

**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-09-7372	3. AWARD/EFFECTIVE DATE 07/29/2009 - 07/29/2012	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-09-7019
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Kermadine Barton	b. TELEPHONE NUMBER (No collect calls) 541-471-6746
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		8. OFFER DUE DATE/ LOCAL TIME 06/12/2009 16:30 PDT	

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)	
NAICS: 484220 SIZE STANDARD:	
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)	13b. RATING
14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFB <input type="checkbox"/> IFB <input type="checkbox"/> RFP	

15. DELIVER TO	16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526
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17a. CONTRACTOR/OFFEROR A-1 Water Source 60043 Latigo Lane Joseph, Oregon, 97846-8193 TELEPHONE NO. 5414321079	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B
<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 52.212-5 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 07/29/2009 . 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 /s/ Elizabeth Baty	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton
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30b. NAME AND TITLE OF SIGNER (Type or print) Elizabeth Baty -	30c. DATE SIGNED 08/12/2009	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton	31c. DATE SIGNED 07/29/2009
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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Potable Water Truck Type 3	1FTSW31F81ED84853	OR-NOC	Daily Rate \$1200.00/Day

Vendor Information

Company Name: A-1 Water Source
DUNS: 825424208
Company Address:
60043 Latigo Lane
Joseph, Oregon, 97846-8193

Mailing Address: same as above

Primary Contact:

Name: Elizabeth Baty
Email: jemsbaty@eoni.com
Daytime Phone: 5414321079
Cell Phone: 5413982081
Evening Phone: 5414321079
Fax: 5414321079

Secondary Contact:

Name: Jeff Baty
Email: watersource@eoni.com
Daytime Phone: 5413980481
Cell Phone: 5413980481
Evening Phone: null
Fax: null

Discount Terms:

none

Small Business Status

Small Business: Y
HUBZone: N
Service-Disabled Veteran-Owned Small Business: Y
8(a): N
LSA Flag: Y

Supporting Documentation

Has Workers Compensation Insurance: Y
Workers Comp. Insurance Expiration Date: 01/01/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y