

<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-10-7337</b>	3. AWARD/EFFECTIVE DATE <b>04/27/2010 - 04/27/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	8. 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"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR <b>Northwest Fire Service LLC 19251 Buck Dr Bend, Oregon, 97701</b>		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>			
TELEPHONE NO. <b>5413851276</b>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		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
	<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>04/27/2010</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/ Scott Benedict</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>Scott Benedict -</b>	30c. DATE SIGNED <b>04/27/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/27/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	JL6BLE1H84K002974	OR-COC	
			Daily Rate \$2395/Day
Engine Type 6	JL6BEE1S57K011900	OR-COC	
			Daily Rate \$2395/Day
Engine Type 6	JL6BEE1S57K011889	OR-COC	
			Daily Rate \$2395/Day
Engine Type 6	1FDAX47R29EB23564	OR-COC	
			Daily Rate \$2395/Day
Engine Type 6	JL6BLE1H84K002968	OR-COC	
			Daily Rate \$2395/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 1	4V5JC2GF6YN868679	OR-COC	
			Daily Rate \$1450/Day

**Vendor Information**

**Company Name:** Northwest Fire Service LLC

**DUNS:** 144511461

**Company Address:**

19251 Buck Dr

Bend, Oregon, 97701

**Mailing Address:**

PO Box 5156

Bend, Oregon, 97708-5156

**Primary Contact:**

**Name:** Scott Benedict

**Email:** Scott@northwestfireservice.com

**Daytime Phone:** 5413851276

**Cell Phone:** 5037019351

**Evening Phone:** 5413851276

**Fax:** 8668340030

**Secondary Contact:**

**Name:** Bonnie Burman

**Email:** Bonnie@brainsquall.com

**Daytime Phone:** 5413851276

**Cell Phone:** 5414194612

**Evening Phone:** 5413851276

**Fax:** 8668340030

**Discount Terms:**

none

**Small Business Status**

**Small Business:** Y

**HUBZone:** N

**Service-Disabled Veteran-Owned Small Business:** Y

**8(a):** N

**LSA Flag:** N

**Supporting Documentation**

**Has Workers Compensation Insurance:** Y

**Workers Comp. Insurance Expiration Date:** 05/02/2011

**Has sufficient employees:** Y

**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 #\* T572106      State\* OR (Where the license was issued)

VIN Number\* JL6BEE1S57K011900      Equipment ID\* 01

Make\* Mitsubishi      Model\* FG 140

Year\* 2007      DOT Inspection Issue Date\* 03/30/2010      Insurance Policy Expiration Date\* 06/01/2011

### 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\* \$ 2395.00

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



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 #\* T572107      State\* OR (Where the license was issued)

VIN Number\* JL6BEE1S57K011889      Equipment ID\* 02

Make\* Mitsubishi      Model\* FG 140

Year\* 2007      DOT Inspection Issue Date\* 03/30/2010      Insurance Policy Expiration Date\* 06/01/2011

### 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\* \$ 2395.00

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 #\* T549814      State\* OR (Where the license was issued)

VIN Number\* JL6BLE1H84K002968      Equipment ID\* 03

Make\* Mitsubishi      Model\* FG 140

Year\* 2004      DOT Inspection Issue Date\* 03/30/2010      Insurance Policy Expiration Date\* 06/01/2011

### 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\* \$ 2395.00

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



**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 #\* **T549815** State\* **OR** (Where the license was issued)

VIN Number\* **JL6BLE1H84K002974** Equipment ID\* **04**

Make\* **Mitsubishi** Model\* **FG 140**

Year\* **2004** DOT Inspection Issue Date\* **03/30/2010** Insurance Policy Expiration Date\* **06/01/2011**

### 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\* \$ **2395.00**

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



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 #\* **B03182E** State\* **WA** (Where the license was issued)

VIN Number\* **1FDAX47R29EB23564** Equipment ID\* **05**

Make\* **Ford** Model\* **F 450**

Year\* **2009** DOT Inspection Issue Date\* **03/30/2010** Insurance Policy Expiration Date\* **06/01/2011**

### 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\* **226-300** gallons hauled (water) Pump Performance\* **Good (125 psi to 149 psi)**

All-Wheel Drive\* **Yes** CAFS\*  Yes  No Foam Proportioner System\* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate\* \$ **2395.00**

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



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), Type 1**

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 #\* **YEAA 673** State\* **OR** (Where the license was issued)

VIN Number\* **4V5JC2GF6YN868679** Equipment ID\* **20**

Make\* **Volvo** Model\* **WG 64**

Year\* **2000** DOT Inspection Issue Date\* **03/30/2010** Insurance Policy Expiration Date\* **06/01/2011**

### 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\* **4000-4499** gallons hauled (water) All-Wheel Drive\* **No**

Spray Bar Configuration\* **Pressure Front and Rear** Suspension\* **Vocational Duty**

### 4. Rates

Daily Rate\* \$ **1450.00**

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