

<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-10-7198</b>	3. AWARD/EFFECTIVE DATE <b>04/20/2010 - 04/20/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	8. SOLICITATION ISSUE DATE <b>02/10/2010 08:37 US/Pacific</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>02/25/2010 18:30 US/Pacific</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>		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)		
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		CODE	16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		
17a. CONTRACTOR/OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
17a. <b>Columbia Hydroseeding Inc. P.O. Box 1284 Elma, Washington, 98541-1284</b>		TELEPHONE NO. <b>5095488038</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>04/20/2010</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/ William Black</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>William Black -</b>	30c. DATE SIGNED <b>04/20/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/20/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	4V1JDBJF5SN842184	OR-NOC	Daily Rate \$1125/Day
Water Tender (Support) Type 3	1HTSEPN7NH400643	OR-NOC	Daily Rate \$1150/Day
Water Tender (Support) Type 2	4V1JDBJF8SR836179	OR-NOC	Daily Rate \$1125/Day
Water Tender (Support) Type 2	1FVXJJBB5XHA49293	WA-CWC	Daily Rate \$1250/Day
Water Tender (Support) Type 2	1HTD30S56BGB21158	WA-CWC	Daily Rate \$1150/Day
Water Tender (Support) Type 2	4V4JDBJF3TN844293	OR-NOC	Daily Rate \$1150/Day

Vendor Information

Company Name: Columbia Hydroseeding Inc.

DUNS: 835192444

Company Address:

P.O. Box 1284

Elma, Washington, 98541-1284

Mailing Address: same as above

Primary Contact:

Name: William Black

Email: columbiahydroseeding@hotmail.com

Daytime Phone: 5095488038

Cell Phone: 5096704265

Evening Phone: 5095488038

Fax: 5095487712

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: Y

Supporting Documentation

Has Workers Compensation Insurance: Y

Workers Comp. Insurance Expiration Date: none

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), 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 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 # \*  State \*  (Where the license was issued)

VIN Number \*  Equipment ID \*

Make \*  Model \*

Year \*  DOT Inspection Issue Date \*  Insurance Policy Expiration Date \*

**2. Equipment Location**

City \*  State \*  Zip Code \*  -

Dispatch Center \*  Latitude  Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \*  gallons hauled (water) All-Wheel Drive \*

Spray Bar Configuration \*  Suspension \*

**4. Rates**

Daily Rate \* \$

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

---

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E-mail Address

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**4. Rates**

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**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), Type 3**

Please complete the required fields, which are indicated by an asterisk (\*) and highlighted in yellow.

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**1. Equipment Description**

License # \*  State \*  (Where the license was issued)

VIN Number \*  Equipment ID \*

Make \*  Model \*

Year \*  DOT Inspection Issue Date \*  Insurance Policy Expiration Date \*

**2. Equipment Location**

City \*  State \*  Zip Code \*  -

Dispatch Center \*  Latitude  Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \*  gallons hauled (water) All-Wheel Drive \*

Spray Bar Configuration \*  Suspension \*

**4. Rates**

Daily Rate \* \$

Do you have enough employees for a double shift?  Yes  No

**5. Contact Information**

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E-mail Address



**Solicitation Year: 2010**  
**Resource Category**  
**Water Tender (Support), Type 2**

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VIN Number \*  Equipment ID \*

Make \*  Model \*

Year \*  DOT Inspection Issue Date \*  Insurance Policy Expiration Date \*

**2. Equipment Location**

City \*  State \*  Zip Code \*  -

Dispatch Center \*  Latitude  Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \*  gallons hauled (water) All-Wheel Drive \*

Spray Bar Configuration \*  Suspension \*

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