

Tom Davis 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-10-7142	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) <input type="checkbox"/>	13b. RATING		
15. DELIVER TO CODE		16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756 CODE			
17a. CONTRACTOR/OFFEROR Tom Davis Livestock Inc 46068 Alvord Ranch Ln. Princeton, Oregon, 97721-9552 TELEPHONE NO. 5414952240	17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B CODE			
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	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 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/ Paul Davis			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) Paul Davis -	30c. DATE SIGNED 04/14/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 04/14/2010		

Tom Davis
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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 3	3920754C000544	OR-BIC	
			Daily Rate \$1750/Day
			Mobil/Demobil. \$4/Mile
			Trans. Min. Guarantee \$1000/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 2	507B890CAC	OR-BIC	
			Daily Rate \$2000/Day

Tom Davis
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Vendor Information

Company Name: Tom Davis Livestock Inc
DUNS: 076400431
Company Address:
46068 Alvord Ranch Ln.
Princeton, Oregon, 97721-9552

Mailing Address: same as above

Primary Contact:

Name: Paul Davis

Email: alvordranch@gmail.com

Daytime Phone: 5414952240

Cell Phone: 5415892123

Evening Phone: 5414952243

Fax: 2084756023

Secondary Contact: none

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: 01/01/2011

Has sufficient employees: Y

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* **507B890CAC**

Make* **Clark**

Model* **Ranger-668 Turbo**

Year* **Older**

Insurance Policy Expiration Date* **11/01/2011**

2. Equipment Location

City* **Princeton**

State* **OR**

Zip Code* **97721** - **9552**

Dispatch Center* **OR-BIC**

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **800-999** gallons hauled (water)

Monitor* **Yes**

Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **2000.00**

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)* \$ **1000.00**

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



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* **3920754C000544**
Make* **International** Model* **S-8**
Year* **Older** Insurance Policy Expiration Date* **11/01/2011**

2. Equipment Location

City* **Princeton** State* **OR** Zip Code* **97721** - **9552**
Dispatch Center* **OR-BIC** Latitude _____ Longitude _____
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-599** gallons hauled (water) Winch/Grapple* **No**
Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **1750.00** 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)* \$ **1000.00** 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 _____