

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-09-7412		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) 541-471-6746	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			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) <input type="checkbox"/>	13b. RATING	
15. DELIVER TO CODE			16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526 CODE			
17a. CONTRACTOR/OFFEROR CODE		FACILITY CODE	18a. PAYMENT WILL BE MADE BY CODE			
Michael S. Sturm dba: Mike's Water Truck Service, LLC 5452 Jerome Palria Rd Grants Pass, Oregon, 97527			Refer to Exhibit B			
TELEPHONE NO. 5414728666			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
	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/ Michael Sturm			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Michael Sturm -		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
Gray Water Truck Type 1	1FDYW82EOSVA31033	OR-MIC	Daily Rate \$1250.00/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Potable Water Truck Type 2	2HTAF1952BCA12699	OR-UPC	Daily Rate \$1699.00/Day

Vendor Information

Company Name: Michael S. Sturm dba: Mike's Water Truck Service, LLC

DUNS: 009489498

Company Address:

5452 Jerome Prairie Rd

Grants Pass, Oregon, 97527

Mailing Address: same as above

Primary Contact:

Name: Michael Sturm

Email: toptrailent@hotmail.com

Daytime Phone: 5414728666

Cell Phone: 5416592499

Evening Phone: 5414792481

Fax: 5414792481

Secondary Contact:

Name: Kathy Sturm

Email: cowboycorral@hotmail.com

Daytime Phone: 5414768886

Cell Phone: 5416597310

Evening Phone: 5414792481

Fax: 5414792481

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: N

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: 06/01/2011

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y