SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER

PAGE OF PAGE

2. CONTRACT NO.
AG-04H1-B-12-7085

3. AWARD/EFFECTIVE DATE
04/25/2012 - 04/25/2015

4. ORDER NUMBER

5. SOLICITATION NUMBER
AG-04H1-S-12-7002

6. SOLICITATION ISSUE DATE
01/05/2012 13:02 PST

7. FOR SOLICITATION INFORMATION CALL:

a. NAME
Kermadine Barton

b. TELEPHONE NUMBER *(No collect calls)*
541-471-6746

8. OFFER DUE DATE/ LOCAL TIME
02/22/2012 16:00 PST

9. ISSUED BY CODE
USDA Forest Service
US Forest Service
Kermadine Barton
Grants Pass Interagency Office
2164 NE Spalding Ave.
Grants Pass, Oregon, 97526

10. THIS ACQUISITION IS
- [ ] UNRESTRICTED OR
- [x] SET ASIDE: ____ % FOR:
- [x] SMALL BUSINESS
- [ ] HUBZONE SMALL BUSINESS
- [ ] SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
- [ ] WOMEN-OWNED SMALL BUSINESS (WOSB)
- [ ] ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
- [ ] 8(A)

NAICS: **115310**

SIZE STANDARD: **$ 17.5 million**

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
- [ ] SEE SCHEDULE

12. DISCOUNT TERMS

- [ ] 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
- [x] RFQ
- [ ] IFB
- [ ] RFP

15. DELIVER TO CODE

16. ADMINISTERED BY CODE
Kermadine Barton
Grants Pass Interagency Office
2164 NE Spalding Ave.
Grants Pass, Oregon, 97526

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE
MP Forestry Inc
MP Forestry Inc
2941 Crater Lake Ave
Medford, Oregon, 97504

TELEPHONE NO. **541-646-8695**

18a. PAYMENT WILL BE MADE BY CODE
Refer to Exhibit B

- [ ] 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
- [ ] SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	VIPR I-BPA for Chippers for Region 6 - Pacific Northwest Region *(Use Reverse and/or Attach Additional Sheets as Necessary)*				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*

- [x] 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA [x] ARE [ ] ARE NOT ATTACHED
- [x] 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA [x] ARE [ ] ARE NOT ATTACHED

- [x] 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN **1** 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

- [x] 29. AWARD OF CONTRACT: REF. ____ OFFER DATED **04/25/2012**. 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/ Maclovio Moreno

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Kermadine Barton

30b. NAME AND TITLE OF SIGNER *(Type or print)*
Maclovio Moreno -

30c. DATE SIGNED
02/17/2012

31b. NAME OF CONTRACTING OFFICER *(Type or print)*
Kermadine Barton

31c. DATE SIGNED
04/25/2012

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates	
VIN Number: SN000116				
Chipper Type 3	1	OR-MIC		
			Daily Rate	$1400.00/Day

License: N/A
State: OR
Make: GRAVE
Model: CHIPPER
Year: 1998
Insurance Expiration Date: 10/05/2012
Location City: MEDFORD
Location State: OR
Configuration:Tow-Behind
Mulching Capability: 12
Vendor Provides 2-Person Crew:Yes
Boom Feed:No
In-Feed Mechanism operates in forward, reverse, and stop modes: : Yes

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Vendor Information
Company Name: MP Forestry Inc
DBA: MP Forestry Inc
DUNS: 825129476
Company Address:
2941 Crater Lake Ave
Medford, Oregon, 97504

Mailing Address: same as above
Contact:
Name: Maclovio Moreno
Email: mpforest187@hotmail.com
Daytime Phone: 541-646-8695
Evening/After Hours Phone: 541-646-8695
Cell/Alternate Phone: None
Fax: 541-773-2292

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: Y

Supporting Documentation
Has Insurance (other than Workers' Compensation): Yes
Has DOT inspection(s): N/A
Has Workers' Compensation Insurance: Yes
Workers' Comp. Insurance Expiration Date: 10/05/2012
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y