

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-09-7425	3. AWARD/EFFECTIVE DATE 07/30/2009 - 07/30/2012	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-09-7019	6. SOLICITATION ISSUE DATE 03/17/2009 15:20 PDT	
7. FOR SOLICITATION INFORMATION CALL:			a. NAME Kermadine Barton	b. TELEPHONE NUMBER (No collect calls) 541-471-8746	8. OFFER DUE DATE/ LOCAL TIME 06/12/2009 16:30 PDT
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			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		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>	
15. DELIVER TO		CODE		18. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526	
17a. CONTRACTOR/OFFEROR Backcountry Fire Mules 398 Seven Devils Rd Riggins, Idaho, 83549		CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B	
TELEPHONE NO. 2086283664		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			21. QUANTITY	22. UNIT
	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)	
<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 07/30/2009 . 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/ Kurt Fellom			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton		
30b. NAME AND TITLE OF SIGNER (Type or print) Kurt Fellom -		30c. DATE SIGNED 08/12/2009	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 07/30/2009

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Handwashing Station (Trailer Mounted)	4X4TEHD253U203174	OR-NOC	

Daily Rate	\$950/Day
Weekly Rate	\$665/Week
Monthly Rate	\$26600/Month

(Resource VIN 4X4TEHD253U203174 has been Terminated.)

Vendor Information

Company Name: Backcountry Fire Mules

DUNS: 802863717

Company Address:

**398 Seven Devils Rd
Riggins, Idaho, 83549**

Mailing Address:

**Po Box 1228
Riggins, Idaho, 83549**

Primary Contact:

Name: Kurt Fellom

Email: backcountryfiremules@frontiernet.net

Daytime Phone: 2086283664

Cell Phone: null

Evening Phone: null

Fax: null

Secondary Contact: none

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: N

Service-Disabled Veteran-Owned Small Business: Y

8(a): N

LSA Flag: N

Supporting Documentation

Has Workers Compensation Insurance: Y

Workers Comp. Insurance Expiration Date: 07/01/2010

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y