Supplemental Agreement # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Example: NM-SNF-000028-001, supplemental would be -002, etc.)*

**MASTER COOPERATIVE WILDLAND FIRE MANAGEMENT AND STAFFORD ACT RESPONSE AGREEMENT**

**Exhibit F. Cost Share Agreement**

The purpose of this Agreement is to provide for a coordinated cooperative fire suppression operation on this fire and to describe the cost divisions. This Agreement is a supplement to the Master Cooperative Wildland Fire Management and Stafford Act Response Agreement executed between the Agencies listed.

1. Fire Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Origin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_
2. Origin: Township \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Estimated Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acres at the time of this Agreement\_\_\_\_ *(If date and time of origin is used, acres would be zero)*
4. Agency, Fire Number and Accounting Code.

|  |  |  |
| --- | --- | --- |
| **AGENCY** | **FIRE NUMBER** | **ACCOUNTING CODE** |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
|  |  |  |

1. This Agreement becomes effective on: \_\_\_\_\_\_\_\_\_at (date/time of origin or 0001)\_ and remains in effect until amended or terminated. *(termination should be 2400 hours)*
2. Overall direction of this incident will be by (\_\_) Unified Command, or by (\_\_) Single Command structure. Identify below personnel filling the following positions:

|  |  |  |
| --- | --- | --- |
| **POSITION** | **NAME(S)** | **AGENCY** |
| Incident Commander |  | Choose an item. |
| Agency Administrator/Representative |  | Choose an item. |
| Liaison |  | Choose an item. |
| Finance |  | Choose an item. |
| Operations |  | Choose an item. |

1. Suppression action will be subject to the following special conditions and land management considerations:

*Review the Incident Commander(s) Delegation of Authority, the Agency Administrators Letter of Intent and WFDSS, or other items critical in nature to suppression actions.*

1. Geographic responsibility (if appropriate) by Agency is defined as follows:

|  |  |
| --- | --- |
| **AGENCY** | **GEOGRAPHIC RESPONSIBILITY** |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
|  | *\*If additional protection responsibilities are not listed, enter them here* |

1. The Agency responsible for structural protection will be \_
2. Special operational conditions agreed to (include as appropriate air operations, base camp, food service, fire investigation, security, etc.) List cost share information in Item #11:

The following are not reimbursable:

* Responsibility for tort claims or compensation for injury costs.
* Non suppression rehabilitation costs are the responsibility of the Jurisdictional Agency.
* Non-expendable property purchases will be the responsibility of the Agency making the purchase.
* Support costs (i.e. office dispatchers, warehouse workers, etc.), unless they are charging to an emergency code assigned to the incident.
* Mutual aid resources as defined by Agreements and/or Operating Plans.
* Federal READ, REAF and Weed Wash units are not cost shareable
* Agency Specific resources AA, AREP, and INBA costs are not shareable
* Unmanned Aircraft Systems & UAS personnel are not shareable

The cost centers that should be considered in this Agreement:

* Fireline Resources: Dozers, engines, fallers, transports, water tenders, hand crews, line overhead.
* Fire Camp Operations and Support: Overhead, buses, camp crews, communications, food, refrigerator units, showers, toilets, water trucks, cache supplies, rescue/med, camp facility.
* Air Support: Helicopters, (with support) air tankers.
* Cost apportionment by period (i.e., state mobilization or conflagration, Fire Management Assistance Grant declaration, additional jurisdictional involvement).
1. Fire Suppression COSTS will be divided between Agencies as described:

|  |  |  |  |
| --- | --- | --- | --- |
| **COST CENTER** | **AGENCY** | **AGENCY** | **AGENCY** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |

Daily Apportionments will be based on the Agency Administrators mutual judgement and agreement as to incident objectives, efforts, and resources assigned for each agency's area of responsibility. Daily methodologies which reflect the agreements are created and signed daily by Agency Administrators and included in Exhibit 2.

Ground resources and aviation costs will be shared on an actual use basis as determined by the Agency Administrators and will be calculated as a separate percentage. Percentages applied to costs associated with aviation will be applied to retardant expenditures.

Support costs will be determined by using the ground resource percentages.

Cost incurred by cooperators not engaged in joint fire suppression activities will not be included as a part of this cost share agreement.

1. Other conditions relative to this Agreement (notifications, incident information, etc.):

Host Dispatch Center –

Paying Agency –

Fire Investigation – Ongoing | Point of Origin has been secured.

1. Signatures of authorized personnel

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY** | **NAME** | **SIGNATURE** | **DATE** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
|  |  |  |  |

List of Attachments (if any):

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

*Ensure documentation related to CSA methodology is provided.*

*Give the date of the last revision or former Supplemental Agreement for the same fire.*