

Daniel B. Walton

County Fire Warden

Project and Prescribed Fire Pay Scale for Local Fire Departments Proposal

In light of the Cooperative Agreement signed between Tooele County and the State of Utah in regards to the State Wildfire Policy, there is a substantial amount of fuels mitigation that the County is required to invest in annually. In order to make the amount of work to be completed more cost effective, and to involve local resources in the planning and implementation phases.

I would like to propose;

For fuels mitigation work that occurs from County and Municipal Fire Departments on unincorporated State and Private Lands there be a set amount to reimburse the Departments for their work. The Lands being worked on would *exclude* the North Tooele Fire Districts taxing area, as they have a separate agreement with the State.

Compensation;

1. Per person hourly work –The County would pay \$20.00 per hour
2. Equipment Use –
 - a. Fire Engines – Daily rate of \$200.00
 - b. Heavy Equipment – Daily rate of \$260.00
 - c. ATV/UTV – Daily rate of \$75.00
 - d. Chainsaws or other light equipment – Daily rate of \$40.00
3. Any seed that is to be planted would be reimbursed *at cost* to the County Roads Department Weeds Division from the County Fire Department Budget – 4220
4. Any County Department who participates in a fuels reduction project will be reimbursed *at cost* from the County Fire Department Budget – 4220

Limitations;

1. Fire Department members that participate in prescribed fire events must have a current and valid red card.
2. Equipment used must be licensed, insured, and if being used on a prescribed fire must meet NWCG standards for safety and inventory.

3. All work completed will be done so in a safe and efficient manner, protective clothing will be worn and project safety measures will be adhered to.
4. Planning work completed must provide accurate and useful data; its relevance will be determined by the County Fire Warden.
5. In order to be reimbursed for the work; the Fire Department must submit a Project Reimbursement form (*APPENDIX A*) to the Fire Warden within 30 days of the work completed. The Fire Warden will approve the reimbursement forms and turn them in to the County Clerk for payment.

Private Land Owner Agreement (APPENDIX B);

1. In order to perform work on private land and show cooperation with the land owner we will hold them liable for a portion of the costs associated with completing the work (i.e. Land owner reimburses the County for the cost of any fuel that is required to complete a project)
2. The Land Owner will be given an opportunity to review the Project Proposal and discuss it before implementation.

Not all of the work that needs to be done will be able to be completed by the Local Fire Departments. Contracted work will be subject to a bidding process. Some work will need to be completed by State Resources, these resources will bill the State and the State will seek reimbursement from the County.

I appreciate the time that you have spent to review this proposal and am open to suggestions for review. If any additional information is needed please do not hesitate to contact me.



Daniel Walton

Tooele County Fire Warden

3-29-17

Date

Tooele County Project Reimbursement Statement

Department Name: _____

Project Name: _____ Date: _____

Beginning Mileage: _____ Ending Mileage: _____

Description of Service: _____

Special Equipment Used (Include Engine Call Signs): _____

Prescribed Fire (circle one) Yes No

Person(s) Performing Services

Name	Start Time	End Time	Total Hours

I certify that the above information is correct to the best of my knowledge and all services listed are for official work on behalf of my organization for Fire Hazard Fuels Mitigation on unincorporated State or Private Lands within Tooele County.

 Signature of Department Representative

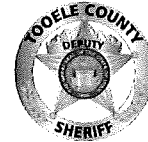
 Date

FOR FIRE WARDEN

Billable Hours: _____ Cost of Equipment: _____ Reimbursement: _____

 Fire Warden Signature of Approval

 Date



Daniel B. Walton
County Fire Warden

Dear _____

Address: _____

Phone: _____

This is an attempt to set up a reimbursement agreement in regards to the _____ project that we have been planning. As we discussed, I would like to propose that you be held liable for the fuel costs associated with the project. This will include the cost of fuel for each vehicle to travel to, from, and operate during the project as well as fuel for any equipment or burning mix needed to complete the project.

In order for me to set an amount on these costs, each entity who participates in the project will need to record their mileage or collect the receipts for their fuel and turn them in to me. Any entity who does not report the cost of their fuel will be responsible for their own cost of the fuel and you will not be held liable for that portion.

I will collect the receipts and total the amount; I will then submit the figure to the Tooele County Clerk who will send you a bill. This bill will be due by the date stated on the invoice.

If you agree to these terms please sign and date below;

Signature: _____

Date: _____

On behalf of Tooele County; we appreciate this opportunity to partner with you on this project.

