

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE OF PAGE	
2. CONTRACT NO. AG-04H1-B-10-7166		3. AWARD/EFFECTIVE DATE 04/20/2010 - 04/20/2013		4. ORDER NUMBER		5. SOLICITATION NUMBER AG-04H1-S-10-7002	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Kermadine Barton				b. TELEPHONE NUMBER (No collect calls) 541-471-6746	
9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		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			
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 Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526			
17a. CONTRACTOR/OFFEROR Inbound, LLC 7618 SW Locust St Portland, Oregon, 97223		CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B	
TELEPHONE NO. 5038923663		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		21. QUANTITY		22. UNIT	
		VIPR I-BPA for R6 -2010 Water Handling Agreement					
		<i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>					
				23. UNIT PRICE		24. AMOUNT	
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 04/20/2010 . 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/ Dillon Sanders				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Dillon Sanders -		30c. DATE SIGNED 04/20/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/20/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1FDAP57F21EC84127	OR-MIC	Daily Rate \$2500/Day
Engine Type 4	052522441	OR-EIC	Daily Rate \$2600/Day
Engine Type 6	3D7MS46D25G777317	OR-EIC	Daily Rate \$2500/Day
Engine Type 6	1FDAP57F5XEC68514	OR-KFC	Daily Rate \$2500/Day
Engine Type 6	1FDXW47FXEYA34441	OR-EIC	Daily Rate \$2500/Day
Engine Type 6	1FDXF47SX2EA46724	OR-MIC	Daily Rate \$2500/Day
Engine Type 4	1FDNF70H3FVA26781	OR-KFC	Daily Rate \$2600/Day
Engine Type 4	1FDAP57P63EB80669	OR-EIC	Daily Rate \$2600/Day
Engine Type 4	1HTAR1854BHA22920	OR-EIC	Daily Rate \$2600/Day

Vendor Information

Company Name: Inbound, LLC

DUNS: 168788078

Company Address:

7618 SW Locust St

Portland, Oregon, 97223

Mailing Address: same as above

Primary Contact:

Name: Dillon Sanders

Email: inbound.northwest@gmail.com

Daytime Phone: 5038923663

Cell Phone: 5034734851

Evening Phone: 5034734851

Fax: 5039776060

Secondary Contact: none

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: N

Service-Disabled Veteran-Owned Small Business: Y

8(a): N

LSA Flag: Y

Supporting Documentation

Has Workers Compensation Insurance: Y

Workers Comp. Insurance Expiration Date: 03/31/2010

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 #* **T-566636** State* **OR** (Where the license was issued)

VIN Number* **1FDXF47SX2EA46724** Equipment ID* **E-01**

Make* **Ford** Model* **F450**

Year* **2002** DOT Inspection Issue Date* **02/25/2010** Insurance Policy Expiration Date* **02/28/2010**

2. Equipment Location

City* **Cave Junction** State* **OR** Zip Code* **97523** -

Dispatch Center* **OR-MIC** 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* \$ **2500**

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 4

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 #* **T534877** State* **OR** (Where the license was issued)

VIN Number* **1FDNF70H3FVA26781** Equipment ID* **E-02**

Make* **Ford** Model* **F700**

Year* **Older** DOT Inspection Issue Date* **02/25/2010** Insurance Policy Expiration Date* **02/28/2011**

2. Equipment Location

City* **Chemult** State* **OR** Zip Code* **97731** -

Dispatch Center* **OR-KFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **851-999** 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* \$ **2600**

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

5. Contact Information

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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 4

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 #* **T540942** State* **OR** (Where the license was issued)

VIN Number* **1FDAF57P63EB80669** Equipment ID* **E-05**

Make* **Ford** Model* **F550**

Year* **2003** DOT Inspection Issue Date* **02/22/2010** Insurance Policy Expiration Date* **02/28/2011**

2. Equipment Location

City* **Eugene** State* **OR** Zip Code* **97405** -

Dispatch Center* **OR-EIC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **750-850** 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* \$ **2600**

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

5. Contact Information

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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 #* **T-575893** State* **OR** (Where the license was issued)

VIN Number* **1FDAF57F21EC84127** Equipment ID* **E-06**

Make* **Ford** Model* **F550**

Year* **2001** DOT Inspection Issue Date* **02/22/2009** Insurance Policy Expiration Date* **02/28/2010**

2. Equipment Location

City* **Cave Junction** State* **OR** Zip Code* **97523** -

Dispatch Center* **OR-MIC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** 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* \$ **2500**

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



Solicitation Year: 2010
Resource Category
Engine, Type 4

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 #* **T575892** State* **OR** (Where the license was issued)

VIN Number* **052522441** Equipment ID* **E-07**

Make* **AM General** Model* **2 1/2 Ton**

Year* **Older** DOT Inspection Issue Date* **02/22/2010** Insurance Policy Expiration Date* **02/28/2011**

2. Equipment Location

City* **Eugene** State* **OR** Zip Code* **97405** -

Dispatch Center* **OR-EIC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **750-850** 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* \$ **2600**

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

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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 #* T-573078 State* OR (Where the license was issued)

VIN Number* 3D7MS46D25G777317 Equipment ID* E-08

Make* Dodge Model* R35

Year* 2005 DOT Inspection Issue Date* 02/04/2010 Insurance Policy Expiration Date* 02/28/2010

2. Equipment Location

City* Eugene State* OR Zip Code* 97402 -

Dispatch Center* OR-EIC 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* \$ 2500

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



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 #* **T578673** State* **OR** (Where the license was issued)

VIN Number* **1FDAF57F5XEC68514** Equipment ID* **E-03**

Make* **Ford** Model* **F550**

Year* **1999** DOT Inspection Issue Date* **02/20/2010** Insurance Policy Expiration Date* **02/28/2011**

2. Equipment Location

City* **Chemult** State* **OR** Zip Code* **97731** -

Dispatch Center* **OR-KFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** 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* \$ **2500**

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

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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 #* T541324 State* OR (Where the license was issued)

VIN Number* 1FDXW47FXEYA34441 Equipment ID* E-04

Make* Ford Model* F450

Year* 2000 DOT Inspection Issue Date* 02/19/2009 Insurance Policy Expiration Date* 02/28/2011

2. Equipment Location

City* Eugene State* OR Zip Code* 97401 -

Dispatch Center* OR-EIC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 301-399 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* \$ 2500

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