



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 8/25/2011. The purpose of this agreement is to allocate financial responsibility as outlined in the Blakeslee Fire Decision Document and to describe the cost division.

General Incident Information:

Incident Name:	Blakeslee Fire		
Incident Start Date and Time:	08/19/2014; 1124		
Origin:	47 06.636 108 46.648		
Township: 16N	Range: 23E	Section: 35	
Estimated Size:	Acres at the time of this agreement: 1032.8		
Incident Cause:	Lightning		

Incident Numbers by Protection Agency:

Agency	Incident #	Accounting Code
DNRC	MT-NES-000019	884007
BLM	MT-LED-000100	JC1Y

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

State date/time:	8.19.2014; 1124
End date/time:	8.21.2014; 1438

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 Protection 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 – Northeastern Land Office
Address PO Box 1021, 613NE Main St
City, State Zip Lewistown MT 59457

Signature: 
CLIVE ROONEY, Area Manager

Date: 9/25/14

Agency Name: BLM – Lewistown Field Office
Address 920 NE Main St
City, State Zip Lewistown MT 59457

Signature: 
STAN BENES, District Manager

Date: 9/26/2014



Cost Share Methodology:

Cost will be apportioned on a percentage of burned acre ownership. DNRC is responsible for the percentage share associated with State and Private land. BLM is responsible for the percentage share associated with BLM land.

Final Agency Apportionment:

1. Federal Share:

a.	USFS	%
b.	BLM	19.1%
c.	FWS	%
d.	NPS	%
e.	BIA	%

2. State Share :

a.	MT	80.9%
b.	ID	%
c.	ND	%
d.	other	%

Principal Contacts:

The following personnel are the principal contacts:

Title:	Name:	Agency:
Agency Administrator	Clive Rooney	DNRC
Agency Representative	Don Pyrah	DNRC
Agency Administrator	Stan Benes	BLM
Agency Representative	Geoff Beyersdorf	BLM
Incident Business Advisor(s)		
Incident Commander(s)	Isaac Wald	
Other IMT members as appropriate		