

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-10-7296		3. AWARD/EFFECTIVE DATE 04/24/2010 - 04/24/2013		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: Kermadine Barton		a. NAME		b. TELEPHONE NUMBER (No collect calls) 541-471-6746	
8. OFFER DUE DATE/ LOCAL TIME 03/04/2010 00:30 PST		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		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP		17a. CONTRACTOR/OFFEROR CODE	
17a. CONTRACTOR/OFFEROR MQ FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, Oregon, 97325-		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		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	
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	
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
23. UNIT PRICE		24. AMOUNT		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 <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		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		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		29. AWARD OF CONTRACT: REF. _____ OFFER DATED <u>04/24/2010</u> . 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/ Jalme Pickering				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Jalme Pickering -		30c. DATE SIGNED 04/24/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/24/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1FDAP57F3YEC81179	OR-KFC	Daily Rate \$2700/Day
Engine Type 6	1FDXX47P95ED37647	OR-KFC	Daily Rate \$2500/Day
Engine Type 6	3B7MF33W5TM138071	OR-KFC	Daily Rate \$2500/Day
Engine Type 6	1FDXX47P05EA04253	OR-KFC	Daily Rate \$2500/Day
Engine Type 6	3D7M448C14B105942	OR-KFC	Daily Rate \$2500/Day
Engine Type 6	3B7MF33D3VM509679	OR-KFC	Daily Rate \$2500/Day

Vendor Information

Company Name: MQ FRANCO REFORESTATION
DUNS: 196712095
Company Address:
8457 DARLEY RD SE
AUMSVILLE, Oregon, 97325-

Mailing Address: same as above

Primary Contact:

Name: MANUEL FRANCO
Email: francoforestry@hotmail.com
Daytime Phone: 5037492288
Cell Phone: 5035806631
Evening Phone: 5035806631
Fax: 5037494040

Secondary Contact:

Name: JAIME PICKERING
Email: HWI2005@HOTMAIL.COM
Daytime Phone: 5037492288
Cell Phone: 9712396114
Evening Phone: 9712396114
Fax: 5037494040

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: 07/01/2010
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 #* **T579062** State* **OR** (Where the license was issued)
VIN Number* **3D7M448C14B105942** Equipment ID* **03**
Make* **DODGE** Model* **RAM 3500**
Year* **2004** DOT Inspection Issue Date* **02/05/2010** Insurance Policy Expiration Date* **12/23/2010**

2. Equipment Location

City* **BEAVERMARSH** State* **OR** Zip Code* **97731** -
Dispatch Center* **OR-KFC** 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* \$ **2500**

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
Engine, Type 6

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For Agreement Phase Only:

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1. Equipment Description

License #* **T558004** State* **OR** (Where the license was issued)
VIN Number* **1FDXX47P95ED37647** Equipment ID* **05**
Make* **FORD** Model* **F450**
Year* **2005** DOT Inspection Issue Date* **02/05/2010** Insurance Policy Expiration Date* **12/23/2010**

2. Equipment Location

City* **BEAVERMARSH** State* **OR** Zip Code* **97731** -
Dispatch Center* **OR-KFC** 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* \$ **2500**

Do you have enough employees Yes No for a double shift?*

5. Contact Information

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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 #* **T573851** State* **OR** (Where the license was issued)

VIN Number* **3B7MF33D3VM509679** Equipment ID* **02**

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

Year* **1997** DOT Inspection Issue Date* **02/05/2010** Insurance Policy Expiration Date* **12/23/2010**

2. Equipment Location

City* **BEAVERMARSH** State* **OR** Zip Code* **97731** -

Dispatch Center* **OR-KFC** 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* **Automatic Regulating Proportioner**

4. Rates

Daily Rate* \$ **2500**

Do you have enough employees for a double shift?* Yes No

5. Contact Information

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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 #* **T579061** State* **OR** (Where the license was issued)

VIN Number* **3B7MF33W5TM138071** Equipment ID* **01**

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

Year* **1996** DOT Inspection Issue Date* **02/05/2010** Insurance Policy Expiration Date* **12/23/2010**

2. Equipment Location

City* **BEAVERMARSH** State* **OR** Zip Code* **97731** -

Dispatch Center* **OR-KFC** 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* \$ **2500**

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

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 #* T549999 State* OR (Where the license was issued)

VIN Number* 1FDXX47P05EA04253 Equipment ID* 04

Make* FORD Model* F450

Year* 2005 DOT Inspection Issue Date* 02/05/2010 Insurance Policy Expiration Date* 12/23/2010

2. Equipment Location

City* BEAVERMARSH State* OR Zip Code* 97731 -

Dispatch Center* OR-KFC 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* \$ 2500

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