

Clearwater Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE 1 4	
2. CONTRACT NO. AG-04H1-B-10-7144	3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7001	6. SOLICITATION ISSUE DATE 01/21/2010 16:47 US/Pacific		
7. FOR SOLICITATION INFORMATION CALL: Leif Shjeflo			b. TELEPHONE NUMBER (No collect calls) 541-504-7380	8. OFFER DUE DATE/ LOCAL TIME 02/23/2010 18:30 US/Pacific		
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: _____ % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)	NAICS: 115310 SIZE STANDARD: \$17.5 M			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING			
15. DELIVER TO		16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756				
17a. CONTRACTOR/OFFEROR Urick, Nancy DBA Clearwater Fire Service 802 Evans Rd Clarkston, Washington, 99403	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B					
TELEPHONE NO. 5092541559		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER						
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	VIPR I-BPA for R6 Heavy Equipment w/Water					
<i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>						
25. ACCOUNTING AND APPROPRIATION DATA			26. TOTAL AWARD AMOUNT (For Govt. Use Only)			
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED 04/14/2010 . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ Nancy Urick			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo			
30b. NAME AND TITLE OF SIGNER (Type or print) Nancy Urick -	30c. DATE SIGNED 04/14/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 04/14/2010			

Schedule of Items

Clearwater
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Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 3	50S809	OR-NOC	Daily Rate \$1490/Day Mobil/Demobil. \$3.25/Mile Trans. Min. Guarantee \$1100/Day

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Vendor Information

Company Name: Urick, Nancy DBA Clearwater Fire Service
DUNS: 833286482
Company Address:
802 Evans Rd
Clarkston, Washington, 99403

Mailing Address:

PO Box 452
Clarkston, Washington, 99403-0452

Primary Contact:

Name: Nancy Urick
Email: nanurick@hotmail.com
Daytime Phone: 5092541559
Cell Phone: 5092541364
Evening Phone: 9072258963
Fax: 9072258963

Secondary Contact:

Name: Ed Urick
Email: nanurick@hotmail.com
Daytime Phone: 5097517503
Cell Phone: 5093890481
Evening Phone: 5097583214
Fax: 9072258963

Discount Terms:

none

Small Business Status

Small Business: Y
HUBZone: N
Service-Disabled Veteran-Owned Small Business: N
8(a): N
LSA Flag: N

Supporting Documentation

Has Workers Compensation Insurance: Y
Workers Comp. Insurance Expiration Date: 04/01/2011
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010

Resource Category

Skidgine, Type 3

Please complete the required fields, which are indicated by an asterisk (*) and highlighted in yellow.

For Agreement Phase Only:

Withdraw this resource Replace this VIN or Serial Number

From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* | 50S809

Make* | Caterpillar

Model* | 518

Year* | Older

Insurance Policy Expiration Date* | 02/01/2011

2. Equipment Location

City* | Clarkston

State* | WA

Zip Code* | 99403

Dispatch Center* | OR-NOC

Latitude | _____

Longitude | _____

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 400-599 gallons hauled (water)

Winch/Grapple* | No

Foam Proportioner System* | Manually Regulated Proportioner

4. Rates

Daily Rate* \$ | 1490.00

Mobilization/Demobilization* \$ | 3.25 (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 1100.00

Yes No

5. Contact Information

Complete this section ONLY if the contact information is different than what is listed on the Vendor Company Information form.

First Name | _____

Last Name | _____

Daytime Phone | () - _____

Cell Phone | () - _____

Evening Phone | () - _____

FAX | () - _____

E-mail Address | _____

First Name | _____

Last Name | _____

Daytime Phone | () - _____

Cell Phone | () - _____

Evening Phone | () - _____

FAX | () - _____

E-mail Address | _____