

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-10-7013	3. AWARD/EFFECTIVE DATE 04/12/2010 - 04/12/2013	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 USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		CODE	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 1% 15	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING			
15. DELIVER TO		CODE	16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526				
17a. CONTRACTOR/OFFEROR 1-A CONSTRUCTION & FIRE LLP 31156 FOLLETT LN HERMISTON, Oregon, 97838-6278	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B				
TELEPHONE NO. 5415675730		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	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 52.212-6 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 04/12/2010 . 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/ PATRICIA MAIER				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) PATRICIA MAIER -		30c. DATE SIGNED 04/12/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/12/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1736595	OR-JDCC	Daily Rate \$1199/Day
Water Tender (Support) Type 2	1FUEYCYB5EP244014	OR-NOC	Daily Rate \$1099/Day
Water Tender (Support) Type 1	1XPAM50X8KN266647	OR-NOC	Daily Rate \$1299/Day
Water Tender (Support) Type 2	1XKDDDB9X7PJ610245	OR-NOC	Daily Rate \$1200/Day

Vendor Information

Company Name: 1-A CONSTRUCTION & FIRE LLP

DUNS: 129133380

Company Address:

31156 FOLLETT LN

HERMISTON, Oregon, 97838-6278

Mailing Address: same as above

Primary Contact:

Name: PATRICIA MAIER

Email: patriciamai@msn.com

Daytime Phone: 5415675730

Cell Phone: 5413774106

Evening Phone: 5415714431

Fax: 5415671485

Secondary Contact:

Name: MELISSA DEMING

Email: patriciamai@msn.com

Daytime Phone: 5412786174

Cell Phone: 5415713693

Evening Phone: 5414273510

Fax: 5412876174

Discount Terms:

1 & 15

Small Business Status

Small Business: Y

HUBZone: Y

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: 10/01/2010

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Water Tender (Support), Type 1

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 #* YCRZ007 State* OR (Where the license was issued)

VIN Number* 1XPAM50X8KN266647 Equipment ID* 9

Make* PETERBILT Model* TK

Year* Older DOT Inspection Issue Date* 04/06/2009 Insurance Policy Expiration Date* 04/07/2010

2. Equipment Location

City* UKIAH State* OR Zip Code* 97880 -

Dispatch Center* OR-NOC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 4000-4499 gallons hauled (water) All-Wheel Drive* Yes

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

4. Rates

Daily Rate* \$ 1299.00

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 PATRICIA Last Name MAIER

Daytime Phone (541) 377-4106 Cell Phone (541) 571-4431 Evening Phone (541) 278-6174 FAX (541) 567-1485

E-mail Address patriciamai@msn.com

First Name TOM Last Name GATENS

Daytime Phone (541) 427-3083 Cell Phone (541) 969-2995 Evening Phone (541) 278-6174 FAX (541) 427-3083

E-mail Address patriciamai@msn.com



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 #* **YEAA614** State* **OR** (Where the license was issued)

VIN Number* **1736595** Equipment ID* **3**

Make* **KENWORTH** Model* **TK**

Year* **Older** DOT Inspection Issue Date* **04/06/2009** Insurance Policy Expiration Date* **04/07/2010**

2. Equipment Location

City* **HEPPNER** State* **OR** Zip Code* **97836**

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3000-3499** gallons hauled (water) All-Wheel Drive* **No**

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

4. Rates

Daily Rate* \$ **1199.00**

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 **PATRICIA** Last Name **MAIER**

Daytime Phone **(541) 567-5730** Cell Phone **(541) 377-4106** Evening Phone **(541) 571-4431** FAX **(541) 567-1485**

E-mail Address **patriciamai@msn.com**

First Name **RANDY** Last Name **RAYBURN**

Daytime Phone **(541) 567-5730** Cell Phone **(541) 240-1426** Evening Phone **(541) 278-6174** FAX **(541) 567-1485**

E-mail Address **patriciamai@msn.com**



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 #* **YEAA682**

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

VIN Number* **1XKDD9X7PJ610245**

Equipment ID* **22**

Make* **KENWORTH**

Model* **TK**

Year* **1993**

DOT Inspection Issue Date* **04/06/2009**

Insurance Policy Expiration Date* **04/07/2010**

2. Equipment Location

City* **UKIAH**

State* **OR**

Zip Code* **97880**

Dispatch Center* **OR-NOC**

Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3000-3499** gallons hauled (water)

All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear**

Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1200.00**

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 **PATRICIA**

Last Name **MAIER**

Daytime Phone **(541) 567-5730**

Cell Phone **(541) 377-4106**

Evening Phone **(541) 571-4431**

FAX **(541) 567-1485**

E-mail Address **patriciamai@msn.com**

First Name **TOM**

Last Name **GATENS**

Daytime Phone **(541) 427-3083**

Cell Phone **(541) 969-2995**

Evening Phone **(541) 278-6174**

FAX **(541) 427-3083**

E-mail Address **patriciamai@msn.com**



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 #* **YEAA531** State* **OR** (Where the license was issued)

VIN Number* **1FUEYCYB5EP244014** Equipment ID* **11**

Make* **FREIGHTLINER** Model* **TK**

Year* **Older** DOT Inspection Issue Date* **04/06/2009** Insurance Policy Expiration Date* **04/07/2010**

2. Equipment Location

City* **HERMISTON** State* **OR** Zip Code* **97838** -

Dispatch Center* **OR-NOC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **2500-2999** gallons hauled (water) All-Wheel Drive* **No**

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

4. Rates

Daily Rate* \$ **1099.00**

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