

<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-10-7075</b>		3. AWARD/EFFECTIVE DATE <b>04/14/2010 - 04/14/2013</b>		4. ORDER NUMBER		5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME <b>Kermadine Barton</b>		b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>		6. SOLICITATION ISSUE DATE <b>02/10/2010</b> <b>08:37 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>				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 OPAS (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> CODE _____			
17a. CONTRACTOR/OFFEROR <b>Hoffman Trucking 1197 Kowa Meteor rd Inchellum, Washington, 99138</b> CODE _____		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b> CODE _____			
TELEPHONE NO. <b>5097227600</b>				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
18. 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 <u>04/14/2010</u> . 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/ Sonia Hoffman</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>Sonia Hoffman -</b>		30c. DATE SIGNED <b>04/14/2010</b>		31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/14/2010</b>	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	2HTFC0003JC016577	WA-CCC	Daily Rate \$1600/Day

**Vendor Information**

**Company Name:** Hoffman Trucking

**DUNS:** 121252238

**Company Address:**

1197 Kewa Meteor rd

Inchelium, Washington, 99138

**Mailing Address:** same as above

**Primary Contact:**

**Name:** Sonia Hoffman

**Email:** skzaugg2001@hotmail.com

**Daytime Phone:** 5097227600

**Cell Phone:** 5096751416

**Evening Phone:** 5097224875

**Fax:** 5097223059

**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:** N

**Supporting Documentation**

**Has Workers Compensation Insurance:** Y

**Workers Comp. Insurance Expiration Date:** 06/01/2009

**Has sufficient employees:** N

**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 #\* **A63909B** State\* **WA** (Where the license was issued)

VIN Number\* **2HTFC0003JC016577** Equipment ID\* **WT10**

Make\* **INTERNATIONAL** Model\* **F93**

Year\* **Older** DOT Inspection Issue Date\* **06/01/2009** Insurance Policy Expiration Date\* **06/01/2009**

**2. Equipment Location**

City\* **INCHELIUM** State\* **WA** Zip Code\* **99138** -

Dispatch Center\* **WA-CCC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **3500-3999** gallons hauled (water) All-Wheel Drive\* **No**

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

**4. Rates**

Daily Rate\* \$ **1600.00**

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 **Sonia** Last Name **Hoffman**

Daytime Phone **(509) 722-4875** Cell Phone **(509) 675-1416** Evening Phone **(509) 722-4875** FAX **(509) 722-3059**

E-mail Address **skzaugg2001@hotmail.com**

First Name Last Name

Daytime Phone ( ) - Cell Phone ( ) - Evening Phone ( ) - FAX ( ) -

E-mail Address