

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. AG-04H1-B-10-7275	3. AWARD/EFFECTIVE DATE 04/24/2010 - 04/24/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002	6. SOLICITATION ISSUE DATE 02/10/2010 14:37 PST	
7. FOR SOLICITATION INFORMATION CALL: a. NAME Kernadine Barton		b. TELEPHONE NUMBER (No collect calls) 541-471-6746		8. OFFER DUE DATE/ LOCAL TIME 03/04/2010 00:30 PST	
9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kernadine 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)		13b. RATING	
15. DELIVER TO CODE		16. ADMINISTERED BY Kernadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		CODE	
17a. CONTRACTOR/OFFEROR CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		CODE	
17a. CONTRACTOR/OFFEROR Michael S. Sturm dba: Mike's Water Truck Service, LLC 5452 Jerome Prairie Rd Grants Pass, Oregon, 97527		TELEPHONE NO. 5414728666			
<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
	VIPR I-BPA for R6 -2010 Water Handling Agreement				
<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 04/24/2010 . 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/ Michael Sturm			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kernadine Barton		
30b. NAME AND TITLE OF SIGNER (Type or print) Michael Sturm -	30c. DATE SIGNED 04/24/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kernadine Barton	31c. DATE SIGNED 04/24/2010		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 5	1GDG6H1J9MJ519370	OR-MIC	Daily Rate \$1900.00/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1FUPYBYB4DP222538	OR-MIC	Daily Rate \$1340/Day
Water Tender (Support) Type 2	1M2AA06Y1LW007180	OR-MIC	Daily Rate \$1500/Day
Water Tender (Support) Type 2	2HSFMAHR8TC060359	OR-MIC	Daily Rate \$1500/Day

Vendor Information

Company Name: Michael S. Sturm dba: Mike's Water Truck Service, LLC
DUNS: 009489498
Company Address:
5452 Jerome Prairie Rd
Grants Pass, Oregon, 97527

Mailing Address: same as above

Primary Contact:

Name: Michael Sturm
Email: toptrailent@hotmail.com
Daytime Phone: 5414728666
Cell Phone: 5416592499
Evening Phone: 5414792481
Fax: 5414792481

Secondary Contact:

Name: Kathy Sturm
Email: cowboycorral@hotmail.com
Daytime Phone: 5414768886
Cell Phone: 5416597310
Evening Phone: 5414792481
Fax: 5414792481

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: 06/01/2011
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 #* **YEAA 433** State* **OR** (Where the license was issued)

VIN Number* **1FUPYBYB4DP222538** Equipment ID* **09**

Make* **Freightliner** Model* **Tender**

Year* **Older** DOT Inspection Issue Date* **02/19/2010** Insurance Policy Expiration Date* **04/26/2010**

2. Equipment Location

City* **Grants Pass** State* **OR** Zip Code* **97527** -

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

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **2500-2999** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1340.00**

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



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 #* **YEAA 434** State* **OR** (Where the license was issued)

VIN Number* **1M2AA06Y1LW007180** Equipment ID* **01**

Make* **Mack** Model* **Ch613**

Year* **1990** DOT Inspection Issue Date* **02/17/2010** Insurance Policy Expiration Date* **04/26/2010**

2. Equipment Location

City* **Grants Pass** State* **OR** Zip Code* **97527** -

Dispatch Center* **OR-MIC** 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 and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1500.00**

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



Solicitation Year: 2010
Resource Category
Engine, Type 5

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 #* **YEAA553** State* **OR** (Where the license was issued)

VIN Number* **1GDG6H1J9MJ519370** Equipment ID* **10**

Make* **GMC** Model* **TOPKICK**

Year* **1991** DOT Inspection Issue Date* **02/25/2010** Insurance Policy Expiration Date* **04/26/2010**

2. Equipment Location

City* **GRANTS PASS** State* **OR** Zip Code* **97527** -

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

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **626-749** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**

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

4. Rates

Daily Rate* \$ **1900**

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 **Michael** Last Name **Sturm**

Daytime Phone **(541) 472-8666** Cell Phone **(541) 659-2499** Evening Phone **(541) 479-2481** FAX **(541) 479-2481**

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

First Name Last Name

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

E-mail Address



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 #* **T5957** State* **OR** (Where the license was issued)

VIN Number* **2HSFMAHR8TC060359** Equipment ID* **11**

Make* **International** Model* **TM**

Year* **1996** DOT Inspection Issue Date* **03/31/2010** Insurance Policy Expiration Date* **04/26/2010**

2. Equipment Location

City* **Grants Pass** State* **OR** Zip Code* **97527**

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

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3000-3499** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1500**

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 **Michael** Last Name **Sturm**

Daytime Phone **(541) 472-8666** Cell Phone **(541) 659-2499** Evening Phone **(541) 479-2481** FAX **(541) 479-2481**

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

First Name Last Name

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

E-mail Address