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

1. REQUISITION NUMBER	PAGE OF PAGE

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE
AG-04H1-B-10-7146	04/14/2010 - 04/14/2013		AG-04H1-S-10-7002	02/10/2010 14:37 PST

7. FOR SOLICITATION INFORMATION CALL:	a. NAME	b. TELEPHONE NUMBER *(No collect calls)*	8. OFFER DUE DATE/ LOCAL TIME
	Kermadine Barton	541-471-6746	03/04/2010 00:30 PST

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
NAICS: 115310
SIZE STANDARD: 17.5
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)

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
FERGUSON MANAGEMENT COMPANY DBA ASP FIRE
606 SW QUEEN AVE
ALBANY, Oregon, 97322
TELEPHONE NO. 5419678425

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

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

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 04/14/2010 . 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	31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Michael Husted	/s/ Kermadine Barton

30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print)	31c. DATE SIGNED
Michael Husted -	04/14/2010	Kermadine Barton	04/14/2010

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 4	1GDL6H1P1MJ500072	OR-NOC		
			Daily Rate	$1690/Day
Engine Type 6	1FDAW57F31ED55223	OR-KFC		
			Daily Rate	$1540/Day
Engine Type 6	1FSXW47F5YE20632	OR-EIC		
			Daily Rate	$1490/Day
Engine Type 6	1FDAX57P07EA27921	OR-EIC		
			Daily Rate	$1490/Day
Engine Type 6	1FDAX57P44EC70160	OR-NOC		
			Daily Rate	$1490/Day
Engine Type 6	1FDXW47F31ED70803	OR-KFC		
			Daily Rate	$1540/Day

Vendor Information
Company Name: FERGUSON MANAGEMENT COMPANY DBA ASP FIRE
DUNS: 054402342
Company Address:
606 SW QUEEN AVE
ALBANY, Oregon, 97322

Mailing Address:
P.O. BOX 768
ALBANY, Oregon, 97321

Primary Contact:
Name: MICHAEL HUSTED
Email: MIKE@FMCFIRE.COM
Daytime Phone: 5419678425
Cell Phone: 5035102501
Evening Phone: 5035102501
Fax: 5419241872

Secondary Contact:
Name: RICH DAVIS
Email: RDAVIS@FMCFIRE.COM
Daytime Phone: 5412766077
Cell Phone: 2082932684
Evening Phone: 2082932684
Fax: 5412766091

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: 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 4

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 #*: T538467 State*: OR *(Where the license was issued)*

VIN Number*: 1GDL6H1P1MJ500072 Equipment ID*: ASP-13

Make*: GMC Model*: TOPKICK

Year*: 1991 DOT Inspection Issue Date*: 02/14/2010 Insurance Policy Expiration Date*: 01/01/2011

2. Equipment Location

City*: PENDLETON State*: OR Zip Code*: 97801 -

Dispatch Center*: OR-NOC Latitude: Longitude:

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity*: 750-850 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* $: 1690

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: RICH Last Name: DAVIS

Daytime Phone: (541) 276-6077 Cell Phone: (208) 293-2684 Evening Phone: (208) 293-2684 FAX: (541) 276-6091

E-mail Address: RDAVIS@FMCFIRE.COM

First Name: MICHAEL Last Name: HUSTED

Daytime Phone: (541) 967-8425 Cell Phone: (503) 510-2501 Evening Phone: (503) 510-2501 FAX: (541) 924-1872

E-mail Address: MIKE@FMCFIRE.COM

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 #* T538474 State* OR *(Where the license was issued)*

VIN Number* 1FDAW57F31ED55223 Equipment ID* ASP-11

Make* FORD Model* F-550

Year* 2001 DOT Inspection Issue Date* 02/14/2010 Insurance Policy Expiration Date* 01/01/2011

2. Equipment Location

City* KLAMATH FALLS State* OR Zip Code* 97601 -

Dispatch Center* OR-KFC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 226-300 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* $ 1540

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 DAN Last Name BOETTNER

Daytime Phone (541) 549-8167 Cell Phone (541) 815-2030 Evening Phone (541) 815-2030 FAX (541) 549-8129

