

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-10-7215		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: a NAME 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				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				14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
17a. CONTRACTOR/OFFEROR CODE Bly Mountain Fire Suppression 5425 Bly Mtn Cut Off Rd Bonanza, Oregon, 97623		FACILITY CODE		18a. PAYMENT WILL BE MADE BY CODE Refer to Exhibit B			
TELEPHONE NO. 5415451537		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	
		VIPR I-BPA for R6 -2010 Water Handling Agreement				23. UNIT PRICE	
						24. AMOUNT	
		<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 <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:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ Mark Groves				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Mark Groves -		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 6	1GBJK34643E168971	OR-KFC	Daily Rate \$1900/Day

Vendor Information

Company Name: Bly Mountain Fire Suppression

DUNS: 135163017

Company Address:

5425 Bly Mtn Cut Off Rd

Bonanza, Oregon, 97623

Mailing Address: same as above

Primary Contact:

Name: Mark Groves

Email: protaxsolutions@msn.com

Daytime Phone: 5415451537

Cell Phone: 5412814505

Evening Phone: null

Fax: null

Secondary Contact: none

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: N

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 # * T572833 State * OR (Where the license was issued)

VIN Number * 1GBJK34643E168971 Equipment ID * 333

Make * Chevy Silverado Model * 3500

Year * 2003 DOT Inspection Issue Date * 04/30/2009 Insurance Policy Expiration Date * 03/27/2010

2. Equipment Location

City * Bonanza State * OR Zip Code * 97623 -

Dispatch Center * OR-KFC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity * 226-300 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 * \$ 1900.00

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