

Haley Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE 1 6	
2. CONTRACT NO. AG-04H1-B-10-7140	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 USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		CODE	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		CODE	16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756			
17a. CONTRACTOR/OFFEROR Todd B. Haley 15244 SE Juniper Canyon rd. Prineville, Oregon, 97754-9227	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B			
TELEPHONE NO. 5414160620		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER						
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					
<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 04/14/2010 . 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/ Todd Haley			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo			
30b. NAME AND TITLE OF SIGNER (Type or print) Todd Haley -	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
Softtrack Type 1	5395	OR-COC	Daily Rate \$1974/Day Mobil/Demobil. \$2.8/Mile Trans. Min. Guarantee \$1000/Day
Softtrack Type 1	5524	OR-COC	Daily Rate \$1989/Day Mobil/Demobil. \$2.8/Mile Trans. Min. Guarantee \$1000/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 2	543B303CAC	OR-COC	Daily Rate \$1489/Day

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Vendor Information

Company Name: Todd B. Haley
DUNS: 143836844
Company Address:
15244 SE Juniper Canyon rd.
Prineville, Oregon, 97754-9227

Mailing Address:

PO Box 717
Prineville, Oregon, 97754-0717

Primary Contact:

Name: Todd Haley
Email: outbackwildfire@yahoo.com
Daytime Phone: 5414160620
Cell Phone: 5414205395
Evening Phone: 5419777395
Fax: 5414474125

Secondary Contact:

Name: Becky Haley
Email: outbackwildfire@yahoo.com
Daytime Phone: 5414160620
Cell Phone: 5419777395
Evening Phone: 5414205395
Fax: 5414478185

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: 06/24/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



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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* | 543B303CAC

Make* | Clark

Model* | 665D

Year* | Older

Insurance Policy Expiration Date* | 06/10/2010

2. Equipment Location

City* | Prineville

State* | OR

Zip Code* | 97754 - 9227

Dispatch Center* | OR-COC

Latitude

Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 800-999 gallons hauled (water)

Monitor* | Yes

Foam Proportioner System* | Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ | 1489.00

Mobilization/Demobilization* \$ | 2.80 (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 950.00

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

VIPR

Virtual Incident Procurement

Acquisition Management
USDA Forest Service



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Solicitation Year: 2010

Resource Category

Softrack, 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 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* | 5395

Make* | FMC

Model* | 210

Year* | Older

Insurance Policy Expiration Date* | 06/10/2010

2. Equipment Location

City* | Prineville

State* | OR

Zip Code* | 97754 - 9227

Dispatch Center* | OR-COC

Latitude |

Longitude |

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* | 600-1199 gallons hauled (water)

Winch* | No

Monitor* | Yes

Foam Proportioner System* | Automatic Regulating Proportioner

4. Rates

Daily Rate* \$ | 1974.00

Mobilization/Demobilization* \$ | 2.80 (Loaded Mile)

Do you have enough employees for a double shift?*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ | 1000.00

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 |