

## 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 CIMARRON DISTRICT P.O. Box 5 Ute Park, NM 87749 PHONE 575-376-2204 FAX 575-376-2384		2. AGREEMENT NUMBER JPA 08-521-2300-0168		3. EFFECTIVE DATES a. Beginning _____ b. Ending _____		
		4. COOPERATOR (name and address)  Town of Red River PO Box 1020 Red River, NM 87558  b. TIN: 85-0214776		5. I-SUITE CODING EQUIPMENT AGENCY - NM		
c. Telephone Number (day) _____		d. Telephone Number (night) _____		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		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. 5 PERSON HANDCREW		a. rate \$26	b. unit per person	c rate	d. unit	
b. 18-20 PERSON IA HANDCREW		\$26	per person			
c.						
14. SPECIAL PROVISIONS  Hourly rate in box 11 includes personnel and equipment (vehicles, tools, radios, saws).  <b>Guarantee</b> For each calendar day that crew is under hire payment will be made for a minimum guarantee of 8 hrs. 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>Finance Section</b> 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 OF-286 Emergency Equipment Use Invoice. Beginning and ending mileage for crew carrier(s) will be documented daily on Emergency Equipment Shift Ticket(s), if daily mileage is less than 100 miles for each day no further payment will be made. If mileage exceeds 100 miles payment will be made at .44 a mile for all miles over 100 for each calendar day. Upon checkout/demobilization cooperators will receive all <b>original</b> 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	
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			