

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-11-7133</b>	3. AWARD/EFFECTIVE DATE <b>05/18/2011 - 05/18/2014</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-11-7004</b>	6. SOLICITATION ISSUE DATE <b>01/23/2011 14:35 PST</b>		
7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>			b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>		8. OFFER DUE DATE/ LOCAL TIME <b>03/30/2011 16:00 PDT</b>	
9. ISSUED BY <b>USDA Forest Service US Forest Service 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"/> WOMEN-OWNED SMALL BUSINESS (WOSB) NAICS: <b>811111</b> <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: <b>\$7.0 million</b> <input 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"/>		13b. RATING	
15. DELIVER TO CODE _____			16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b> CODE _____			
17a. CONTRACTOR/OFFEROR CODE _____ FACILITY CODE _____ <b>Gary Seay and Son 3685 NE Butler Avenue Redmond, Oregon, 97756-8719</b>	18a. PAYMENT WILL BE MADE BY CODE _____ <b>Refer to Exhibit B</b>					
TELEPHONE NO. <b>541-419-9099</b>			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>						
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>VIPR I-BPA for Mechanic with Service Truck(s) for Region 6 - Pacific Northwest Region</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>05/18/2011</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/ Gary Seay</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>Gary Seay -</b>	30c. DATE SIGNED <b>05/02/2011</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>05/18/2011</b>			

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: 01			
Mechanic With Service Truck Type 1 01		OR-COC	
		Daily Rate	\$1125.00/Day

Mechanic's First Name: Gary

Mechanic's Last Name: Seay

Location City: Redmond

Location State: OR

Operator Experience (years): 30

ASE Certification: None

EVT Certificate Level: N/A

Fire Apparatus Experience (years): 5+

Vocational School or Manufacturer Diesel/Heavy Equipment Mechanic Certificate: Yes

Truck Equipped w/ Hydraulic Crane: Y

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Vendor Information

Company Name: Gary Seay and Son

DBA:

DUNS: 027175210

Company Address:

3685 NE Butler Avenue

Redmond, Oregon, 97756-8719

Mailing Address: same as above

Contact:

Name: Gary Seay

Email: pseay054@msn.com

Daytime Phone: 541-419-9099

Evening/After Hours Phone: 541-548-7709

Cell/Alternate Phone: 541-408-4843

Fax: 541-548-0521

Discount Terms:

none

Business Status

HUBZone: N

Service-Disabled Veteran-Owned Small Business: N

8(a): N

Women-Owned Small Business: N

Economically Disadvantaged Women-Owned Small Business: N

LSA Flag: N

Supporting Documentation

Has Insurance (other than Workers' Compensation): Yes

Has DOT inspection(s): N/A

Has Workers' Compensation Insurance: N/A

Workers' Comp. Insurance Expiration Date: none

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y