

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 BERNALILLO DISTRICT 5105 SANTA FE HILLS BLVD NE RIO RANCHO, NM 87144 PHONE 505-867-2334 FAX 505-867-2225		2. AGREEMENT NUMBER JPA 01-521-32-074		3. EFFECTIVE DATES a. Beginning _____ b. Ending _____		
		4. COOPERATOR (name and address) City of Albuquerque 11510 Sunset Gardens SW Albuquerque, NM 87121 b. TIN: 85-600012		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)	d. Telephone Number (night)	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, serial number 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. AMBULANCE 04 FORD F450 2X4 VIN 1FDXE445D03HB15090 G-58887	2	\$140.00	HOURLY			
b. AMBULANCE 04 FORD F450 2X4 VIN 1FCXE45F93HB187847 G- 58888	2	\$140.00	HOURLY			
c. COMMAND UNIT 04 TAHOE 4X4 VIN 1GNEZ24K389235 G-23432	2	\$44.00	DAILY	.44	MILE	
14. SPECIAL PROVISIONS Personnel will consist of a minimum of 1 ALS and 1 BLS or higher qualified individual. If 24 hour coverage is ordered/needed item C will be ordered with 2 additional personnel a minimum of 1 ALS and 1 BLS or higher qualified individual. Operators will be furnished by the cooperater and rate will be reimbursed based on hours worked at the incident, at the employees regular pay rate, including overtime and benefits. 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 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Daily Rate 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. Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 100 miles then miles exceeding 100 will be compensated at a rate of .44 a mile. Command vehicle will be reimbursed all mileage, beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s).						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE		
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			

14. SPECIAL PROVISIONS

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-286 Emergency Equipment Use Invoice(s).

AMBULANCE

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18. DATE

19. PRINT NAME AND TITLE

20. PRINT NAME AND TITLE