

COST SHARE AGREEMENT TEMPLATE

COST SHARE AGREEMENT

Between the

XX AGENCY

And the

XX AGENCY

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 #xx-xx executed between the parties on (date). The purpose of this agreement is to allocate financial responsibility as outlined in the XXX Fire Decision Document and to describe the cost division.

General Incident Information:

Incident Name:		
Incident Start Date and Time:		
Origin:		
Township:	Range:	Section:
Estimated Size:	Acres at the time of this agreement:	
Incident Cause:		

Incident Numbers by Protection Agency:

Agency	Incident #	Accounting Code

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

State date/time:

End date/time:

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 XX 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	%
b.	BLM	%
c.	FWS	%
d.	NPS	%
e.	BIA	%

2. State Share :

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

Principal Contacts:

The following personnel are the principal contacts:

Title:	Name:	Agency:
Agency Administrator		
Agency Representative		
Agency Administrator		
Agency Representative		
Incident Business Advisor(s)		
Incident Commander(s)		
Other IMT members as appropriate		

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:

Address

City, State Zip

Signature: _____

XXNAME, Title

Date: _____

Agency Name:

Address

City, State Zip

Signature: _____

XXNAME, Title

Date: _____