

STATE OF NEW MEXICO RMP - COOPERATOR ENGINE 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 08-521-2300-0117 3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018				
4. COOPERATOR (name and address) City of Raton 224 Savage Ave P.O. Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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				
c. Telephone Number (day) 575-445-2708	d. Telephone Number (night) 575-445-2708	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 Raton Fire & Emergency Services <input type="checkbox"/> COUNTY						
9. ITEM DESCRIPTION <small>(include make, model, year, G- Plate, VIN, and accessories)</small>	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE <small>(8 or more hours)</small>
EE. E-1771, Type 5 2017 F-550 400 gallon 4x4 17,950 gvw 105 gpm @100 psi VIN # 1FDX5HTXHED59485 00497-G	2	a. rate 121.00	b. unit Hourly	c rate	d. unit	968.00
RATON FIRE /ENGINE RATE SHEET PAGE 1 OF 2						

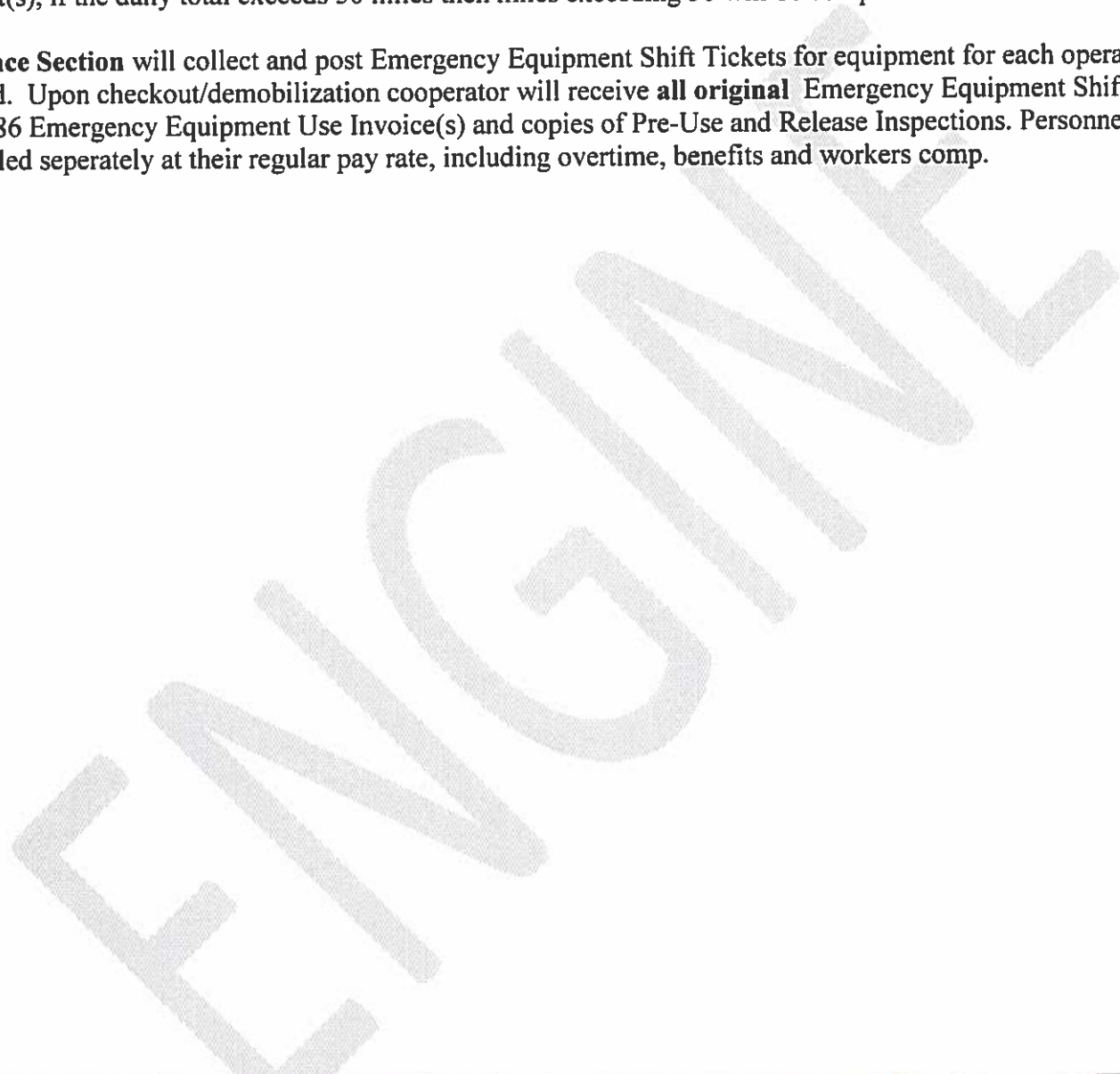
14. SPECIAL PROVISIONS

Operator(s) will be furnished by the cooperater and work rate will be based on actual hours worked. This rate does not include personnel time.

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 cooperater will receive **all original** Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Inspections. Personnel time will be billed seperately at their regular pay rate, including overtime, benefits and workers comp.



15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
<i>Michael Anne Antonucci</i>		<i>[Signature]</i>	4/16/18
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer	20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester		

