

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30		1. REQUISITION NUMBER Blm # HAACB 3086		PAGE 1 OF 08	
2. CONTRACT NO. AG-04H1-B-08-704		3. AWARD EFFECTIVE DATE 7/30/08	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9085	6. SOLICITATION ISSUE DATE: 08/29/08
7. FOR SOLICITATION INFORMATION CALL		a. NAME With Regs: Contract Operation Specialist Kermaine Barton: Contracting Officer		b. TELEPHONE NUMBER (No office calls) 503-808-2328 541-471-8948	8. OFFER DUE DATE: 04/21/2008 LOCAL TIME: 430 P.M.
9. ISSUED BY USDA Forest Service R-5 Pacific Northwest Region Grant, Pass Interagency Office 2184 NE Spokane Avenue Grant Pass, OR 97526		CODE	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100% DOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUCKLEBERRY SMALL BUSINESS <input type="checkbox"/> SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> (S/A)	NAICS: 03220	SIZE STANDARD: S.S.M
11. DELIVERY FOR JOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	<input type="checkbox"/> 13. THIS CONTRACT IS A RATED ORDER UNDER OPAS (15 CFR 700)	13a. RATING	14. METHOD OF SOLICITATION <input type="checkbox"/> BIFR <input type="checkbox"/> IFR <input type="checkbox"/> RFP	
15. DELIVER TO CODE		16. ADMINISTERED BY CODE	17a. CONTRACTOR Connie's Inc. 2009 Adams Ave LaGrande, OR 97550 TELEPHONE NO. (541) 965-7114	17b. PAYMENT WILL BE MADE BY Refer to D.21.3	CODE
<input type="checkbox"/> 17c. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18a. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18c UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES Term(s) for use on Incident Assignments. Opening Supplies Furnished by: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government Operator Furnished by: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
25. ACCOUNTING AND APPROPRIATION DATA		26. TOTAL AWARD AMOUNT (For Govt. Use Only)			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 02.124, 02.124-4, FAR 02.219-2 AND 02.101-6 ARE ATTACHED. ADDENDA		<input type="checkbox"/> ARE	<input type="checkbox"/> ARE NOT ATTACHED		
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 02.101-6 FAR 02.101-6 IS ATTACHED. ADDENDA		<input type="checkbox"/> ARE	<input type="checkbox"/> ARE NOT ATTACHED		
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 SUBMITTED TO THE TERMS AND CONDITIONS SPECIFIED		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>Lynne M. Domey</i>		31. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Kermaine Barton</i>	30b. NAME AND TITLE OF SIGNER (Type or Print) Lynne M. Domey	30c. DATE SIGNED 7/28/08	31b. NAME OF CONTRACTING OFFICER (Type or Print) Kermaine Barton
				30d. 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

CODE

**USDA FOREST SERVICE
FIRE PROCUREMENT SPECIALIST
2164 NE SPALDING AVENUE
GRANTS PASS, OR 97526**

7. ADMINISTERED BY (If other than Item 6)

CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code)

**Connors, Inc.
2009 Adams Avenue
LaGrande, OR 97850**

9A. AMENDMENT OF SOLICITATION NO.

AG-04H1-S-08-9003

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.)

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)

Lynne M. Dorney

15B. CONTRACTOR/OFFEROR

Lynne M. Dorney
(Signature of person authorized to sign)

4/28/08

15C. DATE SIGNED

4/28/08

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

Kermadine Barton

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

4/16/2008

(Signature of Contracting Officer)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. Amendment No. 2	3. EFFECTIVE DATE 04/22/2008	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
6. ISSUED BY USDA FOREST SERVICE FIRE PROCUREMENT SPECIALIST 2184 NE SPALDING AVENUE GRANTS PASS, OR 97526		7. ADMINISTERED BY (If other than Item 6)		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) Connies Inc. 2009 Adams Avenue LaGrande, OR 97850			<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. AG-04H1-S-08-9006	
			<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 May 2, 2008, at 4:30 p.m.

