

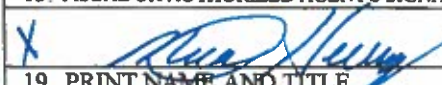
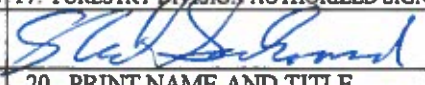
STATE OF NEW MEXICO RMP - COOPERATOR ENGINE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT (NMS-NSS) PO BOX 227 CAPITAN, NM 88316 PHONE (575)354-2231; FAX (575)354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 08-521-2300-0045 3. EFFECTIVE DATES a. Beginning 01-01-2018 b. Ending 12-31-2019		
4. COOPERATOR (name and address) CITY OF CARLSBAD PO BOX 1569 CARLSBAD, NM 88221-1569 b. TIN: 85-600111		5. I-SUITE CODING PERSONEL, AGENCY-NM EMPLOYMENT CODE-OTHER 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) (575) 885-3125	d. Telephone Number (night) (575)706-0648	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 <input type="checkbox"/> COUNTY				
9. ITEM DESCRIPTION (include make, model, year, G- Plate, VIN, and accessories)	10. NUMBER OF OPERATORS	11. WORK RATE DAILY a. rate	12. SPECIAL b. unit	13. GUARANTEE c. rate d. unit (more hours)
a. TYPE-1 2012 PIERCE PUMPER G-PLATE G87332 4P1CS01A7CA012831	4	\$165.00	HOURLY	\$.43 M \$1,320.00
b. TYPE-1 2005 PIERCE PUMPER G-PLATE G99046 4P1CC01M85A005350	4	\$165.00	HOURLY	\$.43 M \$1,320.00
c. TYPE-1 2015 PIERCE PUMPER G-PLATE G99046 4P1BAAFF7GA01618	4	\$165.00	HOURLY	\$.43 M \$1,320.00
d. TYPE-1 2015 PIERCE PUMPER G-PLATE G99046 4P1BAAFF7GA015551	4	\$165.00	HOURLY	\$.43 M \$1,320.00
e.				
14. SPECIAL PROVISIONS Operators will be furnished by the cooperators and rate will be reimbursed base on hours worked at the employees regular pay rate, including overtime and benefits. Guarantee For each calendar day that equipment is under fire payment will be made for a minimum 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 Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperators will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Inspections.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE	
<i>Steve McCutcheon</i>	4-5-18	<i>Nick Smokourch</i>	4/12/18	
19. PRINT NAME AND TITLE Steve McCutcheon, City Administrator		20. PRINT NAME AND TITLE Nick Smokourch Dist. Forester		

STATE OF NEW MEXICO RMP – COOPERATOR COMMAND VEHICLE 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 CAPITAN DISTRICT (NMS-NSS) PO BOX 227 CAPITAN, NM 88316 PHONE (575)354-2231; FAX (575)354-3052		2. AGREEMENT NUMBER JPA 08-521-2300-0045		3. EFFECTIVE DATES		
		a. Beginning 01-01-2018		b. Ending 12-31-2019		
4. COOPERATOR (name and address)		5. I-SUITE CODING				
CITY OF CARLSBAD PO BOX 1569 CARLSBAD, NM 88221-1569 b. TIN: 85-600111		PERSONEL, AGENCY-NM EMPLOYMENT CODE-OTHER 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				
(575) 885-3125	(575)706-0648	<input type="checkbox"/> STAFFED RATE <input checked="" type="checkbox"/> UNSTAFFED RATE				
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input checked="" type="checkbox"/> MUNICIPAL <input 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. COMMAND UNIT 2017 FORD F-250 G-PLATE G99633 1FT7W2BT7HEC22453	1	\$49.00	DAILY	\$.43	MILE	
b. COMMAND UNIT 2010 FORD F-250 G-PLATE G78534 1FTSW2B55AEA59965	1	\$49.00	DAILY	\$.43	MILE	
c. COMMAND UNIT 2010 FORD F-250 G-PLATE G78533 1FTSW2B53ABA59964	1	\$49.00	DAILY	\$.43	MILE	
d. COMMAND UNIT 2010 FORD F-250 G-PLATE G78536 1FTSW2A5XAEA59963		\$49.00	DAILY	\$.43	MILE	
14. SPECIAL PROVISIONS						
<p>Command vehicle will be staffed by a cooperorator employee assigned to the incident as a single resource (overhead) and will provide CTRs for personnel time.</p> <p>Guarantee For each calendar day that equipment is under hire payment will be made for a minimum 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.</p> <p>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.</p> <p>Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperorator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Inspections.</p>						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE	
<i>Steve McCutcheon</i>		4-5-18	<i>Nick Smokovich</i>		4/12/18	
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			
Steve McCutcheon, City Administrator			Nick Smokovich Dist. Forester			

