

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-10-7030</b>	3. AWARD/EFFECTIVE DATE <b>04/13/2010 - 04/13/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010 08:37 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Kernadine 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) Kernadine 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)		13b. RATING	
15. DELIVER TO	16. ADMINISTERED BY <b>Kernadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>	14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR <b>Hobi Fire Wagons LLC 1810 NE Stephens Roseburg, Oregon, 97470-1432</b>	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>				
TELEPHONE NO. <b>5419579014</b>	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
	<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>04/13/2010</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/ James Verberkmoes</b>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Kernadine Barton</b>		
30b. NAME AND TITLE OF SIGNER (Type or print) <b>James Verberkmoes -</b>	30c. DATE SIGNED <b>04/13/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kernadine Barton</b>	31c. DATE SIGNED <b>04/13/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	2GCHK39N2K1197595	OR-UPC	Daily Rate \$2250/Day
Engine Type 6	2FDKF38F7SCA19153	OR-UPC	Daily Rate \$2225/Day

**Vendor Information**

Company Name: Hobi Fire Wagons LLC  
DUNS: 187590067  
Company Address:  
1810 NE Stephens  
Roseburg, Oregon, 97470-1432

**Mailing Address:**

PO Box 954  
Roseburg, Oregon, 97470-1432

**Primary Contact:**

Name: James Verberkmoes  
Email: verbxyz@yahoo.com  
Daytime Phone: 5419579014  
Cell Phone: 5414307604  
Evening Phone: 5419579014  
Fax: 5416738495

**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: 01/01/2011  
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 #\* **T534619** State\* **OR** (Where the license was issued)

VIN Number\* **2GCHK39N2K1197595** Equipment ID\* **E-01**

Make\* **Chevy 1-Ton** Model\* **Silverado 4x4 pickup**

Year\* **Older** DOT Inspection Issue Date\* **02/05/2010** Insurance Policy Expiration Date\* **02/02/2011**

**2. Equipment Location**

City\* **Roseburg** State\* **OR** Zip Code\* **97470** - **1432**

Dispatch Center\* **OR-UPC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **150-225** gallons hauled (water) Pump Performance\* **Acceptable (100 psi to 124 psi)**

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

**4. Rates**

Daily Rate\* \$ **2250.00**

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 #\* T577417      State\* OR (Where the license was issued)

VIN Number\* 2FDKF38F7SCA19153      Equipment ID\* E-03

Make\* Ford 1-Ton      Model\* F-350

Year\* 1995      DOT Inspection Issue Date\* 02/10/2010      Insurance Policy Expiration Date\* 02/02/2011

**2. Equipment Location**

City\* Roseburg      State\* OR      Zip Code\* 97470 - 1432

Dispatch Center\* OR-UPC      Latitude      Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* 226-300 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\* \$ 2225.00

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