


FALLER AGREEMENT 2008

**Bear Mountain Fire, LLC.
PO Box 145
Sisters, OR 97759
Ph #541-420-3254**

**Contract # AG-04H1-B-08-7069
Awarded: 07/30/08
DUNS: 178217712**

**Type 1 Professional Single Faller, Daily Rate: \$800.00
Type 1 Professional Faller Module, Daily Rate: N/A**

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER <i>Blm #</i> <i>HAA08309</i>	PAGE 1 OF 43
2. CONTRACT NO. <i>AG-04H1-B-08-7069</i>	3. AWARD/EFFECTIVE DATE <i>7/30/08</i>	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9004	6. SOLICITATION ISSUE DATE: 03/20/2008	
7. FOR SOLICITATION INFORMATION CALL: 	a. NAME Willie Begay: Contract Operation Specialist Kermadine Barton: Contracting Officer		b. TELEPHONE NUMBER (No collect calls) 503-808-2328 541-471-6746		8 OFFER DUE DATE: 04/21/2008 LOCAL TIME: 4:30 P.M.
9. ISSUED BY		CODE	10. THIS ACQUISITION IS		
USDA Forest Service R-6 Pacific Northwest Region Grants Pass Interagency Office 2164 NE Spalding Avenue Grants Pass, OR 97526			<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	
			NAICS: 115310	<input type="checkbox"/> SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS	
			SIZE STANDARD: \$16.5 mil	<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
					14. METHOD OF SOLICITATION
					<input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP
15. DELIVER TO		CODE	16. ADMINISTERED BY		CODE
17a. CONTRACTOR/		CODE	CODE	18a. PAYMENT WILL BE MADE BY	
(Bear Mountain Fire, LLC) David R Vitelle 541-420-3254 or 541-549-8616 or 541-815-8595 TELEPHONE NO. <i>PO Box 145 Sisters OR 97759</i>				Refer to D.21.8	
<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
	Single Fallers and Faller Modules for use on Incidents and Severity assignments (see attached) Operating Supplies Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government Operator Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		1 Class C Faller		See Section B \$800.00 per day
					\$800.00 per day
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 type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA				<input 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 <i>David R. Vitelle</i>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Kermadine Barton</i>		
30b. NAME AND TITLE OF SIGNER (Type or print) David R. Vitelle, Owner		30c. DATE SIGNED 04/16/08	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 7/30/08

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1
2. AMENDMENT/MODIFICATION NO. Amendment No. 1	3. EFFECTIVE DATE 04/16/2008	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY USDA FOREST SERVICE FIRE PROCUREMENT SPECIALIST 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526		7. ADMINISTERED BY (If other than Item 6)		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) David R Vitelle Bear Mountain Fire, L.L.C. P.O. Box 145, Sisters, OR 97759		<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. AG-04H1-S-08-9004	
		<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11) 03/20/2008	
		<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.	
		<input type="checkbox"/>	10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;

or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

<input checked="" type="checkbox"/>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The Quoter is required to acknowledge this amendment by signing block 15b. and returning page 1 and the revised Schedule of Items to the Contracting Officer. You may fax to 541-471-6512 or mail hard copy to the address shown in block 9. of the SF-1449.

The Closing Date of this Solicitation has been changed to April 28, 2008, at 4:30 p.m.

This solicitation is amended as shown on the attached pages:

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) David R. Vitelle, Owner		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kernadine Barton	
15B. CONTRACTOR/OFFEROR DAVID R. VITELLE (Signature of person authorized to sign)	15C. DATE SIGNED 04/28/08	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 4/16/2008

NSN 7540-01-152-8070
Previous edition unusable

30-105

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE _____ PAGE OF PAGES
1

2. AMENDMENT/MODIFICATION NO. **Amendment No. 2** 3. EFFECTIVE DATE **05/21/2008** 4. REQUISITION/PURCHASE REQ. NO. _____ 5. PROJECT NO. (if applicable) _____

6. ISSUED BY CODE _____ 7. ADMINISTERED BY (if other than Item 6) CODE _____
**USDA FOREST SERVICE
FIRE PROCUREMENT SPECIALIST
2164 NE SPALDING AVENUE
GRANTS PASS, OR. 97526**

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code)
**David R Vitelle
Bear Mountain Fire, L.L.C
P.O. Box 145,
Sisters, OR 97759**

9A. AMENDMENT OF SOLICITATION NO. **AG-04H1-S-8-9004**
9B. DATED (SEE ITEM 11) **03/20/2008**
10A. MODIFICATION OF CONTRACT/ORDER NO. _____
10B. DATED (SEE ITEM 13) _____

CODE _____ FACILITY CODE _____

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;

or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

- A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
- B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
- C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
- D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This amendment is to acknowledge that a decision has been made not to change the original solicitation. Based on clarification, there are no changes to the Type 2 Class "C" Certified Faller.

Qualifications must be meet in Exhibit J of the original solicitation to be considered for a Type 2 Class "C" Faller.

The Closing Date of this Solicitation has been changed to May 30, 2008, at 4:30 pm.

Attached is the Scheduled of Items, D.3.1 Training/Experience and Exhibit J :

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) David R. Vitelle, Owner		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton	
15B. CONTRACTOR/OFFEROR DAVID R. VITELLE (Signature of person authorized to sign)	15C. DATE SIGNED 05/28/08	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 5/21/2008

Schedule of Items

Item 1	Type 1 Professional Single Faller	Daily Rate	\$ <u>\$800.00 Per Day</u>
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$ _____
Item 3	Type 2 Single Class C Certified Faller	Daily Rate	\$ _____
Item 4	Type 2 Class C Certified Faller Module (2 Fallers)	Daily Rate	\$ _____

Company Name	Bear Mountain Fire, L.L.C., David R Vitelle		
DUNS Number	178217712		
Contact Name	Dave or Jessica Vitelle		
E-Mail Address	bearmountainfire@earthlink.net		
Phone Numbers (up to 6)	541-420-3254	541-549-8616	541-815-8595
Fax Number	541-549-8616 call first shared line		
Mailing Address	Street: 16480 DEA Drive		Zip: 97759
	City/State Bend Oregon		

Complete the following as a roster of all proposed fallers. (Attach additional sheets as necessary. Please ensure all pages are appropriately marked with the solicitation number and vendor name.)

Faller Name	Type	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)
David R. Vitelle	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	Bend, Oregon
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	

Type 1 Professional Faller Module: _____ modules available

(Identify each faller module with a unique resource number/name for identification purposes).

Equipment ID (Resource Number/Name)	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)

Type 2 Class C Faller Module: _____ modules available

(Identify each faller module with a unique resource number/name for identification purposes).

Equipment ID (Resource Number/Name)	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)

1. I certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1
2. I certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a legal exemption.
3. I am am not registered in the Contractor Central Registration (CCR) system.
4. I have have not completed my representations and certifications on-line (Ref. E.3)