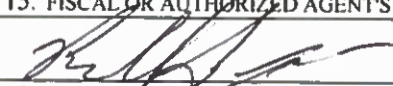



STATE OF NEW MEXICO RMP – COOPERATOR COMMAND/SUPPORT VEHICLE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CIMARRON DISTRICT (NM-N2S) PO BOX 5 UTE PARK, NM 87749 PHONE 575-376-2204 FAX 575-376-2384		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA: 08-521-2300-0112 3. EFFECTIVE DATES a. Beginning : 01-01-17 b. Ending: 12-31-18		
4. COOPERATOR (name and address) Village of Angel Fire PO Box 610 Angel Fire, NM 87710 b. TIN: 85-0346751		5. I-SUITE CODING EQUIPMENT AGENCY - NM PERSONNEL AGENCY- NM EMPLOYMENT CODE OTHER 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) 575-377-3347	d. Telephone Number (night) 575-754-2333-Dispatch	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 checked="" type="checkbox"/> MUNICIPAL Angel Fire-Fire Dept.- NM-ANG <input type="checkbox"/> COUNTY				
(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. COMMAND 3510 2005 Chevy Tahoe 4x4 VIN: 1GNEK13Z75R215983 G-61297	0	\$49.00 DAILY	.43 MILE	
14. SPECIAL PROVISIONS Command Vehicles will be staffed by a cooperator employee assigned to the incident as a single resource (overhead). Command/Support 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 1 st and last day payment will be based on the hours under hire, if it is less than 8 hours ½ 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 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 3-23-17	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 3/24/17	
19. PRINT NAME AND TITLE Richard J. Fogarty		20. PRINT NAME AND TITLE Ernest A. Lopez, 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 CIMARRON DISTRICT (NM-N2S) PO BOX 5 UTE PARK, NM 87749 PHONE 575-376-2204 FAX 575-376-2384		2. AGREEMENT NUMBER JPA: 08-521-2300-0112	
		3. EFFECTIVE DATES a. Beginning 01/01/2018 b. Ending 12/31/2018	
4. COOPERATOR (name and address)		5. I-SUITE CODING EQUIPMENT AGENCY - NM	
Village of Angel Fire PO Box 610 Angel Fire, NM 87710 b. TIN: 85-0346751		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) 575-377-3347	d. Telephone Number (night) 505-463-4112		

8. TYPE OF COOPERATOR ("X" appropriate boxes)
 MUNICIPAL Angel Fire-Fire Dept.- NM-ANG 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 5 3570 2018 FORD F550-DIESEL 4X4 250 GPM/400GAL VIN; 1FD0X5HT8HEF25972 03295G	2 1 ENGB+1 FFT1	\$181.00	HOUR			1448.00

14. SPECIAL PROVISIONS
 Operator(s) will be furnished by the cooperor 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 hours. 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 .43 a mile.

Finance Section will collect and post Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization cooperor will receive **all original** Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Rental Invoice(s) and copies of Pre-Use and Release Inspections.

14. SPECIAL PROVISIONS

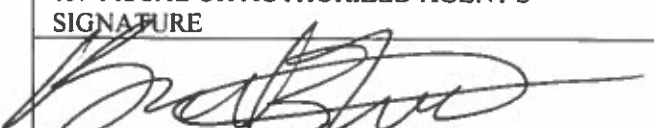
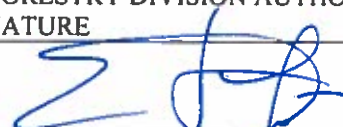
Operator(s) will be furnished by the cooperator and work rate includes personnel.

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Finance Section will collect and post Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Rental Invoice(s) and copies of Pre-Use and Release Inspections.

