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-10-7093	3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013	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 Kermadine 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 CODE
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
☐ UNRESTRICTED OR ☒ SET ASIDE: ____ % FOR:
☒ SMALL BUSINESS ☐ EMERGING SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☒ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)
NAICS: 115310
SIZE STANDARD: 17.5

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
☐ SEE SCHEDULE

12. DISCOUNT TERMS

☐ 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
☒ RFQ ☐ IFB ☐ RFP

15. DELIVER TO CODE

16. ADMINISTERED BY CODE
Kermadine Barton
Grants Pass Interagency Office
2164 NE Spalding Ave.
Grants Pass, Oregon, 97526

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE
Work Horse, Inc.
103 S. Mill St.
Joseph, Oregon, 97846
TELEPHONE NO. 5414324075

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE
Refer to Exhibit B

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ 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 (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT (For Govt. Use Only)

☒ 27a. SOLICITATION INCORPORATES BY REFERNCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED
☒ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED

☒ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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

☒ 29. AWARD OF CONTRACT: REF. _____ OFFER DATED 04/14/2010. 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 Royes		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton	
30b. NAME AND TITLE OF SIGNER (Type or print) Michael Royes -	30c. DATE SIGNED 04/14/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton	31c. DATE SIGNED 04/14/2010

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
Prescribed by GSA - FAR (48 CFR) 53.212

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Engine Type 6	3D6WD6GL5AG126606	OR-NOC		
			Daily Rate	$2400/Day

Vendor Information
Company Name: Work Horse, Inc.
DUNS: 073617149
Company Address:
103 S. Mill St.
Joseph, Oregon, 97846

Mailing Address:
P.O. Box 1003
Joseph, Oregon, 97846

Primary Contact:
Name: Pam Royes
Email: royespj@yahoo.com
Daytime Phone: 5414324075
Cell Phone: 5413982271
Evening Phone: null
Fax: null

Secondary Contact:
Name: Callie Royes
Email: royescl@yahoo.com
Daytime Phone: 5414260265
Cell Phone: null
Evening Phone: 5414260265
Fax: 5414260312

Discount Terms:
none

Small Business Status
Small Business: Y
HUBZone: Y
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: 11/01/2010
Has sufficient employees: N
Is registered in CCR: Y
Has completed ORCA: Y

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

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 #* 570075 State* OR *(Where the license was issued)*

VIN Number* 3D6WD6GL5A6126606 Equipment ID* 01

Make* Dodge Model* 4500

Year* 2010 DOT Inspection Issue Date* 04/01/2010 Insurance Policy Expiration Date* 03/18/2010

2. Equipment Location

City* Joseph State* OR Zip Code* 97846 -

Dispatch Center* OR-NOC 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* $ 2400

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 Skip Last Name Royes

Daytime Phone (541) 398-1223 Cell Phone (541) 398-1223 Evening Phone ( ) - FAX ( ) -

E-mail Address royespj@yahoo.com

First Name Last Name

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

E-mail Address