EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. Procurement agency: a. name & address
_____
_____
_____
_____
_____

b. Phone # _____

c. Fax # _____

2. Agreement # (must appear on all documents relating to this agreement): _____

3. Effective dates of agreement
a. beginning _____
b. ending _____
C. ☐ end of incident

5. Incident name _____

Incident # _____

4. Contractor: a. name & address
_____
_____
_____
_____
_____

b. DUNS # _____

c. email address _____

d. Phone # (day: _____

Phone # (night) _____

Cell phone # _____

Fax # _____

6. Point of hire (location when hired if different than block 4):
_____

7. Ordering dispatch center _____

8. The work rate is based on all operating supplies being furnished by:
Contractor (wet) Government (dry)

9. Operator furnished by: Contractor Government

10. Item/resource description (include VIN, make, model, year, serial #, accessories or other identifying features):	11. # of operators per shift	12. Hourly/daily/mileage/ shift basis (single/double) Rate	Unit	13. Special Rate	Unit	14. Guarantee

15. Special provisions:
a) General clauses to the EERA OF-294 are attached hereto and incorporated herein by reference.

16. Contractor's or authorized agent's signature	17. Date	18. Print name and title
_____	_____	_____ _____
19. Contracting officer's signature	**20. Date**	**21. Print name and title**
_____	_____	_____ _____ Phone # _____

Original to payment center; copy in documentation box.

Optional Form-294 (REV 1/18)
USDA/USDI

CLEAR PRINT