

**STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET**

<b>1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT</b> (name and address)  <b>EMNRD-FORESTRY DIVISION                  LAS VEGAS DISTRICT                  HC 33 BOX 109 #4                  LAS VEGAS, NM 87701                  PHONE 505-425-7472 FAX 505-425-9360</b>		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET  <b>2. AGREEMENT NUMBER</b> JPA 80-521.23-137  <b>3. EFFECTIVE DATES</b> a. Beginning _____ b. Ending _____				
<b>4. COOPERATOR</b> (name and address)  County of Mora P.O. Box 580 Mora, NM 87732  b. TIN: 85-6000232		<b>5. I-SUITE CODING</b> EQUIPMENT AGENCY - NM  <b>6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY</b>  <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT  <b>7. WORK RATE IN BOX 11 &amp; 12</b> <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
c. Telephone Number (day)	d. Telephone Number (night)					
<b>8. TYPE OF COOPERATOR</b> ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY Buena Vista Fire Department						
<b>9. ITEM DESCRIPTION</b> (include make, model, year, G- Plate, VIN, and accessories)	<b>10. NUMBER OF OPERATORS</b>	<b>11. WORK OR DAILY</b> a. rate	b. unit	<b>12. SPECIAL</b> c rate	d. unit	<b>13. GUARANTEE</b> (8 or more hours)
a. WATER TENDER – TYPE 2 05 FREIGHTLINER M2106 VIN 1FVACYDC55HN30296 G-59772 NON TACTICAL EQUIPPED WITH SPRAY BAR	1	\$98.50	HOURLY			
b. <b>ITEM A AS A TACTICAL UNIT</b>	2	\$115.00	HOURLY			
c.						
d.						
<b>14. SPECIAL PROVISIONS</b> Operator(s) will be furnished by the cooperator and work rate includes personnel.  <b>Guarantee</b> For each calendar day that equipment is under hire payment will be made for a minimum of at least 8 hours. For the 1 <sup>st</sup> and last day payment will be based on actual hours worked and travel, the guarantee will not apply.  <b>Fuel surcharge</b> 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.  <b>Finance Section</b> will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive <b>all original</b> Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Inspections.						
<b>15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE</b>		<b>16. DATE</b>	<b>17. FORESTRY DIVISION AUTHORIZED SIGNATURE</b>		<b>18. DATE</b>	
<b>19. PRINT NAME AND TITLE</b>			<b>20. PRINT NAME AND TITLE</b>			