

1-A Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE 1 7
2. CONTRACT NO. AG-04H1-B-10-7155	3. AWARD/EFFECTIVE DATE 04/15/2010 - 04/15/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7001	6. SOLICITATION ISSUE DATE 01/21/2010 16:47 US/Pacific	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Leif Shjeflo	b. TELEPHONE NUMBER (No collect calls) 541-504-7380	8. OFFER DUE DATE/ LOCAL TIME 02/23/2010 18:30 US/Pacific	
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		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 M		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS 1% 15	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE		16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		CODE	
17a. CONTRACTOR/OFFEROR 1-A CONSTRUCTION & FIRE LLP 31156 FOLLETT LN HERMISTON, Oregon, 97838-6278	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		
TELEPHONE NO. 5415675730		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER					
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	VIPR I-BPA for R6 Heavy Equipment w/Water				
<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>04/15/2010</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/ PATRICIA MAIER			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) PATRICIA MAIER -	30c. DATE SIGNED 04/15/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 04/15/2010		

Schedule of Items

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Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Pumper Cat Type 2	04KD00325	OR-NOC	Daily Rate \$1370/Day Mobil/Demobil. \$4/Mile Trans. Min. Guarantee \$972/Day
Pumper Cat Type 2	10K2891	OR-JDCC	Daily Rate \$1370/Day Mobil/Demobil. \$4/Mile Trans. Min. Guarantee \$972/Day
Pumper Cat Type 1	48A3236	OR-NOC	Daily Rate \$2010/Day Mobil/Demobil. \$4/Mile Trans. Min. Guarantee \$1015/Day
Pumper Cat Type 2	3WN0114	OR-NOC	Daily Rate \$1400/Day Mobil/Demobil. \$4/Mile Trans. Min. Guarantee \$972/Day

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Vendor Information

Company Name: 1-A CONSTRUCTION & FIRE LLP
DUNS: 129133380
Company Address:
31156 FOLLETT LN
HERMISTON, Oregon, 97838-6278

Mailing Address: same as above

Primary Contact:

Name: PATRICIA MAIER
Email: patriciamai@msn.com
Daytime Phone: 5415675730
Cell Phone: 5413774106
Evening Phone: 5415714431
Fax: 5415671485

Secondary Contact:

Name: MELISSA DEMING
Email: patriciamai@msn.com
Daytime Phone: 5412786174
Cell Phone: 5415713693
Evening Phone: 5414273510
Fax: 5412876174

Discount Terms:

1% 15

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: 10/01/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Pumper Cat, 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 or Serial Number
From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* | 10K2891

Make* | CATERPILLER

Model* | D6C

Year* | Older

Insurance Policy Expiration Date* | 04/06/2010

2. Equipment Location

City* | HEPPNER

State* | OR

Zip Code* | 97836 -

Dispatch Center* | OR-JDCC

Latitude |

Longitude |

Latitude and Longitude are for future use.

3. Equipment Attributes

Angle Blade* | Manual Angle

Winch* | Yes

Capacity* | 400-499 gallons hauled (water)

Foam Proportioner System* | Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ | 1370.00

Mobilization/Demobilization* \$ | 4.00 (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 972.00

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 |

