



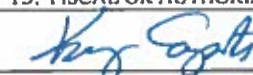
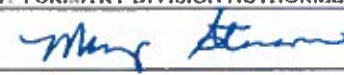
STATE OF NEW MEXICO RMP – COOPERATOR FUEL TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CHAMA DISTRICT HC 75 BOX 100 CHAMA, NM 87520 PHONE (575)-588-7831 FAX (575)-588-7333		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 04-521-0400-0198 3. EFFECTIVE DATES a. Beginning 01/01/2018 b. Ending 12/31/2019				
4. COOPERATOR (name and address) SAN JUAN COUNTY FIRE DEPT. 209 S. OLIVER DR. AZTEC, NM 87410 PHONE (505)-334-1180 FAX (505)-334-3239 b. TIN : 85-6000246		5. I-SUITE CODING EQUIPMENT AGENCY-NM 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
c. Telephone Number (day) (505)-334-1180	d. Telephone Number (night) (505)-330-1049 OR (505)-330-4933	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY						
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate	b. unit	12. SPECIAL c. rate	d. unit	13. GUARANTEE (8 or more hours)
a. TACTICAL FUEL TRUCK-1998 FORD F-550, 4X4 17,500 GVW,G-40183 VIN#1FDAP57FOXED06053 330 GAL DIESEL 110 GAL UNLEADED **	1 OR 2	\$600.00	PER 12 HOUR OPERATIONAL PERIOD	\$45.00	PER HR. AFTER 12 HRS. A DAY	
b. **FROM ABOVE Air compressor, fluids, to include oil, brake, waher, chainsaw mix & oil						
c.						
d.						
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperorator and work rate includes personnel. Can be staffed with 2 people for double shift, if staffed with one person and hours exceed 12 hour per operational shift special hourly rate will be added per hour. FUEL SURCHARGE-Beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then the miles exceeding 50 will be compensated at a rate of \$.43 a mile DAILY RATE GUARANTEE-For each calendar day that equipment is under hire, payment will be made for a minimum guarantee of work rate in box 11. For the 1st and last day payment will be based on the hours under hire, if its less than 8 hours 1/2 the daily rate in box 11 will be paid. FINANCE SECTION- Will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demob the cooperorator will receive ALL ORIGINAL Emergency Equipment Shift Ticket(s), OF-286, Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE			
	1.7.18		1.2.18			
19. PRINT NAME AND TITLE Kim Carpenter, County CEO		20. PRINT NAME AND TITLE Mary Stuever, District Forester				

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET			
EMNRD-FORESTRY DIVISION CHAMA DISTRICT HC 75 BOX 100 CHAMA, NM 87520 PHONE (575)-588-7831 FAX (575)-588-7333		2. AGREEMENT NUMBER JPA		04-521-0400-0198	
		3. EFFECTIVE DATES a. Beginning 01/01/2018 b. Ending 12/31/2019			
4. COOPERATOR (name and address) SAN JUAN COUNTY FIRE DEPT. 209 S. OLIVER DR. AZTEC, NM 87410 PHONE (505)-334-1180 FAX (505)-334-3239 b. TIN: 85-6000246		5. I-SUITE CODING EQUIPMENT AGENCY-NM			
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT			
c. Telephone Number (day)	d. Telephone Number (night)	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE			
(505)-334-1180	(505)-330-1049 OR (505)-330-4933				
8. TYPE OF COOPERATOR ("X" appropriate boxes) SAN JUAN COUNTY, NM <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY					
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN, and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL c rate d. unit
13. GUARANTEE (8 or more hours)					
a. Tender, CT-1 83 International 3000 GAL, 500 GPM 50,000 GVW G-11251 VIN# HTCF2574DHA16017		2 on Tactical	\$152.00	Hour/Wet	
		1 on Support	\$115.00	Hour/Wet	
c.					
d.					
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. GUARANTEE- For each calendar day that equipment is under hire, payment will be made for a minimum guarantee of at least 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. FUEL SURCHARGE-Beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then the miles exceeding 50 will be compensated at a rate of \$.43 a mile FOAM REPLACEMENT- If used at the incident, foam will be replaced by the incident or an S number will be issued. Replacement foam will be of the same type/brand used by the cooperator to minimize waste. FINANCE SECTION- Will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demob the cooperator will receive ALL ORIGINAL Emergency Equipment Shift Ticket(s), OF-286, Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.					
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE
		1.7.18			1.2.18
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE		
Kim Carpenter, County CEO			Mary Stuever, District Forester		

