

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. <b>AG-04H1-B-09-7415</b>	3. AWARD/EFFECTIVE DATE <b>07/30/2009 - 07/30/2012</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-09-7019</b>	6. SOLICITATION ISSUE DATE <b>03/17/2009 15:20 PDT</b>	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME <b>Kermadine Barton</b>		b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	8. OFFER DUE DATE/ LOCAL TIME <b>06/12/2009 16:30 PDT</b>
9. ISSUED BY <b>USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>			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: <b>484220</b> 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) <input type="checkbox"/>	
15. DELIVER TO CODE		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		13b. RATING	
17a. CONTRACTOR/OFFEROR <b>Central Or Fire Eq Inc 4117 La Mesa Redmond, Oregon, 97756</b>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
TELEPHONE NO. <b>5419230411</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					
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>VIPR I-BPA for USFS R6 Potable Water/Gray Water/Trailer Mounted Handwash Stations</b>				
<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 <b>07/30/2009</b> . 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 <b>/s/ Donna Maxey</b>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Kermadine Barton</b>		
30b. NAME AND TITLE OF SIGNER (Type or print) <b>Donna Maxey -</b>		30c. DATE SIGNED <b>08/12/2009</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>07/30/2009</b>

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Gray Water Truck Type 3	1FDYK84A7NVA33338	OR-COC	Daily Rate \$980.00/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Handwashing Station (Trailer Mounted)	4P2AB202614126160	OR-BIC	Daily Rate \$975.00/Day Weekly Rate \$6750.00/Week Monthly Rate \$25000.00/Month
Handwashing Station (Trailer Mounted)	4P2AB1629U031971	OR-COC	Daily Rate \$695.00/Day Weekly Rate \$4565.00/Week Monthly Rate \$19429.00/Month

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Potable Water Truck Type 2	1HTHCAHR2XH641362	OR-COC	Daily Rate \$1475.00/Day
Potable Water Truck Type 2	4374EYB10604	OR-BIC	Daily Rate \$1550.00/Day
Potable Water Truck Type 3	1FDXX84A51VA44086	OR-COC	Daily Rate \$1200.00/Day

**Vendor Information**

**Company Name:** Central Or Fire Eq Inc

**DUNS:** 045447211

**Company Address:**

4117 La Mesa

Redmond, Oregon, 97756

**Mailing Address:** same as above

**Primary Contact:**

**Name:** Donna Maxey

**Email:** maxeyce@cbbmail.com

**Daytime Phone:** 5419230411

**Cell Phone:** 5414807591

**Evening Phone:** 5419230411

**Fax:** 5419230411

**Secondary Contact:**

**Name:** Clyde Maxey

**Email:** maxeyce@cbbmail.com

**Daytime Phone:** 5419230411

**Cell Phone:** 5412804995

**Evening Phone:** 5419230411

**Fax:** 5419230411

**Discount Terms:**

none

**Small Business Status**

**Small Business:** Y

**HUBZone:** N

**Service-Disabled Veteran-Owned Small Business:** N

**8(a):** N

**LSA Flag:** N

**Supporting Documentation**

**Has Workers Compensation Insurance:** Y

**Workers Comp. Insurance Expiration Date:** 04/01/2010

**Has sufficient employees:** N

**Is registered in CCR:** Y

**Has completed ORCA:** Y