

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER		PAGE OF PAGE	
2. CONTRACT NO. <b>AG-04H1-B-10-7263</b>		3. AWARD/EFFECTIVE DATE <b>04/23/2010 - 04/23/2013</b>		4. ORDER NUMBER		5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME <b>Kermadine Barton</b>				b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	
8. OFFER DUE DATE/ LOCAL TIME <b>03/04/2010 00:30 PST</b>		9. ISSUED BY <b>USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		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: <b>115310</b> SIZE STANDARD: <b>17.5</b>			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS <b>2% 20, Net 30</b>		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR <b>The Workman Group, Inc. 2137 NW Industrial Park Rd. Prineville, Oregon, 97754</b>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			
TELEPHONE NO. <b>5417716691</b>		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	
		<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>				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 <b>04/23/2010</b> . 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 <b>/s/ Sunny Workman</b>				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Kermadine Barton</b>			
30b. NAME AND TITLE OF SIGNER (Type or print) <b>Sunny Workman -</b>		30c. DATE SIGNED <b>04/23/2010</b>		31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/23/2010</b>	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 1	10T2D3EP0B1019895	OR-COC	Daily Rate \$1849/Day
Water Tender (Support) Type 1	4V2SGBME1PR512438	OR-COC	Daily Rate \$1899/Day

**Vendor Information**

**Company Name:** The Workman Group, Inc.

**DUNS:** 010005432

**Company Address:**

2137 NW Industrial Park Rd.

Prineville, Oregon, 97754

**Mailing Address:**

P.O. Box 1203

Prineville, Oregon, 97754

**Primary Contact:**

**Name:** Sunny Workman

**Email:** workman@bhworkman.com

**Daytime Phone:** 5417716691

**Cell Phone:** 5417716691

**Evening Phone:** 5417716691

**Fax:** 5414475322

**Secondary Contact:**

**Name:** Sam Workman

**Email:** sam@bhworkman.com

**Daytime Phone:** 5417716692

**Cell Phone:** 5417716692

**Evening Phone:** 5417716692

**Fax:** 5414475322

**Discount Terms:**

2\* 20, Net 30

**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:** 04/01/2010

**Has sufficient employees:** N

**Is registered in CCR:** Y

**Has completed ORCA:** Y



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), Type 1**

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 #\* **YEAA605**      State\* **OR** (Where the license was issued)

VIN Number\* **10T2D3EP0B1019895**      Equipment ID\* **04**

Make\* **Oshkosh**      Model\* **6X6**

Year\* **Older**      DOT Inspection Issue Date\* **06/08/2009**      Insurance Policy Expiration Date\* **11/16/2010**

**2. Equipment Location**

City\* **Prineville**      State\* **OR**      Zip Code\* **97754** -

Dispatch Center\* **OR-COC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **4000-4499** gallons hauled (water)      All-Wheel Drive\* **Yes**

Spray Bar Configuration\* **Pressure Front and Rear**      Suspension\* **Vocational Duty**

**4. Rates**

Daily Rate\* \$ **1849.00**

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 **Sunny**      Last Name **Workman**

Daytime Phone **(541) 771-6691**      Cell Phone **(541) 771-6691**      Evening Phone **(541) 771-6691**      FAX **(541) 447-5322**

E-mail Address **workman@bhworkman.com**

First Name **Sam**      Last Name **Workman**

Daytime Phone **(541) 771-6692**      Cell Phone **(541) 771-6692**      Evening Phone **(541) 416-1651**      FAX **(541) 447-5322**

E-mail Address **sam@bhworkman.com**



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), Type 1**

*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 #\* **YEAA605**      State\* **OR** (Where the license was issued)  
 VIN Number\* **4V2SGBME1PR512438**      Equipment ID\* **05**  
 Make\* **White/GMC**      Model\* **6X6**  
 Year\* **1993**      DOT Inspection Issue Date\* **06/08/2009**      Insurance Policy Expiration Date\* **11/16/2010**

### 2. Equipment Location

City\* **Prineville**      State\* **OR**      Zip Code\* **97754** -  
 Dispatch Center\* **OR-COC**      Latitude       Longitude   
*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity\* **4000-4499** gallons hauled (water)      All-Wheel Drive\* **Yes**  
 Spray Bar Configuration\* **Pressure Front and Rear**      Suspension\* **Vocational Duty**

### 4. Rates

Daily Rate\* \$ **1899.00**

Do you have enough employees  Yes  No for a double shift?\*

### 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 **Sunny**      Last Name **Workman**  
 Daytime Phone **(541) 771-6691**      Cell Phone **(541) 771-6691**      Evening Phone **(541) 771-6691**      FAX **(541) 447-5322**  
 E-mail Address **workman@bhworkman.com**

First Name **Sam**      Last Name **Workman**  
 Daytime Phone **(541) 771-6692**      Cell Phone **(541) 771-6692**      Evening Phone **(541) 416-1651**      FAX **(541) 447-5322**  
 E-mail Address **sam@bhworkman.com**