

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-10-7181	3. AWARD/EFFECTIVE DATE 04/20/2010 - 04/20/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002	6. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific			
7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton		a. NAME	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"/> 8(A) NAICS: 115310 SIZE STANDARD: 17.5				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS		<input type="checkbox"/> 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 Chewack Wildfire, Inc. 4708 West Maxs Lane Spokane, Washington, 99224-6908	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B				
TELEPHONE NO. 5097476113		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 04/20/2010 . 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/ todd graves				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) todd graves -		30c. DATE SIGNED 04/20/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/20/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	3D6WD78A08G244088	WA-CWC	Daily Rate \$2192.3/Day
Engine Type 6	1FDAF57P43EC97218	WA-CWC	Daily Rate \$2178.9/Day
Engine Type 6	1FDAF57FX1EA21044	WA-CWC	Daily Rate \$2172.2/Day
Engine Type 6	1FDXF47S41EA40447	WA-CWC	Daily Rate \$2172.2/Day
Engine Type 6	1FDAF57P23EB78918	WA-CWC	Daily Rate \$2178.9/Day
Engine Type 6	3D6WD78A68G171471	WA-CWC	Daily Rate \$2192.3/Day
Engine Type 6	1GTJK39171E332176	WA-CWC	Daily Rate \$2172.2/Day
Engine Type 6	1FDAX57P14EC32370	WA-CWC	Daily Rate \$2178.9/Day
Engine Type 6	3D6WD6GL4AG117413	WA-CWC	Daily Rate \$2199/Day
Engine Type 6	1GBJK34J2WF008338	WA-CWC	Daily Rate \$2165.5/Day

Vendor Information

Company Name: Chewack Wildfire, Inc.
DUNS: 144583072
Company Address:
4708 West Maxs Lane
Spokane, Washington, 99224-6908

Mailing Address: same as above

Primary Contact:

Name: Todd Graves
Email: tpm899@hotmail.com
Daytime Phone: 5097476113
Cell Phone: 5099932788
Evening Phone: 5096241040
Fax: 5097476117

Secondary Contact:

Name: Brenda Nordhagen
Email: brennordhagen@hotmail.com
Daytime Phone: 5097476113
Cell Phone: 5098696106
Evening Phone: 5099223837
Fax: 5097476117

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: 05/12/2011
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 # * **B05452H** State * **WA** (Where the license was issued)

VIN Number * **3D6WD78A08G244088** Equipment ID * **69**

Make * **Dodge** Model * **5500**

Year * **2008** DOT Inspection Issue Date * **03/08/2010** Insurance Policy Expiration Date * **06/08/2011**

2. Equipment Location

City * **Omak** State * **WA** Zip Code * **98841** -

Dispatch Center * **WA-CWC** 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 * **Automatic Regulating Proportioner**

4. Rates

Daily Rate * \$ **2192.30** 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:

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1. Equipment Description

License # * B69696E State * WA (Where the license was issued)

VIN Number * 1FDAF57P43EC87218 Equipment ID * 70

Make * Ford Model * F-550

Year * 2003 DOT Inspection Issue Date * 03/24/2010 Insurance Policy Expiration Date * 06/08/2011

2. Equipment Location

City * Omak State * WA Zip Code * 98841 -

Dispatch Center * WA-CWC 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 * Automatic Regulating Proportioner

4. Rates

Daily Rate * \$ 2178.90

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 # * 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 # * **B66837H** State * **WA** (Where the license was issued)

VIN Number * **1FDAF57P23EB78918** Equipment ID * **73**

Make * **Ford** Model * **F-550**

Year * **2003** DOT Inspection Issue Date * **03/10/2010** Insurance Policy Expiration Date * **06/08/2011**

2. Equipment Location

City * **Omak** State * **WA** Zip Code * **98841** -

Dispatch Center * **WA-CWC** 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 * **Automatic Regulating Proportioner**

4. Rates

Daily Rate * \$ **2178.90**

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 # * **B88935F** State * **WA** (Where the license was issued)

VIN Number * **1GTJK39171E332176** Equipment ID * **75**

Make * **GMC** Model * **3500**

Year * **2001** DOT Inspection Issue Date * **03/17/2010** Insurance Policy Expiration Date * **06/08/2011**

2. Equipment Location

City * **Omak** State * **WA** Zip Code * **98841** -

Dispatch Center * **WA-CWC** 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 * **Automatic Regulating Proportioner**

4. Rates

Daily Rate * \$ **2172.20**

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

5. Contact Information

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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

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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 # * **A55684U** State * **WA** (Where the license was issued)

VIN Number * **1FDAX57P14EC32370** Equipment ID * **76**

Make * **Ford** Model * **F-550**

Year * **2004** DOT Inspection Issue Date * **03/23/2010** Insurance Policy Expiration Date * **06/08/2011**

2. Equipment Location

City * **Omak** State * **WA** Zip Code * **98841** -

Dispatch Center * **WA-CWC** 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 * **Automatic Regulating Proportioner**

4. Rates

Daily Rate * \$ **2178.90**

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 # * **A06391Y** State * **WA** (Where the license was issued)

VIN Number * **1GBJK34J2WF008338** Equipment ID * **78**

Make * **CHEVY** Model * **GK3**

Year * **1998** DOT Inspection Issue Date * **03/08/2010** Insurance Policy Expiration Date * **06/08/2011**

2. Equipment Location

City * **Omak** State * **WA** Zip Code * **98841** -

Dispatch Center * **WA-CWC** 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 * **Automatic Regulating Proportioner**

4. Rates

Daily Rate * \$ **2165.50**

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

5. Contact Information

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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