

COST SHARE AGREEMENT

SUPPLEMENTAL FIRE SUPPRESSION AND 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 Agreement or Local Agreement between the Agencies listed. #

1. Fire Name: Origin Date Time

2. Origin: Township Range Section
Latitude Longitude (Deg. Min. Sec)

3. Estimated Size(Acres) at the time of this agreement.

4. Agency Fire # Accounting Code

5. Agency Fire # Accounting Code

6. Agency Fire # Accounting Code

7. Agency Fire # Accounting Code

8. Agency Fire # Accounting Code

9. This agreement becomes effective on: at and remains in effect until amended or terminated.

10. Overall direction of this incident will be by **Unified**, or by **Single** Command structure.

POSITION	NAME(s)	AGENCY
Incident Commander		
Agency Administrator Representative		
Liaison		
Finance		
Operations		

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

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

Agency		Geographic Responsibility	
Agency		Geographic Responsibility	
Agency		Geographic Responsibility	
Agency		Geographic Responsibility	

13. The Agency responsible for structural protection will be:
 (normally local, State, Tribal Agency)

14. 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:

15. Fire Suppression COSTS will be divided between Agencies as described:

Cost Centers:	Agency:	Agency:	Agency:

16. Other conditions relative to this agreement (Notifications, incident information, etc.):

WFPP Agreements Only: Cooperator ____ does ____ does not have a WFPP agreement in place with NDF. If a WFPP is in place, NDF will be the payment agency on behalf of the cooperators and will be a signatory party to this cost share agreement.

Agency	Agency	Agency	NDF
_____ Signature	_____ Signature	_____ Signature	_____ Signature
_____ Title/Date	_____ Title/Date	_____ Title/Date	_____ Title/Date