

<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-10-7216</b>	3. AWARD/EFFECTIVE DATE <b>04/23/2010 - 04/23/2013</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: <b>Kermadine Barton</b>			b. TELEPHONE NUMBER (No collect call) <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>			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"/>	
15. DELIVER TO		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>			
17a. CONTRACTOR/OFFEROR <b>Richard A. Walczyk Crown Chaser 512 sw birch place pilot rock, Oregon, 97868</b>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>			
TELEPHONE NO. <b>5413107730</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>04/23/2010</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/ richard walczyk</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>richard walczyk -</b>		30c. DATE SIGNED <b>04/23/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/23/2010</b>

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1HTLFHWN3FHA59153	OR-NOC	Daily Rate \$2400/Day
Engine Type 6	1FDWF37P73EB96793	OR-NOC	Daily Rate \$1979/Day
Engine Type 6	1FDWX37F62EB65635	OR-NOC	Daily Rate \$1979/Day

**Vendor Information**

**Company Name:** Richard A. Walczyk Crown Chaser

**DUNS:** 016974771

**Company Address:**

512 sw birch place  
pilot rock, Oregon, 97868

**Mailing Address:** same as above

**Primary Contact:**

**Name:** Richard Walczyk

**Email:** crownchaser@charter.net

**Daytime Phone:** 5413107730

**Cell Phone:** 5413107730

**Evening Phone:** 5413107975

**Fax:** 5416476517

**Secondary Contact:**

**Name:** Richard Walczyk

**Email:** crownchaser@charter.net

**Daytime Phone:** 5413107730

**Cell Phone:** 5413107730

**Evening Phone:** 5413107975

**Fax:** 5416476517

**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:** 05/28/2010

**Has sufficient employees:** Y

**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 #\* T5412027      State\* OR (Where the license was issued)

VIN Number\* 1FDWF37P73EB96793      Equipment ID\* 98

Make\* F-350      Model\* F-350

Year\* 2003      DOT Inspection Issue Date\* 05/10/2009      Insurance Policy Expiration Date\* 05/27/2010

**2. Equipment Location**

City\* PILOT ROCK      State\* OR      Zip Code\* 97868 -

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

**4. Rates**

Daily Rate\* \$ 1979

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 #\* **T546030** State\* **OR** (Where the license was issued)

VIN Number\* **1HTLFHWN3FHA59153** Equipment ID\* **96**

Make\* **International** Model\* **S-1800**

Year\* **Older** DOT Inspection Issue Date\* **05/10/2009** Insurance Policy Expiration Date\* **05/27/2010**

**2. Equipment Location**

City\* **pilot rock** State\* **OR** Zip Code\* **97868** -

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

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **1000-1500** 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\* \$ **2400**

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

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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 #\* **T568299** State\* **OR** (Where the license was issued)  
VIN Number\* **1FDWX37F62EB65635** Equipment ID\* **97**  
Make\* **FORD** Model\* **F-350**  
Year\* **2002** DOT Inspection Issue Date\* **05/10/2009** Insurance Policy Expiration Date\* **05/27/2010**

### 2. Equipment Location

City\* **PILOT ROCK** State\* **OR** Zip Code\* **97868** -  
Dispatch Center\* **OR-NOC** 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\* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate\* \$ **1979** 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