

<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-10-7254</b>	3. AWARD/EFFECTIVE DATE <b>04/23/2010 - 04/23/2013</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: <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>	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>
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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	14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP
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15. DELIVER TO  CODE	16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>	CODE
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17a. CONTRACTOR/OFFEROR <b>Jackssenville Pump 1176 Old Stage Rd. Central Point, Oregon, 97520</b>	17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
TELEPHONE NO. <b>5417709065</b>			

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)
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<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 <u>04/23/2010</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:
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30a. SIGNATURE OF OFFEROR/CONTRACTOR <b>/s/ Karla Schoneberger</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>Karla Schoneberger -</b>	30c. DATE SIGNED <b>04/24/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/23/2010</b>

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1GTM7D2G8FV521154	OR-UPC	
			Daily Rate \$2295.00/Day
Engine Type 4	1HTSETVN7LH273204	OR-MIC	
			Daily Rate \$2385/Day
Engine Type 6	1FDXF47F0XEC63208	OR-MIC	
			Daily Rate \$1985/Day
Water Tender (Support) Type 2	1FDYU90L3PVA40037	OR-MIC	
			Daily Rate \$1385/Day

**Vendor Information**

**Company Name:** Jacksonville Pump  
**DUNS:** 790737829  
**Company Address:**  
1176 Old Stage Rd.  
Central Point, Oregon, 97520

**Mailing Address:** same as above

**Primary Contact:**

**Name:** Bill Schoneberger  
**Email:** pumper15@charter.net  
**Daytime Phone:** 5417709065  
**Cell Phone:** 5419446095  
**Evening Phone:** 5417740532  
**Fax:** 5418588099

**Secondary Contact:**

**Name:** Luke Schoneberger  
**Email:** pumper15@charter.net  
**Daytime Phone:** 5417709065  
**Cell Phone:** 5419446095  
**Evening Phone:** 5417740532  
**Fax:** 5418588099

**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:** 05/01/2010  
**Has sufficient employees:** N  
**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 #\*  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  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

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First Name  Last Name

Daytime Phone  Cell Phone  Evening Phone  FAX

E-mail Address



**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 #\* **YEAA660** State\* **OR** (Where the license was issued)

VIN Number\* **1GTM7D2G8FV521154** Equipment ID\* **52**

Make\* **GMC** Model\* **6000**

Year\* **Older** DOT Inspection Issue Date\* **02/25/2010** Insurance Policy Expiration Date\* **05/01/2010**

**2. Equipment Location**

City\* **Roseburg** State\* **OR** Zip Code\* **97470** -

Dispatch Center\* **OR-UPC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **2295.00**

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

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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 #\* 175EAJ      State\* OR (Where the license was issued)

VIN Number\* 1FDXF47F0XEC63208      Equipment ID\* 17

Make\* FORD      Model\* F4D

Year\* 1999      DOT Inspection Issue Date\* 02/28/2010      Insurance Policy Expiration Date\* 05/01/2010

### 2. Equipment Location

City\* Central Point      State\* OR      Zip Code\* 97520 -

Dispatch Center\* OR-MIC      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\* \$ 1985.00

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