

<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-12-7146</b>	3. AWARD/EFFECTIVE DATE <b>06/04/2012 - 06/04/2015</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-12-7005</b>	6. SOLICITATION ISSUE DATE <b>02/02/2012 20:21 PST</b>		
7. FOR SOLICITATION INFORMATION CALL: <b>Leif Shjeflo</b>			b. TELEPHONE NUMBER (No collect calls) <b>541-504-7380</b>		8. OFFER DUE DATE/ LOCAL TIME <b>04/23/2012 16:30 PDT</b>	
9. ISSUED BY <b>USDA Forest Service</b>  <b>Leif Shjeflo</b> <b>Redmond Air Center</b> <b>1740 NE Ochoco Way</b> <b>Redmond, Oregon, 97756</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>Leif Shjeflo</b> <b>Redmond Air Center</b> <b>1740 NE Ochoco Way</b> <b>Redmond, Oregon, 97756</b>			
17a. CONTRACTOR/OFFEROR  <b>Cates &amp; Erb, Inc.</b>  <b>616 S. Ferry St.</b> <b>Omak, Washington, 98841-2027</b>  TELEPHONE NO. <b>509-826-4752</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"/>			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 Miscellaneous Heavy Equipment 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>06/04/2012</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/ Jenni Cox</b>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Leif Shjeflo</b>			
30b. NAME AND TITLE OF SIGNER (Type or print) <b>Jenni Cox -</b>		30c. DATE SIGNED <b>05/23/2012</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Leif Shjeflo</b>		31c. DATE SIGNED <b>06/04/2012</b>	

Schedule of Items

Item Description	Equipment ID	Dispatch	
		Center	Rates
=====			
VIN Number: FT4C522120794			
Feller Buncher Type 1	318	WA-CWC	
		Daily Rate	\$2500.00/Day
		Mileage Rate	\$6.00/Mile
		Transport Rate	\$1400.00/Day

License: NONE  
 State: WA  
 Make: TIMBCO  
 Model: T445  
 Year: 1994  
 Insurance Expiration Date: 06/14/2012  
 Location City: OMAK  
 Location State: WA  
 Capacity (horsepower): 226  
 Means of Propulsion: Tracked

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VIN Number: 21384			
Road Grader Type 1	323	WA-CWC	
		Daily Rate	\$1900.00/Day
		Mileage Rate	\$6.00/Mile
		Transport Rate	\$1500.00/Day

License #:  
 State:NA  
 Make:CHAMPION  
 Model:730A  
 Year:1991  
 Insurance Expiration Date:06/14/2012  
 Location City: OMAK  
 Location State: WA  
 Capacity (horsepower): 204  
 Mold Board (length): 14

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VIN Number: 095U02061			
Skidder Type 2	121	WA-CWC	
		Daily Rate	\$1657.00/Day
		Mileage Rate	\$6.00/Mile
		Transport Rate	\$1400.00/Day

License #:  
 State:NA  
 Make:CAT  
 Model:518  
 Insurance Expiration Date:06/14/2012  
 Location City: OMAK  
 Location State: WA  
 Capacity (horsepower): 145  
 Configuration:Grapple

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VIN Number: 1DN00241

Skidder Type 2 125 WA-CWC

Daily Rate \$1657.00/Day  
Mileage Rate \$6.00/Mile  
Transport Rate \$1400.00/Day

License #:

State:NA

Make:CAT

Model:525

Insurance Expiration Date:06/14/2012

Location City: OMAK

Location State: WA

Capacity (horsepower): 160

Configuration:Grapple

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VIN Number: 1DN810

Skidder Type 2 124 WA-CWC

Daily Rate \$1657.00/Day  
Mileage Rate \$6.00/Mile  
Transport Rate \$1400.00/Day

License #:

State:NA

Make:CAT

Model:525

Insurance Expiration Date:06/14/2012

Location City: OMAK

Location State: WA

Capacity (horsepower): 160

Configuration:Grapple

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VIN Number: 95U02487

Skidder Type 2 122 WA-CWC

Daily Rate \$1657.00/Day  
Mileage Rate \$6.00/Mile  
Transport Rate \$1400.00/Day

License #:

State:NA

Make:CAT

Model:518

Insurance Expiration Date:06/14/2012

Location City: OMAK

Location State: WA

Capacity (horsepower): 145

Configuration:Grapple

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Vendor Information

Company Name: Cates & Erb, Inc.

DBA:

DUNS: 157663089

Company Address:

616 S. Ferry St.

Omak, Washington, 98841-2027

Mailing Address:

P.O. Box 2027

Omak, Washington, 98841-2027

Contact:

Name: Jenni Cox

Email: catesanderb@ncidata.com

Daytime Phone: 509-826-4752

Evening/After Hours Phone: 509-422-6701

Cell/Alternate Phone: 509-322-3655

Fax: None

Discount Terms:

none

Business Status

HUBZone: Y

Service-Disabled Veteran-Owned Small Business: Y

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): Yes

Has Workers' Compensation Insurance: Yes

Workers' Comp. Insurance Expiration Date: 06/14/2012

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y