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

1. REQUISITION NUMBER	PAGE OF PAGE

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE
AG-04H1-B-10-7139	04/14/2010 - 04/14/2013		AG-04H1-S-10-7002	02/10/2010 14:37 PST

7. FOR SOLICITATION INFORMATION CALL:	a. NAME	b. TELEPHONE NUMBER *(No collect calls)*	8. OFFER DUE DATE/ LOCAL TIME
	Kermadine Barton	541-471-6746	03/04/2010 00:30 PST

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
NAICS: 115310
SIZE STANDARD: 17.5
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)

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
Delange Enterprises Inc. dba Boulder Creek Contracting
702 W Chewuch Rd
PO Box 848
Winthrop, Washington, 98862

TELEPHONE NO. 5099963513

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

☐ 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 ☐ 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 *(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 04/14/2010 . 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	31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Patricia DeLange	/s/ Kermadine Barton

30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print)	31c. DATE SIGNED
Patricia DeLange -	04/14/2010	Kermadine Barton	04/14/2010

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
Prescribed by GSA - FAR (48 CFR) 53.212

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Water Tender (Support) Type 2	1M2P141CXHA005381	WA-CWC		
			Daily Rate	$1180.00/Day
Water Tender (Support) Type 2	2FZYKXYB8XAB42189	WA-CWC		
			Daily Rate	$1190.00/Day
Water Tender (Support) Type 3	9BFPH70P8HDM04011	WA-CWC		
			Daily Rate	$1074.00/Day
Water Tender (Support) Type 3	1HTAR185XDHA22245	WA-CWC		
			Daily Rate	$1115.00/Day
Water Tender (Support) Type 3	1HTSEAAR9WH555250	WA-CWC		
			Daily Rate	$1149.00/Day

Vendor Information
Company Name: Delange Enterprises Inc. dba Boulder Creek Contracting
DUNS: 016040565
Company Address:
702 W Chewuch Rd
PO Box 848
Winthrop, Washington, 98862

Mailing Address:
PO Box 848
Winthrop, Washington, 98862

Primary Contact:
Name: Patricia Delange
Email: bouldercreekcontracting@hotmail.com
Daytime Phone: 5099963513
Cell Phone: 5094291336
Evening Phone: 5098463132
Fax: 5099963470

Secondary Contact: none

Discount Terms:
none

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: 04/24/2011
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
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 #* A34117R State* WA *(Where the license was issued)*

VIN Number* 1M2P141CXHA005381 Equipment ID* 02

Make* Mack Model* RD 688S

Year* Older DOT Inspection Issue Date* 06/05/2009 Insurance Policy Expiration Date* 05/15/2010

2. Equipment Location

City* Winthrop State* WA Zip Code* 98862 -

Dispatch Center* WA-CWC 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* $ 1180.00

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
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 #* B16986L State* WA *(Where the license was issued)*

VIN Number* 2FZYKXYB8XAB42189 Equipment ID* 01

Make* Sterling Model* T93

Year* 1999 DOT Inspection Issue Date* 06/05/2009 Insurance Policy Expiration Date* 05/15/2010

2. Equipment Location

City* Winthrop State* WA Zip Code* 98862 -

Dispatch Center* WA-CWC 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* $ 1190.00

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
Water Tender (Support), Type 3

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 #* A76032H State* WA *(Where the license was issued)*

VIN Number* 9BFPH70P8HDM04011 Equipment ID* 03

Make* Ford Model* CF-7000

Year* Older DOT Inspection Issue Date* 06/05/2009 Insurance Policy Expiration Date* 05/15/2010

2. Equipment Location

City* Winthrop State* WA Zip Code* 98862 -

Dispatch Center* WA-CWC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 1500-1999 gallons hauled (water) All-Wheel Drive* No

Spray Bar Configuration* Pressure Front and Rear Suspension* Single Rear Axle

4. Rates

Daily Rate* $ 1074.00

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
Water Tender (Support), Type 3

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 #* B44469K State* WA *(Where the license was issued)*

VIN Number* 1HTAR185XDHA22245 Equipment ID* 05

Make* International Model* 1854

Year* Older DOT Inspection Issue Date* 06/05/2009 Insurance Policy Expiration Date* 05/15/2010

2. Equipment Location

City* Winthrop State* WA Zip Code* 98862 -

Dispatch Center* WA-CWC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 1500-1999 gallons hauled (water) All-Wheel Drive* Yes

Spray Bar Configuration* Gravity Front or Rear Suspension* Single Rear Axle with E-locker or Interlock

4. Rates

Daily Rate* $ 1115.00

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
Water Tender (Support), Type 3

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 #* A21779S State* WA *(Where the license was issued)*

VIN Number* 1HTSEAAR9WH555250 Equipment ID* 04

Make* International Model* 4800

Year* 1998 DOT Inspection Issue Date* 06/05/2009 Insurance Policy Expiration Date* 05/15/2010

2. Equipment Location

City* Winthrop State* WA Zip Code* 98862 -

Dispatch Center* WA-CWC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 2000-2499 gallons hauled (water) All-Wheel Drive* Yes

Spray Bar Configuration* Pressure Front and Rear Suspension* Single Rear Axle with E-locker or Interlock

4. Rates

Daily Rate* $ 1149.00

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