

**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-09-7434	3. AWARD/EFFECTIVE DATE 07/30/2009 - 07/30/2012	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-09-7019
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Kernadine Barton	b. TELEPHONE NUMBER (No collect calls) 541-471-8746
8. SOLICITATION ISSUE DATE 03/17/2009 15:20 PDT		8. OFFER DUE DATE/ LOCAL TIME 08/12/2009 16:30 PDT	

9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kernadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526	CODE	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 checked="" type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS 1% 15
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"/> RFP <input type="checkbox"/> IFB <input type="checkbox"/> RFP		

15. DELIVER TO CODE	16. ADMINISTERED BY Kernadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526 CODE
17a. CONTRACTOR/OFFEROR CODE	18a. PAYMENT WILL BE MADE BY CODE
1-A CONSTRUCTION & FIRE LLP 31156 FOLLETT LN HERMISTON, Oregon, 97838-6278	Refer to Exhibit B

17a. CONTRACTOR/OFFEROR CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY CODE
1-A CONSTRUCTION & FIRE LLP 31156 FOLLETT LN HERMISTON, Oregon, 97838-6278		Refer to Exhibit B
TELEPHONE NO. 5415675730		
<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 USFS R6 Potable Water/Gray Water/Trailer Mounted Handwash Stations <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>				

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
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<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-6 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 52.212-6 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 <u>07/30/2009</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:
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30a. SIGNATURE OF OFFEROR/CONTRACTOR <i>/s/ PATRICIA MAIER</i>	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>/s/ Kernadine Barton</i>
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30b. NAME AND TITLE OF SIGNER (Type or print) PATRICIA MAIER -	30c. DATE SIGNED 08/12/2009	31b. NAME OF CONTRACTING OFFICER (Type or print) Kernadine Barton	31c. DATE SIGNED 07/30/2009
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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center Rates	Daily Rate	
Potable Water Truck Type 2	1FTYS90R3PVA38061	OR-NOC		\$1399.00/Day

Vendor Information

Company Name: 1-A CONSTRUCTION & FIRE LLP

DUNS: 129133380

Company Address:

31156 FOLLETT LN

HERMISTON, Oregon, 97838-6278

Mailing Address: same as above

Primary Contact:

Name: PATRICIA MAIER

Email: patriciamai@msn.com

Daytime Phone: 5415675730

Cell Phone: 5413774106

Evening Phone: 5415714431

Fax: 5415671485

Secondary Contact:

Name: MELISSA DEMING

Email: patriciamai@msn.com

Daytime Phone: 5412786174

Cell Phone: 5415713693

Evening Phone: 5414273510

Fax: 5412876174

Discount Terms:

1% 15

Small Business Status

Small Business: Y

HUBZone: Y

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: 10/01/2010

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y