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-10-7267

3. AWARD/EFFECTIVE DATE
04/23/2010 - 04/23/2013

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
JTM Enterprises LLC
4672 Drift Creek Rd. SE
Sublimity, Oregon, 97385
TELEPHONE NO. 5037691236

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

☐ 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 ☐ 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 REFERENCE 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 04/23/2010. 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/ Timothy Heator

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Kermadine Barton

30b. NAME AND TITLE OF SIGNER (Type or print)
Timothy Heator -

30c. DATE SIGNED
04/23/2010

31b. NAME OF CONTRACTING OFFICER (Type or print)
Kermadine Barton

31c. DATE SIGNED
04/23/2010

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 4	1HT8EZVN3LH249484	OR-COC		
			Daily Rate	$2208/Day
Engine Type 6	1FDXF47S8YEB59015	OR-COC		
			Daily Rate	$1950/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Water Tender (Support) Type 2	1WUBDCCG3JN127488	OR-BIC		
			Daily Rate	$1645/Day

Vendor Information
Company Name: JTM Enterprises LLC
DUNS: 191484562
Company Address:
4672 Drift Creek Rd. SE
Sublimity, Oregon, 97385

Mailing Address: same as above
Primary Contact:
Name: Tim Heater
Email: jitimiwest@aol.com
Daytime Phone: 5037691236
Cell Phone: 5038710335
Evening Phone: 5037691236
Fax: 5037693549

Secondary Contact:
Name: Michelle Heater
Email: jitimiwest@aol.com
Daytime Phone: 5037691236
Cell Phone: 5039307722
Evening Phone: 5037691236
Fax: 5037693549

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: 12/31/2010
Has sufficient employees: Y
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 4

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 #* T554462 State* OR *(Where the license was issued)*

VIN Number* 1HTSEZVN3LH249484 Equipment ID* 41

Make* International Model* 4800

Year* 1991 DOT Inspection Issue Date* 05/10/2009 Insurance Policy Expiration Date* 04/15/2010

2. Equipment Location

City* Rfedmond State* OR Zip Code* 97756 -

Dispatch Center* OR-COC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 1000-1500 gallons hauled (water) Pump Performance* Excellent (150 psi or more)

All-Wheel Drive* Yes CAFS* ○ Yes ◉ No Foam Proportioner System* Automatic Regulating Proportioner

4. Rates

Daily Rate* $ 2208 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

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 #* T554461 State* OR *(Where the license was issued)*

VIN Number* 1FDXF47S8YEB59015 Equipment ID* 45

Make* Ford Model* F450

Year* 2000 DOT Inspection Issue Date* 05/10/2009 Insurance Policy Expiration Date* 04/15/2010

2. Equipment Location

City* Redmond State* OR Zip Code* 97756 -

Dispatch Center* OR-COC 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* Automatic Regulating Proportioner

4. Rates

Daily Rate* $ 1950 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

VIPR
Virtual Incident Procurement

Acquisition Management
USDA Forest Service

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 #* **YCSK 805** State* **OR** *(Where the license was issued)*

VIN Number* **1WUBDCCG3JN127488** Equipment ID* **21**

Make* **Volvo** Model* **WCM64T**

Year* **Older** DOT Inspection Issue Date* **06/05/2009** Insurance Policy Expiration Date* **04/15/2010**

2. Equipment Location

City* **Sublimity** State* **OR** Zip Code* **97385** -

Dispatch Center* **OR-EIC** 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* $ **1645**

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