

## EMERGENCY EQUIPMENT RENTAL AGREEMENT

|  |  |  |  |   |                    |                                 |
|--|--|--|--|---|--------------------|---------------------------------|
| <b>1. PROCUREMENT AGENCY a. name and address:</b><br><br>Department of Natural Resources & Conservation<br>Attn: Contracting Officer<br>2705 Spurgin Road<br>Missoula MT 59804<br><br>b. Phone Number: 406-542-4300      c. FAX Number: 406-542-4242   |  | <b>2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement):</b> <b>Type 2 Crew/Module Agreement</b><br><br><div style="text-align: center; border: 1px solid black; padding: 2px;"><b>DNRC-MT-FPB-19-004</b></div> <b>3. EFFECTIVE DATES OF AGREEMENT:</b><br>a. beginning <u>June 1, 2019</u> b. ending <u>May 31, 2020</u><br>c. Specific incident only:<br>Incident Name:<br><br>Incident Number: |  |   |                    |                                 |
| <b>4. CONTRACTOR a. name and address:</b><br><br>Forest Management Specialists LLC<br>PO Box 7154<br>Kalispell MT 59904  |  | <b>5. POINT OF HIRE (Location when hired if different than Block 4):</b><br><br><div style="text-align: center;"><b>Location at time of dispatch</b></div>   |  | <b>6. ORDERING DISPATCH CENTER</b><br><br><div style="text-align: center;"><b>KIC</b></div> |                    |                                 |
| b. EIN/SSN: [REDACTED]      c. DUNS: <b>613519958</b><br>d. SAM      YES      No<br>e. EMAIL Address: <a href="mailto:bopine50@hotmail.com">bopine50@hotmail.com</a><br>f. Telephone Number (day): <b>406-212-8385 Randy; 212-4510 Sean, 212-3721 Cynde</b><br>Telephone Number (night): same<br>Cell Phone Number:<br>FAX:  |  | <b>7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:</b><br><br><input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)   |  |   |                    |                                 |
| <b>10. BUSINESS SIZE OF CONTRACTOR:</b> a. <input type="checkbox"/> small b. <input type="checkbox"/> Other c. <input type="checkbox"/> Women-Owned d. <input type="checkbox"/> Small Disadvantaged e. <input type="checkbox"/> HUB Zone f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring) |  | <b>8. OPERATOR FURNISHED BY:</b><br><input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT<br><b>9. Contractor Authorized Commissary:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |                    |                                 |
| <b>11. ITEM DESCRIPTION:</b> positions for Type 2 Crew/Module  |  | <b>12. NO. OF OPERATORS PER SHIFT</b>  | <b>13. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. Cl.6)</b><br>Rate      Unit   |   | <b>14. SPECIAL</b> | <b>15. GUARANTEE (10 HOURS)</b> |
| <b>TYPE 2 CREW</b>   |  | <b>18 to 20</b>  | <b>38.50      Hourly</b>   |   |                    |                                 |
| <b>MODULE</b>  |  | <b>8 to 10</b>   | <b>38.50      Hourly</b>   |   |                    |                                 |
| <b>16. SPECIAL PROVISIONS</b><br><br>A. All terms, conditions, specifications, and attachments contained in the <b>TYPE 2 CREW/MODULE AGREEMENT</b> are attached hereto and incorporated herein by reference.  |  |  |  |   |                    |                                 |
| <b>17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE</b><br>   |  | <b>18. DATE</b><br>5/21/19   | <b>19. PRINT NAME AND TITLE</b><br>Thomas R Behannan<br>Owner/Manager<br>b. Phone Number: 406-212-8385      c. FAX:                                    |   |                    |                                 |
| <b>23. DNRC PROCUREMENT OFFICER'S SIGNATURE</b><br>  |  | <b>24. DATE</b><br>5.28.19   | <b>25. a. PRINT NAME AND TITLE</b><br><b>Wanemah Hulett – Fire Business Program Manager</b><br>b. Phone Number: 406-542-4230      c. FAX: 406-542-4242 |   |                    |                                 |