

<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-10-7064</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</b> <b>08:37 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>			b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>		8. OFFER DUE DATE/ LOCAL TIME <b>02/25/2010</b> <b>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>			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			16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		
17a. CONTRACTOR/OFFEROR <b>T Mike Anderson Tender Service 1605 Azalea Drive Grants Pass, Oregon, 97526-8215</b>  TELEPHONE NO. <b>5414725108</b>			18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
<input type="checkbox"/> 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 <input type="checkbox"/> SEE ADDENDUM		
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				28. 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/ Thomas Anderson</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>Thomas Anderson -</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
Water Tender (Support) Type 2	DF402E37750H	OR-NOC	Daily Rate \$1299/Day
Water Tender (Support) Type 2	R711S1163	OR-EIC	Daily Rate \$1450/Day
Water Tender (Support) Type 2	35492	OR-MIC	Daily Rate \$1450/Day

**Vendor Information**

Company Name: T Mike Anderson Tender Service  
DUNS: 608115374  
Company Address:  
1605 Azalea Drive

Grants Pass, Oregon, 97526-8215

**Mailing Address:**

PO Box 994  
Merlin, Oregon, 97532-0994

**Primary Contact:**

Name: Thomas Anderson  
Email: tmikeanderson@hotmail.com  
Daytime Phone: 5414725108  
Cell Phone: 5416603528  
Evening Phone: 5414725108  
Fax: 5414725108

Secondary Contact: none

**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: 05/01/2010  
Has sufficient employees: N  
Is registered in CCR: Y  
Has completed ORCA: Y



**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 #\* **YEAA481** State\* **OR** (Where the license was issued)

VIN Number\* **35492** Equipment ID\* **17**

Make\* **Peterbilt** Model\* **Tanker**

Year\* **Older** DOT Inspection Issue Date\* **02/27/2009** Insurance Policy Expiration Date\* **05/10/2010**

**2. Equipment Location**

City\* **Grants Pass** State\* **OR** Zip Code\* **97526** - **8215**

Dispatch Center\* **OR-MIC** 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\* \$ **1450**

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**  
**Water Tender (Support), Type 2**

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

VIN Number \*  Equipment ID \*

Make \*  Model \*

Year \*  DOT Inspection Issue Date \*  Insurance Policy Expiration Date \*

**2. Equipment Location**

City \*  State \*  Zip Code \*  -

Dispatch Center \*  Latitude  Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \*  gallons hauled (water) All-Wheel Drive \*

Spray Bar Configuration \*  Suspension \*

**4. Rates**

Daily Rate \* \$

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**  
**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 #\* **YEAA532**      State\* **OR** (Where the license was issued)

VIN Number\* **R711S1163**      Equipment ID\* **3**

Make\* **Mack**      Model\* **Tanker**

Year\* **Older**      DOT Inspection Issue Date\* **02/27/2009**      Insurance Policy Expiration Date\* **05/10/2010**

**2. Equipment Location**

City\* **Eugene**      State\* **OR**      Zip Code\* **97402** -

Dispatch Center\* **OR-EIC**      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\* \$ **1450**

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