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| 2024 | **MONTANA DEPARTMENT OF NATURAL RESOURCES AGENCY OWNED EQUIPMENT** | |  | |
|  | **UNOPERATED - RESOURCE RATE FORM** | |  |
| **1. ORDERING OFFICE**  Mobilization of resources is through the Montana Master Cooperative Wildland Fire Management Agreement 23-FI-11015600-048 located at:  [https://dnrc.mt.gov/Forestry/Wildfire/agreements-plans-guides](https://dnrc.mt.gov/forestry/wildfire/agreements-plans-guides)  Equipment hired under this agreement is subject to the terms and conditions in the Northern Rockies Supplement to Chapter 50 of the Standards for Interagency Incident Business Management handbook, located at: <https://gacc.nifc.gov/nrcc/nrcg/committees/business_committee.htm> | | **2. AGREEMENT NUMBER** (Must appear on all documents relating to this agreement):  **23-FI-11015600-048** | | |
| **3. EFFECTIVE DATES OF AGREEMENT:** | | |
| Beginning: Click or tap to enter a date. | Ending: Click or tap to enter a date. | |
| **4.** **POINT OF HIRE** (Insert Land or Unit Office or “Location at Time of Hire”): | | |
| **5. DNRC CONTRACTING & PAYMENT OFFICE ADDRESS:**  **Unit Identifier** (Example MT-NES)**:** Click or tap here to enter text.  **DUNS#** 809791304 **TAX ID#** 81-0302402 | | **6. CONTACT NAME and NUMBER:**  **Phone Number (Day):**  **Phone Number (Night):** | | |
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| **7. GENERAL PROVISIONS**:  **Incident Duration**   * With acceptance of an assignment, the home unit agency agrees to a commitment up to 14 days, excluding travel. Extensions beyond the 14-day assignment may be granted with home unit agency and incident agency approval documented on a Resource Extension Request form. Any action by personnel or their department to rotate manpower or equipment without prior approval from the incident will be at the home unit’s expense. Rotation must be coordinated with the home unit and the appropriate zone interagency dispatch centers.   **Equipment**   * Equipment rates do not include personal services. * Equipment use should be documented on an Emergency Equipment Shift Ticket (OF-297) or the Combined Shift Ticket (DNRC297) and recorded on an Emergency Equipment Use Invoice (OF-286) by incident personnel. Payment will be for work and travel hours. DNRC equipment remains in paid status during meal breaks. * Ordering agency will provide operating supplies. * Sedans, SUVs, and Pickups hired at the Daily Rate are not subject to pro-rating. The full daily rate will be paid for each day under hire. * **Off-Road Vehicle for Line Personnel - $140/Day + Fuel, NO Mileage.**   The vehicle must be 4WD off-road capable, typically with 10-ply or load range E tires and should be equipped with a digital programmable mobile radio. Fuel and operating supplies will be reimbursed but NO MILEAGE will be paid. Vehicle may be operated by line personnel such as Division Supervisor, Heavy Equipment Boss, or any other position that could require that a vehicle be taken off road. If a vehicle complies with the above stipulations and is hired at the Off-Road rate, the rate will be in effect for the entire assignment, including travel. **If utilizing the Off-Road hiring option, the payment package must include the vehicle operator’s Overhead resource order (or other suitable documentation) as verification that the vehicle was used Off-Road in support of a line qualified position.**  **Personnel**   * Personnel Time for resources will be documented on the Combined Shift Ticket (DNRC297) or a Crew Time Report (SF-261) and recorded on an Emergency Firefighter Time Report (OF-288) by the incident. Travel and per diem will be paid by the ordering agency. DNRC personnel remain in paid status during meal breaks.   **Claims**   * Claims for damage and loss, which occur at the incident, should be documented with the incident at the time they occur, or prior to demob. All equipment damaged in the firefighting effort is the responsibility of the ordering agency. | | | | |
| **8. DNRC AUTHORIZED AGENT’S SIGNATURE:** | | | **9. DATE:** | |
| **10. PRINT NAME:** | | **11. PRINT TITLE:** | | |

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| **14. ITEM DESCRIPTION**: Equipment (list in the following order: type (IROC item code), year, make, model, license plate number, VIN or serial number, accessories, or other identifying features). | | **15.** NO. OF OPERATORS PER SHIFT | **16.** HRLY / DAILY / MILEAGE / SHIFT BASIS (SS/DS; ref. Cl.6) | | **17.** SPECIAL RATES |
| Rate | Unit |  |
| Equipment Type:  Year, Make, Model:  VIN or SN #:  License Plate: |  |  |  |  |  |
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