

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-10-7243	3. AWARD/EFFECTIVE DATE 04/23/2010 - 04/23/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002	6. SOLICITATION ISSUE DATE 02/10/2010 14:37 PST		
7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton			b. TELEPHONE NUMBER (No collect calls) 541-471-6746	8. OFFER DUE DATE/ LOCAL TIME 03/04/2010 00:30 PST		
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		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		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 Iron Triangle LLC 433 Patterson Bridge Rd John Day, Oregon, 97845		CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		
TELEPHONE NO. 5415752102		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 -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 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 04/23/2010 . 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/ Diane Reimers			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Diane Reimers -		30c. DATE SIGNED 04/23/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/23/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1GDE5E3998F400674	OR-JDCC	
		Daily Rate	\$2800/Day
Engine Type 6	1FTW31P46EB77359	OR-JDCC	
		Daily Rate	\$2350/Day
Engine Type 6	1FTW31R08BB68372	OR-JDCC	
		Daily Rate	\$2350/Day
Engine Type 6	1FTW31R48ED72415	OR-JDCC	
		Daily Rate	\$2350/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	R650667GL	OR-JDCC	
		Daily Rate	\$1680/Day
Water Tender (Support) Type 2	42747CYB12956	OR-JDCC	
		Daily Rate	\$1680/Day
Water Tender (Support) Type 2	S180711	OR-JDCC	
		Daily Rate	\$1680/Day
Water Tender (Support) Type 2	S547737GL	OR-JDCC	
		Daily Rate	\$1680/Day

Vendor Information

Company Name: Iron Triangle LLC

DUNS: 033299442

Company Address:

433 Patterson Bridge Rd

John Day, Oregon, 97845

Mailing Address:

PO Box 325

John Day, Oregon, 97845

Primary Contact:

Name: Russ Young

Email: trianagl@centurytel.net

Daytime Phone: 5415752102

Cell Phone: 5417920999

Evening Phone: 5417920999

Fax: 5415752333

Secondary Contact:

Name: Ron Saddler

Email: trianagl@centurytel.net

Daytime Phone: 5415752102

Cell Phone: 5416204142

Evening Phone: 5416204142

Fax: 5415752333

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: Y

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: 06/30/2010

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 #* **T564526** State* **OR** (Where the license was issued)

VIN Number* **1GDE5E3998F400674** Equipment ID* **229**

Make* **GMC 5500** Model* **TC5E044**

Year* **2008** DOT Inspection Issue Date* **02/15/2010** Insurance Policy Expiration Date* **06/19/2010**

2. Equipment Location

City* **John Day** State* **OR** Zip Code* **97845** -

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **750-850** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**

All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **2800.00**

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 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 #* T564503 State* OR (Where the license was issued)

VIN Number* 1FTWW31P46EB77359 Equipment ID* 224

Make* Ford Model* F-350

Year* 1997 DOT Inspection Issue Date* 02/15/2010 Insurance Policy Expiration Date* 06/19/2010

2. Equipment Location

City* John Day State* OR Zip Code* 97845 -

Dispatch Center* OR-JDCC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 150-225 gallons hauled (water) Pump Performance* Excellent (150 psi or more)

All-Wheel Drive* Yes CAFS* Yes No Foam Proportioner System* Manually Regulated Proportioner

4. Rates

Daily Rate* \$ 2350.00

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 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 #* **T564509** State* **OR** (Where the license was issued)

VIN Number* **1FTWW31R08EB68372** Equipment ID* **226**

Make* **Ford** Model* **F-350**

Year* **2008** DOT Inspection Issue Date* **02/15/2010** Insurance Policy Expiration Date* **06/19/2010**

2. Equipment Location

City* **John Day** State* **OR** Zip Code* **97845** -

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **150-225** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**

All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **2350.00**

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



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 #* T564528 State* OR (Where the license was issued)
VIN Number* 1FTWW31R48ED72415 Equipment ID* 228
Make* Ford Model* F350
Year* 2008 DOT Inspection Issue Date* 02/15/2010 Insurance Policy Expiration Date* 06/19/2010

2. Equipment Location

City* John Day State* OR Zip Code* 97845 -
Dispatch Center* OR-JDCC Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 150-225 gallons hauled (water) Pump Performance* Excellent (150 psi or more)
All-Wheel Drive* Yes CAFS* Yes No Foam Proportioner System* Manually Regulated Proportioner

4. Rates

Daily Rate* \$ 2350.00

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



Solicitation Year: 2010
Resource Category
Water Tender (Support), 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 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 #* **YARE965** State* **OR** (Where the license was issued)

VIN Number* **R650667GL** Equipment ID* **125**

Make* **Kenworth** Model* **W900**

Year* **1994** DOT Inspection Issue Date* **02/15/2010** Insurance Policy Expiration Date* **06/19/2010**

2. Equipment Location

City* **John Day** State* **OR** Zip Code* **97845** -

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3500-3999** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front or Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1680.00**

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 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
Water Tender (Support), 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 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 #* **YARE410** State* **OR** (Where the license was issued)

VIN Number* **42747CYB12956** Equipment ID* **127**

Make* **International** Model* **F4270**

Year* **Older** DOT Inspection Issue Date* **02/15/2010** Insurance Policy Expiration Date* **06/19/2010**

2. Equipment Location

City* **John Day** State* **OR** Zip Code* **97845** -

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **2500-2999** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1680.00**

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 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
Water Tender (Support), Type 2

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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 #* **YARE411** State* **OR** (Where the license was issued)

VIN Number* **S180711** Equipment ID* **132**

Make* **Kenworth** Model* **W900**

Year* **Older** DOT Inspection Issue Date* **02/15/2010** Insurance Policy Expiration Date* **06/19/2010**

2. Equipment Location

City* **John Day** State* **OR** Zip Code* **97845** -

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3500-3999** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front or Rear** Suspension* **Air Bag**

4. Rates

Daily Rate* \$ **1680.00**

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
Water Tender (Support), Type 2

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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 #* **YARC966** State* **OR** (Where the license was issued)

VIN Number* **S547737GL** Equipment ID* **142**

Make* **Kenworth** Model* **W900**

Year* **1990** DOT Inspection Issue Date* **02/15/2010** Insurance Policy Expiration Date* **06/19/2010**

2. Equipment Location

City* **John Day** State* **OR** Zip Code* **97845** -

Dispatch Center* **OR-JDCC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3500-3999** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1680.00**

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 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