

<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-12-7023</b>	3. AWARD/EFFECTIVE DATE <b>04/24/2012 - 04/24/2015</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-12-7001</b>	6. SOLICITATION ISSUE DATE <b>01/05/2012 12:20 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>02/22/2012 16:00 PST</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>115310</b> <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: <b>\$ 17.5 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	16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>	14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR <b>Rahn Sanitary Service Rahns Inc 418 SE Alamo St Enterprise, Oregon, 97828-0249</b>	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>	17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			
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
	<b>VIPR I-BPA for Potable &amp; Gray Water Trucks/Handwashing Stations (Trailer Mounted) 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)		
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			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		
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 <u>04/24/2012</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: <input checked="" type="checkbox"/>		
30a. SIGNATURE OF OFFEROR/CONTRACTOR <b>/s/ Mike Rahn</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>Mike Rahn -</b>	30c. DATE SIGNED <b>02/20/2012</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/24/2012</b>		

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: 1FU Y3ECBXMP514741			
Gray Water Truck Type 2	9 PUMPER	OR-BMC	
		Daily Rate	\$1132.00/Day
		Double Shift Rate	\$1867.80/Day
License #: YCSD851			
License State: OR			
Make: FREIGHTLINER			
Model: TT			
Model Year: 1991			
DOT Inspection Issue Date: 08/15/2011			
Insurance Policy Expiration Date: 06/01/2012			
Location City: ENTERPRISE			
Location State: OR			
Water Capacity (gallons): 2600			
Pump Type: Vacuum			
Double Shift: Yes			

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VIN Number: 1FVXJJCB2XHA22762			
Gray Water Truck Type 2	8 PUMPER	OR-BMC	
		Daily Rate	\$1132.00/Day
		Double Shift Rate	\$1867.80/Day
License #: YCSD850			
License State: OR			
Make: FREIGHTLINER			
Model: FL			
Model Year: 1999			
DOT Inspection Issue Date: 08/01/2011			
Insurance Policy Expiration Date: 06/01/2012			
Location City: ENTERPRISE			
Location State: OR			
Water Capacity (gallons): 3600			
Pump Type: Vacuum			
Double Shift: Yes			

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VIN Number: 106720H336885			
Gray Water Truck Type 3	15 PUMPER	OR-BMC	
		Daily Rate	\$792.00/Day
		Double Shift Rate	\$1306.80/Day
License #: T531864			
License State: OR			
Make: INTERNATIONAL			
Model: TK			
Model Year: 1972			
DOT Inspection Issue Date: 04/01/2012			
Insurance Policy Expiration Date: 06/01/2012			
Location City: ENTERPRISE			
Location State: OR			
Water Capacity (gallons): 2000			
Pump Type: Vacuum			

Double Shift: Yes

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VIN Number: 9BFXH70P9JDM04055

Gray Water Truck Type 3 13 PUMPER OR-BMC

Daily Rate \$792.00/Day

Double Shift Rate \$1306.80/Day

License #: YCPT174

License State: OR

Make: FORD

Model: TK

Model Year: 1988

DOT Inspection Issue Date: 09/01/2011

Insurance Policy Expiration Date: 06/01/2012

Location City: ENTERPRISE

Location State: OR

Water Capacity (gallons): 1600

Pump Type: Vacuum

Double Shift: Yes

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VIN Number: 3D6WD78L79G520334

Gray Water Truck Type 4 23 PUMPER OR-BMC

Daily Rate \$792.00/Day

Double Shift Rate \$1306.80/Day

License #: 532FDN

License State: OR

Make: DODGE

Model: 550

Model Year: 2009

DOT Inspection Issue Date: 04/01/2011

Insurance Policy Expiration Date: 06/01/2012

Location City: Enterprise

Location State: OR

Water Capacity (gallons): 450

Pump Type: Vacuum

Double Shift: Yes

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Vendor Information

Company Name: Rahn Sanitary Service

DBA: Rahns Inc

DUNS: 137149290

Company Address:

418 SE Alamo St

Enterprise, Oregon, 97828-0249

Mailing Address:

PO BOX 249

Enterprise, Oregon, 97828-0249

Contact:

Name: Mike Rahn

Email: mrahn@eoni.com

Daytime Phone: 541-426-3492

Evening/After Hours Phone: 541-398-1779

Cell/Alternate Phone: 541-398-0249

Fax: 541-426-6038

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): No

Has DOT inspection(s): Yes

Has Workers' Compensation Insurance: Yes

Workers' Comp. Insurance Expiration Date: 12/31/2012

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y