McKinney Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER				PAGE OF PAGE 1 5
2. CONTRACT NO. AG-04H1-B-10-7104	3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013	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 CODE
USDA Forest Service

Leif Shjeflo
Redmond Air Center
1740 NE Ochoco Way
Redmond, Oregon, 97756

10. THIS ACQUISITION IS
☐ UNRESTRICTED OR ☒ SET ASIDE: ____ % FOR:
☒ SMALL BUSINESS ☐ EMERGING SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)

NAICS: **115310**
SIZE STANDARD: **$17.5 M**

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
☐ SEE SCHEDULE

12. DISCOUNT TERMS

☐ 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
☒ RFQ ☐ IFB ☐ RFP

15. DELIVER TO CODE

16. ADMINISTERED BY CODE
Leif Shjeflo
Redmond Air Center
1740 NE Ochoco Way
Redmond, Oregon, 97756

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE

Brian McKinney
1032 Morgan Avenue
Ontario, Oregon, 97914

TELEPHONE NO. **5418898780**

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE
Refer to Exhibit B

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM

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				
	(Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*

☒ 27a. SOLICITATION INCORPORATES BY REFERNCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED
☒ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED

☒ 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

☒ 29. AWARD OF CONTRACT: REF. _____ OFFER DATED 04/14/2010. 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/ brian mckinney

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Leif Shjeflo

30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print)	31c. DATE SIGNED
brian mckinney -	**04/14/2010**	**Leif Shjeflo**	**04/14/2010**

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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Pumper Cat Type 2	8RC06001	OR-VAC		
			Daily Rate	$1850/Day
			Mobil/Demobil.	$4/Mile
			Trans. Min. Guarantee	$975/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Skidgine Type 2	50s1375	OR-VAC		
			Daily Rate	$2090/Day

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Vendor Information
Company Name: Brian McKinney
DUNS: 133692314
Company Address:
1032 Morgan Avenue
Ontario, Oregon, 97914

Mailing Address: same as above
Primary Contact:
Name: Brian McKinney
Email: bmco61@yahoo.com
Daytime Phone: 5418898780
Cell Phone: 2087410548
Evening Phone: 5418898780
Fax: 5418898780

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: 04/15/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y

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VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

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* 8RC06001

Make* Caterpillar Model* D-5H

Year* 1994 Insurance Policy Expiration Date* 04/01/2011

2. Equipment Location

City* Ontario State* OR Zip Code* 97914 -

Dispatch Center* OR-VAC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Angle Blade* 6-way Hydraulic Winch* No

Capacity* 400-499 gallons hauled (water) Foam Proportioner System* None

4. Rates

Daily Rate* $ 1850 Mobilization/Demobilization* $ 4.00 (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* $ 975

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

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VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

Solicitation Year: 2010
Resource Category
Skidgine, 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* 50s1375

Make* Caterpillar

Model* 518

Year* Older

Insurance Policy Expiration Date* 04/01/2011

2. Equipment Location

City* Ontario

State* OR

Zip Code* 97914 -

Dispatch Center* OR-VAC

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Monitor* Yes

Capacity* 1000-1199 gallons hauled (water)

Foam Proportioner System* None

4. Rates

Daily Rate* $ 2090.00

Mobilization/Demobilization* $ 4.00 (Loaded Mile)

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

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