

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE OF PAGE	
2. CONTRACT NO. AG-04H1-B-10-7208		3. AWARD/EFFECTIVE DATE 04/22/2010 - 04/22/2013		4. ORDER NUMBER		5. SOLICITATION NUMBER AG-04H1-S-10-7002	
7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton				b. TELEPHONE NUMBER (No collect calls) 541-471-6746		8. OFFER DUE DATE/ LOCAL TIME 03/04/2010 00:30 PST	
9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526				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			
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) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO				16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			
17a. CONTRACTOR/OFFEROR HOTLINE FIRE SERVICE INC 59732 VICTORIAN LANE JOHN DAY, Oregon, 97845-9717		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		VIPR I-BPA for R6 -2010 Water Handling Agreement				23. UNIT PRICE	
						24. AMOUNT	
<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 04/22/2010 . 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/ William Wilcox				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) William Wilcox -		30c. DATE SIGNED 04/22/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/22/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center Rates	Daily Rate	
Engine Type 6	1FDWF37F03EA07330	OR-JDCC		\$1899/Day

Vendor Information

Company Name: HOTLINE FIRE SERVICE INC
DUNS: 017620589
Company Address:
59732 VICTORIAN LANE
JOHN DAY, Oregon, 97845-9717

Mailing Address: same as above

Primary Contact:

Name: WILLIAM WILCOX
Email: billwilcox@centurytel.net
Daytime Phone: 5415752123
Cell Phone: 5416201473
Evening Phone: 5415752123
Fax: 5415752123

Secondary Contact:

Name: GLORIA WILCOX
Email: billwilcox@centurytel.net
Daytime Phone: 5415752123
Cell Phone: 5416202433
Evening Phone: 5415752123
Fax: 5415752123

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: N

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: 05/01/2011

Has sufficient employees: N

Is registered in CCR: Y

Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Engine, Type 6

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

1. Equipment Description

License #* **T540938** State* **OR** (Where the license was issued)

VIN Number* **1FDWF37F03EA07330** Equipment ID* **03**

Make* **FORD** Model* **F350**

Year* **2003** DOT Inspection Issue Date* **02/04/2010** Insurance Policy Expiration Date* **04/22/2010**

2. Equipment Location

City* **JOHN DAY** State* **OR** Zip Code* **97845** - **9717**

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**

All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **1899**

Do you have enough employees for a double shift? 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