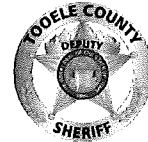
Dan Walton
Tooele County Fire Warden

Wardens Signature: _____

Date: _____

Tooele Fire Warden
15 East 100 South
Tooele UT, 84074

Mobile: (435) 241-0027
Office: (435) 843-8123
Email: dwalton@utah.gov



Daniel B. Walton

County Fire Warden

Wildland Fire Initial Attack for Unincorporated Tooele County

Tooele County Initial Attack Reimbursement Policy Proposal

Due to the inherent nature of Tooele Counties landscape being highly prone to wildfire, and a history of countless responses from local Fire Departments to short duration initial attack wildfires; and in light of the initial attack responsibility required of Tooele County through the Cooperative Agreement that was signed between the State of Utah and Tooele County;

I would like to propose;

For wildfire initial attack responses from local fire departments on unincorporated State and Private Lands within Tooele County that there be a set pay scale to reimburse the departments for their work. This reimbursement will only be valid with adherence to the following policy.

Compensation;

1. In the Statewide Fire Department Manual published annually from the Utah Division of Forestry, Fire and State Lands is a Standard Rate Structure that combines fire department personnel with equipment to set an hourly rate. I have created a table from the information in this manual that will simplify the payment system to reduce the strain on the County Clerk's office. *See Appendix A
2. Payment will be on an hourly rate based on the type of equipment used and will not be calculated at less than one half of an hour.
3. The minimum payment for a response will be one hour.
4. Time increments entered at less than one half of an hour will either be rounded up if equal to or greater than 15 minutes or rounded down if equal to or less than 14 minutes.
5. The time entered on the Reimbursement Statement will be portal to portal but will not cover any equipment rehabilitation time.

Tooele Fire Warden
15 East 100 South
Tooele UT, 84074

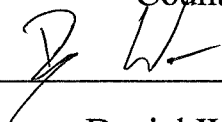
Mobile: (435) 241-0027
Office: (435) 843-8123
Email: dwalton@utah.gov

Requirements;

1. Response must be for an incident that can be defined as a wildfire.
Examples of a response that would not meet this requirement;
 - a. A legal and attended campfire with a low chance of spreading.
 - b. A power pole sparking or burning after a heavy downpour with a low chance of spreading.
 - c. Response to a false alarm (unable to locate)
2. While assigned to the incident all personnel will adhere to the chain of command, recognizing the Incident Commander as the chief authority.
3. Safety standards must be adhered to. Freelancing will not be tolerated and will result in demobilization without pay.
4. Incident Command must only employ the resources that are needed to safely suppress the fire in a timely fashion. Any additional resources that respond who are not necessary will be demobilized as the Incident Commander sees fit.
5. Fire Departments will have 30 days from the date of the incident to submit the reimbursement form to the County Fire Warden. The Fire Warden will review the form, approve it with a signature, and calculate the total amount to be reimbursed before submitting to the County Clerk for payment *See Appendix B

Liability;

1. Approval to respond to a call must come from an authorized Fire Department representative.
2. It is recommended that each firefighter who responds has at a minimum taken and passed the NWCG courses S-190 and S-130. While this is not a requirement set by the County, should the fire escape initial attack or should command be delegated to the State all remaining personnel must have a current and valid Red Card.
3. The costs of any damage or injury resulting from the response, fire suppression actions, or travel back to the home unit will be the responsibility of the department who chose to accept the assignment.
4. By responding to a call the department accepts the terms of this Tooele County Initial Attack Reimbursement Policy.



Daniel Walton

3-29-17

Date

APPENDIX A

Tooele County Fire Department Wildland Fire Reimbursement Pay Scale by Apparatus Type

Fire Department Apparatus		
Apparatus Type	Hourly Rate	Minimum # Persons
Type 3-6 Engine	\$136	2
Type 2 Engine	\$200	3
Type 1 Engine	\$225	4
Water Tender	\$100	1
Command Vehicle	\$30	1
ATV/UTV	\$12	1

Tooele County Wildland Fire Reimbursement Statement

Department Name: _____ County Run #: _____

Incident Name: _____ Date: _____

Time of Station Departure: _____ Time Back at Station: _____

Total Hours: _____ Apparatus Call Sign: _____

Descriptive Location of Incident: _____

Description of Service: _____

Person(s) Performing Services

Name	S-130/S-190 Certified (Y or N)	Red Card (Y or No)

I certify that the above information is correct to the best of my knowledge and all services listed are for official work on behalf of my organization for Wildland Fire response on unincorporated lands within Tooele County.

Signature of Department Representative

Date

FOR FIRE WARDEN

Apparatus Type: _____ **Total Billable Hours:** _____ **Rate:** _____

Federal Charge Code: _____ **Amount to Be Reimbursed:** _____

Fire Warden Signature of Approval

Date