

| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS<br/>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>  |   |   |  | 1. REQUISITION NUMBER  | PAGE OF PAGE |
|--|---|---|--|--|--------------|
| 2. CONTRACT NO.<br><b>AG-04H1-B-09-7389</b>  | 3. AWARD/EFFECTIVE DATE<br><b>07/29/2009 - 07/29/2012</b>   | 4. ORDER NUMBER   | 5. SOLICITATION NUMBER<br><b>AG-04H1-S-09-7019</b>   | 8. SOLICITATION ISSUE DATE<br><b>03/17/2009 15:20 PDT</b>    |              |
| 7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>  |   |   | b. TELEPHONE NUMBER (No collect calls)<br><b>541-471-6746</b>  | 8. OFFER DUE DATE/ LOCAL TIME<br><b>06/12/2009 16:30 PDT</b> |              |
| 9. ISSUED BY<br><b>USDA Forest Service<br/>Pacific Northwest Region (R-6)<br/>Kermadine Barton<br/>Grants Pass Interagency Office<br/>2164 NE Spalding Ave.<br/>Grants Pass, Oregon, 97526</b>   |   |   | 10. THIS ACQUISITION IS<br><input type="checkbox"/> UNRESTRICTED OR<br><input checked="" type="checkbox"/> SET ASIDE: _____ % FOR:<br><input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS<br><input checked="" type="checkbox"/> HUBZONE SMALL BUSINESS<br><input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)<br>NAICS: <b>484220</b><br>SIZE STANDARD: |  |              |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE   | 12. DISCOUNT TERMS  |   | 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)<br><input type="checkbox"/>  | 13b. RATING  |              |
| 15. DELIVER TO<br>CODE _____   |   |   | 14. METHOD OF SOLICITATION<br><input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP  |  |              |
| 17a. CONTRACTOR/OFFEROR<br><b>GRANNYS MOBILE SHOWERS, LLC<br/>2073 N ARONMINK WAY<br/>MERIDIAN, Idaho, 83646</b><br><br>TELEPHONE NO. <b>2088935044</b>  |   |   | 16. ADMINISTERED BY<br><b>Kermadine Barton<br/>Grants Pass Interagency Office<br/>2164 NE Spalding Ave.<br/>Grants Pass, Oregon, 97526</b><br>CODE _____   |  |              |
| 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>   |   |   | 18a. PAYMENT WILL BE MADE BY<br><b>Refer to Exhibit B</b><br>CODE _____  |  |              |
| 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><br><br><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<br>DATED <b>07/29/2009</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<br><b>/s/ Susan Helsey</b>  |   |   | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)<br><b>/s/ Kermadine Barton</b>  |  |              |
| 30b. NAME AND TITLE OF SIGNER (Type or print)<br><b>Susan Helsey -</b>   | 30c. DATE SIGNED<br><b>08/12/2009</b>   | 31b. NAME OF CONTRACTING OFFICER (Type or print)<br><b>Kermadine Barton</b> |  | 31c. DATE SIGNED<br><b>07/29/2009</b>                        |              |

Schedule of Items

| Item Description                         | VIN Number/<br>Equipment ID | Dispatch<br>Center | Rates  |
|--|-----------------------------|--------------------|--|
| Handwashing<br>Station (Trailer Mounted) | 4RYC202024T110507           | OR-NOC             | Daily Rate \$800.00/Day<br>Weekly Rate \$5600.00/Week<br>Monthly Rate \$24000.00/Month |

**Vendor Information**

**Company Name:** GRANNYS MOBILE SHOWERS, LLC

**DUNS:** 137679275

**Company Address:**

2073 N ARONMINK WAY

MERIDIAN, Idaho, 83646

**Mailing Address:** same as above

**Primary Contact:**

**Name:** SUSAN HEISEY

**Email:** susan@grannysmobileshowers.com

**Daytime Phone:** 2088935044

**Cell Phone:** 5033322573

**Evening Phone:** 2088935044

**Fax:** 2088935043

**Secondary Contact:**

**Name:** GARY HEISEY

**Email:** dignity7@msn.com

**Daytime Phone:** 2088935044

**Cell Phone:** 9712070035

**Evening Phone:** 2088935044

**Fax:** 2088935043

**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:** 07/01/2009

**Has sufficient employees:** Y

**Is registered in CCR:** Y

**Has completed ORCA:** Y