## DEPARTMENT OF INTERIOR **BUREAU OF LAND MANAGEMENT** ALASKA FIRE SERVICE P.O. BOX 35005 FORT WAINWRIGHT, AK 99703-0005 CHECKLIST FOR RENTAL OF TEMPORARY EMERGENCY FACILITIES Prior to renting temporary emergency facilities (e.g., structures/buildings for work space or lodging), complete the checklist below. This checklist is not intended for services (i.e., showers). Items that apply below become part of the agreement and must be addressed in description of facilities: Who is the legal validated owner? Who is authorized to sign agreement (school superintendent versus school principal)? Written documentation must be provided by owner when a legal representative has been designated. Agreement will be with the legal owner. 2 A complete detailed description of the facility, including specific location and boundaries. What is the acceptable method of tracking use of facility (shift ticket, sign-in sheets, etc)? Number of rooms? (What's the condition of room?) a. Gym (What's the condition of the floor, do we have to provide a floor covering?) Custodial Services (Who provides, IMT or vendor?) General clean-up (trash removal, final janitorial service, floor waxing, etc). d. Use of showers (Included in rental charge or separate?) Government furnished supplies vs. Contractor furnishes supplies. Phones/ internet Access (Ability to install more lines and who installs?) Copiers/fax machines (Are we allowed to use, how will reimbursement g. be made, can supplies be used, what about final maintenance?) Kitchen (Can we use or will it be restricted?) Keys, Access (Doors locked/unlocked? Who will control the keys?) Security (Will someone be available 24 hours a day, who is responsible to provide the security?) Sleeping Areas (How will they be tracked?) Period of Availability (Will there be any events that will preclude the use of the facility?) AC/Heater (Operational or available?) m. Sprinkler System/smoke alarm n. Reduce/increase costs when camp changes (i.e., from Type 1 - 2 - 3 o. teams) reduce number of rooms needed, area needed, buildings needed, Terminate agreement and initiate new agreement when transferring from p. Type 1 - 2 - 3 teams. Adjacent land (i.e., parking, ball field, etc) Pumping of septic systems (feasible to use system, or rely solely on port-a-potties)

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	ACIL and according to Control Construction (COD) information
	t. ACH paperwork or Central Contractor's Registration (CCR) information.
	Website for CCR is: http://www.ccr.gov
3	Discuss the intended use of the facility and include any restrictions that the
	owner may have (off-limit areas, bathrooms, etc).
4	The agreed upon rate and specific utilities included or not included in this rate.
4	
	Does vendor have established rental rates for public use?
5	Provisions for making alterations to facilities.
6	Perform and document a pre- and post-use physical joint inspection by the
	landowner/authorized representative and government representative(s). Take pre-
	and post-use pictures of facility and include them in the agreement package.
7	Discuss terms for loss, damage, or destruction of property.
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8	Discuss contracting terms and conditions, method of invoicing, and payment.
9	Rate negotiation should involve a warranted contracting officer. State the agreed
	upon rate and specific utilities to be included or not included in this agreement.
	Rates and terms of agreement require a warranted contracting officer's
	approval and signature.
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10	Vendor must be registered in the internet based Central Contractor's Registration
10	(CCR). Procurement will provide the vendor with the required information.
	Website is: http://www.ccr.gov
	MATRIX COST ANALYSIS
	\$x 7 Days =
	\$x 14 Days =
	,
	\$x 21 Days =
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AGREEMENT FOR RE	ENTAL OF TEMPORARY EMERGENCY FACILITIES	
Incident Name:	Incident Number:	
Incident Order Number:	Agreement Number:	-
Owner Name:		
Tax ID or SSN:		
The owner of the property described hagrees to furnish the land and/or facil	nerein, or the duly appointed representative of the owner ities for use by the BLM/AFS as:	j
This agreement shall remain in effect A new agreement and inspection(s) we there are no changes to the agreement	rill be initiated by new Incident Management Team, unles	