ENGINE

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
	7/12/16		7/20/18
19. PRINT NAME AND TITLE	20. PRINT NAME AND TITLE		
Bret E. Wier Finance Director	Ernest A. Lopez, 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 CIMARRON DISTRICT (NM-N2S) PO BOX 5 UTE PARK, NM 87749 PHONE 575-376-2204 FAX 575-376-2384		2. AGREEMENT NUMBER JPA: 08-521-2300-0112		3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018	
		4. COOPERATOR (name and address) Village of Angel Fire PO Box 610 Angel Fire, NM 87710 b. TIN: 85-0346751		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) 575-377-3347	d. Telephone Number (night) 575-754-2333-Dispatch	8. TYPE OF COOPERATOR ("X" appropriate boxes) <input checked="" type="checkbox"/> MUNICIPAL Angel Fire-Fire Dept.- NM-ANG <input 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. TYPE 1 ENGINE- 3560 1988 E-ONE/CYCLONE DIESEL- 750 GAL RWD VIN: 1F9BBAA8XJ1037472 G-12499		4 1 ENGB+1 ENOP+ 2FFT2 or 1-FFT1+ 1-FFT2	\$220.00	HOUR	1760.00
b. TYPE 3 ENGINE 2012 INTERNATIONAL 4X4 1000GPM-500GAL Foam Pro 30gal VIN: 1HTWEAZR3CJ460774 G-89157		3 1 ENGB + 2 FF	\$176.00	HOUR	1408.00
c. TYPE 6 ENGINE 3570 1993 FORD F Series DIESEL 4X4 300 GAL, 750 GPM Foam Pro 5 gal VIN: 2FDLF47M5PCA75321 G-58979		3 1 ENGB+2FF	\$154.00	HOUR	1232.00
d. TYPE 6 ENGINE 3571 2004 FORD F-550 DIESEL 4X4 300 GAL 250GPM Foam Pro 10gal VIN: 2FDAF5TP04ED21785 G-59771		3 1 ENGB + 2 FF	\$154.00	HOUR	1232.00
e. TYPE 6 ENGINE 3572 2007 FORD F-550 DIESEL 4X4 300 GAL 150GPM Foam Pro 10gal VIN: 1FDAW57P37EA99215 G-67592		3 1 ENGB + 2 FF	\$154.00	HOUR	1232.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperater and work rate includes personnel. Guarantee For each calendar day that equipment is under hire payment will be made for a miniumum guarantee of at least 8 hours. For the 1 st 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 .43 a mile. Finance Section will collect and post Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization cooperater will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Rental Invoice(s) and copies of Pre-Use and Release Inspections.					
ANGEL FIRE DEPT. ENGINE RATE SHEET 1 OF 2					

14. SPECIAL PROVISIONS

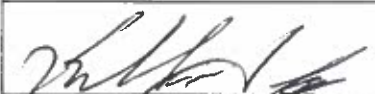

Operator(s) will be furnished by the cooperorator and work rate includes personnel.

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

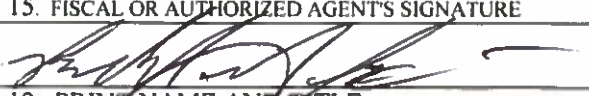
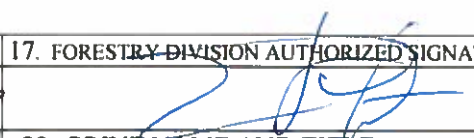
Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile.

Finance Section will collect and post Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization cooperorator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Rental Invoice(s) and copies of Pre-Use and Release Inspections.

ENGINE

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
	3-23-17		3/23/17
19. PRINT NAME AND TITLE Richard M. Tatro		20. PRINT NAME AND TITLE Ernest A. Lipoz, District Forester	
ANGEL FIRE DEPT. ENGINE RATE SHEET 2 OF 2			

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CIMARRON DISTRICT (NM-N2S) PO BOX 5 UTE PARK, NM 87749 PHONE 575-376-2204 FAX 575-376-2384		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA: 08-521-2300-0112 3. EFFECTIVE DATES a. Beginning : 01-01-17 b. Ending: 12-31-18				
4. COOPERATOR (name and address) Village of Angel Fire PO Box 610 Angel Fire, NM 87710 b. TIN: 85-0346751		5. I-SUITE CODING 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) 575-377-3347	d. Telephone Number (night) 575-754-2333-Dispatch	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 checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> COUNTY Angel Fire-Fire Dept.- NM-ANG						
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. Type 1/2 Tactical Water Tender 2008 Kenworth, 2000 Gal. 500 GPM Pump, Foam Eductor 10 gal VIN#2NKMHN8X98M215978 G-75936	2 1 ENG B + 1 FF	a. rate T1 \$152.00 T2 \$ 136.00	b. unit Hour	c. rate d. unit	T1-1216.00 T2-1088.00	
B. ITEM A AS A T3 SUPPORT TENDER	1 1 ENG OP	\$98.50	Hour	788.00		
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 of at least 8 hours. For the 1 st 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 .43 a mile. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Rental Invoice(s) and copies of Pre-Use and Release Inspections.						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 		16. DATE 3-23-17	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 		18. DATE 3/23/17	
19. PRINT NAME AND TITLE Richard M Tafay			20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester			

Douglas Dixon

MSC11 6025 - 1 University of New Mexico
Albuquerque, NM 87131 • Phone: 505.908.0820
dodixon@salud.unm.edu

April 10th, 2018

To Whom it May Concern -

This is to notify any agency that Angel Fire Fire Department EMS personnel in good standing and are who officially deployed to an incident within the state of New Mexico are authorized to act within their licensed scope of practice and within the written guideline of the department.

When deployed out of State they will be authorized to perform within the scope of the deployment and the state mutual aid agreement but not to exceed the New Mexico State practice guidelines and as authorized by the AFFD Guidelines. If there is a discrepancy in scope then the personnel shall work to the level that would be considered the most conservative practice guideline.

Sincerely,

A handwritten signature in blue ink, appearing to read 'D. R. Dixon MD', with a stylized flourish at the end.

Douglas R. Dixon, MD, FACEP

Assistant Professor of Emergency Medicine - UNM

UNM EMS Consortium Faculty

Medical Director Angel Fire Fire Department