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

1. REQUISITION NUMBER
PAGE OF PAGE

2. CONTRACT NO.
AG-04H1-B-10-7053

3. AWARD/EFFECTIVE DATE
04/13/2010 - 04/13/2013

4. ORDER NUMBER

5. SOLICITATION NUMBER
AG-04H1-S-10-7002

6. 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
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
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☐ 8(A)

NAICS: 115310
SIZE STANDARD: 17.5

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

West Coast Wildland Strike Teams
P.O.Box 1012
Sandy, Oregon, 97055

TELEPHONE NO. 5033498366

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

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

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<br>*(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 04/13/2010. 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/ Keith Hergert

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Kermadine Barton

30b. NAME AND TITLE OF SIGNER (Type or print)
Keith Hergert -

30c. DATE SIGNED
04/13/2010

31b. NAME OF CONTRACTING OFFICER (Type or print)
Kermadine Barton

31c. DATE SIGNED
04/13/2010

Schedule of Items

| Item Description | VIN Number/ Equipment ID | Dispatch Center | Rates | |
|---|---|---|---|---|
| Engine Type 6 | 2FDKF38M3PCA43939 | WA-CCC | | |
| | | | Daily Rate | $1650/Day |
| Engine Type 6 | 1GDJV34J1HJ520980 | WA-CCC | | |
| | | | Daily Rate | $1550/Day |

Vendor Information
Company Name: West Coast Wildland Strike Teams
DUNS: 016104940
Company Address:
P.O.Box 1012
Sandy, Oregon, 97055

Mailing Address:
31 NW 11th Street
Gresham, Oregon, 97030

Primary Contact:
Name: Keith Hergert
Email: westcoastwildlandstriketeams@yahoo.com
Daytime Phone: 5033498366
Cell Phone: 9713229727
Evening Phone: 5033498366
Fax: 5034652650

Secondary Contact:
Name: Barbara Kuykendall
Email: westcoastwildlandstriketeams@yahoo.com
Daytime Phone: 5033498366
Cell Phone: 5033498366
Evening Phone: 5033498366
Fax: 5034652650

Discount Terms:
none

Small Business Status
Small Business: Y
HUBZone: N
Service-Disabled Veteran-Owned Small Business: N
8(a): N
LSA Flag: N

Supporting Documentation
Has Workers Compensation Insurance: Y
Workers Comp. Insurance Expiration Date: 06/05/2010
Has sufficient employees: N
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 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 #* T576023 State* OR *(Where the license was issued)*

VIN Number* 1GDJV34J1HJ520980 Equipment ID* E-44

Make* GMC Model* F-350

Year* Older DOT Inspection Issue Date* 02/06/2010 Insurance Policy Expiration Date* 03/25/2010

### 2. Equipment Location

City* Sandy & Gresham State* OR Zip Code* 97055 -

Dispatch Center* WA-CCC 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* Automatic Regulating Proportioner

### 4. Rates

Daily Rate* $ 1550.00

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

# 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 #* T540046 State* OR *(Where the license was issued)*

VIN Number* 2FDKF38M3PCA43939 Equipment ID* E-46

Make* Ford Model* F-350

Year* 1993 DOT Inspection Issue Date* 02/06/2010 Insurance Policy Expiration Date* 03/25/2010

### 2. Equipment Location

City* Sandy & Gresham State* OR Zip Code* 97055 -

Dispatch Center* WA-CCC 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* Automatic Regulating Proportioner

### 4. Rates

Daily Rate* $ 1650.00

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 ( ) -

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