



COST SHARE AGREEMENT

Between the

MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION

And the

USDI, BUREAU OF LAND MANAGEMENT, LEWISTOWN FIELD OFFICE

This cost share agreement is between the agencies identified above, as negotiated for the following incident in accordance with the Statewide Cooperative Fire Protection Agreement #11-FI-110156000-006 executed between the parties on 8/25/11. The purpose of this agreement is to allocate financial responsibility as outlined in the Alex Camp Road Fire Decision Document and to describe the cost division.

General Incident Information:

Incident Name:	Alex Camp Road				
Incident Start Date and Time:	July 2, 2015; 1337				
Origin:	47 26 17 N 108 05 20W				
Township:	19N	Range:	28E	Section:	1
Estimated Size:	5,700	Acres at the time of this agreement:	5,750		
Incident Cause:	Lightning				

Incident Numbers by Protection Agency:

Agency	Incident #	Accounting Code
BLM	MT-LED-000058	JV18
DNRC	MT-NES-000004	785004

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

State date/time: July 2, 2015; 1337

End date/time: July 13, 2015; 1800

Other conditions relative to this agreement:

1. Costs incurred by cooperators not engaged with the host agency or 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. Costs for accountable, sensitive, and durable property purchased by each agency will be charged directly to that agency and will not be shared.
4. Non-suppression rehabilitation costs are the responsibility of the jurisdictional agency and will not be shared.
5. Each agency will bill for their costs as outlined in the Statewide Cooperative Fire Agreement billing procedures.



Signatures of Authorized Personnel & Attachments:

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

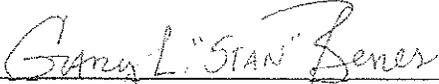
List and include appropriate attachments (such as I-Suite reports, Aircraft Use Reports, map, etc.):

Original Agreement: _____ (#1)
Supplemental Agreement: Number _____ Supersedes Agreement # _____ Dated _____

Agency Name: DNRC - NELO
Address: PO Box 1021
City, State Zip Lewistown MT 59457

Signature:  Date: 7/8/15
Clive Rooney, Area Manager

Agency Name: USDI, BLM, LEWISTOWN FIELD OFFICE
Address: 920 NE Main Street
City, State Zip Lewistown MT 59457

Signature:  Date: 7/10/2015
Stan Benes, District Manager