

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-10-7168	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			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			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		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>	13b. RATING	
15. DELIVER TO			16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		
17a. CONTRACTOR/OFFEROR Firemog 4343 NE 17th Ave Portland, Oregon, 97211 TELEPHONE NO. 5038872448			18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			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 -2010 Water Handling Agreement				
(Use Reverse and/or Attach Additional Sheets as Necessary)					
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/ Larry Wimmer			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton		
30b. NAME AND TITLE OF SIGNER (Type or print) Larry Wimmer -		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	3D6WD7GL0AG124333	WA-CCC	Daily Rate	\$2000/Day
Engine Type 6	43511510070264	OR-COC	Daily Rate	\$1800/Day
Engine Type 4	1HTAR1851DHA13904	OR-COC	Daily Rate	\$2000/Day
Engine Type 6	43511510090291	WA-CCC	Daily Rate	\$2400/Day

Vendor Information

Company Name: Firemog
DUNS: 105576537
Company Address:
4343 NE 17th Ave
Portland, Oregon, 97211

Mailing Address: same as above

Primary Contact:

Name: Larry Wimmer
Email: wimmer@firemog.com
Daytime Phone: 5038872448
Cell Phone: 5033480575
Evening Phone: 5038872448
Fax: 8662576342

Secondary Contact:

Name: Larry Wimmer
Email: lwpdx1@gmail.com
Daytime Phone: 5038872448
Cell Phone: 5033480575
Evening Phone: 5038872448
Fax: 8662576342

Discount Terms:

none

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: 06/01/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Engine, Type 4

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 #* **HF18482** State* **OR** (Where the license was issued)

VIN Number* **1HTAR1851DHA13904** Equipment ID* **434**

Make* **IHC** Model* **S1854**

Year* **Older** DOT Inspection Issue Date* **03/20/2010** Insurance Policy Expiration Date* **04/23/2011**

2. Equipment Location

City* **Bend** State* **OR** Zip Code* **97701** -

Dispatch Center* **OR-COC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **1000-1500** 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* \$ **2000**

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 **Jace** Last Name **Hoffman**

Daytime Phone **(503) 887-2448** Cell Phone **(541) 633-5864** Evening Phone **(503) 887-2448** FAX **(866) 257-6342**

E-mail Address **Jace9333@hotmail.com**

First Name **Larry** Last Name **Wimmer**

Daytime Phone **() -** Cell Phone **(503) 348-0575** 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 #* **HF18718** State* **OR** (Where the license was issued)
VIN Number* **43511510070264** Equipment ID* **439**
Make* **MB** Model* **U1300L**
Year* **Older** DOT Inspection Issue Date* **03/20/2010** Insurance Policy Expiration Date* **04/23/2011**

2. Equipment Location

City* **Bend** State* **OR** Zip Code* **97701** -
Dispatch Center* **OR-COC** 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* \$ **1800**

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 #* HF 19464 State* OR (Where the license was issued)

VIN Number* 3D6WD7GL0AG124333 Equipment ID* 440

Make* Dodge Model* 5500

Year* 2010 DOT Inspection Issue Date* 03/20/2010 Insurance Policy Expiration Date* 04/23/2010

2. Equipment Location

City* Hood River State* OR Zip Code* 97031 -

Dispatch Center* WA-CCC 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* \$ 2000

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 Larry Last Name Wimmer

Daytime Phone (503) 887-2448 Cell Phone (503) 348-0575 Evening Phone (503) 887-2448 FAX (866) 257-6342

E-mail Address wimmer@firemog.com

First Name Todd Last Name Soukkala

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 #* **HF18719** State* **OR** (Where the license was issued)
VIN Number* **43511510090291** Equipment ID* **438**
Make* **MB** Model* **U1300L**
Year* **Older** DOT Inspection Issue Date* **03/20/2010** Insurance Policy Expiration Date* **04/23/2011**

2. Equipment Location

City* **Hood River** State* **OR** Zip Code* **97031** -
Dispatch Center* **WA-CCC** 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* \$ **2400**

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

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