

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 BERNALILLO DISTRICT 5105 SANTA FE HILLS BLVD RIO RANCHO, NM 87124		2. AGREEMENT NUMBER JPA 10-521-2300-0032	
		3. EFFECTIVE DATES a. Beginning March 2018 b. Ending March 2019	
4. COOPERATOR (name and address) Santa Fe County Fire Department 35 Camino Justicia Santa Fe, NM 87508 b. TIN: 85-6000073		5. I-SUITE CODING PERSONNEL AGENCY - NM EQUIPMENT AGENCY - NM EMPLOYMENT CODE - OTHER	
c. Telephone Number (day) 505-995-6527		d. Telephone Number (night) 505-231-8845 (Mike Feulner)	
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT	
		7. WORK RATE IN BOX 11 & 12 <input type="checkbox"/> STAFFED RATE <input checked="" type="checkbox"/> UNSTAFFED RATE	

8. TYPE OF COOPERATOR ("X" appropriate boxes)
 MUNICIPAL COUNTY

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. ENGINE - TYPE 6 2009 FORD F550 4X4 COUNTY ENG 561 VIN 1FDAX5HR8AEA90174 G-79017	2 (MIN)	\$99.00	HOURLY	.43		
b.						
c.						
d.						
e.						



14. SPECIAL PROVISIONS

Operator (s) will be furnished by the cooperator and rate will be reimbursed based on hours worked at the incident at the appropriate AD rate listed on the emergency hire form.



Hourly Rate 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 miles exceeding 50 will be compensated at a rate of \$0.43 mile.

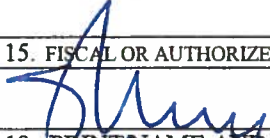

Finance Section will collect and post CTR's for personnel and Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original CTR's, Emergency Equipment Shift Ticket(s), OF-288 Firefighter Time Report(s) OF-286 Emergency 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
	4/5/18		4/5/18
19. PRINT NAME AND TITLE Steve Wray, ASST. FIRE CHIEF		20. PRINT NAME AND TITLE Todd Haines DISTRICT FORESTER	



STATE OF NEW MEXICO RMP – COOPERATOR HANDCREW RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION BERNALILLO DISTRICT 5105 SANTA FE HILLS BLVD RIO RANCHO, NM 87124 PHONE: 505-867-2335 FAX: 505-867-2225		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0032 3. EFFECTIVE DATES a. Beginning March 2018 b. Ending March 2019				
4. COOPERATOR (name and address) SANTA FE COUNTY FIRE DEPARTMENT 35 CAMINO JUSTICIA SANTA FE, NM 87508 b. TIN: 85-6000073		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) 505-995-6527	d. Telephone Number (night) 505-231-8845 (MIKE FEULNER)	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	11. WORK OR DAILY b. unit	12. SPECIAL c. rate	12. SPECIAL d. unit	13. GUARANTEE (8 or more hours)
a. 8-12 PERSON HANDCREW		\$28.00	PER PERSON PER HOUR			
b.						
c.						
14. SPECIAL PROVISIONS Hourly rate in box 11 includes personnel and equipment (vehicles, tools, radios, saws). Guarantee For each calendar day that crew is under hire payment will be made for a minimum guarantee of 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section Hours will be documented on CTR's listing crew member names and hours worked. Total hours worked by the crew for the calendar day will be multiplied by the rate in box 11 and posted to an OF-286 Emergency Equipment Use Invoice. Beginning and ending mileage for crew carriers will be documented daily on Emergency Equipment Shift Tickets, if daily mileage is less than 50 miles for each day no further payment will be made. If mileage exceeds 50 miles payment will be made at .46 mile for all miles over 50 for each calendar day. Upon checkout/demobilization cooperators will receive all original CTR's Emergency Equipment Shift Ticket(s), and Emergency Equipment Use Invoice(s).						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 		16. DATE 4/19/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 		18. DATE 4/5/18	
19. PRINT NAME AND TITLE Steve Maya, ASST. FIRE CHIEF			20. PRINT NAME AND TITLE Todd Humes - District Forester			

STATE OF NEW MEXICO RMP – COOPERATOR HANDCREW 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 BERNALILLO DISTRICT 5105 SANTA FE HILLS BLVD RIO RANCHO, NM 87124 PHONE: 505-867-2335 FAX: 505-867-2225		2. AGREEMENT NUMBER JPA 10-521-2300-0032		3. EFFECTIVE DATES			
		a. Beginning March 2018		b. Ending March 2019			
4. COOPERATOR (name and address) SANTA FE COUNTY FIRE DEPARTMENT 35 CAMINO JUSTICIA SANTA FE, NM 87508 b. TIN: 85-6000073		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			
		7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE					
c. Telephone Number (day) 505-995-6527	d. Telephone Number (night) 505-231-8845 (MIKE FEULNER)						
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		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	c. rate	d. unit	
a. CREW CARRIER 2003 FORD EXCURSION 4X4 VIN 1FMSU41P03EC87018 G-55917			\$150	DAILY	.43	MILE	
b. CREW CARRIER 2006 FORD F350 4X4 VIN 1FDWW37PX6ED91890 G-66742			\$150	DAILY	.43	Mile	
c. Crew Carrier 2005 Ford F250 4x4 VIN 1FTSW21P45EC56571 G-61082			\$150	DAILY	.43	Mile	
14. SPECIAL PROVISIONS							
Hourly rate in box 11 includes personnel and equipment (vehicles, tools, radios, saws).							
Guarantee For each calendar day that crew is under hire payment will be made for a minimum guarantee of 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 miles exceeding 50 will be compensated at a rate of \$0.43 a mile							
Finance Section Hours will be documented on CTR's listing crew member names and hours worked. Total hours worked by the crew for the calendar day will be multiplied by the rate in box 11 and posted to an OF-286 Emergency Equipment Use Invoice. Beginning and ending mileage for crew carriers will be documented daily on Emergency Equipment Shift Tickets, if daily mileage is less than 50 miles for each day no further payment will be made. If mileage exceeds 50 miles payment will be made at .43 mile for all miles over 50 for each calendar day. Upon checkout/demobilization cooperators will receive all original CTR's Emergency Equipment Shift Ticket(s), and Emergency Equipment Use Invoice(s).							
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE			16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE	
			4/4/18			4/5/18	
19. PRINT NAME AND TITLE				20. PRINT NAME AND TITLE			
Steve Wray, ASST. FIRE CHIEF				Todd Haines, District Forester			