DESCRIPTION OF FACILITIES:
Address of specific location. Use landmark descriptions to the property if street or highway address is not available. Include access roads, buildings, paved areas, utility lines, fences, land-scaping and any other physical features that describe the area. Identify structures/areas not included in the agreement and what efforts will be taken to restrict the area. Include items from the checklist.
Approximate area of facilities under agreement:
RATE: (Check only one)
( ) Monthly Rate: For each portion of a month, or portion thereof, that the facilities are used, the BLM/AFS will pay the sum of \$ Re-negotiation of a lower rate may be made after one month.
( ) Daily Rate: For each day, or portion thereof, that the facilities listed above are used, the BLM/AFS
In accordance with the BLM/AFS payment procedures and the Prompt Payment Act, payment will be made at the end of the agreement period. Funds will be disbursed electronically. Owner is required to complete Automated Clearing House form for Electronic Fund Transfer (EFT) or request a waiver from EFT.
UTILITIES: (Check only one)
( ) The above sum includes all utility charges (telephone, electricity, diesel generator, water, fuel, propane, etc.

( ) The above sum excludes utility charges. The BLM/AFS will pay the owner the sum	
determined due by the Contracting Officer based on:	
RESTORATION: (Check only one)	
( ) The above sum includes restoration of the land by BLM/AFS. BLM/AFS shall restore the owner's facilities to the condition immediately prior to Government occupancy, as identified in the pre-inspection. Restoration shall be performed to the extent reasonably practical. Restoration work includes:	
Owner shall document restoration to be accomplished at the time of the post-use inspection;	
owner in restoring facilities to the prior condition shall be submitted to the Contracting Officer. Owner shall document restoration to be accomplished at the time of the post-use inspection;	
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	make alterations, attach fixtures or signs, and/or erect						
emporary structures in or upon the land, all of which shall be the property of the BLM/AFS.  Alterations will be removed by the BLM/AFS after the termination of the emergency use.							
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ORAL STATEMENTS: Oral statement	ents or commitments supplementary to, or contrary to, any						
provision of this Agreement shall not	be considered as modifying or affecting the provisions of this						
Agreement.							
CONDITIONS REPORTS: A joint pro	e- and post-use physical survey and inspection report of the						
and shall be made and signed by the parties; the purpose of the inspection shall be to reflect the							
site conditions existing at those times	S.						
LOSS, DAMAGE OR DESTRUCTION	N: The Government will assume liability for the loss, damage or						
destruction of land furnished under th	his Agreement, provided that no reimbursement will be made						
for loss, damage, or destruction when of the owner or the owner's agent(s).	n due to (1) ordinary wear and tear, or (2) the fault or negligence						
of the owner of the owners agent(s).							
TERMS AND CONDITIONS: This Ag	greement is subject to the Prompt Payment Act (31 USC 1801)						
_	udget Circular A-125. The following Terms and Conditions are						
incorporated by reference to 41 CFR	: See http://www.acqnet.gov/far						
See Exhibit 11 to the GAS for claus	ses.						
Owner or Owner's Agent	Warranted Contracting Officer						
Name:	Name:						
Title:	Title:						
Date:	Date:						
Signature:	Signature:						
oignataro							
Mailing	Mailing						
Mailing	Mailing:						
Address:	Address:						
<del></del>							
Phone (Day):	Phone:						

TEMPORARY EMERGENCY FACILITIES, PRE- AND POST-USE INSPECTION REPORT				
(U	(Use additional pages if necessary)			
PRE-USE INSPECTION:				
Owner/Agent: (Print Name)	Government Representative: (Print Name)			
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o				
Signature:	Signature:			
Title:	Title:			
ride	Title			
Date:	Date:			
Business Phone:	Mailing Address:			
	Dhone:			
	Phone:			

POST-INSPECTION:		
Owner/Agent: (Print Name)	Government Representative: (Print Name)	
	Signature:	
Title:	Title:	_
Date:	Date:	_
Business Phone:	Mailing Address:	_
		-
	Phone:	_