

**Appendix A - Bid Package**

**Part 2: OPERATING PLAN TEMPLATE**

***Outfitter/Guide Operating Plan  
Juneau Ranger District & Admiralty Island National Monument  
Tongass National Forest***

**MENDENHALL GLACIER RECREATION AREA OPERATIONS**



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**PERMIT HOLDER**

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**DATE**

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**PERMIT ADMINISTRATOR**

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**REVIEWED DATE**

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**DISTRICT/MONUMENT RANGER**

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**APPROVED DATE**

**1. GENERAL OVERVIEW OF OPERATION**

**a. Year Operating Plan Developed:**

**b. Permit Holder Name:**

i. Valid Alaska Business License Number:

ii. Business License effective date / expiration date:

iii. Business Name:

iv. Contact Person:

v. Address:

vi. Phone Number:

vii. Cell Phone Number:

viii. E-Mail Address:

ix. Website Address:

\* The holder shall notify the authorized officer **in writing** when a change in control of the business entity that holds this permit is contemplated; (I.H.1. Notification). The permit will terminate upon change of control of the business entity and is not subject to appeal; (VI.F. Termination).

**c. Transportation method (vehicle descriptions):**

Vehicle style (car, bus, van, etc.)	Vehicle length	Passenger capacity

**d. Season(s) of Operation:**

From (month/date/year):

To (month/date/year):

\*\* The Mendenhall Glacier Recreation Area has an identified peak season of May 15<sup>th</sup> through September 15<sup>th</sup> and a shoulder season of May 1<sup>st</sup> – May 15<sup>th</sup> and September 15<sup>th</sup> – September 30<sup>th</sup>. You are required to identify your estimated service day amounts for peak season vs. shoulder season in this operating plan. Note that service days are not interchangeable between peak and shoulder seasons so calculate your service day estimates carefully.

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e. **Annual Itinerary** (you may attach a calendar or other description of itinerary/schedule):

i. **Trips:**

ii. **Clients:**

iii. **Activities:**

iv. **Access:**

v. **Use Areas:**

f. **Do you require assigned sites?**

g. **Describe any Temporary Facilities proposed for use.**

h. **Do you plan to store any hazardous materials on the national forest (boat gas, oil, propane)?**

i. **Hazardous materials storage approved:**

j. **First Aid Training:**

Name*	Level of Training	Expiration Date

\*You may attach a separate document identifying all staff and their appropriate safety certifications.

k. **First Aid Equipment available:**

l. **Please describe what is included in your standard client safety briefing(s).**

m. **What type of Communication System is maintained for general operations and for Emergencies.**

n. **Explain your emergency procedures in case of Accidents, Injuries or other Emergencies:**

o. **Explain in general how your operation on the Forest will be run:**

Activity	Length of Trip	# Clients per Trip	Max client - guide Ratio	Min client - guide Ratio

- p. Explain procedures for staff training and orientation:
- q. Explain methods for managing trash and waste (litter, etc.):
- r. Explain methods for managing human waste (including toilet paper):
- s. Describe methods for minimizing impacts to other visitors' (outside of your group) experiences:
- t. Maps:
- u. Brochure:
- v. Web page:

## 2. STIPULATIONS FOR AUTHORIZED USE

**Note: Outfitters/Guides must acknowledge that they understand and concur with each of the following standards and guidelines by initialing the line preceding each letter.**

\_\_\_\_. Your Operating Plan and other necessary documentation **must** be submitted according to the following schedule:

USE PERIOD	SUBMISSION DATE
Spring Use (March 15 to May 31)	January 15
Summer Use (June 1 to Sept 30)	January 15
Fall/Winter Use (October 1 to March 15)	July 15

\_\_\_\_. For priority use permits in good standing, this Operating Plan is updated **YEARLY**, for the term of the permit. *The Operating Plan details proposed use that is currently authorized on face of your permit.* **Requests for new activities and/or changes in locations or authorized levels of use must be submitted in a separate proposal to the authorized officer.**

\_\_\_\_. Understand that the use that you originally request may not necessarily be what is ultimately approved. Approved maps will become Appendix A to your permit. The permit language, the operating plan and the Appendix A maps will delineate the areas, activities and quantities authorized for use.

\_\_\_\_. All advertising relating to the permitted operation must include reference that operation is under permit with the Tongass National Forest. Additionally, to comply with federal law, at a minimum you also need to include on all advertising: “[Your name/company] is an equal opportunity service provider” (per Title VI of the Civil Rights Act of 1964, as amended).

\_\_\_\_. There will be a mid-season and/or annual performance evaluation completed by the Forest Service permit administrator. (see permit section VI, Inspection and Evaluation).

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\_\_\_\_. The District Ranger may withhold authorization for the holder to use all or part of an assigned amount of service days for reasons of resource protection, public health and safety, or because of permit violations.

\_\_\_\_. The permittee, as well as his or her employees, agents, guests, and customers, shall abide by all current Forest Service regulations. The permittee is wholly responsible for any actions of these persons.

\_\_\_\_. The permittee shall furnish a report of actual use monthly (by the 20<sup>th</sup> of the following month) and final report within thirty (30) days of the close of the operating season. The "Actual Use Report" form is attached to the permit as Appendix E.

\_\_\_\_. All guides who work alone with their clients will have, as a minimum, a current American Red Cross Standard First Aid (8 hours) card or equivalent First Aid Certificate.

\_\_\_\_. All injuries and accidents of clients or employees occurring on National Forest lands will be reported at the earliest opportunity to your permit administrator or to the Juneau Ranger District/Admiralty Island National Monument at (907) 586-8800.

\_\_\_\_. All major search or rescue operations will involve the U.S. Coast Guard. Emergency dispatch numbers and radio frequencies will be known by all employees and be readily accessible.

\_\_\_\_. A thorough safety briefing is given to all clients (or multiple briefings). Depending on tour activities clients are warned of the dangers of hypothermia, cold water immersion and traveling in bear country. Clients are also notified to stay in their guided group and not to travel by themselves, when applicable.

\_\_\_\_. Stipulations for operating on the Tongass National Forest and specific areas therein will be added to the permit as Appendix G. **Your operation will be provided and required to adhere to the Mendenhall Glacier Recreation Area Permit Stipulations updated and provided annually if operating in the Visitor Center Unit.**

\_\_\_\_. Outfitters/Guides and their clients are expected to practice Leave No Trace principles. It is the responsibility of the outfitter/guides to teach their clients all pertinent skills and practices.

\_\_\_\_. Performance Evaluations. The objective of outfitter and guide performance evaluations is to provide feedback to the permittee on how well the operation met the conditions of the permit and operating plan. The overall goal is increased resource protection, service to the public and safety.

Performance Standards - The performance evaluation form, with its listed performance elements, is attached to the permit and represent the performance standards to be assessed for this permitted operation. It will be the District Ranger's final decision on what rating to assign for failure to follow the terms of the permit or operating plan.

Probation, Suspension and Revocation - Special Uses Permit for Outfitting and Guiding, Terms & Conditions, VI. Revocation, Suspension, and Termination details the situations in which a permit may be revoked, suspended or placed on probation.

**3. PERMITTEE CHECKLIST**

The following items will be needed annually by your permit administrator. Those of you who have automated your offices, please scan the items and transmit them via email to your administrator.

\_\_\_\_\_ First Aid & CPR Cards

\_\_\_\_\_ State of Alaska Business License

\_\_\_\_\_ Certificate of Liability Insurance showing US Government as additional insured.

\_\_\_\_\_ Copy of Current Advertising Brochure & Website addresses