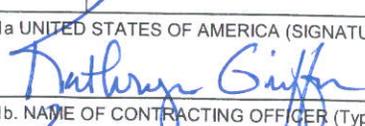


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE 1 OF 55							
2. CONTRACT NO. A6-9J61-B-09-7007		3. AWARD/EFFECTIVE DATE 12/11/08		4. ORDER NUMBER		5. SOLICITATION NUMBER AG-9J61-S-08-9006		6. SOLICITATION ISSUE DATE: 5/30/2008					
7. FOR SOLICITATION INFORMATION CALL: ▶			a. NAME Kathryn Griffin			b. TELEPHONE NUMBER (No collect calls) 916-640-1064		8 OFFER DUE DATE/ LOCAL TIME: 6/30/2008 4:30 P.M.					
9. ISSUED BY				CODE		10. THIS ACQUISITION IS							
USDA Forest Service R5 Regional Office Incident Acquisitions 3237 Peacekeeper Way McClellan, CA 95652				<input type="checkbox"/> UNRESTRICTED OR		<input checked="" type="checkbox"/> SET ASIDE:		100 % FOR:					
						<input checked="" type="checkbox"/> SMALL BUSINESS		<input type="checkbox"/> EMERGING SMALL BUSINESS					
						<input type="checkbox"/> HUBZONE SMALL BUSINESS							
						<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		<input type="checkbox"/> 13a THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13a. RATING					
15. DELIVER TO				CODE		16. ADMINISTERED BY							
						See Block 9							
17a. CONTRACTOR/				CODE		PAYMENT WILL BE MADE BY							
Brookstone Emergency Services, Inc.						Refer to D.20.6							
TELEPHONE NO. (800) 232-2575													
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				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	
Item 4 Riverside ZONE		Incident Base Unit (see attached) Agreement End Date: One year from Award/Effective Date (Block 3) Operating Supplies Furnished by: [X] Contractor [] Government Operator Furnished by: [X] Contractor [] Government				Type 1 IBU				See Page 7-10		See Attached	
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 52.212-3 AND 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 type="checkbox"/> 29. AWARD OF CONTRACT: REF. OFFER DATED _____ 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						31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)							
													
30b. NAME AND TITLE OF SIGNER (Type or print)			30c. DATE SIGNED			31b. NAME OF CONTRACTING OFFICER (Type or print)			31c. DATE SIGNED				
Bill Angelo - Director			6/27/08			KATHRYN GRIFFIN			12/11/08				

AUTHORIZED FOR LOCAL REPRODUCTION
 PREVIOUS EDITIONS IS NOT USABLE

ITEM NO.	SCHEDULE OF SUPPLIES AND SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
7	Riverside Zone (Santa Clarita to Mexican Border)				
	Incident Base Unit - <u>Type 1</u>				
	Daily Rate		Daily		\$10,000.00
	Weekly Rate		Weekly		\$66,500.00
	Monthly Rate		Monthly		\$285,000.00
	Mobilization/Demobilization	AQ	Mile		\$56.00/mile
	8	Incident Base Unit - <u>Type 2</u>			
Daily Rate			Daily		\$7,500.00
Weekly Rate			Weekly		\$49,000.00
Monthly Rate			Monthly		\$210,000.00
Mobilization/Demobilization		AQ	Mile		\$46.00/mile

Company Name	Brookstone Emergency Services, Inc.		
DUNS Number	142759211		
Contact Name	Bill Angelo		
E-Mail Address	bangelo@brookstoneesd.com		
Phone Numbers (up to 6)			
	(800) 232-2575		
Fax Number	(916) 631-8184		
Mailing Address	Street: 9245 Beatty Dr. Suite A		
	City/State Sacramento, CA	Zip:	95826

1. I certify that all employees are covered by Workman's Compensation or a legal exemption.
2. I am am not registered in the Contractor Central Registration (CCR) system (Ref. E.1 (k)).
3. I have have not completed my representations and certifications on-line (Ref. E.3)

Identify the TOTAL number of Incident Base Units offered for award, (capable of being awarded).	
<u> 1 </u>	Type 1
<u> 1 </u>	Type 2