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 Cimarron District (NM-N2S) PO Box 5 Ute Park, NM 87749 PHONE 575-376-2204 FAX 575-376-2384		2. AGREEMENT NUMBER JPA 08-521-2300-0117	
		3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018	
4. COOPERATOR (name and address) City of Raton 224 Savage Ave PO Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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	
c. Telephone Number (day) 575-445-2708	d. Telephone Number (night) 575-445-2708	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)
 MUNICIPAL COUNTY
 Raton Fire & Emergency Services

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. Ambulance Unit 1750 2009 Ford E-350 Osage 4x2 VIN# 1FDSS34P19DA01199 G-75457	2 or 4	\$99.00	hourly			\$792.00
B. Ambulance Unit 1751 2016 Chevy 3500 Medix 4x4 VIN # 1GB3KZCG1GF296310 G-99379	2 or 4	\$99.00	hourly			\$792.00
C. Ambulance Unit 1752 2013 Ford E-350 Taylor Made 4x2 VIN # 1FDSS3EL9DDB08800 G-90422	2 or 4	\$99.00	hourly			\$792.00
D. Ambulance Unit 1755 2004 Freightliner FL-20 4x2 VIN # 1FVACWCT55HUO1397 G-69709	2 or 4	\$99.00	hourly			\$792.00
E. Ambulance Unit 1756 2008 Ford F-350 4 X 4 VIN # 1FDWF37R58EC99547 G-76893	2 or 4	\$99.00	hourly			\$792.00

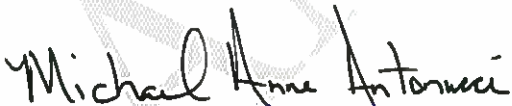
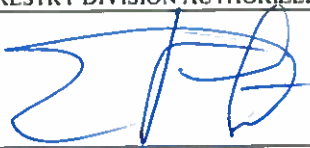
14. SPECIAL PROVISIONS

Operator(s) will be furnished by the cooperator and work rate will be based on actual hours worked. This rate does not include personnel time.

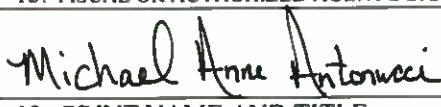
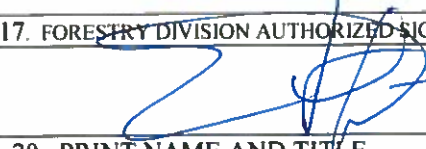
Guarantee For each calendar day that equipment is under hire payment will be made for a minimum of at least 8 hours. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply.

