

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-10-7323	3. AWARD/EFFECTIVE DATE 04/26/2010 - 04/26/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002	6. SOLICITATION ISSUE DATE 02/10/2010 14:37 PST		
7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton			b. TELEPHONE NUMBER (No collect calls) 541-471-6746		8. OFFER DUE DATE/ LOCAL TIME 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		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO			16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			
17a. CONTRACTOR/OFFEROR STENSGAR TRUCKING P.O. Box 73 Inchellum, Washington, 99138			18a. PAYMENT WILL BE MADE BY Refer to Exhibit B			
TELEPHONE NO. 5097223055			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						
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)		
<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 04/26/2010 . 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/ MICHAEL STENSGAR			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) MICHAEL STENSGAR -		30c. DATE SIGNED 04/26/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/26/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	3B7MF33C6TM138084	WA-NEC	Daily Rate \$2200/Day
Engine Type 6	1B7MF3364YJ102747	WA-NEC	Daily Rate \$2200/Day
Engine Type 6	1FTWX33F1XEA77125	WA-NEC	Daily Rate \$2200/Day

Vendor Information

Company Name: STENSGAR TRUCKING
DUNS: 130385987
Company Address:
P.O. Box 73
Inchelium, Washington, 99138

Mailing Address: same as above

Primary Contact:

Name: MICHAEL STENSGAR
Email: stensgartrucking@yahoo.com
Daytime Phone: 5097223055
Cell Phone: 5096753732
Evening Phone: 5097223055
Fax: 5097223055

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: 07/15/2010
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 #* **A92484G** State* **WA** (Where the license was issued)

VIN Number* **1FTWX33F1XEA77125** Equipment ID* **2**

Make* **FORD** Model* **F3D/4C**

Year* **1999** DOT Inspection Issue Date* **02/09/2010** Insurance Policy Expiration Date* **07/15/2010**

2. Equipment Location

City* **INCHELIUM** State* **WA** Zip Code* **99138** -

Dispatch Center* **WA-NEC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **150-225** 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* \$ **2200.00**

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 # State (Where the license was issued)

VIN Number Equipment ID

Make Model

Year DOT Inspection Issue Date Insurance Policy Expiration Date

2. Equipment Location

City State Zip Code -

Dispatch Center Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity gallons hauled (water) Pump Performance

All-Wheel Drive CAFS Yes No Foam Proportioner System

4. Rates

Daily Rate 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 #* **B85639G** State* **WA** (Where the license was issued)
VIN Number* **1B7MF3364YJ102747** Equipment ID* **1**
Make* **DODGE** Model* **RAM**
Year* **2000** DOT Inspection Issue Date* **02/09/2010** Insurance Policy Expiration Date* **07/15/2010**

2. Equipment Location

City* **INCHELIUM** State* **WA** Zip Code* **99138** -
Dispatch Center* **WA-NEC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **150-225** gallons hauled (water) Pump Performance* **Acceptable (100 psi to 124 psi)**
All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **2200.00**

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