

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-12-7102	3. AWARD/EFFECTIVE DATE 05/24/2012 - 05/24/2015	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-12-7005	6. SOLICITATION ISSUE DATE 02/02/2012 20:21 PST		
7. FOR SOLICITATION INFORMATION CALL: Leif Shjeflo			b. TELEPHONE NUMBER (No collect calls) 541-504-7380		8. OFFER DUE DATE/ LOCAL TIME 04/23/2012 16:30 PDT	
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756			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: 115310 <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: \$ 17.5 million <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 Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756			
17a. CONTRACTOR/OFFEROR Sullivan & Co., Inc 2841 DEL RIO ROAD ROSEBURG, Oregon, 97471 TELEPHONE NO. 541-673-3190			18a. PAYMENT WILL BE MADE BY Refer to Exhibit 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
	VIPR I-BPA for Miscellaneous Heavy Equipment for Region 6 - Pacific Northwest Region					
<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 05/24/2012 . 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/ Michael Sullivan			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo			
30b. NAME AND TITLE OF SIGNER (Type or print) Michael Sullivan -	30c. DATE SIGNED 05/24/2012	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 05/24/2012			

Schedule of Items

Item Description	Equipment ID	Dispatch	
		Center	Rates
=====			
VIN Number: 47H253A7			
Masticator-Boom Mounted Type 3	47 FECON	OR-UPC	
		Daily Rate	\$1600.00/Day
		Mileage Rate	\$4.00/Mile
		Transport Rate	\$1000.00/Day

License #:N/A
State:NA
Make:FECON
Model:BH47EXC-1
Year:2007
Insurance Expiration Date:07/05/2012
Location City: ROSEBURG
Location State: OR
Flywheel Horsepower:110

Vendor Information

Company Name: Sullivan & Co., Inc

DBA:

DUNS: 958813032

Company Address:

2841 DEL RIO ROAD

ROSEBURG, Oregon, 97471

Mailing Address: same as above

Contact:

Name: LOUISE SULLIVAN

Email: MOTORCUTTER77@YAHOO.COM

Daytime Phone: 541-673-3190

Evening/After Hours Phone: 541-673-3190

Cell/Alternate Phone: 541-430-3190

Fax: 541-673-3190

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): Yes

Has Workers' Compensation Insurance: N/A

Workers' Comp. Insurance Expiration Date: 12/30/1899

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y