This solicitation is amended as shown on the attached page:

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) Lynne M Dorney		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton	
15B. CONTRACTOR/OFFEROR Lynne M Dorney (Signature of person authorized to sign)		16B. UNITED STATES OF AMERICA Kermadine Barton (Signature of Contracting Officer)	
15C. DATE SIGNED 4/28/08		16C. DATE SIGNED 4/22/2008	

2008 National Solicitation Template Tent Modification 4/20/2008

1. Refer to Section B, Schedule of Items. Replace the entire Schedule of Items with the following:

Schedule of Items

Type 1 - Canopy <i>(includes setup/takedown)</i>	Rate per Square Foot: <i>To be used for CBA Calculation and for computing the payment rates proposed below</i>	Daily \$ <u>0.45</u> Weekly \$ <u>*134</u> Monthly \$ <u>*303</u>
40 x 40	Daily Rate Weekly Rate Monthly Rate	\$ <u>750</u> - \$ <u>2250</u> - \$ <u>6400</u> -
40 x 60	Daily Rate Weekly Rate Monthly Rate	\$ <u>1150</u> - \$ <u>3450</u> - \$ <u>8000</u> -
40 x 80	Daily Rate Weekly Rate Monthly Rate	\$ <u>1450</u> - \$ <u>4300</u> - \$ <u>9700</u> -
Type 2 - Canopy <i>(includes setup/takedown)</i>	Rate per Square Foot: <i>To be used for CBA Calculation and for computing the payment rates proposed below</i>	Daily \$ <u>0.54</u> Weekly \$ <u>163</u> Monthly \$ <u>323</u>
20 x 40	Daily Rate Weekly Rate Monthly Rate	\$ <u>475</u> - \$ <u>1425</u> - \$ <u>3500</u> -
20 x 60	Daily Rate Weekly Rate Monthly Rate	\$ <u>650</u> - \$ <u>1950</u> - \$ <u>4600</u> -
Type 3 - Tent <i>(501 - 700 sq. ft)</i> <i>(includes setup/takedown)</i>	Daily Rate Weekly Rate Monthly Rate	\$ <u>425</u> - \$ <u>1290</u> - \$ <u>3050</u> -
Type 4 - Tent <i>(200 - 500 sq. ft)</i> <i>(includes setup/takedown)</i>	Daily Rate Weekly Rate Monthly Rate	\$ <u>375</u> - \$ <u>1150</u> - \$ <u>2800</u> -
Sidewalls (Type 1 & 2)	Daily Rate/LF Weekly Rate/LF Monthly Rate/LF	\$ <u>1.15</u> /ft \$ <u>3.45</u> /ft. \$ <u>10.35</u> /ft
Delivery/Pickup	Mileage Rate	\$ <u>7.50</u>
Relocation Charge <i>(per tent/canopy)</i>	Type 1 & 2 Canopy Type 3 & 4 Tent	\$ <u>1000</u> /each \$ <u>800</u> /each
Optional Items: If offering either of the following items as part of your proposal, provide a price list and product description. A separate resource order number must be provided when optional items are ordered. Generator ADA Accessible Tent Cooling (Canopy - Type 1 & 2)		
Offers may be submitted on any or all Types.		

Connies

Company Name	Connie's Inc.		
DUNS Number	007874662		
Contact Name	Lynne M. Domey / Cory Braseth		
E-Mail Address	lynne@eorentals.com cory@eorentals.com		
Phone Number (up to 6)	541-963-7114	541-786-2327	541-786-2330
	541-786-2331	541-786-2339	
Fax Number	541-963-8383		
Mailing Address	Street: 2009 Adams Avenue		
	City/State La Grande, OR		Zip : 97850

Number of Tents Available	City/State <i>(Identify the dispatch location(city/state) if different than the offeror's address)</i>
4 Type 1 8 Type 2 8 Type 3 8 Type 4	La Grande, OR
__Type 1 __Type 2 __Type 3 __Type 4	
__Type 1 __Type 2 __Type 3 __Type 4	

1. I am am not registered in the Contractor Central Registration (CCR) system.
2. I have have not completed my representations and certifications on-line. (Ref. E.3)

EMERGENCY EQUIPMENT RENTAL AGREEMENT

PROCUREMENT AGENCY a. name and address: Phone Number: FAX Number: CONTRACTOR a. name and address: CONNIE'S INCORPORATED 2009 ADAMS AVENUE LA GRANDE, OR 97850 EIN/SSN: c. DUNS: 007874662 EMAIL Address: Telephone Number (day): 541-963-7114 Telephone Number (night): 1-800-544-7114 Cell Phone Number: FAX:	2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement): 3. EFFECTIVE DATES OF AGREEMENT: a. beginning b. ending c. Specific incident only: Incident Name: Incident Number: 5. POINT OF HIRE (Location when hired if different than Block 4): 6. ORDERING DISPATCH CENTER: 7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry) 8. OPERATOR FURNISHED BY: <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT 9. Contractor Authorized Commissary: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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10. BUSINESS SIZE OF CONTRACTOR: a. small b. Other c. Women-Owned d. Small Disadvantaged
 e. HUB Zone f. Service Disadvantaged Vet (Information for tracking purposes only - not used for preferential hiring)

ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	12. NO. OF OPERATORS PER SHIFT	13. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. Cl.6)		14. SPECIAL	15. GUARANTEE (8 HOURS)
		Rate	Unit		
GENERATOR 6 KW	0	\$69.00	DAY	\$2.50 PER MILE	
GENERATOR 10 KW	0	\$131.00	DAY	\$2.50 PER MILE	
GENERATOR 15 KW	0	\$189.00	DAY	\$2.50 PER MILE	
GENERATOR 24 KW	0	\$222.00	DAY	\$2.50 PER MILE	
GENERATOR 34 KW	0	\$341.00	DAY	\$2.50 PER MILE	
GENERATOR 75 KW	0	\$441.00	DAY	\$2.50 PER MILE	
GENERATOR 100 KW	0	\$549.00	DAY	\$2.50 PER MILE	
GENERATOR 10-150 KW	0	\$689.00	DAY	\$2.50 PER MILE	
GENERATOR 10 AMP SERVICE BOX W/HOOKUP TO GENERATOR	0	\$83.00	DAY	\$2.50 PER MILE	
GENERATOR ELECTRICAL SPIDER GFI DISTRIBUTOR BOX	0	\$19.00	DAY	\$2.50 PER MILE	

EMERGENCY EQUIPMENT RENTAL AGREEMENT (CONTINUATION)

AGREEMENT NUMBER (Must appear on all documents relating to this agreement):

ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	3. NO. OF OPERATORS PER SHIFT	4. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. Cl.6)		5. SPECIAL	6. GUARANTEE (8 HOURS)
		Rate	Unit		
1.) GENERATOR (100' HEAVY DUTY SPIDER CORDS 6/4.)	0	\$6.90	DAY	\$2.50 PER MILE	
2.) GENERATOR (100' HEAVY DUTY SPIDER CORDS 6/4)	0	\$12.90	DAY	\$2.50 PER MILE	
3.) GENERATOR MAKE/MODEL VARY. FULL SERVICE SYSTEM TO OPERATE STANDARD FIRE CAMP, INCLUDES SPIDER COX, EXTENSION CORDS, SPOTLIGHT, OPERATING JEL. TECHNICIAN TO MAINTAIN & OPERATE EQUIPMENT 24 HOURS PER DAY, 7 DAYS PER WEEK.	1	\$2,095.00	DAY	\$2.50 PER MILE	
4.) GENERATOR SYSTEM EXTREME MPA5000 AC POWER ONLY CD LAYER ATTACHMENT WITH PODIUM GOOD FOR GROUPS OF 2500+	0	\$69.00	DAY	\$2.50 PER MILE	
5.) SWAMP COOLER 36" - 48"	0	\$81.00	DAY	\$2.50 PER MILE	
6.) SMALL SWAMP COOLER	0	\$30.00	DAY	\$2.50 PER MILE	
7.) PORTABLE AIR CONDITIONER AND HEATER UNIT FOR 100 SQ FT	0	\$49.00	DAY	\$2.50 PER MILE	
8.) 1000 SQ FT HEATER WITH ONE 5 GALLON PROPANE TANK	0	\$29.00	DAY	\$2.50 PER MILE	
9.) FOLDING PLASTIC CHAIRS	0	\$1.15	DAY	\$2.50 PER MILE	
10.) 6' X 30" PLASTIC TABLES	0	\$3.15	DAY	\$2.50 PER MILE	

SPECIAL PROVISIONS
 SPECIAL MILEAGE RATE IS FOR DELIVERY TO CAMP. CONTRACTOR SHALL CONSOLIDATE TRIPS FOR DELIVERY FEE IF POSSIBLE.
 WHEN BLOCK 10 IS ZERO, THE GOVERNMENT WILL PROVIDE THE OPERATOR, EXCEPT FOR SPECIAL MILEAGE RATE FOR DELIVERY. THE GOVERNMENT WILL ALSO PROVIDE FUEL WHEN ZERO IS IN BLOCK 10..

CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>Dynne M Domey</i>	8. DATE 4/26/08	10. CONTRACTING OFFICER'S SIGNATURE	11. DATE
PRINT NAME AND TITLE DYNNE M. DOMEY		12. a. PRINT NAME AND TITLE	
		b. Phone Number:	c. FAX:

