

**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-10-7132	3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-10-7002
7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton		b. TELEPHONE NUMBER (No collect calls) 541-471-6746	6. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific
8. OFFER DUE DATE/ LOCAL TIME 02/25/2010 18:30 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
		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	

15. DELIVER TO CODE	18. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526	CODE
------------------------	--	------

17a. CONTRACTOR/OFFEROR DON MOSS ENTERPRISES 43154 Hwy 26 Dayville, Oregon, 97825-0315	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B	CODE
TELEPHONE NO. 5419872181		

<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 04/14/2010 . 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/ Donald Moss	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton
--	---

30b. NAME AND TITLE OF SIGNER (Type or print) Donald Moss -	30c. DATE SIGNED 04/14/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton	31c. DATE SIGNED 04/14/2010
---	---------------------------------------	---	---------------------------------------

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1FDWF37L12EB8214	OR-JDCC	
			Daily Rate \$2080/Day
Engine Type 4	1FDNF70HXBVJ34404	OR-JDCC	
			Daily Rate \$2180/Day
Engine Type 6	1FDAX57F22BC45438	OR-JDCC	
			Daily Rate \$2080/Day
Engine Type 6	1FDXF47SX3EB48087	OR-JDCC	
			Daily Rate \$2080/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	D2137JGB17728	OR-JDCC	
			Daily Rate \$1530/Day

Vendor Information

Company Name: DON MOSS ENTERPRISES

DUNS: 556533372

Company Address:

43154 Hwy 26

Dayville, Oregon, 97825-0315

Mailing Address:

P.O. Box 315

Dayville, Oregon, 97825-0315

Primary Contact:

Name: Don Moss

Email: domoss@ortelco.net

Daytime Phone: 5419872181

Cell Phone: 5416200320

Evening Phone: null

Fax: 5419872183

Secondary Contact: none

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: 09/09/2010

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 #* T532124 State* OR (Where the license was issued)

VIN Number* 1FDAX57F22EC45438 Equipment ID* 15

Make* FORD Model* F550

Year* 2002 DOT Inspection Issue Date* 02/11/2010 Insurance Policy Expiration Date* 12/09/2010

2. Equipment Location

City* Dayville State* OR Zip Code* 97825 - 0315

Dispatch Center* OR-JDCC 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* \$ 2080

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 #* **A85340U** State* **WA** (Where the license was issued)

VIN Number* **1FDWF37L12EB8214** Equipment ID* **16**

Make* **FORD** Model* **F350**

Year* **2002** DOT Inspection Issue Date* **02/11/2010** Insurance Policy Expiration Date* **12/09/2010**

2. Equipment Location

City* **Dayville** State* **OR** Zip Code* **97825** - **0315**

Dispatch Center* **OR-JDCC** 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* \$ **2080**

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 # **A485341U** State **OR** (Where the license was issued)

VIN Number **1FDXF47SX3EB48087** Equipment ID **18**

Make **FORD** Model **F450**

Year **2003** DOT Inspection Issue Date **02/11/2010** Insurance Policy Expiration Date **12/09/2010**

2. Equipment Location

City **Dayville** State **OR** Zip Code **97825** - **0315**

Dispatch Center **OR-JDCC** 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 \$ **2080**

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
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 #* **YCBV130** State* **OR** (Where the license was issued)

VIN Number* **D2137JGB17728** Equipment ID* **12**

Make* **INTERNATIONAL** Model* **4300**

Year* **Older** DOT Inspection Issue Date* **02/11/2010** Insurance Policy Expiration Date* **12/09/2010**

2. Equipment Location

City* **Dayville** State* **OR** Zip Code* **97825** - **0315**

Dispatch Center* **OR-JDCC** 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* \$ **1530**

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

