**COST SHARE AGREEMENT**

**Between the**

**XX AGENCY**

**And the**

**XX AGENCY**

This cost share agreement is between the agencies identified above, as negotiated for the following incident in accordance with the XXX Statewide Cooperative Fire Management and Stafford Act Agreement executed between the parties on (date). The purpose of this agreement is to allocate financial responsibility and to describe the cost division.

**General Incident Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Name: | |  | |
| Incident Start Date and Time: | |  | |
| Origin | |  |  | |
| Township: | | Range: | Section: | |
| Estimated Size | | Acres at the time of this agreement: | |
| Incident Cause: |  | | |

Incident Numbers by Protection Agency:

|  |  |  |
| --- | --- | --- |
| **Agency** | **Incident #** | **Accounting Code** |
|  |  |  |
|  |  |  |
|  |  |  |

Cost Share Period: This agreement becomes effective on the date indicated below and will remain in effect until amended or terminated.

Start date/time:

End date/time:

**Other conditions relative to this agreement:**

1. Costs incurred by cooperators not engaged with the host agency or Incident Management Team (IMT) in the fire suppression activities will not be included as a part of this cost share agreement.
2. Responsibility for tort claim costs will not be a part of this agreement. Responsibility for these costs will be determined outside this agreement.
3. Agency specific costs will not be shared.
4. Costs for accountable, sensitive, and durable property purchased by each agency will be charged directly to that agency and will not be shared.
5. Non-suppression rehabilitation costs are the responsibility of the jurisdictional agency and will not be shared.
6. Each agency (including supporting agencies) will bill for their costs as outlined in the XX Cooperative Fire Management Agreement billing procedures.

**Protecting Agencies’ Strategies:**

*This section identifies the strategic objective(s) that all protection Agencies have for their area(s) of responsibility directly and indirectly related to the fire. The date when the strategy(s) was determined should also be identified. If strategic objectives change, subsequent objectives need to be identified and the date and time of the change documented. A map depicting the fire area and areas of protection responsibility should be appended to this document.*

**Cost Share Methodology and Rationale:**

*Describe the chosen cost share method for this fire and the details that explain the apportionment. Include how cost tracking will occur. A map must be included that shows fire area with the methodology applied to that map.*

**Final Agency Apportionment:**

1. Federal Share:

|  |  |  |
| --- | --- | --- |
| a. | USFS | % |
| b. | BLM | % |
| c. | FWS | % |
| d. | NPS | % |
| e. | BIA | % |

1. State Share :

|  |  |  |
| --- | --- | --- |
| a. |  | % |
| b. |  | % |

**Principal Contacts:**

The following personnel are the principal contacts:

|  |  |  |
| --- | --- | --- |
| **Title:** | **Name:** | **Agency:** |
| Agency Administrator |  |  |
| Agency Representative |  |  |
| Agency Administrator |  |  |
| Agency Representative |  |  |
| Incident Business Advisor(s) |  |  |
| Incident Commander(s) |  |  |
| Other IMT members as appropriate |  |  |

**Signatures of Authorized Personnel & Attachments:**

This agreement and the apportionment described are our best judgments of fair and equitable agency cost responsibilities.

Agency Name:

Address

City, State Zip

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

Title

Agency Name:

Address

City, State Zip

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

Title

**Addendums to this Document:**

Addendums to this document include:

Appendix A – Map of Fire Area

Appendix B – Map of Initial Attack Areas