SIGNATURE

AUSTIN SCHNIZLER

| TYPE 3 KITCHENS | S/CATERERS 1 | EMERG | ENCY | Y EQUIPN | MENT R | ENTAL | AGREE | EMENT | |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|----------------|--------------|-----------------------|--------------|---------------------------------|--|
| 1. PROCUREMENT AGENCY (name and address) | | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO | | | | | | |
| Department of Natural Resources & Conservation | | | | THIS AGREEMENT | | | | | |
| Attn: Fire Contracting | dices & Conscivati | OII | 2. | AGREEMENT | NUMBER: D | NRC-2025-C | CATERING0 | 2 | |
| 2705 Spurgin Rd. | | | 3. EFFECTIVE DATES | | | | | | |
| Missoula, MT. 59804 | | | a. beginning June 1, 2025 b. ending May 31, 2026 | | | | | 2026 | |
| | | | | | | | | | |
| 4. CONTRACTOR | | | 5. POINT OF HIRE (Location) | | | | | | |
| a. Hungry Trails, LLC. | | | Billings, MT. | | | | | | |
| P.O. Box 81586 | | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY | | | | | | | |
| Billings, MT. 59108 | | | FURNISHED BY | | | | | | |
| b. EIN/SSN: | | | X CONTRACTOR GOVERNMENT | | | | | | |
| c. telephone number (day) | d. telephone numbe (406) 698-0226 | r (night) | 7. (| OPERATOR FU | IRNISHED B | Y | | | |
| (406) 698-0226 | X CONTRACTOR GOVERNMENT | | | | | | RNMENT | | |
| 8. TYPE OF CONTRACTOR ("X" | APPROPRIATE SPACE | ES) | | | | | | | |
| | ESS _ SMALL/DISADV | ANTAGED OW | VNEDWOMEN OWNED LABOR SURPLUS AREAGOVERNMENT EMPLOYEE | | | | | | |
| | ITEM DESCRIPTION (Include make, model, year, serial number and accessories) | | ER OF | a. rate | b. unit | 12. SPECIA a. rate | b. unit | 13. GUARANTEE (8 or more hours) | |
| | | OPERAT | ORS | 7000 1000 1000 | o. unit | a. Tate | o. unit | (c or more nours) | |
| Breakfast Rate | | | | \$25 | Meal | | | | |
| Sack Lunch Rate Dinner Rate | | | | \$30 | Meal | | | | |
| | | | | \$35 | Meal | | | | |
| Mileage Rate – Mobilization/D | emob | | | \$30 | Mile | | | | |
| Kitchen Relocation Fee | | | | N/A | Fach | | | | |
| (if ordered to relocate after initial s | | | | | | | | | |
| | | | | | | | | | |
| Mileage Rate as necessary for re-stocking, sack | | | | \$5.00 | Mile | | | | |
| lunch delivery, refuse removal, | etc. | | | | | | | | |
| Optional Items: | | | | | | | | | |
| Dining Tent (20x40) Rental Rate | | | | N/A | Day | | | | |
| 60 Chairs (rate is for each) | | | | N/A | Day/ea. | | | | |
| 10 Tables (rate is for each) | | | | N/A | Day/ea. | | | | |
| CC LTL VC LLTL | a | | | | | | | | |
| 5-Sink Hot/Cold Handwashing | Station | | | N/A | Day | | | | |
| (Trailer-mounted) Includes paper towels, soar | a lights track | | | | | | | | |
| receptacles and cleaning/st | | | | | | | | | |
| 14. SPECIAL PROVISIONS | ooking | | | l | | | 1 | | |
| | | | 210 | | | | | 5 Y 250 | |
| a. DNRC General Clauses to | | | | | | | | | |
| Clauses to the EERA OF-2 | | | | | | | | | |
| b. The current year version of agreement. The specification | ons rules and quide | lines of Ch | ockies i | Supplement t | o the SHB | n by refere | nang doc | lition to the | |
| General Clauses to the EEI | RA OF-294 which a | re attached | hereto | and incorpor | rated hereir | n by referer | nce in auc | event of a | |
| disagreement between the | General Clauses to t | he EERA (|)F-294 | and Chapter | 20. Chapte | er 20 for th | e vear of | the agreement | |
| | | | | | | | | | |
| c. Order cancellation/enroute | will preside and supersede the attached General Clauses (i.e. 2025 Chapter 20 and 2025 Agreement). c. Order cancellation/enroute. If the order is cancelled after the resource order has been confirmed, and the resource is enroute, | | | | | | | urce is enroute, | |
| the resource is considered | ne resource is considered mobilized. Payment will be made based on number of meals ordered and mileage. This payment | | | | | | This payment | | |
| does not require a claim. | does not require a claim. | | | | | | | | |
| | isible for obtaining p | pre-use insp | ection | s. Equipmen | it not meet | ing pre-use | inspection | ns will not be | |
| paid. 15. CONTRACTOR OR AUTHORIZ | ED AGENT'S | 16. DATE | 10.0 | 17. CONTR | ACTRIC OF | EICED'S SIC | NIATURE | 10 DATE | |
| COMMENCE ON AUTHORIZ | DE TOURTED | V. DAIL | | II. CONTR | TO DING OF | I ICER 9 310 | MAIURE | 18. DATE | |

6/2/2025

Owner

19. CONTRACTOR OR AUTHORIZED AGENT'S PRINTED NAME & TITLE

| Karen Zarbolia | 6/2 | 2/2025 |
|------------------------------------------------|-------------------------|--------|
| 18. 20. CONTRACTING OF Karen Zarbolias Fire Co | FFICER'S PRINTED NAME & | TITLE |
| Phone: (406)542-4306 | FAX: (406) 542-4269 | |
| 1 Holle. (400)342-4300 | FAX. (400) 342-4209 | |