

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-10-7129		3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013		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. OFFER DUE DATE/ LOCAL TIME 02/10/2010 14:37 PST 03/04/2010 00:30 PST	
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 NONE		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO				18. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			
17a. CONTRACTOR/OFFEROR DIAMOND FIRE P.O. Box 704 / 924 HWY 138 WEST SUTHERLIN, Oregon, 97479-0704		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
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	
		VIPR I-BPA for R6 -2010 Water Handling Agreement				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 <u>04/14/2010</u> . 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/ Michael Sulfridge				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Michael Sulfridge -		30c. DATE SIGNED 04/14/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/14/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1FTWR80U0FVA56629	OR-UPC	Daily Rate \$2485/Day
Engine Type 4	1GDG6H1C02J515027	OR-UPC	Daily Rate \$2385/Day
Engine Type 4	1FDPK74P4LVA13376	OR-UPC	Daily Rate \$2485/Day
Engine Type 6	1PDXF47F3XEB00617	OR-UPC	Daily Rate \$2245.00/Day
Engine Type 6	1PDXF47F8XEB00614	OR-MIC	Daily Rate \$2395.00/Day
Engine Type 6	2FDKF38M4PCA53153	OR-UPC	Daily Rate \$2395/Day
Engine Type 6	1PDXF47P93EC13796	OR-MIC	Daily Rate \$2245.00/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 3	1FTWR80U0FVA56629	OR-UPC	Daily Rate \$1600/Day
Water Tender (Support) Type 3	1GDG6H1C02J515027	OR-UPC	Daily Rate \$1525/Day

Vendor Information

Company Name: DIAMOND FIRE
DUNS: 017140570
Company Address:
P.O. Box 704 / 924 HWY 138 WEST
SUTHERLIN, Oregon, 97479-0704

Mailing Address:

P.O. BOX 704
SUTHERLIN, Oregon, 97479-0704

Primary Contact:

Name: MIKE SULFFRIDGE
Email: sulffridge@mcsi.net
Daytime Phone: 5414592291
Cell Phone: 5414300178
Evening Phone: 5414592291
Fax: 5414595473

Secondary Contact:

Name: RICK SULFFRIDGE
Email: sulffridge@mcsi.net
Daytime Phone: 5414595464
Cell Phone: 5414306348
Evening Phone: 5414592291
Fax: 5414595473

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: 12/31/2010
Has sufficient employees: Y
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 #* **T545003** State* **OR** (Where the license was issued)

VIN Number* **1FTWR80U0FVA56629** Equipment ID* **111**

Make* **FORD** Model* **LN-8000**

Year* **Older** DOT Inspection Issue Date* **02/23/2010** Insurance Policy Expiration Date* **09/15/2010**

2. Equipment Location

City* **SUTHERLIN** State* **OR** Zip Code* **97479** - **0704**

Dispatch Center* **OR-UPC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **1000-1500** gallons hauled (water) Pump Performance* **Good (125 psi to 149 psi)**

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

4. Rates

Daily Rate* \$ **2485.00**

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 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
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 #* **T547092** State* **OR** (Where the license was issued)

VIN Number* **1FDPK74P4LVA13376** Equipment ID* **112**

Make* **FORD** Model* **F-700**

Year* **1990** DOT Inspection Issue Date* **02/16/2010** Insurance Policy Expiration Date* **09/15/2010**

2. Equipment Location

City* **SUTHERLIN** State* **OR** Zip Code* **97479** - **0704**

Dispatch Center* **OR-UPC** 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* \$ **2485.00**

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 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

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 #* T569468 State* OR (Where the license was issued)

VIN Number* 1FDXF47F8XE00614 Equipment ID* 114

Make* FORD Model* F-450

Year* 1999 DOT Inspection Issue Date* 01/22/2010 Insurance Policy Expiration Date* 12/15/2010

2. Equipment Location

City* MEDFORD State* OR Zip Code* 97504 -

Dispatch Center* OR-MIC 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* Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ 2395.00

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 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

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 #* T569467 State* OR (Where the license was issued)

VIN Number* 1FDXF47F3XEB00617 Equipment ID* 113

Make* FORD Model* F-450

Year* 1999 DOT Inspection Issue Date* 02/23/2010 Insurance Policy Expiration Date* 12/15/2010

2. Equipment Location

City* SUTHERLIN State* OR Zip Code* 97479 - 0704

Dispatch Center* OR-UPC 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* Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ 2245.00

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



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 #* **T541436** State* **OR** (Where the license was issued)

VIN Number* **2FDKF38M4PCA53153** Equipment ID* **115**

Make* **FORD** Model* **F-350**

Year* **1993** DOT Inspection Issue Date* **02/16/2010** Insurance Policy Expiration Date* **12/15/2010**

2. Equipment Location

City* **SUTHERLIN** State* **OR** Zip Code* **97479** - **0704**

Dispatch Center* **OR-UPC** 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* \$ **2395.00**

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

5. Contact Information

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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
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 #* **T578238** State* **OR** (Where the license was issued)
VIN Number* **1GDG6H1C02J515027** Equipment ID* **116**
Make* **GMC** Model* **5500 TK**
Year* **2002** DOT Inspection Issue Date* **02/25/2010** Insurance Policy Expiration Date* **09/15/2010**

2. Equipment Location

City* **SUTHERLIN** State* **OR** Zip Code* **97479** - **0704**
Dispatch Center* **OR-UPC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **1000-1500** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**
All-Wheel Drive* **No** CAFS* Yes No Foam Proportioner System* **Automatic Regulating Proportioner**

4. Rates

Daily Rate* \$ **2385.00** Do you have enough employees Yes No for a double shift*?

5. Contact Information

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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

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 #* T577419 State* OR (Where the license was issued)

VIN Number* 1FDXF47P93EC13796 Equipment ID* 117

Make* FORD Model* F-450

Year* 2003 DOT Inspection Issue Date* 02/23/2010 Insurance Policy Expiration Date* 12/15/2010

2. Equipment Location

City* MEDFORD State* OR Zip Code* 97504 -

Dispatch Center* OR-MIC 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* Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ 2245.00

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



Solicitation Year: 2010
Resource Category
Water Tender (Support), 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 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 #* **T545003** State* **OR** (Where the license was issued)

VIN Number* **1FTWR80U0FVA56629** Equipment ID* **111**

Make* **FORD** Model* **LN-8000**

Year* **Older** DOT Inspection Issue Date* **02/23/2010** Insurance Policy Expiration Date* **09/15/2010**

2. Equipment Location

City* **SUTHERLIN** State* **OR** Zip Code* **97479** - **0704**

Dispatch Center* **OR-UPC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **1000-1499** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Gravity Front or Rear** Suspension* **Single Rear Axle**

4. Rates

Daily Rate* \$ **1600.00**

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

5. Contact Information

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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
Water Tender (Support), 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 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 #* **T578238** State* **OR** (Where the license was issued)

VIN Number* **1GDG6H1C02J515027** Equipment ID* **116**

Make* **GMC** Model* **5500 TK**

Year* **2002** DOT Inspection Issue Date* **02/25/2010** Insurance Policy Expiration Date* **09/15/2010**

2. Equipment Location

City* **SUTHERLIN** State* **OR** Zip Code* **97479** - **0704**

Dispatch Center* **OR-UPC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **1000-1499** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Gravity Front and Rear** Suspension* **Single Rear Axle**

4. Rates

Daily Rate* \$ **1525.00**

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

5. Contact Information

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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