STATE OF NEW MEXICO RMP – COOPERATOR COMMAND VEHICLE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION BERNALILLO DISTRICT 5105 SANTA FE HILLS BLVD RIO RANCHO, NM 87124 PHONE: 505-867-2334 FAX: 505-867-2225		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0032 3. EFFECTIVE DATES a. Beginning March 2018 b. Ending March 2019				
4. COOPERATOR (name and address) SANTA FE COUNTY FIRE DEPARTMENT 35 CAMINO JUSTICIA SANTA FE, NM 87508 b. TIN: 85-6000073		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) 505-995-6527	d. Telephone Number (night) 505-231-8845 (MIKE FEULNER)	7. WORK RATE IN BOX 11 & 12 <input type="checkbox"/> STAFFED RATE <input checked="" 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		12. SPECIAL		13. GUARANTEE (8 or more hours)
a. Crew Carrier 2017 Dodge 3500 4x4 VIN 3C7WR9CJ7JG124968 02814G	1	a. rate	b. unit	c. rate	d. unit	
		\$150	DAILY	.43	MILE	
b. Crew Carrier 2017 Dodge 3500 4x4 VIN 3C7WR9CJOJG144155 02813G	1	\$150	DAILY	.43	MILE	
c.						
d.						
14. SPECIAL PROVISIONS . Hourly rate in box 11 includes personnel and equipment (vehicles, tools, radios, saws). Guarantee For each calendar day that crew is under hire payment will be made for a minimum guarantee of 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 miles exceeding 50 will be compensated at a rate of \$0.43 a mile Finance Section Hours will be documented on CTR's listing crew member names and hours worked. Total hours worked by the crew for the calendar day will be multiplied by the rate in box 11 and posted to an OF-286 Emergency Equipment Use Invoice. Beginning and ending mileage for crew carriers will be documented daily on Emergency Equipment Shift Tickets, if daily mileage is less than 50 miles for each day no further payment will be made. If mileage exceeds 50 miles payment will be made at .43 mile for all miles over 50 for each calendar day. Upon checkout/demobilization cooperators will receive all original CTR's Emergency Equipment Shift Ticket(s), and Emergency Equipment Use Invoice(s).						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 		16. DATE 4/1/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 		18. DATE 4/5/18	
19. PRINT NAME AND TITLE Steve Moya, Asst Fire Chief			20. PRINT NAME AND TITLE Todd Haines - DISTRICT FORESTER			

STATE OF NEW MEXICO RMP – COOPERATOR COMMAND VEHICLE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION BERNALILLO DISTRICT 5105 SANTA FE HILLS BLVD RIO RANCHO, NM 87124 PHONE: 505-867-2334 FAX: 505-867-2225F		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0032 3. EFFECTIVE DATES a. Beginning March 2018 b. Ending March 2019				
4. COOPERATOR (name and address) SANTA FE COUNTY FIRE DEPARTMENT 35 CAMINO JUSTICIA SANTA FE, NM 87508 b. TIN: 85-6000073		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) 505-995-6527	d. Telephone Number (night) 505-231-8845 (MIKE FEULNER)	7. WORK RATE IN BOX 11 & 12 <input type="checkbox"/> STAFFED RATE <input checked="" 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		12. SPECIAL		13. GUARANTEE (8 or more hours)
a. UTV VEHICLE 2014 Polaris Ranger Crew, 4wd, 6 passenger OHW 7356 VIN 4XAWH76S7R2299291	1	\$105	DAILY	.43	MILE	
b. PASSENGER AND EQUIPMENT WITH WATER/PUMP CAPABILITY	1	\$125	DAILY	.43	MILE	
c.		\$				
d.		\$				
14. SPECIAL PROVISIONS UTV Vehicles will be staffed by a cooperador employee assigned to the incident as a Firefighter Type 1 assigned to the SFCFD handcrew. UTV vehicle will be reimbursed all mileage, beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s). Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of the work rate in box 11. For the 1st and last day payment will be based on the hours under hire, if it is less than 8 hours 1/2 of 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/demobilization cooperador 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 4/1/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/15/18			
19. PRINT NAME AND TITLE Steve Moya, Asst. Fire Chief		20. PRINT NAME AND TITLE Todd Harms, District Forester				