

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. <b>AG-04H1-B-10-7156</b>	3. AWARD/EFFECTIVE DATE <b>04/16/2010 - 04/16/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010 08:37 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>		a. NAME		b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	8. OFFER DUE DATE/ LOCAL TIME <b>02/25/2010 18:30 US/Pacific</b>
9. ISSUED BY <b>USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		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: <b>115310</b> SIZE STANDARD: <b>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		CODE	16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		
17a. CONTRACTOR/OFFEROR <b>Central Wildfire L.L.C. 1900 NE3rd #106-166 Bend, Oregon, 97701</b>	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
TELEPHONE NO. <b>5414202576</b>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		19. ITEM NO.			
20. SCHEDULE OF SUPPLIES/SERVICES  <b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>  <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
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>04/16/2010</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/ Jason Ewart</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>Jason Ewart -</b>	30c. DATE SIGNED <b>04/16/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/16/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1HTLFTVRXJH530776	OR-COC	Daily Rate \$2000/Day
Engine Type 4	1HTLPHWL1HH480822	OR-COC	Daily Rate \$2000/Day
Engine Type 6	1GBJK34U22F121081	OR-COC	Daily Rate \$2000/Day
Engine Type 6	1FDAN57F03EA64200	OR-COC	Daily Rate \$2000/Day

**Vendor Information**

**Company Name:** Central Wildfire L.L.C.

**DUNS:** 843611141

**Company Address:**

1900 NE3rd #106-166

Bend, Oregon, 97701

**Mailing Address:** same as above

**Primary Contact:**

**Name:** Jason Ewart

**Email:** jndewart@yahoo.com

**Daytime Phone:** 5414202576

**Cell Phone:** 5414202576

**Evening Phone:** 5413855682

**Fax:** 5413124506

**Secondary Contact:** none

**Discount Terms:**

none

**Small Business Status**

**Small Business:** Y

**HUBZone:** N

**Service-Disabled Veteran-Owned Small Business:** Y

**8(a):** N

**LSA Flag:** N

**Supporting Documentation**

**Has Workers Compensation Insurance:** Y

**Workers Comp. Insurance Expiration Date:** 06/01/2010

**Has sufficient employees:** N

**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 # \* T552267      State \* OR (Where the license was issued)

VIN Number \* 1FDAW57F03EA64200      Equipment ID \* E-762

Make \* Ford      Model \* F-550

Year \* 2003      DOT Inspection Issue Date \* 02/04/2010      Insurance Policy Expiration Date \* 09/05/2010

### 2. Equipment Location

City \* Bend      State \* OR      Zip Code \* 97701 -

Dispatch Center \* OR-COC      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 \* \$ 2000.00

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 # \* T538446      State \* OR (Where the license was issued)

VIN Number \* 1GBJK34U22F121081      Equipment ID \* E-763

Make \* Chevy      Model \* 3500

Year \* 2002      DOT Inspection Issue Date \* 02/04/2010      Insurance Policy Expiration Date \* 09/05/2010

### 2. Equipment Location

City \* Bend      State \* OR      Zip Code \* 97701 -

Dispatch Center \* OR-COC      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 \* \$ 2000.00      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 \_\_\_\_\_