STATE OF NEW MEXICO RMP - COOPERATOR ENGINE RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT (NMS-NSS) PO BOX 227 CAPITAN, NM 88316 PHONE (575)354-2231; FAX (575)354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 08-521-2300-0045 3. EFFECTIVE DATES a. Beginning 01-01-2018 b. Ending 12-31-2019			
4. COOPERATOR (name and address) CITY OF CARLSBAD PO BOX 1569 CARLSBAD, NM 88221-1569 b. TIN: 85-600111		5. I-SUITE CODING PERSONEL, AGENCY-NM EMPLOYMENT CODE-OTHER 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) (575) 885-3125	d. Telephone Number (night) (575)706-0648	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 <input type="checkbox"/> COUNTY					
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN, and accessories)	10. NUMBER OF OPERATORS	11. WORK RATE DAILY		12. SPECIAL	13. GUARANTEE (8 or more hours)
a. TYPE -6 2013 FORD F-550 G-PLATE G88510 1PD0W5HT6H1DEA19980	3	a. rate	b. unit	c. rate	d. unit
		\$ 99.00	HOURLY	\$.43	M
b. TYPE-6 2017 FORD F-550 G-PLATE G00478 1PD0W5HT6HEC32798	3	\$ 99.00	HOURLY	\$.43	M
c.					
d.					
e.					
14. SPECIAL PROVISIONS Operators will be furnished by the cooperator and rate will be reimbursed base on hours worked at the incident, at the employees regular pay rate, including overtime and benefits. Guarantee For each calendar day that equipment is under hire payment will be made for a minimum of at least 8 hours, for the 1st and last day payment will be based on actual hours worked and travel, this 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 Use Invoice(s) and copies of Pre-Use and Release Inspections.					
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/6/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18		
19. PRINT NAME AND TITLE Michael Hernandez, Deputy Steve McCutcheon, City Administrator		20. PRINT NAME AND TITLE Nick Smokovich Dist. Forester			