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 Vehicle Inspections. EMT/ Personnel time will be billed seperately at their regular pay rate, including overtime, benefits and workers comp.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
	3/21/17		3/24/17
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester	

STATE OF NEW MEXICO RMP – COOPERATOR AIRCRAFT RESCUE 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 08-521-2300-0117 3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018				
4. COOPERATOR (name and address) City of Raton Raton Fire & Emergency Services 224 Savage Ave PO Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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				
c. Telephone Number (day) 575-445-2708	d. Telephone Number (night) 575-445-2708	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 Raton Fire & Emergency Services <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)
F. 1977 Oshkosh ARFF 1766, M-1000 Crash Fire Rescue Airport Truck, Foam and Purple K Vin # 15122 140 AFFF ARC 1000 gpm, 1000 tank G- 75063	3	\$165.00	hourly			\$1320.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. This rate does not include personnel time. 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 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 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. Personnel time will be billed separately at their regular pay rate, including overtime, benefits and workers comp.						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 3/21/17	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 3/24/17			
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester				

STATE OF NEW MEXICO RMP – COOPERATOR COMMAND TRAILER 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 08-521-2300-0117 3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018		
4. COOPERATOR (name and address) City of Raton 224 Savage Ave PO Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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		
c. Telephone Number (day) 575-445-2708	d. Telephone Number (night) 575-445-2708	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 Raton Fire & Emergency Services <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)
G. 35' Command Trailer: w/ field programmable radios of which is a programable BK, Weather station, printer/copier combo networked to 4 computers with Windows 7 operating system/ I-Suites. The trailer also has an additional copier at 33PPM B&W, conference room, The Trailer has heat & A/C, independent generator for power and UPS units for each electronic appliance.	1 for set up/ pick-up only	\$825.00 daily		
14. SPECIAL PROVISIONS Cooperator will provide one operator to deliver/set up command center and will pick-up after assignment. Cooperator will deliver with extra toner for each printer and a minimum of one case of 8.5 x 11 paper. Generator will be checked and fueled prior to mobilization. Payment for the Command vehicle will be made as per the Command vehicle rate sheet. Incident will be responsible for printing supplies used and fuel for the generator throughout operation. 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. Personnel time will be billed separately at their regular pay rate, including overtime, benefits and workers comp.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 3/21/17	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 3/24/17	
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester		

STATE OF NEW MEXICO RMP - COOPERATOR COMMAND 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 08-521-2300-0117 3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018				
4. COOPERATOR (name and address) City of Raton 224 Savage Ave P.O. Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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) 575-445-2708	d. Telephone Number (night) 575-445-2708	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 Raton Fire & Emergency Services <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	
H. 1710 Command Unit, 2006 Chevy Suburban 4x4, Multiple Radios Vin# 1GNFK16Z36J151022 G-68390	0	\$49.00	Daily	.43	mile	
I. 1712 Command Unit, 2006 Ford Expedition 4x4, Multiple Radios BK mobile and three Kenwood Radios. Vin # 1FMPU16546LA76349 G-74664	0	\$49.00	Daily	.43	Mile	
J. 1714 Command Unit, 2006 Chevy Suburban 4x4 Multiple Radios. Vin# 3GNFK16216G211574 G-68391	0	\$49.00	Daily	.43	mile	
K. 1787 Utility Transport & Command, 2005 Ford F-350 4x4 Vin# 1FTWW31Y36EG31341 G-74622	0	\$49.00	Daily	.43	mile	
L. 1785 Utility Transport & Command, 2005 ford f-250 4x4 VIN# 1FTSX21545EB76912 G-81708	0	\$49.00	Daily	.43	mile	
RATON FIRE/ COMMAND VEHICLE RATE SHEET PAGE 1 OF 2						

