

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-10-7316</b>	3. AWARD/EFFECTIVE DATE <b>04/26/2010 - 04/26/2013</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>		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	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		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 <b>Rue Forest Contracting, Inc. 10909 Ochoco Highway Prineville, Oregon, 97754</b>	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
TELEPHONE NO. <b>5038294150</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>04/26/2010</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/ Larry Rue</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>Larry Rue -</b>	30c. DATE SIGNED <b>04/26/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/26/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1B7MF36W1TS689617	OR-COC	Daily Rate \$1800.00/Day
Engine Type 6	1GDJK34J9TB518369	OR-EIC	Daily Rate \$1800.00/Day
Engine Type 6	1FDXW4758XEA73931	OR-COC	Daily Rate \$2100.00/Day

Vendor Information

Company Name: Rue Forest Contracting, Inc.

DUNS: 868213120

Company Address:

10909 Ochoco Highway

Prineville, Oregon, 97754

Mailing Address:

36225 Highway 213

Molalla, Oregon, 97038

Primary Contact:

Name: Larry Rue

Email: rfcldr@aol.com

Daytime Phone: 5038294150

Cell Phone: 5039491000

Evening Phone: null

Fax: null

Secondary Contact: none

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: 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 #\* T548595      State\* OR (Where the license was issued)

VIN Number\* 1FDXW4758XEA73931      Equipment ID\* 01

Make\* Ford      Model\* F-450

Year\* 1999      DOT Inspection Issue Date\* 06/15/2009      Insurance Policy Expiration Date\* 10/15/2010

**2. Equipment Location**

City\* Prineville      State\* OR      Zip Code\* 97754 -

Dispatch Center\* OR-COC      Latitude      Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* 301-399 gallons hauled (water)      Pump Performance\* Good (125 psi to 149 psi)

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

**4. Rates**

Daily Rate\* \$ 2100.00

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 #\* **020 CWA**      State\* **OR** (Where the license was issued)

VIN Number\* **1B7MF36W1TS689617**      Equipment ID\* **02**

Make\* **Dodge**      Model\* **350**

Year\* **1996**      DOT Inspection Issue Date\* **06/15/2009**      Insurance Policy Expiration Date\* **10/15/2010**

**2. Equipment Location**

City\* **Prineville**      State\* **OR**      Zip Code\* **97754** -

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

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **226-300** gallons hauled (water)      Pump Performance\* **Good (125 psi to 149 psi)**

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

**4. Rates**

Daily Rate\* \$ **1800.00**

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 #\* T578081      State\* OR (Where the license was issued)

VIN Number\* 1GDJK34J9TE518369      Equipment ID\* 03

Make\* GMC      Model\* 3500

Year\* 1996      DOT Inspection Issue Date\* 02/24/2010      Insurance Policy Expiration Date\* 10/15/2010

### 2. Equipment Location

City\* Molalla      State\* OR      Zip Code\* 97038 -

Dispatch Center\* OR-EIC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity\* 301-399 gallons hauled (water)      Pump Performance\* Good (125 psi to 149 psi)

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

### 4. Rates

Daily Rate\* \$ 1800.00

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