

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-10-7187		3. AWARD/EFFECTIVE DATE 04/20/2010 - 04/20/2013		4. ORDER NUMBER		5. SOLICITATION NUMBER AG-04H1-S-10-7002	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Kermadine Barton		b. TELEPHONE NUMBER (No collect calls) 541-471-6746		8. 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 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	
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"/>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO CODE _____				16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526 CODE _____			
17a. CONTRACTOR/OFFEROR CODE _____ FACILITY CODE _____ Carl Stinnett Fire Suppression Inc. 302 NW 4th St. John Day, Oregon, 97845				18a. PAYMENT WILL BE MADE BY CODE _____ Refer to Exhibit B			
17a. CONTRACTOR/OFFEROR CODE _____ FACILITY CODE _____ Carl Stinnett Fire Suppression Inc. 302 NW 4th St. John Day, Oregon, 97845				18a. PAYMENT WILL BE MADE BY CODE _____ Refer to Exhibit B			
TELEPHONE NO. 5415751418				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 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 <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 -2010 Water Handling Agreement						
<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 04/20/2010 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/ Carl Stinnett				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Carl Stinnett -		30c. DATE SIGNED 04/20/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/20/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	D80DVEB2299	OR-BIC	Daily Rate \$2195/Day

Vendor Information

Company Name: Carl Stinnett Fire Surpression Inc.
DUNS: 360910967
Company Address:
302 NW 4th St.
John Day, Oregon, 97845

Mailing Address: same as above

Primary Contact:

Name: Carl Stinnett
Email: carl_stinnett@yahoo.com
Daytime Phone: 5415751418
Cell Phone: 5412150873
Evening Phone: 5412150873
Fax: 5415751418

Secondary Contact:

Name: Brenda Stinnett
Email: carl_stinnett@yahoo.com
Daytime Phone: 5415751418
Cell Phone: 5412150176
Evening Phone: 5415751418
Fax: 5415751418

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: 08/01/2010
Has sufficient employees: N
Is registered in CCR: Y
Has completed ORCA: Y



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 # * T564517 State * OR (Where the license was issued)

VIN Number * D80DVEB2299 Equipment ID * 90

Make * Ford Model * 8000

Year * Older DOT Inspection Issue Date * 02/08/2010 Insurance Policy Expiration Date * 04/01/2010

2. Equipment Location

City * Burns State * OR Zip Code * 97845 -

Dispatch Center * OR-BIC 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 * No CAFS * Yes No Foam Proportioner System * Manually Regulated Proportioner

4. Rates

Daily Rate * \$ 2195.00 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