SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISTION NUMBER
PAGE 1 OF 55

2. CONTRACT NO. AG-9J61-B-09-7004
3. AWARD/EFFECTIVE DATE 12/11/08
4. ORDER NUMBER
5. SOLICITATION NUMBER AG-9J61-S-08-9006
6. SOLICITATION ISSUE DATE: 5/30/2008

7. FOR SOLICITATION INFORMATION CALL: ▶
a. NAME Kathryn Griffin
b. TELEPHONE NUMBER *(No collect calls)* 916-640-1064
8 OFFER DUE DATE/ LOCAL TIME: 6/30/2008 4:30 P.M.

9. ISSUED BY CODE
USDA Forest Service
R5 Regional Office Incident Acquisitions
3237 Peacekeeper Way
McClellan, CA 95652

10. THIS ACQUISITION IS
☐ UNRESTRICTED OR
☒ SET ASIDE: 100 % FOR:
☒ SMALL BUSINESS
☐ EMERGING SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS
☐ 8(A)
NAICS: 115310
SIZE STANDARD: $16.5 mil

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

12. DISCOUNT TERMS
1% 30 days
2% 15 days

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

13a. RATING

14. METHOD OF SOLICITATION
☒ RFQ ☐ IFB ☐ RFP

15. DELIVER TO CODE

16. ADMINISTRERED BY CODE
See Block 9

17a. CONTRACTOR/ CODE CODE
El Dorado Water & Shower Services, Inc.
P.O. Box 944
Placerville, Ca. 95667
TELEPHONE NO. 530.622.8995

PAYMENT WILL BE MADE BY CODE
Refer to D.20.6

☐ 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
Item 4 SACRAMENTO Zone	**Incident Base Unit (see attached)** Agreement End Date: One year from Award/Effective Date (Block 3) Operating Supplies Furnished by: [X] Contractor [ ] Government Operator Furnished by: [X] Contractor [ ] Government	Type 2 1 BU		See Page 7-10	See Attached

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 52.212-3 AND 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 OTHEERWISE IDENTIFED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJJECT TO THE TERMS AND CONDITIONS SPECIFIED

☐ 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR
Roger Cunnington

31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
Kathryn M Griffin

30b. NAME AND TITLE OF SIGNER (Type or print)
Roger Cunnington Vice President

30c. DATE SIGNED
6/25/08

31b. NAME OF CONTRACTING OFFICER (Type or print)
KATHRYN GRIFFIN

31c. DATE SIGNED
12/11/08

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
PRESCRIBED BY GSA – FAR (48 CFR) 53.212

ITEM NO.	SCHEDULE OF SUPPLIES AND SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	Sacramento Zone (Red Bluff south to Sacramento)				
3	**Incident Base Unit - Type 1**				
	Daily Rate		Daily		$11,496.00
	Weekly Rate		Weekly		$78,057.00
	Monthly Rate		Monthly		$323,724.00
	Mobilization/Demobilization	AQ	Mile		$78.00
4	**Incident Base Unit - Type 2**				
	Daily Rate		Daily		$7,683.00
	Weekly Rate		Weekly		$52,168.00
	Monthly Rate		Monthly		$216,355.00
	Mobilization/Demobilization	AQ	Mile		$54.00

Company Name	El Dorado Water & Shower Service, Inc.		
DUNS Number	830450383		
Contact Name	Roger Cunnington		
E-Mail Address	eldorwater@comcast.net		
Phone Numbers (up to 6)	888.622.8995	530.409.5474	
	916.799.8995		
Fax Number	530.622.0153		
Mailing Address	Street: P.O. Box 944		
	City/State Placerville, Ca.		Zip: 95667

1. [X] I certify that all employees are covered by Workman's Compensation or a legal exemption.
2. I am [X] am not [ ] registered in the Contractor Central Registration (CCR) system (Ref. E.1 (k)).
3. I have [X] have not [ ] completed my representations and certifications on-line (Ref. E.3)

Identify the **TOTAL** number of Incident Base Units offered for award, (**capable of being awarded).**
_____Type 1 Two Units
_____Type 2 Two Units