RAPID EXTRACTION MODULE

STATE OF NEW MEXICO RMP - COOPERATOR

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 DISTRICT		2. AGREEMENT NUMBER JPA 08-521-2300-0045			
EMNRD-FORESTRY DIVISION CAPTAIN DISTRICT (NMS-NSS) PO BOX 227 CAPTAN, NM 86316		3. EFFECTIVE DATES a. Beginning 01-01-2018		b. Ending 12-31-2019	
PHONE (575)354-2231 FAX FAX (575)354-3052		5. I-SUITE CODING PERSONEL, AGENCY-NM EMPLOYMENT CODE-OTHER EQUIPMENT AGENCY-NM			
4. COOPERATOR (name and address) CITY OF CARLSBAD PO BOX 1569 CARLSBAD, NM 88221-1569 b. TIN: 85-600111		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) 885-3125		d. Telephone Number (night) (575)706-0648		7. WORK RATE IN BOXES 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 <input type="checkbox"/> COUNTY					
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)		10. NUMBER OPERATORS	11. WORK OR DAILY a. unit b. unit	12. SPECIAL c rate d rate	13. GUARANTEE (8 or more hours)
a. *Rapid Extrication Module (REM) Team 4x4 truck, ALS Kits, BLS Kits, TRT Kit. Mule UTV JKBAFSE145B501565 with Trailer		4	\$200. Hourly	4.3 Mile	operator and rate included
b. **UTV with Pump & 70 gal water tank 4x4 2018 KAWASAKI MULE JKBAFSE145B501565		2	\$125. Daily		
c. **UTV with Pump - 4x4 2018 KAWASAKI MULE JKBAFSE145B501565 - Passengers & Equipment only		2	\$05. Daily		
d.					
14. SPECIAL PROVISIONS *Operator vehicle will be supplied by the operator. All other supplies and materials are included in the wet rate. **Operator(s) will be Furnished by the operator and the operator rate will be reimbursed based on hours worked at the incident, at the employees regular pay rate - including overtime and benefits. Guarantee: For each calendar day that equipment is under his assignment will be made for minimum guarantee of at least 8hrs. For the 1st and the last day payment will be based on actual hours worked and travel, the guarantee will be 8hrs. Fuel Surcharge: Beginning and ending mileage will be reported daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles exceeding 50 will be compensated at a rate of .43 a mile. Finance Section: Will collect and post CTR's for Personnel and Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization cooperators will receive all original CTR's, Emergency Equipment Shift Tickets, OF-288 Firefighter Time Report(s) and OF-288 Emergency Equipment Use Invoice(s).					
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE
<i>Steve McCutcheon</i>		4-5-18	<i>Nick Snokovich</i>		4/12/18
19. PRINT NAME AND TITLE Steve McCutcheon, City Administrator			20. PRINT NAME AND TITLE <i>Nick Snokovich Dist. Forester</i>		

STATE OF NEW MEXICO RMP – COOPERATOR AMBULANCE 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 CAPITAN DISTRICT (NMS-NSS) PO BOX 227 CAPITAN, NM 88316 PHONE (575)354-2231; FAX (575)354-3052		2. AGREEMENT NUMBER JPA		08-521-2300-0045	
		3. EFFECTIVE DATES			
		a. Beginning 01-01-2018		b. Ending 12-31-2019	
4. COOPERATOR (name and address)		5. I-SUITE CODING			
CITY OF CARLSBAD PO BOX 1569 CARLSBAD, NM 88221-1569 b. TIN: 85-600111		PERSONEL, AGENCY-NM EMPLOYMENT CODE-OTHER 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	
(575) 885-3125		(575)706-0648		<input type="checkbox"/> STAFFED RATE <input checked="" type="checkbox"/> UNSTAFFED RATE	
8. TYPE OF COOPERATOR ("X" appropriate boxes)					
<input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> COUNTY					
9. ITEM DESCRIPTION (include make, model, year, serial number and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL	
		a. rate	b. unit	c. rate	d. units
a. 2014 DODGE D-4500 G92297, 3C7WRLCL2EG224111	2	\$99.00	HOURLY	\$.43	MILE
b. 2017 FORD F-450 G99795, 1FDUF4HTXHDA01694	2	\$99.00	HOURLY	\$.43	MILE
c. 2017 FORD F-450 G02577, 1FDUF4HT5HEE6588	2	\$99.00	HOURLY	\$.43	MILE
d. 2015 FORD F-450 G95528, 1FDUF4GT1FEC38725	2	\$99.00	HOURLY	\$.43	MILE
13. GUARANTEE (8 or more hours)					
14. SPECIAL PROVISIONS					
Operators will be furnished by the cooperor and rate will be reimbursed base on hours worked at the incident, at the employees regular pay rate, including overtime and benefits.					
Guarantee: For each calendar day that equipment is under hire payment will be made for minimum guarantee of at least 8hrs. For the 1st and the 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 CTR's for Personnel and Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization cooperor will receive all origianl CTR's, Emergency Equipment Shift Tickets, OF-288 Firefighter Time Report(s) and OF-286 Emergency Equipment Use Invoice(s).					
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE		17. FORESTRY DIVISION AUTHORIZED SIGNATURE	
<i>Steve McCutcheon</i>		4/5/18		<i>Nick Smokovich</i>	
19. PRINT NAME AND TITLE		20. PRINT NAME AND TITLE			
Steve McCutcheon, City Administrator		Nick Smokovich Dist. Forester			