

<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-10-7122</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 14:37 PST</b>	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME <b>Kermadine Barton</b>	b. TELEPHONE NUMBER (No collect calls) <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>		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: <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 <b>2% 10, not 30</b>	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b> CODE			
17a. CONTRACTOR/OFFEROR CODE	17a. CONTRACTOR/OFFEROR <b>Cathlamet Volunteer Fire Department Association 255 2nd Street Cathlamet, Washington, 98612</b>		18a. PAYMENT WILL BE MADE BY CODE <b>Refer to Exhibit B</b>		
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
	<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>04/14/2010</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/ Matt Beaulaurier</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>Matt Beaulaurier -</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
Engine Type 6	1FDXX47P64ED02127	WA-CCC Daily Rate \$2099/Day

**Vendor Information**

**Company Name:** Cathlamet Volunteer Fire Department Association  
**DUNS:** 961736290  
**Company Address:**  
255 2nd Street  
Cathlamet, Washington, 98612

**Mailing Address:**  
PO BOX 142  
Cathlamet, Washington, 98612

**Primary Contact:**  
**Name:** Matt Beaulaurier  
**Email:** beaulaum@gmail.com  
**Daytime Phone:** 3607494161  
**Cell Phone:** 3607494161  
**Evening Phone:** 3607494161  
**Fax:** 3607956003

**Secondary Contact:**  
**Name:** Bill Faubion  
**Email:** beaulaum@gmail.com  
**Daytime Phone:** 3607953367  
**Cell Phone:** 3604302175  
**Evening Phone:** 3607958788  
**Fax:** 3607956003

**Discount Terms:**  
2% 10, net 30

**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:** 12/31/2010  
**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 # \* 26552D      State \* WA (Where the license was issued)

VIN Number \* 1FDXX47P84ED02127      Equipment ID \* 905

Make \* FORD      Model \* F450

Year \* 2004      DOT Inspection Issue Date \* 02/22/2010      Insurance Policy Expiration Date \* 12/31/2010

### 2. Equipment Location

City \* CATHLAMET      State \* WA      Zip Code \* 98612 -

Dispatch Center \* WA-CCC      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 \* Automatic Regulating Proportioner

### 4. Rates

Daily Rate \* \$ 2099

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