COST SHARE AGREEMENT
Between the
Forest Service-Kootenai National Forest
And the
Department of Natural Resources Libby Unit

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 17-FI-11015600-010 executed between the parties in January 2017. The purpose of this agreement is to allocate financial responsibility as outlined in the Decision Document and to describe the cost division.

General Incident Information:

Incident Name: Moose Peak Fire
Incident Start Date and Time: August 30, 2017
Origin:
Township:25N Range:29W Section:26SWNW
Estimated Size: Acres at the time of this agreement: 13903
Incident Cause: Lightning

Incident Numbers by Protection Agency:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Incident #</th>
<th>Accounting Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FS</td>
<td>MT-KNF-000225</td>
<td>P1LA9H/0114</td>
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<tr>
<td>DNRC</td>
<td></td>
<td>757011</td>
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</tbody>
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Cost Share Period: This agreement becomes effective on the date indicated below and will remain in effect until amended or terminated.
State date/time: 09/04/2017
End date/time: 11/02/2017

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 2017-2021 Cooperative Fire Agreement billing procedures.
Cost Share Methodology:
Describe the chosen cost share method for this fire and the details that explain the apportionment. A map must be included that shows fire area with the methodology applied to that map.

Final Agency Apportionment:
1. Federal Share:
   a. USFS   38%
   b. BLM    %
   c. FWS    %
   d. NPS    %
   e. BIA    %

2. State Share:
   a. MT     62%
   b. ID     %
   c. ND     %
   d. other  %

Principal Contacts:
The following personnel are the principal contacts:

<table>
<thead>
<tr>
<th>Title:</th>
<th>Name:</th>
<th>Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Administrator</td>
<td>Christopher Savage</td>
<td>FS</td>
</tr>
<tr>
<td>Agency Representative</td>
<td>Nate Gassmann</td>
<td>FS-Libby RD District Ranger</td>
</tr>
<tr>
<td>Agency Administrator</td>
<td>Dan Cassidy</td>
<td>DNRC</td>
</tr>
<tr>
<td>Agency Representative</td>
<td>Dave Marsh</td>
<td>DNRC – Libby Unit</td>
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<tr>
<td>Incident Business</td>
<td></td>
<td></td>
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<tr>
<td>Advisor(s)</td>
<td></td>
<td></td>
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<tr>
<td>Incident Commander(s)</td>
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<tr>
<td>Other IMT members as</td>
<td></td>
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<tr>
<td>appropriate</td>
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</table>
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.): Final fire map, Cost Share Decision Document. edit suite printout in fire package

Original Agreement: __ x __ (#1)
Supplemental Agreement: Number ___ Supersedes Agreement #_____ Dated __________

Agency Name: USDA Forest Service Kootenai National Forest
Address: 31374 US Hwy 2
City, State Zip: Libby, MT 59923

Signature: ___________ Date: 6/7/2018
Christopher Savage
Forest Supervisor

Agency Name: Department of Natural Resourced and Conservation
Address: 655 Timberwolf Parkway
City, State Zip: Kalispell, MT 59901

Signature: ___________ Date: 5/31/2018
Dan Cassidy
NWLO Operations Manager