WOODWARD Finance Copy

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

1. REQUISITION NUMBER

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2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE
AG-04H1-B-10-7116	04/14/2010 - 04/14/2013		AG-04H1-S-10-7001	01/21/2010 16:47 US/Pacific

7. FOR SOLICITATION INFORMATION CALL:	a. NAME	b. TELEPHONE NUMBER *(No collect calls)*	8. OFFER DUE DATE/ LOCAL TIME
	Leif Shjeflo	541-504-7380	02/23/2010 18:30 US/Pacific

9. ISSUED BY CODE
USDA Forest Service

Leif Shjeflo
Redmond Air Center
1740 NE Ochoco Way
Redmond, Oregon, 97756

10. THIS ACQUISITION IS
☐ UNRESTRICTED OR ☒ SET ASIDE: ____ % FOR:
☒ SMALL BUSINESS ☐ EMERGING SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)

NAICS: **115310**
SIZE STANDARD: **$17.5 M**

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
Leif Shjeflo
Redmond Air Center
1740 NE Ochoco Way
Redmond, Oregon, 97756

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE

JAMES E WOODWARD INC.
16089 S Hwy 26
MITCHELL, Oregon, 97750

TELEPHONE NO. **5414623200**

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE

Refer to Exhibit B

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 Heavy Equipment w/Water				
	(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
/s/ James Woodward

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Leif Shjeflo

30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print)	31c. DATE SIGNED
James Woodward -	04/14/2010	Leif Shjeflo	04/14/2010

Woodward
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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Softtrack Type 1	CA5237	OR-COC		
			Daily Rate	$2450/Day
			Mobil/Demobil.	$3/Mile
			Trans. Min. Guarantee	$900/Day
Softtrack Type 1	5376H52	OR-COC		
			Daily Rate	$2450/Day
			Mobil/Demobil.	$3/Mile
			Trans. Min. Guarantee	$972/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Skidgine Type 2	95U896	OR-COC		
			Daily Rate	$1572/Day

Woodward
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Vendor Information
Company Name: JAMES E WOODWARD INC.
DUNS: 032058609
Company Address:
16089 S Hwy 26
MITCHELL, Oregon, 97750

Mailing Address: same as above
Primary Contact:
Name: JAMES E WOODWARD
Email: woodward4321@hotmail.com
Daytime Phone: 5414623200
Cell Phone: 5417716336
Evening Phone: null
Fax: 5414623200

Secondary Contact:
Name: JACK A ROBERTSON
Email: acesupskidgines@gmail.com
Daytime Phone: 5413892664
Cell Phone: 5417716336
Evening Phone: null
Fax: 5414623400

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: 05/11/2011
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

Solicitation Year: 2010
Resource Category
Skidgine, 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 or Serial Number

From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* 95U896

Make* CAT

Model* 518G

Year* Older

Insurance Policy Expiration Date* 05/11/2010

2. Equipment Location

City* MITCHELL

State* OR

Zip Code* 97750 -

Dispatch Center* OR-COC

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Monitor* Yes

Capacity* 1000-1199 gallons hauled (water)

Foam Proportioner System* None

4. Rates

Daily Rate* $ 1572.00

Mobilization/Demobilization* $ 3.00 (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* $ 972.00

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 JAMES E

Last Name WOODWARD

Daytime Phone (541) 462-3200

Cell Phone (541) 771-6336

Evening Phone ( ) -

FAX (541) 462-3400

E-mail Address woodward4321@hotmail.com

First Name JACK A

Last Name ROBERTSON

Daytime Phone (541) 389-2664

Cell Phone (541) 771-6336

Evening Phone ( ) -

FAX (541) 389-2607

E-mail Address acesupskidgines@gmail.com

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

Solicitation Year: 2010
Resource Category
Softtrack, Type 1

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 or Serial Number

From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* 5376H52

Make* FMC Model* 210

Year* Older Insurance Policy Expiration Date* 05/11/2010

2. Equipment Location

City* MITCHELL State* OR Zip Code* 97750 -

Dispatch Center* OR-COC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 1200+ gallons hauled (water) Winch* No

Monitor* No Foam Proportioner System* None

4. Rates

Daily Rate* $ 2450.00 Mobilization/Demobilization* $ 3.00 (Loaded Mile)

Do you have enough employees for a double shift?* ◉ Yes ○ No

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* $ 972.00

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 JAMES E Last Name WOODWARD

Daytime Phone (541) 462-3200 Cell Phone (541) 771-6336 Evening Phone ( ) - FAX (541) 462-3400

E-mail Address woodward4321@hotmail.com

First Name JACK A Last Name ROBERTSON

Daytime Phone (541) 389-2664 Cell Phone (541) 771-6336 Evening Phone ( ) - FAX (541) 389-2607

E-mail Address acesupskidgines@gmail.com

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

Solicitation Year: 2010
Resource Category
Softtrack, Type 1

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 or Serial Number

From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* CA5237

Make* FMC Model* 210

Year* Older Insurance Policy Expiration Date* 05/11/2010

2. Equipment Location

City* MITCHELL State* OR Zip Code* 97750 -

Dispatch Center* OR-COC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 1200+ gallons hauled (water) Winch* No

Monitor* Yes Foam Proportioner System* None

4. Rates

Daily Rate* $ 2450.00 Mobilization/Demobilization* $ 3.00 (Loaded Mile)

Do you have enough employees for a double shift?* ◉ Yes ○ No

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* $ 900.00

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 JAMES E Last Name WOODWARD

Daytime Phone (541) 462-3200 Cell Phone (541) 771-6336 Evening Phone ( ) - FAX (541) 462-3400

E-mail Address woodward4321@hotmail.com

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