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|--|---|--|---|---|---|
| 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-10-7052 | 3. AWARD/EFFECTIVE DATE 04/13/2010 - 04/13/2013 | 4. ORDER NUMBER | 5. SOLICITATION NUMBER AG-04H1-S-10-7002 | 6. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific | |
| 7. FOR SOLICITATION INFORMATION CALL: | | a. NAME Kermadine Barton | | b. TELEPHONE NUMBER (No collect calls) 541-471-6746 | 8. OFFER DUE DATE/ LOCAL TIME 02/25/2010 18:30 US/Pacific |
| 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 | | 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 Northern Columbia Reforestation, LLC 1274 Peterson Swamp Rd Colville, Washington, 99114 | 18a. PAYMENT WILL BE MADE BY Refer to Exhibit B | 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/> | | | |
| TELEPHONE NO. 5096859117 | | 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 |
| | VIPR I-BPA for R6 -2010 Water Handling Agreement | | | | |
| <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 04/13/2010 . 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/ Alan Mckee | | | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton | | |
| 30b. NAME AND TITLE OF SIGNER (Type or print) Alan Mckee - | 30c. DATE SIGNED 04/13/2010 | 31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton | 31c. DATE SIGNED 04/13/2010 | | |

Schedule of Items

| Item Description | VIN Number/ Equipment ID | Dispatch Center | Rates | |
|------------------|-----------------------------|--------------------|------------|------------|
| Engine Type 6 | 1GBE4C3265F501010 | WA-NEC | Daily Rate | \$2195/Day |
| Engine Type 6 | 1FTWX33P358B06064 | WA-NEC | Daily Rate | \$1995/Day |

Vendor Information

Company Name: Northern Columbia Reforestation, LLC
DUNS: 120641191
Company Address:
1274 Peterson Swamp Rd
Colville, Washington, 99114

Mailing Address: same as above

Primary Contact:

Name: Alan McKee
Email: alan_n_mouse@hotmail.com
Daytime Phone: 5096859117
Cell Phone: 5099360949
Evening Phone: 5096859117
Fax: 5096859117

Secondary Contact:

Name: Melissa McKee
Email: alan_n_mouse@hotmail.com
Daytime Phone: 5096859117
Cell Phone: 5099360949
Evening Phone: 5096859117
Fax: 5096859117

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: none
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 #* **A97424W** State* **WA** (Where the license was issued)

VIN Number* **1GBE4C3265F501010** Equipment ID* **02**

Make* **Chevrolet** Model* **Kodiak 4500**

Year* **2005** DOT Inspection Issue Date* **03/26/2009** Insurance Policy Expiration Date* **04/01/2010**

2. Equipment Location

City* **Colville** State* **WA** Zip Code* **99114** -

Dispatch Center* **WA-NEC** 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* \$ **2195.00**

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 #* **B34079C** State* **WA** (Where the license was issued)

VIN Number* **1FTWX33P35EB06064** Equipment ID* **03**

Make* **FORD** Model* **F-350**

Year* **2005** DOT Inspection Issue Date* **03/11/2009** Insurance Policy Expiration Date* **04/01/2010**

2. Equipment Location

City* **Colville** State* **WA** Zip Code* **99114** -

Dispatch Center* **WA-NEC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **150-225** 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* \$ **1995.00**

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 () -

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