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 1st 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 beginning and ending mileage for Command/Support/Crew carrier will be documented daily on Emergency Equipment Shift Ticket(s). If daily mileage is less than 50 miles for each calendar day, no further payment will be made. If mileage exceeds 50 miles in any calendar day, payment will be made at \$0.46 per mile for all miles over 50 for each vehicle for that calendar day. A Crew Carrier is a vehicle that has a minimum of 5 passengers with equipment and is used to transport hand crews or modules doing hand crew work. The rate for each crew carrier will be \$150.00 per calendar day, plus any additional mileage fee as noted above. Any vehicle used to transport crew members and equipment that does not meet the minimum requirements of a Crew Carrier, will be paid at the Command/Support Vehicle rate of \$49.00 per day plus \$0.43 per mile for all miles over 50 in any calendar day. 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	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
<i>Michael Anne Antonucci</i>	3/21/17	<i>[Signature]</i>	3/24/17
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		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 08-521-2300-0117		3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018		
		4. COOPERATOR (name and address) City of Raton 224 Savage Ave P.O. Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		5. I-SUITE CODING EQUIPMENT AGENCY - NM		
c. Telephone Number (day) 575-445-2708		d. Telephone Number (night) 575-445-2708		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 type="checkbox"/> STAFFED RATE <input checked="" type="checkbox"/> UNSTAFFED RATE		8. TYPE OF COOPERATOR ("X" appropriate boxes) <input checked="" type="checkbox"/> MUNICIPAL Raton Fire & Emergency Services <input type="checkbox"/> COUNTY				
9. ITEM DESCRIPTION <small>(include make, model, year, G- Plate, VIN, and accessories)</small>	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE <small>(8 or more hours)</small>
		a. rate	b. unit	c rate	d. unit	
S. E-1760 Type 1, 2010 Stuphen 2000 gpm 750 gallon tank VIN# 1S9A1BLD3A1003120 G- 82533	4	\$165.00	hourly			\$1,320.00
T. E-1761 Type 1, 1994 Stuphen 1500 gpm 500 gallon tank VIN#1S9A1BFD6P2003058 G-75656	4	\$165.00	hourly			\$1,320.00
U. E-1762 Type 1, 2004 HME 4x4 1500 gpm 750 gallon tank VIN# 44KFT44844WZ20378 G- 13425	4	\$165.00	hourly			\$1,320.00
V. E-1763 Type 1, 1992 E-1 1250 gpm 750 gallon tank VIN# 4ENBAAA82N1000485 G-38709	4	\$165.00	hourly			\$1,320.00
W. E-1764 Type 1, 1992 E-1 1250 gpm 750 gallon tank VIN# 4ENBAAA82N1000483 G-39461	4	\$165.00	hourly			\$1,320.00
X. E-1774, Type 3 2006 Pierce 500 gal / 500 gpm pump roll 4x4 vin # 1HTWEAZR97J506386 G-74663 Class A Foam	3	\$121.00	hourly			\$968.00
Y. Item X. as a Type 5 engine	2	\$126.00	hourly			\$1008.00
Z. E-1788 Type 4 GMC 4x2 750 gallons class A foam. vin# 1GDJ7C1B67F410774 G-76894	2	\$132.00	hourly			\$1056.00
AA. E-1770, Type 5 2006 F-550 400 gallon 4x4 17,950 gvw 105 gpm @100 psi VIN # 1FDAF57P4ED53223 G-66832	2	\$121.00	hourly			\$968.00

