

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>					1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. <b>AG-04H1-B-10-7059</b>	3. AWARD/EFFECTIVE DATE <b>04/13/2010 - 04/13/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010</b> <b>08:37 US/Pacific</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>02/25/2010</b> <b>18:30 US/Pacific</b>	
9. ISSUED BY <b>USDA Forest Service</b> <b>Pacific Northwest Region (R-6)</b> <b>Kermadine Barton</b> <b>Grants Pass Interagency Office</b> <b>2164 NE Spalding Ave.</b> <b>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) <b>NAICS: 115310</b> <b>SIZE STANDARD: 17.5</b>			
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			16. ADMINISTERED BY <b>Kermadine Barton</b> <b>Grants Pass Interagency Office</b> <b>2164 NE Spalding Ave.</b> <b>Grants Pass, Oregon, 97526</b>			
17a. CONTRACTOR/OFFEROR <b>Rogue Valley Wildfire</b> <b>9325 W.Evans cr rd</b> <b>Rogue River, Oregon, 97537</b>  <b>TELEPHONE NO. 5412183973</b>			18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>			
<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
	<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>					
<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>04/13/2010</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/ Stuart Johnson</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>Stuart Johnson -</b>		30c. DATE SIGNED <b>04/13/2010</b>		31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/13/2010</b>

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	3B7KM23C8PM173285	OR-MIC	
			Daily Rate \$1674/Day
Engine Type 6	1B7MF33D9WJ151132	OR-MIC	
			Daily Rate \$1770.5/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1XKWDB9X6FS322444	OR-MIC	
			Daily Rate \$1500/Day
Water Tender (Support) Type 2	73858KP	OR-MIC	
			Daily Rate \$1500/Day

Vendor Information

Company Name: Rogue Valley Wildfire  
DUNS: 130074136  
Company Address:  
9325 W.Evans cr rd  
Rogue River, Oregon, 97537

Mailing Address:

707 SE 9th st  
Grants Pass, Oregon, 97526

Primary Contact:

Name: Stuart Johnson  
Email: stu\_ihman@yahoo.com  
Daytime Phone: 5412183973  
Cell Phone: 5412183973  
Evening Phone: 5412183973  
Fax: 5412262374

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: 07/01/2010  
Has sufficient employees: Y  
Is registered in CCR: Y  
Has completed ORCA: Y



**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 #\* T565594      State\* OR (Where the license was issued)

VIN Number\* 3B7KM23C8PM173285      Equipment ID\* E-01

Make\* DODGE      Model\* W350

Year\* 1993      DOT Inspection Issue Date\* 02/12/2010      Insurance Policy Expiration Date\* 06/01/2010

**2. Equipment Location**

City\* ROGUE RIVER      State\* OR      Zip Code\* 97537 -

Dispatch Center\* OR-MIC      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\* \$ 1674.00

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 STUART      Last Name JOHNSON

Daytime Phone (541) 218-3973      Cell Phone (541) 218-3973      Evening Phone (541) 218-3973      FAX (541) 226-2374

E-mail Address STU\_IHMAN@YAHOO.COM

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 # \* T576139      State \* OR (Where the license was issued)

VIN Number \* 1B7MF33D9WJ151132      Equipment ID \* E-02

Make \* DODGE      Model \* RAM 3500

Year \* 1998      DOT Inspection Issue Date \* 02/12/2010      Insurance Policy Expiration Date \* 06/01/2010

**2. Equipment Location**

City \* ROGUE RIVER      State \* OR      Zip Code \* 97537 -

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 \* Manually Regulated Proportioner

**4. Rates**

Daily Rate \* \$ 1770.50

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 STUART      Last Name JOHNSON

Daytime Phone (541) 218-3973      Cell Phone (541) 218-3973      Evening Phone (541) 218-3973      FAX (541) 226-2374

E-mail Address STU\_IHMAN@YAHOO.COM

First Name      Last Name

Daytime Phone ( ) -      Cell Phone ( ) -      Evening Phone ( ) -      FAX ( ) -

E-mail Address



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), 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 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 #\* **YCSH973** State\* **OR** (Where the license was issued)

VIN Number\* **73858KP** Equipment ID\* **E-03**

Make\* **PETERBILT** Model\* **359**

Year\* **Older** DOT Inspection Issue Date\* **02/24/2010** Insurance Policy Expiration Date\* **06/15/2010**

**2. Equipment Location**

City\* **ROGUE RIVER** State\* **OR** Zip Code\* **97537** -

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

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **3500-3999** gallons hauled (water) All-Wheel Drive\* **No**

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

**4. Rates**

Daily Rate\* \$ **1500.00**

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 **STUART** Last Name **JOHNSON**

Daytime Phone **(541) 218-3973** Cell Phone **(541) 218-3973** Evening Phone **(541) 218-3973** FAX **(541) 226-2374**

E-mail Address **STU\_IHMAN@YAHOO.COM**

First Name  Last Name

Daytime Phone ( ) -  Cell Phone ( ) -  Evening Phone ( ) -  FAX ( ) -

E-mail Address



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), 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 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 #\* **YCBI749** State\* **OR** (Where the license was issued)

VIN Number\* **1XKWDB9X6FS322444** Equipment ID\* **E-04**

Make\* **KENWORTH** Model\* **W900**

Year\* **Older** DOT Inspection Issue Date\* **02/24/2010** Insurance Policy Expiration Date\* **06/15/2010**

**2. Equipment Location**

City\* **ROGUE RIVER** State\* **OR** Zip Code\* **97537** -

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

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **3500-3999** gallons hauled (water) All-Wheel Drive\* **No**

Spray Bar Configuration\* **Pressure Front and Rear** Suspension\* **Air Bag**

**4. Rates**

Daily Rate\* \$ **1500.00**

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 **STUART** Last Name **JOHNSON**

Daytime Phone **(541) 218-3973** Cell Phone **(541) 218-3973** Evening Phone **(541) 218-3973** FAX **(541) 226-2374**

E-mail Address **STU\_IHMAN@YAHOO.COM**

First Name Last Name

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