

Bonnalie Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE 1 4
2. CONTRACT NO. AG-04H1-B-10-7101	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: 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			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		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING	
15. DELIVER TO	16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		
17a. CONTRACTOR/OFFEROR Bonnalie Logging LLC 1421 Grelle Ave. Lewiston, Idaho, 83501 TELEPHONE NO. 2087914004	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"/>		
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 VIPR I-BPA for R6 Heavy Equipment w/Water <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>			21. QUANTITY	22. UNIT	23. UNIT PRICE
25. ACCOUNTING AND APPROPRIATION DATA			24. AMOUNT		
26. TOTAL AWARD AMOUNT (For Govt. Use Only)			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		
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			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: <input checked="" type="checkbox"/>			30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ CRAIG WELCH		
30b. NAME AND TITLE OF SIGNER (Type or print) CRAIG WELCH -			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30c. DATE SIGNED 04/14/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo		31c. DATE SIGNED 04/14/2010	

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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center Rates		
----- Skidgine Type 3	504a1711cac	OR-NOC	Daily Rate	\$1750/Day
			Mobil/Demobil.	\$3.5/Mile
			Trans. Min. Guarantee	\$1400/Day

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Vendor Information

Company Name: Bonnalie Logging LLC
DUNS: 139438191
Company Address:
1421 Grelle Ave.
Lewiston, Idaho, 83501

Mailing Address: same as above

Primary Contact:

Name: Jim Bonnalie
Email: jojobonn@hotmail.com
Daytime Phone: 2087914004
Cell Phone: 2087989147
Evening Phone: 2087914004
Fax: 2087995357

Secondary Contact:

Name: Craig Welch
Email: dslcraig@lewiston.com
Daytime Phone: 2087437171
Cell Phone: 2087917468
Evening Phone: 2087465158
Fax: 2087464821

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: 07/10/2010

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Skidgine, Type 3

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* **504a1711cac**

Make* **clark** Model* **667c**

Year* **Older** Insurance Policy Expiration Date* **07/10/2010**

2. Equipment Location

City* **clarkston** State* **ID** Zip Code* **83501** -

Dispatch Center* **OR-NOC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-599** gallons hauled (water)

Winch/Grapple* **No**

Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **1750.00** Mobilization/Demobilization* \$ **3.50** (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ **1400.00**

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 **jim** Last Name **bonnalie**

Daytime Phone **(208) 791-4004** Cell Phone **(208) 798-9147** Evening Phone **(208) 791-4004** FAX **(208) 799-5357**

E-mail Address **jojobonn@hotmail.com**

First Name **craig** Last Name **welch**

Daytime Phone **(208) 743-7171** Cell Phone **(208) 791-7468** Evening Phone **(208) 746-5158** FAX **(208) 746-4821**

E-mail Address **dslcraig@lewiston.com**