	COLORADO RESOURCE RATE FORM (CRRF) 2014 -2017 Colorado Department of Public Safety (CDPS) Division of Fire Prevention and Control (DFPC) Division of Homeland Security and Emergency Management (DHSEM)						
1. ORDERING OFFICE Ordering of Cooperator resources is outlined in the Annual Operating Plan for the county shown in Block 2 and the State of Colorado Emergency Operations Plan.	2. COUNTY	3. INTERAGENCY DISPATCH CENTER					
	4. EFFECTIVE DATES - May 1, 2014 through April 30, 2017						
	5. COOPERATOR Unit Identifier: CO-						
Agency References: NPS Agreement F1249110016 BLM Agreement BLM-MOU-CO-538 USFS Agreement 11-FI-11020000-017	Vendor ID:						
	Name:						
	Address:						
BIA Agreement A11PG00030	City:	State: CO Zip Code:					
F&WS Agreement none FEMA Agreement none	Admin Email:						
U U U U U U U U U U U U U U U U U U U	Admin Phone:						
	Fax:						
	Dispatch / 24 hour Phone:						
6. CONTACTS – FIRE DFPC Business staff (970) 491-8538 <u>http://dfpc.state.co.us/</u>	7. PAYMENT OFFICE – FIRE INCIDENTS Colorado Division of Fire Prevention & Control Building 1049, 5060 Campus Delivery Fort Collins, CO 80523-5060						
8. CONTACTS – ALL HAZARD	9. PAYMENT OFFICE – ALL-HAZARD INCIDENTS						
DHSEM Main Office (720) 852-6689 http://dhsem.state.co.us/	Colorado Division of Homeland Security and Emergency Management – Logistics Unit 9195 East Mineral Avenue – Suite 200 Centennial, CO 80112						
10. COOPERATOR EMERGENCY CONTACT	(Name, Phone, and Fax)						
11. SPECIAL PROVISIONS							
12. BILLING INFORMATION Originals of all payment documents should be given keep the file copies only . Cooperators must subm for reimbursement. DFPC or DHSEM will bill the approximately a structure of the second seco	it original payment documents to the appro						
Personnel time will be documented and billed at compensated at established rates as documented with		All cooperator personnel will be					
This document provides the agreed upon costs associa this identifies costs associated with the listed resources resources will be supplied under the above conditions Conditions document. I certify that the equipment lis Colorado. All Cooperator personnel have cooperator-pr	Availability of these resources is not guarant at the indicated cost subject to the conditions ted here is either Cooperator-owned, or place	eed. If available when requested, these detailed in the attached CRRF Use and					
As a Cooperator, I certify by signing this document that debarment, declared ineligible or voluntarily excluded fro immediately provide an update to the Colorado Departme	om participation in this transaction by any federa	al department or agency. I also agree to					
Cooperator Signature	Printed Name and Title	Date					

CDPS Approval Signature	
CDPS-CRRF-2014-2017	ver.2

Printed Name, Title, and Agency

Date

Email to CDPS_SEOC_LOGISTICS@STATE.CO.US

Cooperator Name: Unit Identifier: CO-

Equipment work rates do not include personnel or operating supplies (fuel and oil).

13. Resource Description (include call sign, make, model, year, VIN, license	14. Kind	15. Туре	16. Work Rate		17. Minimum Deily	18. Ordering
number)			a. Rate \$	b. Unit	Daily Guarantee	System STATE USE ONLY
(a)						
(b)						
(C)						
(d)						
(e)						
(f)						
(g)						
(h)						
(i)						
(1)						
()						

Cooperator Initials: _____

Approved by:

CDPS Signature

Printed Name, Title, and Agency

Date

CDPS-CRRF-2014-2017

Email to CDPS_SEOC_LOGISTICS@STATE.CO.US