst.
3130 Highway 3
Deary, ID 83823
Phone: 208-877-1121
Fax: 208-877-1122

Maggie Creek Area
Zoanne Anderson – Area Manager
Vacant – Fire Warden
Ken Decker – Asst. Warden
Nick Carter– Asst. Warden
Tracy Hasz – Admin. Asst.
913 3rd Street
Kamiah, ID 83536
Phone: 208-935-2141
Fax: 208-935-0905

Craig Mountain FPD
Jeremiah Miller – Fire Warden
Vacant – Asst. Warden
Al Allman – Asst. Warden
Sam Altman – Admin. Asst.
PO Box 68
Craigmont, ID 83523
Phone: 208-924-5571
Fax: 208-924-5571

Payette Lakes Area
Scott Corkill – Area Manager
Kristen Kludt – Admin. Asst.
555 Deinhard Lane
McCall, ID 83638
Phone: 208-634-7125
Fax: 208-634-5117

Southwest Area
Bob Pietras – Area Manager
Casper Urbanek – Fire Warden
Rick Finis – Asst. Warden
Tyke Lofing– Asst. Warden
Georgia Cowan – Admin. Asst.
8355 W. State Street
Boise, ID 83714
Phone: 208-334-3488
Fax: 208-853-6372

Eastern Idaho Area
Pat Brown – Area Manager
Katina Kienlen – Admin. Asst.
3563 Ririe Highway
Idaho Falls, ID 83401
Phone: 208-525-7167

Jerome Field Office
Denice Backus – Admin. Asst.
324 S. 417 E., Suite 2
Jerome, ID 83338
Phone: 208-324-2561
Fax: 208-324-2917

Southern Idaho TPA
Ken Stump – Fire Warden
Paul Wagner – Asst. Fire Warden
Tim Tevebaugh – Asst. Fire Warden
Shannon Stuart-Henggeler – EA
555 Deinhard Lane
McCall, ID 83638
Phone: 208-634-2268
Fax: 208-634-5117

Clearwater-Potlatch TPA
Len Young – Chief Fire Warden
Isaac Hull – Fire Warden (Orofino)
Robin Welter – Fire Warden (Elk Rvr)
Shane Anderson – Fire Warden (Hdqtrs)
Steve Trombley – Fire Warden (Boehl's)
Kim Browning– Fiscal Officer
10250 Highway 12
Orofino, ID 83544
Phone: 208-476-5612
Fax: 208-476-7218