

Hanging Rock Finance Copy

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE 1 6
2. CONTRACT NO. AG-04H1-B-10-7114	3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7001	6. SOLICITATION ISSUE DATE 01/21/2010 16:47 US/Pacific	
7. FOR SOLICITATION INFORMATION CALL: Leif Shjeflo			b. TELEPHONE NUMBER (No collect calls) 541-504-7380	8. OFFER DUE DATE/ LOCAL TIME 02/23/2010 18:30 US/Pacific	
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756		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 M		
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		16. ADMINISTERED BY Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756			
17a. CONTRACTOR/OFFEROR HANGING ROCK EXCAVATION & CONSTRUCTION, INC. 54695 Coombs Loop La Grande, Oregon, 97850-5108 TELEPHONE NO. 5418055997		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B			
<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 Heavy Equipment w/Water				
<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 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			<input checked="" type="checkbox"/> 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/ Jason Hedgepeth			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) Jason Hedgepeth -	30c. DATE SIGNED 04/14/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 04/14/2010		

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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Pumper Cat Type 3	8BP05084	OR-NOC	
			Daily Rate \$1552/Day
			Mobil/Demobil. \$3.65/Mile
			Trans. Min. Guarantee \$1225/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 3	1DN01597	OR-NOC	
			Daily Rate \$1657/Day
			Mobil/Demobil. \$3.65/Mile
			Trans. Min. Guarantee \$1225/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 2	5931-017	OR-NOC	
			Daily Rate \$1857/Day

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Vendor Information

Company Name: HANGING ROCK EXCAVATION & CONSTRUCTION, INC.
DUNS: 144731549
Company Address:
54695 Coombs Loop
La Grande, Oregon, 97850-5108

Mailing Address: same as above

Primary Contact:

Name: Jason Hedgepeth
Email: jasonhedgepeth@hotmail.com
Daytime Phone: 5418055997
Cell Phone: 5418055997
Evening Phone: 5414282159
Fax: 5414282159

Secondary Contact:

Name: Will Noffke
Email: wnoffke@hotmail.com
Daytime Phone: 5418059447
Cell Phone: 5418059447
Evening Phone: 5418059447
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: Y

Supporting Documentation

Has Workers Compensation Insurance: Y
Workers Comp. Insurance Expiration Date: 10/10/2015
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Pumper Cat, Type 3

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 or Serial Number
 From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* **8BP05084**

Make* **Caterpillar** Model* **D4H**

Year* **1995** Insurance Policy Expiration Date* **09/25/2010**

2. Equipment Location

City* **La Grande** State* **OR** Zip Code* **97850** -

Dispatch Center* **OR-NOC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Angle Blade* **6-way Hydraulic** Winch* **No**

Capacity* **275-324** gallons hauled (water) Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **1552** Mobilization/Demobilization* \$ **3.65** (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ **1225.00**

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

Skidgine, 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 or Serial Number

From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* **5931-017**

Make* **Cancar** Model* **C5D**

Year* **Older** Insurance Policy Expiration Date* **09/25/2010**

2. Equipment Location

City* **La Grande** State* **OR** Zip Code* **97850** -

Dispatch Center* **OR-NOC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **1000-1199** gallons hauled (water) Monitor* **No**

Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **1857** Mobilization/Demobilization* \$ **3.65** (Loaded Mile) Do you have enough employees for a double shift*
 Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ **1225.00** 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

Skidgine, Type 3

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 or Serial Number

From this drop-down list, select the VIN or Serial Number that you wish to withdraw or select the VIN or Serial Number that you wish to replace with the new VIN or Serial Number that you provide on this form.

1. Equipment Description

VIN or Serial Number* **1DN01597**

Make* **Caterpillar**

Model* **525**

Year* **1998**

Insurance Policy Expiration Date* **09/25/2010**

2. Equipment Location

City* **La Grande**

State* **OR**

Zip Code* **97850** -

Dispatch Center* **OR-NOC**

Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-599** gallons hauled (water)

Winch/Grapple* **No**

Foam Proportioner System* **None**

4. Rates

Daily Rate* \$ **1657.00**

Mobilization/Demobilization* \$ **3.65** (Loaded Mile)

Do you have enough employees for a double shift*?

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)* \$ **1225.00**

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 () -

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