STATE OF NEW MEXICO RMP – COOPERATOR ENGINE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET				
EMNRD-FORESTRY DIVISION CHAMA DISTRICT HC 75 BOX 100 CHAMA, NM 87520 PHONE (575)-588-7831 FAX (575)-588-7333		2. AGREEMENT NUMBER JPA 04-521-0400-0198		3. EFFECTIVE DATES		
		a. Beginning 01/01/2018		b. Ending 12/31/2019		
4. COOPERATOR (name and address) SAN JUAN COUNTY FIRE DEPT. 209 S. OLIVER DR. AZTEC, NM 87410 PHONE (505)-334-1180 FAX (505)-334-3239 b. TIN: 85-6000246		5. I-SUITE CODING EQUIPMENT AGENCY-NM				
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT				
c. Telephone Number (day) (505)-334-1180	d. Telephone Number (night) (505)-330-1049 OR (505)-330-4933	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY SAN JUAN COUNTY, NM						
9. ITEM DESCRIPTION (include make, model, year, G- Plate, VIN, and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c. rate	d. unit	
a. Type 1 E-825, 99 International 1500 GAL, 1250 GPM, W/Foam G-10144 VIN#1HTSDADR6H667603	ENGINE BOSS + 2 FFT	\$220.00	HOUR/WET			
b. Type 1 E-130, 2012 Pierce. 1000 GAL, 1250 GPM W/CAFS G-86446 VIN# 4P1CS01A9DA013254	ENGINE BOSS + 2 FFT	\$220.00	HOUR/WET			
c. *Type 2/3 E-225 07 Rosenbauer 4x4, 500 GAL, 1000 GPM W/Foam 35,000 GVW G-72383 VIN#1HTWEAZN57J461136	ENGINE BOSS + 2 FFT	TYPE 2 = 5209.00 TYPE 3 = 5176.00	HOUR/WET			
d.						
e.						
14. SPECIAL PROVISIONS * Type configured per NWCG and rate based on type of resource ordered Operator(s) will be furnished by the cooperator and work rate includes personnel. GUARANTEE- For each calendar day that equipment is under hire, payment will be made for a minimum guarantee of at least 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. FUEL SURCHARGE-Beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then the miles exceeding 50 will be compensated at a rate of \$.43 a mile FOAM REPLACEMENT- If used at the incident, foam will be replaced by the incident or an S number will be issued. Replacement foam will be of the same type/brand used by the cooperator to minimize waste. FINANCE SECTION- Will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demob the cooperator will receive ALL ORIGINAL Emergency Equipment Shift Ticket(s), OF-288, Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE	
		1/21/19			1-2-19	
19. PRINT NAME AND TITLE Kim Carpenter, County CEO			20. PRINT NAME AND TITLE Mary Stuever, District Forester			

STATE OF NEW MEXICO RMP – COOPERATOR ENGINE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET	
EMNRD-FORESTRY DIVISION CHAMA DISTRICT HC 75 BOX 100 CHAMA, NM 87520 PHONE (575)-588-7831 FAX (575)-588-7333		2. AGREEMENT NUMBER JPA 04-521-0400-0198	
		3. EFFECTIVE DATES a. Beginning 01/01/2018 b. Ending 12/31/2019	
4. COOPERATOR (name and address) SAN JUAN COUNTY FIRE DEPT. 209 S. OLIVER DR. AZTEC, NM 87410 PHONE (505)-334-1180 FAX (505)-334-3239 b. TIN: 85-6000246		5. I-SUITE CODING EQUIPMENT AGENCY-NM	
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT	
c. Telephone Number (day) (505)-334-1180	d. Telephone Number (night) (505)-330-1049 OR (505)-330-4933	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE	

8. TYPE OF COOPERATOR ("X" appropriate boxes)
 MUNICIPAL COUNTY **SAN JUAN COUNTY, NM**

9. ITEM DESCRIPTION (include make, model, year, G- Plate, VIN, and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c rate	d. unit	
a. *Type 3/5/6 Brush-12, 08FORD 550 500 GAL, 525 GPM, 17950 GVW G-74324 4x4 VIN# 1FDAX57R58ED86507	ENGINE BOSS + 2 FFT	Type 3 = \$178.00 Type 5 = \$181.00 Type 6 = \$154.00	HOUR/WET			
b. *Type 3/5/6 Brush-13, 08FORD 550 500 GAL, 525 GPM, 17950 GVW G-74333 4x4 VIN# 1FDAX57R78ED86508	ENGINE BOSS + 2 FFT	Type 3 = \$178.00 Type 5 = \$181.00 Type 6 = \$154.00	HOUR/WET			
c. *Type 2/3 E-25 93International 4x4 500 GAL 1000 GPM, W/FOAM 35, 000 GVW G-11265 VIN# 1HTSEPCR9PH464027	ENGINE BOSS + 2FFT	Type 2 = \$209.00 Type 3 = \$176.00	HOUR/WET			
d. *Type 1/2 E-1020 09 Rosenbauer 4x4, 750 GAL 1000GPM, W/Foam 35,000 GVW G-73371 VIN# 1HTWBAZR89J144439	ENGINE BOSS + 3FFT	Type 1 = \$220.00 Type 2 = \$209.00	HOUR/WET			
e. *Type 1/2 E-525 09 Rosenbauer 4x4, 750 GAL 1000 GPM W/Foam 35,000 GVW G-79372 VIN# 1HTWBAZR49J144440	ENGINE BOSS + 3FFT	Type 1 = \$220.00 Type 2 = \$209.00	HOUR/WET			

14. SPECIAL PROVISIONS

* Type configured per NWCG and rate based on type of resource ordered

Operator(s) will be furnished by the cooperator and work rate includes personnel.

GUARANTEE- For each calendar day that equipment is under hire, payment will be made for a minimum guarantee of at least 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply.

FUEL SURCHARGE- Beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s). If the daily total exceeds 50 miles then the miles exceeding 50 will be compensated at a rate of \$43 a mile

FOAM REPLACEMENT- If used at the incident, foam will be replaced by the incident or an S number will be issued. Replacement foam will be of the same type/brand used by the cooperator to minimize waste.

FINANCE SECTION- Will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demob the cooperator will receive ALL ORIGINAL Emergency Equipment Shift Ticket(s), OF-286, Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
	1.2.18		1.2.18
19. PRINT NAME AND TITLE		20. PRINT NAME AND TITLE	
Kim Carpenter, County CEO		Mary Stuever, District Forester	