

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE	
2. CONTRACT NO AG-04H1-B-10-7017	3. AWARD/EFFECTIVE DATE 04/12/2010 - 04/12/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002	8. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific		
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Kermadine Barton	b. TELEPHONE NUMBER (No collect calls) 541-471-6746	8. OFFER DUE DATE/ LOCAL TIME 02/25/2010 18:30 US/Pacific		
9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		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"/> B(A) NAICS: 115310 SIZE STANDARD: 17.5			
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 Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			
17a. CONTRACTOR/OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY			
A-TEAM WILDFIRE CONTRACT ENGINES INC. 62496 STARR LANE LA GRANDE, Oregon, 97850-5190			Refer to Exhibit B			
TELEPHONE NO. 5419637993		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
	VIPR I-BPA for R6 -2010 Water Handling Agreement					
<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 04/12/2010 . 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 /s/ warren giles			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) warren giles -	30c. DATE SIGNED 04/12/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton	31c. DATE SIGNED 04/12/2010			

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	3D6WD76L89G552342	OR-NOC	Daily Rate \$2350/Day
Engine Type 4	C17NE9V171784	OR-NOC	Daily Rate \$2350/Day
Engine Type 6	3D6WH4EL3AG106642	OR-NOC	Daily Rate \$2100/Day
Engine Type 6	3D6WH48A58G233056	OR-NOC	Daily Rate \$2100/Day
Engine Type 6	3B6MF36661M249533	OR-NOC	Daily Rate \$2050/Day
Engine Type 6	3B6MF3663WM265678	OR-NOC	Daily Rate \$2050/Day

Vendor Information

Company Name: A-TEAM WILDFIRE CONTRACT ENGINES INC.
DUNS: 016876505
Company Address:
62496 STARR LANE
LA GRANDE, Oregon, 97850-5190

Mailing Address: same as above

Primary Contact:

Name: WARREN GILES
Email: gilezs@yahoo.com
Daytime Phone: 5419637993
Cell Phone: 5419103863
Evening Phone: 5419637993
Fax: 5419637993

Secondary Contact:

Name: SCHIN HAAKENSEN
Email: schin24@yahoo.com
Daytime Phone: 5419637993
Cell Phone: 5419103861
Evening Phone: 5419103861
Fax: 5419637993

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: 10/01/2010
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 # * T579622 State * OR (Where the license was issued)

VIN Number * 3D6WH4EL3AG106642 Equipment ID * 001

Make * DODGE Model * 3500

Year * 2010 DOT Inspection Issue Date * 01/28/2010 Insurance Policy Expiration Date * 03/30/2011

2. Equipment Location

City * LA GRANDE State * OR Zip Code * 97850 - 5190

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 * \$ 2100.00

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 # * T575567 State * OR (Where the license was issued)

VIN Number * 3D6WH48A58G233056 Equipment ID * 002

Make * DODGE Model * 3500

Year * 2008 DOT Inspection Issue Date * 01/28/2010 Insurance Policy Expiration Date * 03/30/2011

2. Equipment Location

City * LA GRANDE State * OR Zip Code * 97850 - 5190

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 * \$ 2100.00

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 # * 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) Pump Performance *

All-Wheel Drive * CAFS * Yes No Foam Proportioner System *

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

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 # * **T579623** State * **OR** (Where the license was issued)

VIN Number * **3B6MF3663WM265678** Equipment ID * **012**

Make * **DODGE** Model * **3500**

Year * **1998** DOT Inspection Issue Date * **02/03/2010** Insurance Policy Expiration Date * **03/30/2011**

2. Equipment Location

City * **LA GRANDE** State * **OR** Zip Code * **97850** - **5190**

Dispatch Center * **OR-NOC** 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 * \$ **2050.00**

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