SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER				PAGE OF PAGE
2. CONTRACT NO. AG-04H1-B-10-7057	3. AWARD/EFFECTIVE DATE 04/13/2010 - 04/13/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002	6. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific
7. FOR SOLICITATION INFORMATION CALL:	a. NAME Kermadine Barton		b. TELEPHONE NUMBER (No collect calls) 541-471-6746	8. OFFER DUE DATE/ LOCAL TIME 02/25/2010 18:30 US/Pacific

9. ISSUED BY CODE
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
☐ UNRESTRICTED OR ☒ SET ASIDE: ____ % FOR:
☒ SMALL BUSINESS ☐ EMERGING SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)

NAICS: 115310
SIZE STANDARD: 17.5

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
☐ SEE SCHEDULE

12. DISCOUNT TERMS

☐ 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
☒ RFQ ☐ IFB ☐ RFP

15. DELIVER TO CODE

16. ADMINISTERED BY CODE
Kermadine Barton
Grants Pass Interagency Office
2164 NE Spalding Ave.
Grants Pass, Oregon, 97526

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE
Lone Wolf Wildfire, LLC
1829 Leonard Dr.
Walla Walla, Washington, 99362

TELEPHONE NO. 5095206400

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE
Refer to Exhibit B

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	VIPR I-BPA for R6 -2010 Water Handling Agreement (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT (For Govt. Use Only)

☒ 27a. SOLICITATION INCORPORATES BY REFERNCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED
☒ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED

☒ 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

☒ 29. AWARD OF CONTRACT: REF. _____ OFFER DATED 04/13/2010. 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/ Daryl Floch		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton	
30b. NAME AND TITLE OF SIGNER (Type or print) Daryl Floch -	30c. DATE SIGNED 04/13/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton	31c. DATE SIGNED 04/13/2010

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
Prescribed by GSA - FAR (48 CFR) 53.212

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Engine Type 6	1FDAF57R78ED76791	OR-NOC		
			Daily Rate	$2015/Day
Engine Type 6	1FDAX47RX9EB28589	OR-NOC		
			Daily Rate	$2015/Day

Vendor Information
Company Name: Lone Wolf Wildfire, LLC
DUNS: 831432088
Company Address:
1829 Leonard Dr.
Walla Walla, Washington, 99362

Mailing Address: same as above
Primary Contact:
Name: Daryl Floch
Email: lonewolfwildfire@my180.net
Daytime Phone: 5095206400
Cell Phone: 5095206400
Evening Phone: 5095206400
Fax: 5095270652

Secondary Contact:
Name: David Saranto
Email: david@sarantofamily.com
Daytime Phone: 5093018725
Cell Phone: 5093018725
Evening Phone: 5093018725
Fax: 5098762767

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: 01/25/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

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 #* B13634H State* WA *(Where the license was issued)*

VIN Number* 1FDAF57R78ED76791 Equipment ID* 41

Make* Ford Model* F550

Year* 2008 DOT Inspection Issue Date* 02/01/2010 Insurance Policy Expiration Date* 03/01/2011

2. Equipment Location

City* Walla Walla State* WA Zip Code* 99362 -

Dispatch Center* OR-NOC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 301-399 gallons hauled (water) Pump Performance* Acceptable (100 psi to 124 psi)

All-Wheel Drive* Yes CAFS* ○ Yes ◉ No Foam Proportioner System* Automatic Regulating Proportioner

4. Rates

Daily Rate* $ 2015.00

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

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

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 #* **B65674K** State* **WA** *(Where the license was issued)*

VIN Number* **1FDAX47RX9EB28589** Equipment ID* **42**

Make* **Ford** Model* **F450**

Year* **2009** DOT Inspection Issue Date* **02/01/2010** Insurance Policy Expiration Date* **03/01/2011**

2. Equipment Location

City* **Walla Walla** State* **WA** Zip Code* **99362** -

Dispatch Center* **OR-NOC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** gallons hauled (water) Pump Performance* **Acceptable (100 psi to 124 psi)**

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

4. Rates

Daily Rate* $ **2015.00**

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

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