

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-10-7154	3. AWARD/EFFECTIVE DATE 04/15/2010 - 04/15/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7001	6. SOLICITATION ISSUE DATE 01/21/2010 16:47 US/Pacific	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Leif Shjeflo	b. TELEPHONE NUMBER (No collect calls) 541-504-7380	8. OFFER DUE DATE/ LOCAL TIME 02/23/2010 18:30 US/Pacific	
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		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: 115310 SIZE STANDARD: \$17.5 M		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS 1%20, net 30	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE		16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		CODE	
17a. CONTRACTOR/OFFEROR Tri State Fire Services 5650 Vale Road Cashmere, Washington, 98815-9544	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		
TELEPHONE NO. 5097824562		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			
		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
	VIPR I-BPA for R6 Heavy Equipment w/Water				
<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 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			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED 04/15/2010 . 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/ Roland Chipman			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) Roland Chipman -	30c. DATE SIGNED 04/15/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 04/15/2010		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Softtrack Type 1	105191637C	WA-CWC	
			Daily Rate \$2150/Day
			Mobil/Demobil. \$4/Mile
			Trans. Min. Guarantee \$900/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 2	73437	WA-CWC	
			Daily Rate \$2150/Day
Skidgine Type 2	48043882	WA-CWC	
			Daily Rate \$1700/Day
Skidgine Type 2	E136	WA-CWC	
			Daily Rate \$1700/Day

Vendor Information

Company Name: Tri State Fire Services
DUNS: 143938376
Company Address:
5650 Vale Road
Cashmere, Washington, 98815-9544

Mailing Address:

PO Box 772
Cashmere, Washington, 98815-0772

Primary Contact:

Name: Roland Chipman
Email: chipman@bossig.com
Daytime Phone: 5097824562
Cell Phone: 5096799011
Evening Phone: 5097821750
Fax: 5097822338

Secondary Contact:

Name: Sandra Loeffler
Email: chipman@bossig.com
Daytime Phone: 5097824562
Cell Phone: 5096790599
Evening Phone: 5096790599
Fax: 5097822338

Discount Terms:

1%20, net 30

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: 02/28/2011
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



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* **73437**

Make* **Mountaineer**

Model* **668 Turbo**

Year* **Older**

Insurance Policy Expiration Date* **12/31/2010**

2. Equipment Location

City* **Cashmere**

State* **WA**

Zip Code* **98815** - **9544**

Dispatch Center* **WA-CWC**

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **800-999** gallons hauled (water)

Monitor* **No**

Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **2150**

Mobilization/Demobilization* \$ **4** (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ **900**

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

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* | E136

Make* | Garrett

Model* | 21A

Year* | Older

Insurance Policy Expiration Date* | 12/31/2010

2. Equipment Location

City* | Cashmere

State* | WA

Zip Code* | 98815 - 9544

Dispatch Center* | WA-CWC

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 800-999 gallons hauled (water)

Monitor* | No

Foam Proportioner System* | None

4. Rates

Daily Rate* \$ | 1700

Mobilization/Demobilization* \$ | 4 (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 900

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

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* | 48043882

Make* | Garrett

Model* | 21A

Year* | Older

Insurance Policy Expiration Date* | 12/31/2010

2. Equipment Location

City* | Cashmere

State* | WA

Zip Code* | 98815 - 9544

Dispatch Center* | WA-CWC

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 800-999 gallons hauled (water)

Monitor* | No

Foam Proportioner System* | None

4. Rates

Daily Rate* \$ | 1700

Mobilization/Demobilization* \$ | 4 (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 900

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
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* | 105191637C

Make* | Yanmar

Model* | C60R

Year* | 1991

Insurance Policy Expiration Date* | 12/31/2010

2. Equipment Location

City* | Cashmere

State* | WA

Zip Code* | 98815 - 9544

Dispatch Center* | WA-CWC

Latitude |

Longitude |

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 600-1199 gallons hauled (water)

Winch* | No

Monitor* | No

Foam Proportioner System* | None

4. Rates

Daily Rate* \$ | 2150

Mobilization/Demobilization* \$ | 4 (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 900

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 |