

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-10-7108</b>	3. AWARD/EFFECTIVE DATE <b>04/14/2010 - 04/14/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010 14:37 PST</b>		
7. FOR SOLICITATION INFORMATION CALL:  a. NAME <b>Kermadine Barton</b>		b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>		8. OFFER DUE DATE/ LOCAL TIME <b>03/04/2010 00:30 PST</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)		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>		CODE		
17a. CONTRACTOR/OFFEROR <b>First Strike Environmental Company 256 Quarry Road Roseburg, Oregon, 97470</b>	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>			
TELEPHONE NO. <b>8004473558</b>		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
	<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>					
<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 52.212-5 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>04/14/2010</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/ Robert Krueger</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>Robert Krueger -</b>	30c. DATE SIGNED <b>04/14/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/14/2010</b>			

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1FDXK07U6PVA57987	OR-EIC	
		Daily Rate	\$2645.00/Day
Engine Type 6	1FDAW57R08EA29271	OR-EIC	
		Daily Rate	\$2445.00/Day
Engine Type 6	1GBJK34N3PE195521	OR-UPC	
		Daily Rate	\$2445.00/Day
Engine Type 6	1B7MF33W2WJ222446	OR-EIC	
		Daily Rate	\$2445.00/Day
Engine Type 6	1FDAW57P03EC12953	OR-EIC	
		Daily Rate	\$2445.00/Day
Engine Type 6	1FDXF47S83EA09849	OR-EIC	
		Daily Rate	\$2445.00/Day
Engine Type 6	3B6MP36W0WM284334	OR-EIC	
		Daily Rate	\$2445.00/Day

**Vendor Information**

Company Name: First Strike Environmental Company  
DUNS: 623872124  
Company Address:  
256 Quarry Road  
Roseburg, Oregon, 97470

Mailing Address: same as above

**Primary Contact:**

Name: Robert Krueger  
Email: Email@FirstStrikeEnvironmental.com  
Daytime Phone: 8004473558  
Cell Phone: null  
Evening Phone: 5416739892  
Fax: 5416731739

**Secondary Contact:**

Name: Isaac Adevai  
Email: Email@FirstStrikeEnvironmental.com  
Daytime Phone: 8004473558  
Cell Phone: null  
Evening Phone: 5416739892  
Fax: 5416731739

**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: 07/01/2010  
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 #\* T536636      State\* OR (Where the license was issued)

VIN Number\* 1GBJK34N3PE195521      Equipment ID\* 14

Make\* Chevy      Model\* 3500

Year\* 1993      DOT Inspection Issue Date\* 02/17/2010      Insurance Policy Expiration Date\* 07/01/2010

### 2. Equipment Location

City\* Roseburg      State\* OR      Zip Code\* 97470 -

Dispatch Center\* OR-UPC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity\* 226-300 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\* \$ 2445.00

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 #\* **T545006** State\* **OR** (Where the license was issued)

VIN Number\* **1FDXF47S83EA09849** Equipment ID\* **15**

Make\* **Ford** Model\* **450**

Year\* **2003** DOT Inspection Issue Date\* **02/17/2010** Insurance Policy Expiration Date\* **07/01/2010**

**2. Equipment Location**

City\* **Eugene** State\* **OR** Zip Code\* **97401** -

Dispatch Center\* **OR-EIC** 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\* \$ **2445.00**

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 #\* T549426      State\* OR (Where the license was issued)

VIN Number\* 1B7MF33W2WJ222446      Equipment ID\* 16

Make\* Dodge      Model\* 3500

Year\* 1998      DOT Inspection Issue Date\* 02/08/2010      Insurance Policy Expiration Date\* 07/01/2010

### 2. Equipment Location

City\* Eugene      State\* OR      Zip Code\* 97401 -

Dispatch Center\* OR-EIC      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\* Manually Regulated Proportioner

### 4. Rates

Daily Rate\* \$ 2445.00

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 #\* **T540530** State\* **OR** (Where the license was issued)

VIN Number\* **3B6MF36W0WM284334** Equipment ID\* **17**

Make\* **Dodge** Model\* **3500**

Year\* **1998** DOT Inspection Issue Date\* **02/08/2010** Insurance Policy Expiration Date\* **07/01/2010**

**2. Equipment Location**

City\* **Eugene** State\* **OR** Zip Code\* **97401** -

Dispatch Center\* **OR-EIC** 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\* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate\* \$ **2445.00**

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 # **T542992** State **OR** (Where the license was issued)

VIN Number **1FDAW57P03EC12953** Equipment ID **18**

Make **Ford** Model **F550**

Year **2003** DOT Inspection Issue Date **02/16/2010** Insurance Policy Expiration Date **07/01/2010**

**2. Equipment Location**

City **Eugene** State **OR** Zip Code **97401** -

Dispatch Center **OR-EIC** 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 **Manually Regulated Proportioner**

**4. Rates**

Daily Rate \$ **2445.00**

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 #\* **T574170** State\* **OR** (Where the license was issued)

VIN Number\* **1FDAW57R08EA29271** Equipment ID\* **19**

Make\* **Ford** Model\* **TK SDTY F550**

Year\* **2008** DOT Inspection Issue Date\* **02/16/2010** Insurance Policy Expiration Date\* **07/01/2010**

**2. Equipment Location**

City\* **Eugene** State\* **OR** Zip Code\* **97401** -

Dispatch Center\* **OR-EIC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **226-300** gallons hauled (water) Pump Performance\* **Good (125 psi to 149 psi)**

All-Wheel Drive\* **Yes** CAFS\*  Yes  No Foam Proportioner System\* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate\* \$ **2445.00**

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 4**

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 #\* T541401      State\* OR (Where the license was issued)

VIN Number\* 1FDXK87U6FVA57987      Equipment ID\* 44

Make\* Ford      Model\* F8000

Year\* Older      DOT Inspection Issue Date\* 02/08/2010      Insurance Policy Expiration Date\* 07/01/2010

**2. Equipment Location**

City\* Eugene      State\* OR      Zip Code\* 97401 -

Dispatch Center\* OR-EIC      Latitude      Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* 851-999 gallons hauled (water)      Pump Performance\* Excellent (150 psi or more)

All-Wheel Drive\* No      CAFS\*  Yes  No      Foam Proportioner System\* Automatic Regulating Proportioner

**4. Rates**

Daily Rate\* \$ 2645.00

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