E-mail Address DAN@GFPENTERPRISES.COM

First Name JEFF Last Name JOSTEN

Daytime Phone (541) 549-8167 Cell Phone (541) 815-7397 Evening Phone (541) 815-7397 FAX (541) 549-8129

E-mail Address JEFF@GFPENTERPRISES.COM

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 #* T554360 State* OR *(Where the license was issued)*

VIN Number* 1FDAX57P44EC70160 Equipment ID* ASP-12

Make* FORD Model* F-550

Year* 2004 DOT Inspection Issue Date* 02/14/2010 Insurance Policy Expiration Date* 01/01/2011

2. Equipment Location

City* PENDLETON State* OR Zip Code* 97801 -

Dispatch Center* OR-NOC 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* $ 1490

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 RICH Last Name DAVIS

Daytime Phone (541) 276-6077 Cell Phone (208) 293-2684 Evening Phone (208) 293-2684 FAX (541) 276-6091

E-mail Address RDAVIS@FMCFIRE.COM

First Name MICHAEL Last Name HUSTED

Daytime Phone (541) 967-8425 Cell Phone (503) 510-2501 Evening Phone (503) 510-2501 FAX (541) 924-1872

E-mail Address MIKE@FMCFIRE.COM

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 #* T570057 State* OR *(Where the license was issued)*

VIN Number* 1FSXW47F5YE20632 Equipment ID* ASP-15

Make* FORD Model* F-450

Year* 2000 DOT Inspection Issue Date* 02/14/2010 Insurance Policy Expiration Date* 01/01/2011

2. Equipment Location

City* ALBANY State* OR Zip Code* 97322 -

Dispatch Center* OR-EIC 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* $ 1490

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 MICHAEL Last Name HUSTED

Daytime Phone (541) 967-8425 Cell Phone (503) 510-2501 Evening Phone (503) 510-2501 FAX (541) 924-1872

E-mail Address MIKE@FMCFIRE.COM

First Name PAUL Last Name ASHER

Daytime Phone (541) 967-8425 Cell Phone (503) 724-2597 Evening Phone (503) 724-2597 FAX (541) 924-1872

E-mail Address PAUL@GFPENTERPRISES.COM

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 #* T522492 State* OR *(Where the license was issued)*

VIN Number* 1FDXW47F31ED70803 Equipment ID* ASP-16

Make* FORD Model* F-450

Year* 2000 DOT Inspection Issue Date* 02/14/2010 Insurance Policy Expiration Date* 01/01/2011

2. Equipment Location

City* KLAMATH FALLS State* OR Zip Code* 97601 -

Dispatch Center* OR-KFC 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* $ 1540

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 DAN Last Name BOETTNER

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E-mail Address DAN@GFPENTERPRISES.COM

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Daytime Phone (541) 549-8167 Cell Phone (541) 815-7397 Evening Phone (541) 815-7397 FAX (541) 549-8129

E-mail Address JEFF@GFPENTERPRISES.COM

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Acquisition Management
USDA Forest Service

Solicitation Year: 2010
Resource Category
Engine, Type 6

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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 #* T563937 State* OR *(Where the license was issued)*

VIN Number* 1FDAX57P07EA27921 Equipment ID* ASP-17

Make* FORD Model* F-550

Year* 2007 DOT Inspection Issue Date* 02/14/2010 Insurance Policy Expiration Date* 01/01/2011

2. Equipment Location

City* ALBANY State* OR Zip Code* 97322 -

Dispatch Center* OR-EIC 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* $ 1490

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 MICHAEL Last Name HUSTED

Daytime Phone (541) 967-8425 Cell Phone (503) 510-2501 Evening Phone (503) 510-2501 FAX (541) 924-1872

E-mail Address MIKE@FMCFIRE.COM

First Name PAUL Last Name ASHER

Daytime Phone (541) 967-8425 Cell Phone (503) 724-2597 Evening Phone (503) 724-2597 FAX (541) 924-1872

E-mail Address PAUL@GFPENTERPRISES.COM