

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-10-7206		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		8. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific	
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				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 SMITH JR, JOE CASEY/SMITH CREEK ENGINES 1200 COLUMBINE WENATCHEE, Washington, 98801		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
TELEPHONE NO. 5096700906		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	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 52.212-6 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 52.212-6 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/ Joe Smith				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Joe Smith -		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	3D7MU46D73679746	WA-CWC	
			Daily Rate \$1899/Day
Engine Type 5	1FDXF47F92EC41894	WA-CWC	
			Daily Rate \$2002/Day
Engine Type 6	1FTSF31L9XBE05725	WA-CWC	
			Daily Rate \$1649/Day
Engine Type 5	1FDXF47F72EC10112	WA-CWC	
			Daily Rate \$1785/Day
Engine Type 5	1FDXF47F7XED89923	WA-CWC	
			Daily Rate \$1999/Day

Vendor Information

Company Name: SMITH JR, JOE CASEY/SMITH CREEK ENGINES
DUNS: 106919827
Company Address:
1200 COLUMBINE
WENATCHEE, Washington, 98801

Mailing Address: same as above

Primary Contact:

Name: JOE SMITH
Email: JOECSMITH224@HOTMAIL.COM
Daytime Phone: 5096700906
Cell Phone: null
Evening Phone: 5096706187
Fax: null

Secondary Contact:

Name: MATT SMITH
Email: SMITHMATT06@HOTMAIL.COM
Daytime Phone: 5096702496
Cell Phone: null
Evening Phone: null
Fax: null

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: 03/27/2011
Has sufficient employees: N
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 #* **A60281S** State* **WA** (Where the license was issued)

VIN Number* **3D7MU46D73679746** Equipment ID* **01**

Make* **DODGE** Model* **3500**

Year* **2003** DOT Inspection Issue Date* **03/28/2010** Insurance Policy Expiration Date* **03/27/2011**

2. Equipment Location

City* **WENATCHEE** State* **WA** Zip Code* **98801** -

Dispatch Center* **WA-CWC** 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* \$ **1899**

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 **MATT** Last Name **SMITH**

Daytime Phone **(509) 670-2496** Cell Phone () - Evening Phone () - FAX () -

E-mail Address **SMITHMATT06@HOTMAIL.COM**

First Name **JOE** Last Name **SMITH**

Daytime Phone **(509) 670-0906** Cell Phone () - Evening Phone () - FAX () -

E-mail Address **JOECSMITH224@HOTMAIL.COM**



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 #* **B78349G** State* **WA** (Where the license was issued)

VIN Number* **1FDXF47F72EC10112** Equipment ID* **02**

Make* **FORD** Model* **F-450**

Year* **2002** DOT Inspection Issue Date* **03/28/2010** Insurance Policy Expiration Date* **03/27/2011**

2. Equipment Location

City* **WENATCHEE** State* **WA** Zip Code* **98801** -

Dispatch Center* **WA-CWC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-500** 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* \$ **1785**

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 **JOE** Last Name **SMITH**

Daytime Phone **(509) 670-0906** Cell Phone () - Evening Phone **(509) 670-6187** FAX () -

E-mail Address **JOECSMITH224@HOTMAIL.COM**

First Name **MATT** Last Name **SMITH**

Daytime Phone **(509) 670-2496** Cell Phone () - Evening Phone () - FAX () -

E-mail Address **SMITHMATT06@HOTMAIL.COM**



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 #* **A73820M** State* **WA** (Where the license was issued)

VIN Number* **1FDXF47F92EC41894** Equipment ID* **03**

Make* **FORD** Model* **F-450**

Year* **2002** DOT Inspection Issue Date* **03/28/2010** Insurance Policy Expiration Date* **03/27/2011**

2. Equipment Location

City* **WENATCHEE** State* **WA** Zip Code* **98801** -

Dispatch Center* **WA-CWC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-500** 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* \$ **2002**

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 **MATT** Last Name **SMITH**

Daytime Phone **(509) 670-2496** Cell Phone **(509) 670-2496** Evening Phone () - FAX () -

E-mail Address **SMITHMATT06@HOTMAIL.COM**

First Name **JOE** Last Name **SMITH**

Daytime Phone **(509) 670-0906** Cell Phone **(509) 670-0906** Evening Phone () - FAX () -

E-mail Address **JOECSMITH224@HOTMAIL.COM**



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 #* **A47225M** State* **WA** (Where the license was issued)

VIN Number* **1FDXF47F7XED89923** Equipment ID* **04**

Make* **FORD** Model* **F-450**

Year* **1999** DOT Inspection Issue Date* **03/28/2010** Insurance Policy Expiration Date* **03/27/2011**

2. Equipment Location

City* **WENATCHEE** State* **WA** Zip Code* **98801** -

Dispatch Center* **WA-CWC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-500** 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* \$ **1999**

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 **MATT** Last Name **SMITH**

Daytime Phone **(509) 670-2496** Cell Phone **(509) 670-2496** Evening Phone **() -** FAX **() -**

E-mail Address **SMITHMATT06@HOTMAIL.COM**

First Name **JOE** Last Name **SMITH**

Daytime Phone **(509) 670-0906** Cell Phone **(509) 670-0906** Evening Phone **() -** FAX **() -**

E-mail Address **JOECSMITH224@HOTMAIL.COM**



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 #* **A53744Y** State* **WA** (Where the license was issued)
VIN Number* **1FTSF31L9XEE05725** Equipment ID* **#5**
Make* **FORD** Model* **F-350**
Year* **1999** DOT Inspection Issue Date* **03/28/2010** Insurance Policy Expiration Date* **03/27/2011**

2. Equipment Location

City* **WENATCHEE** State* **WA** Zip Code* **98801** -
Dispatch Center* **WA-CWC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **150-225** 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* \$ **1649**

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 **JOE** Last Name **SMITH**
Daytime Phone **(509) 670-0906** Cell Phone **() -** Evening Phone **(509) 670-6187** FAX **() -**
E-mail Address **JOECSMITH224@HOTMAIL.COM**

First Name **MATT** Last Name **SMITH**
Daytime Phone **(509) 670-2496** Cell Phone **() -** Evening Phone **() -** FAX **() -**
E-mail Address **SMITHMATT06@HOTMAIL.COM**