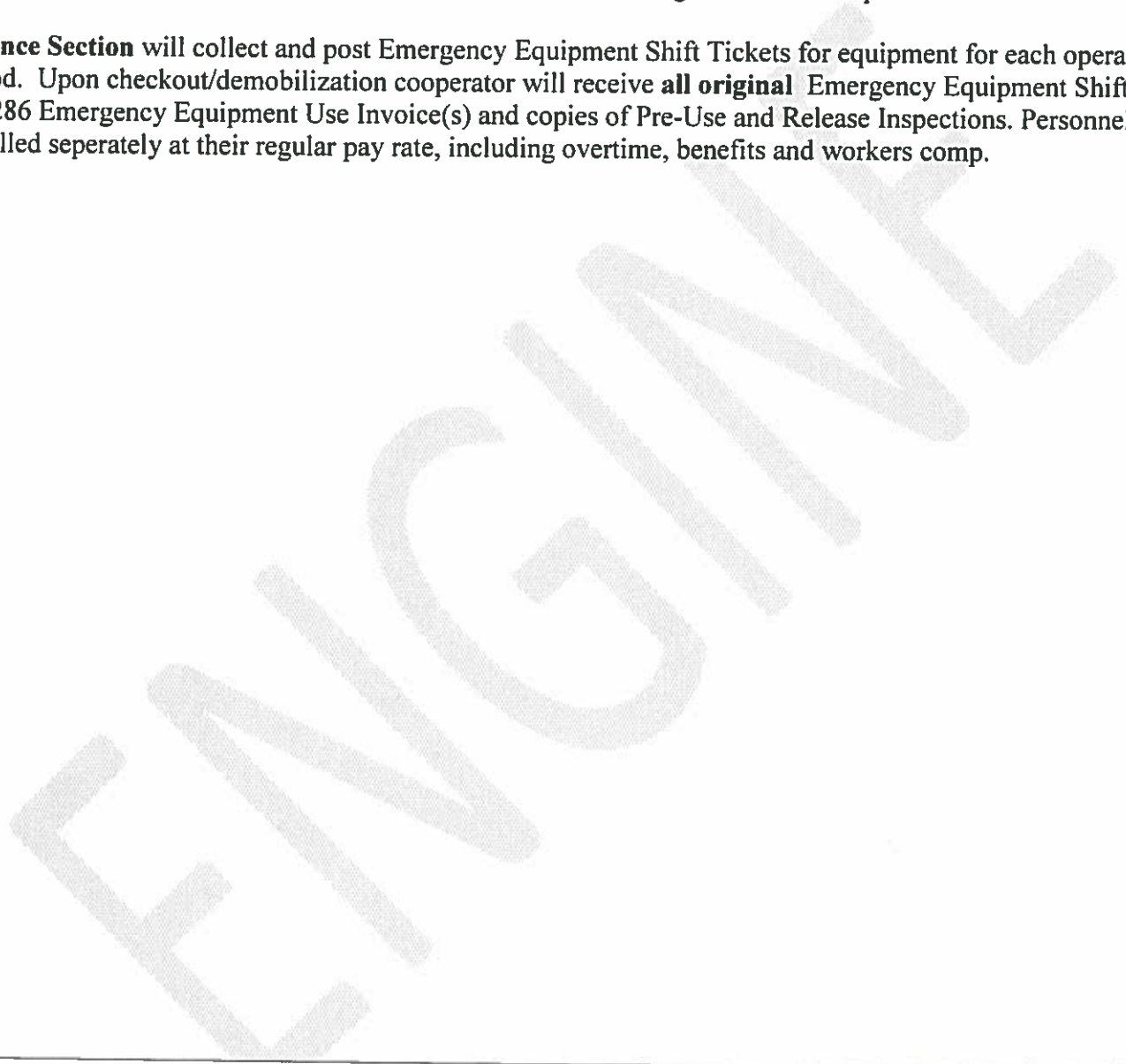
14. SPECIAL PROVISIONS


Operator(s) will be furnished by the cooperator and work rate will be based on actual hours worked. This rate does not include personnel time.

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.

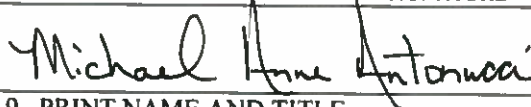
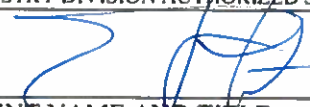
Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile.

