

<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-10-7074</b>	3. AWARD/EFFECTIVE DATE <b>04/14/2010 - 04/14/2013</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:		a. NAME <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>		
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		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		17b. CONTRACTOR/OFFEROR <b>Keith Whitehead Reforestation LLC 9000 Bawley Creek Rd Tillamook, Oregon, 97141</b>  TELEPHONE NO. <b>5038427153</b>			
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			
17a. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		17c. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			
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>04/14/2010</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/ Keith Whitehead</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>Keith Whitehead -</b>	30c. DATE SIGNED <b>04/14/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/14/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1FDAW57P64EC10870	OR-COC	Daily Rate \$1790.00/Day
Engine Type 6	1FDXW47P47B39869	OR-COC	Daily Rate \$1860.00/Day
Engine Type 6	1FDAW57R78EA71131	OR-COC	Daily Rate \$1890/Day

**Vendor Information**

**Company Name:** Keith Whitehead Reforestation LLC

**DUNS:** 173885047

**Company Address:**

9000 Bewley Creek Rd

Tillamook, Oregon, 97141

**Mailing Address:** same as above

**Primary Contact:**

**Name:** Keith Whitehead

**Email:** dixwhitehead@earthlink.net

**Daytime Phone:** 5038427153

**Cell Phone:** 5038120580

**Evening Phone:** 5038120580

**Fax:** 5038429268

**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:** 04/01/2010

**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 #\* T547937      State\* OR (Where the license was issued)

VIN Number\* 1FDAW57P64EC10870      Equipment ID\* 101

Make\* Ford      Model\* F-550 Crew Cab

Year\* 2004      DOT Inspection Issue Date\* 02/22/2004      Insurance Policy Expiration Date\* 04/01/2010

### 2. Equipment Location

City\* Bend      State\* OR      Zip Code\* 97701 -

Dispatch Center\* OR-COC      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\* Manually Regulated Proportioner

### 4. Rates

Daily Rate\* \$ 1790.00

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 Michael      Last Name Ravell

Daytime Phone (541) 550-7578      Cell Phone (541) 550-7578      Evening Phone (541) 550-7578      FAX ( ) -

E-mail Address dixwhitehead@earthlink.net

First Name Keith      Last Name Whitehead

Daytime Phone (503) 812-0580      Cell Phone (503) 812-0580      Evening Phone (503) 812-0580      FAX ( ) -

E-mail Address dixwhitehead@earthlink.net



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 #\* T564778      State\* OR (Where the license was issued)

VIN Number\* 1FDXW47P47B39869      Equipment ID\* 10

Make\* Ford      Model\* F-450 Crew Cab

Year\* 2007      DOT Inspection Issue Date\* 02/05/2007      Insurance Policy Expiration Date\* 04/01/2010

### 2. Equipment Location

City\* Bend      State\* OR      Zip Code\* 97701 -

Dispatch Center\* OR-COC      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\* Manually Regulated Proportioner

### 4. Rates

Daily Rate\* \$ 1860.00

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 Jake      Last Name Williams

Daytime Phone (435) 770-4368      Cell Phone (435) 770-4368      Evening Phone (435) 770-4368      FAX (541) 549-7008

E-mail Address dixwhitehead@earthlink.net

First Name Timothy      Last Name Bjork

Daytime Phone (503) 351-0977      Cell Phone (503) 351-0977      Evening Phone (503) 351-0977      FAX ( ) -

E-mail Address dixwhitehead@earthlink.net



**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 #\* **T569942** State\* **OR** (Where the license was issued)

VIN Number\* **1FDAW57R78EA71131** Equipment ID\* **01**

Make\* **Ford** Model\* **F-550 Crew Cab**

Year\* **2008** DOT Inspection Issue Date\* **02/04/2010** Insurance Policy Expiration Date\* **04/01/2010**

**2. Equipment Location**

City\* **Bend** State\* **OR** Zip Code\* **97701** -

Dispatch Center\* **OR-COC** 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\* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate\* \$ **1890.00**

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 **Keith** Last Name **Whitehead**

Daytime Phone **(503) 812-0580** Cell Phone **(503) 812-0580** Evening Phone **(503) 812-0580** FAX **(541) 549-7008**

E-mail Address **dixwhitehead@earthlink.net**

First Name **Hans** Last Name **Slavens**

Daytime Phone **(503) 812-0825** Cell Phone **(503) 812-0825** Evening Phone **(503) 812-0825** FAX **(541) 549-7008**

E-mail Address **dixwhitehead@earthlink.net**