

Grayback Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE 1 5
2. CONTRACT NO. AG-04H1-B-10-7113	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:		a. NAME 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		CODE	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		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING	
15. DELIVER TO		CODE	16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		
17a. CONTRACTOR/OFFEROR Grayback Forestry, Inc. 1150 Ort Lane Merlin, Oregon, 97532	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		
TELEPHONE NO. 5414760033		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
	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 1 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/ Thomas Oden			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) Thomas Oden -	30c. DATE SIGNED 04/14/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 04/14/2010		

Grayback
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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
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Skidgine Type 2	7525	OR-MIC	Daily Rate \$2400/Day
Skidgine Type 2	CA7444	OR-MIC	Daily Rate \$2150/Day

Grayback
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Vendor Information

Company Name: Grayback Forestry, Inc.
DUNS: 095013975
Company Address:
1150 Ort Lane
Merlin, Oregon, 97532

Mailing Address:

P.O. Box 838
Merlin, Oregon, 97532

Primary Contact:

Name: Michael Wheelock
Email: mike@graybackforestry.com
Daytime Phone: 5414760033
Cell Phone: 5412182748
Evening Phone: 5414760033
Fax: 5414760162

Secondary Contact:

Name: Thom Oden
Email: thom@graybackforestry.com
Daytime Phone: 5414760033
Cell Phone: null
Evening Phone: 5414760033
Fax: 5414760162

Discount Terms:

none

Small Business Status

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

Supporting Documentation

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



Solicitation Year: 2010
Resource Category
Skidgine, Type 2

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* | 7525
Make* | FMC Model* | FMC (M1)
Year* | Older Insurance Policy Expiration Date* | 01/01/2011

2. Equipment Location

City* | White City State* | OR Zip Code* | 97503 -
Dispatch Center* | OR-MIC Latitude | Longitude |
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 1000-1199 gallons hauled (water) Monitor* | Yes
Foam Proportioner System* | Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ | 2400.00 Mobilization/Demobilization* \$ | 4.00 (Loaded Mile) Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 1300.0 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 |



Solicitation Year: 2010

Resource Category

Skidgine, Type 2

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* CA7444

Make* FMC

Model* FMC (M2)

Year* Older

Insurance Policy Expiration Date* 01/01/2011

2. Equipment Location

City* Merlin

State* OR

Zip Code* 97532

Dispatch Center* OR-MIC

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 1000-1199 gallons hauled (water)

Monitor* Yes

Foam Proportioner System* Manually Regulated Proportioner

4. Rates

Daily Rate* \$ 2150.00

Mobilization/Demobilization* \$ 3.00 (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ 900.00

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