Finance Section will collect and post Emergency Equipment Shift Tickets for equipment for each operational period. Upon checkout/demobilization 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. Personnel time will be billed separately at their regular pay rate, including overtime, benefits and workers comp.



15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
<i>Michael Anne Antonucci</i>	3/21/17		3/24/17
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester	

STATE OF NEW MEXICO RMP – COOPERATOR FUEL TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION Cimarron District 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 08-521-2300-0117 3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018		
4. COOPERATOR (name and address) City of Raton 224 Savage Ave PO Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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		
c. Telephone Number (day) 575-445-2708	d. Telephone Number (night) 575-445-2708	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 Raton Fire & Emergency Services <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)
R. Fuel Tender Trailer 500 gal. diesel 300 gal gasoline G-76369 WITH 1787 2005 Ford F-350 Vin: 1FTWW31Y36EC31341 G-74662 @ Command Rate OR 1785 UtilityTransport & Command, 2005 Ford F-250 4x4 G-81708 Vin# 1FTSX21545EB76912	1	\$95.00 hourly		\$760.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate will be based on actual hours worked. This rate does not include personnel time. Payment for the command vehicle will be made as per the command vehicle rate sheet. Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section will collect and post Emergency Equipment Shift Tickets for equipment, and Fuel and Oil Issues 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. Personnel time will be billed separately at their regular pay rate, including overtime, benefits and workers comp.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 3/21/17	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 3/24/17	
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester		

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 08-521-2300-0117 3. EFFECTIVE DATES a. Beginning 01/01/2017 b. Ending 12/31/2018	
4. COOPERATOR (name and address) City of Raton 224 Savage Ave PO Box 910 Raton, NM 87740 b. TIN: 85-6000163 H		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	
c. Telephone Number (day) 575-445-2708	d. Telephone Number (night) 575-445-2708	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)
 MUNICIPAL Raton Fire & Emergency Services COUNTY

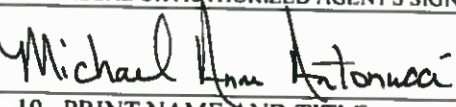

9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c. rate	d. unit	
BB. T-1767 2011 3000 gallon 6x6 T2 support International tender/engine, pump & roll, 500 gpm, foam, spray bar, pump and roll W/ 2500 DROP TANK VIN# 1HTWJAZR8BJ385130 G-83002	1	\$99.00	hourly			\$792.00
CC. Item BB. as type 1 tactical tender	2	\$119.00	hourly			\$952.00
DD. Item CC. as Type 4 engine	2	\$132.00	hourly			\$1056.00

14. SPECIAL PROVISIONS
 Operator(s) will be furnished by the cooperator and work rate will be based on actual hours worked. This rate does not include personnel time.

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.

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 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. Personnel time will be billed separately at their regular pay rate, including overtime, benefits and workers comp.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 3/21/17	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 3/24/17
19. PRINT NAME AND TITLE Michael Anne Antonucci, Treasurer		20. PRINT NAME AND TITLE Ernest A. Lopez, District Forester	

Raton Fire & Emergency Services

127 Clark Ave.

Raton, N.M. 87740

Telephone (575)445-2708 Fax (575)445-2709

I understand that personnel from the Raton Fire & Emergency Services Department (RF&ES) are on the list of resources that may be deployed in-state or nationally under the Resource mobilization Plan (RMP).

When RF&ES personnel are deployed in-state or nationally under the RMP, I authorize them to function as EMS providers so long as the following conditions are met:

- They are currently licensed by and in good standing with New Mexico EMS Bureau.
- They provide services within their level of licensure as defined by the New Mexico scopes of practices for EMS personnel.
- They work within RF&ES's protocols.
- They work within the guidelines established by the existing incident management and qualification systems.



Ehab Ali, MD/RF&ES Medical Director

5/2/2017

Date