

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER BLM # HAA083094	PAGE 1 OF 36
2. CONTRACT NO. AG-04H1-B-08-7072		3. AWARD/EFFECTIVE DATE 8/4/08	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9006	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 USDA Forest Service R-6 Pacific Northwest Region Grants Pass Interagency Office 2164 NE Spalding Avenue Grants Pass, OR 97526		CODE	10. THIS ACQUISITION IS <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 <input type="checkbox"/> SERVICE DISABLED VETERAN- OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: 532299 SIZE STANDARD: \$6.5 mil		
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 CREWZERS 10663 E UNIVERSITY DR APACHE JUNCTION AZ 85220 TELEPHONE NO.		CODE	CODE	18a. PAYMENT WILL BE MADE BY CODE Refer to D.21.5	
<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
	Tent(s) for use on Incident Assignments. Operating Supplies Furnished by: [] Contractor [X] Government Operator Furnished by: [] Contractor [X] Government				See Section B
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 			31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 		
30b. NAME AND TITLE OF SIGNER (Type or print) Willie Begay President		30c. DATE SIGNED 4/30/08	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 8/4/08

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
PRESCRIBED BY GSA - FAR (48 CFR) 53.212

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) Crewzers 10602. E. UNIVERSITY Dr. Apache Junction, AZ 85220	<input checked="" type="checkbox"/> (X)	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.
		10B. DATED (SEE ITEM 13)

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"/> (X)	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) Pilgrim Guinn President, DIR	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton
15B. CONTRACTOR/OFFEROR <i>(Signature)</i> (Signature of person authorized to sign)	15C. DATE SIGNED 4/30/08
16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 4/16/2008

2. AMENDMENT/MODIFICATION NO. Amendment No. 2	3. EFFECTIVE DATE 04/22/2008	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
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6. ISSUED BY USDA FOREST SERVICE FIRE PROCUREMENT SPECIALIST 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) CREWZERS 10662 E UNIVERSITY DR APACHE JUNCTION AZ 85220	<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)

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.

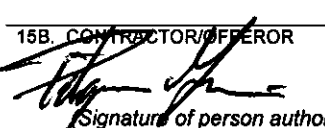
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

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) PILGRIM GUINN PRES/DIRECTOR	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED 4/30/08
16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	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 \$ _____
		Weekly \$ _____
		Monthly \$ _____
40 x 40	Daily Rate	\$ _____
	Weekly Rate	\$ _____
	Monthly Rate	\$ _____
40 x 60	Daily Rate	\$ _____
	Weekly Rate	\$ _____
	Monthly Rate	\$ _____
40 x 80	Daily Rate	\$ _____
	Weekly Rate	\$ _____
	Monthly Rate	\$ _____

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 \$ _____
		Weekly \$ _____
		Monthly \$ _____
20 x 40	Daily Rate	\$ _____
	Weekly Rate	\$ _____
	Monthly Rate	\$ _____
20 x 60	Daily Rate	\$ _____
	Weekly Rate	\$ _____
	Monthly Rate	\$ _____

Type 3 - Tent (501 – 700 sq. ft) <i>(includes setup/takedown)</i>	Daily Rate	\$ <u>350.00</u>
	Weekly Rate	\$ <u>2205.00</u>
	Monthly Rate	\$ <u>9450.00</u>
Type 4 - Tent (200 – 500 sq. ft) <i>(includes setup/takedown)</i>	Daily Rate	\$ <u>450.00</u>
	Weekly Rate	\$ <u>2970.00</u>
	Monthly Rate	\$ <u>12150</u>
Sidewalls (Type 1 & 2)	Daily Rate/LF	\$ _____
	Weekly Rate/LF	\$ _____
	Monthly Rate/LF	\$ _____
Delivery/Pickup	Mileage Rate	\$ <u>3.65</u>
Relocation Charge <i>(per tent/canopy)</i>	Type 1 & 2 Canopy	\$ _____ /each
	Type 3 & 4 Tent	\$ <u>200</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.

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 PAGES 7 OF 36
 TENT SOLICITATION

Schedule of Items

Item 1	Type 1 Tent (1201 - 2000 sq. ft.)	Daily Rate Weekly Rate Monthly Rate	\$ _____ \$ _____ \$ _____
Item 2	Type 2 Tent (701 - 1200 sq. ft.)	Daily Rate Weekly Rate Monthly Rate	\$ _____ \$ _____ \$ _____
Item 3	Type 3 Tent (501 - 700 sq. ft.)	Daily Rate Weekly Rate Monthly Rate	\$ _____ \$ _____ \$ _____
Item 4	Type 4 Tent (200 - 500 sq. ft.)	Daily Rate Weekly Rate Monthly Rate	\$ _____ \$ _____ \$ _____
Item 5	Delivery/Pickup (Includes setup/takedown)	Mileage Rate	\$ _____

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

SEE AMENDMENTS

Offers may be submitted on any or all Types.

Company Name	CREWZERS FIRE CREW TRANSPORT, INC		
DUNS Number	13166-3119		
Contact Name	PILGRIM DR SHASTA GUINN		
E-Mail Address	CREWZERS @ gmail . COM		
Phone Numbers (up to 6)	8166 6665 4954		
Fax Number	8166 6665 4964 - FAX		
Mailing Address	Street: 10662 E UNIVERSITY DR		
	City/State	APACHE JUNCTION AZ	Zip: 85220

MAIN OFFICE →

Schedule of Items

Item 1	Type 1 Tent (1201 – 2000 sq. ft.)	Daily Rate	\$ _____
		Weekly Rate	\$ _____
		Monthly Rate	\$ _____
Item 2	Type 2 Tent (701 – 1200 sq. ft.)	Daily Rate	\$ _____
		Weekly Rate	\$ _____
		Monthly Rate	\$ _____
Item 3	Type 3 Tent (501 – 700 sq. ft.)	Daily Rate	\$ _____
		Weekly Rate	\$ _____
		Monthly Rate	\$ _____
Item 4	Type 4 Tent (200 – 500 sq. ft.)	Daily Rate	\$ _____
		Weekly Rate	\$ _____
		Monthly Rate	\$ _____
Item 5	Delivery/Pickup (Includes setup/takedown)	Mileage Rate	\$ _____

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

SEE AMENDMENTS

Offers may be submitted on any or all Types.

Company Name			
DUNS Number			
Contact Name			
E-Mail Address			
Phone Numbers (up to 6)			
Fax Number			
Mailing Address	Street:		
	City/State	Zip:	

Number of Tents Available	City/State <i>(Identify the dispatch location (city/state) if different than the offeror's address)</i>
___ Type 1 ___ Type 2 <u>X</u> Type 3 ___ Type 4	
___ Type 1 ___ Type 2 <u>16</u> Type 3 <u>16</u> Type 4	WENATCHEE, WA
___ Type 1 ___ Type 2 <u>16</u> Type 3 <u>16</u> Type 4	NYSSA, OR

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)

CREWZERS
866.665.4954 (24 HR)

OPTIONAL ITEMS PRICE LIST & PRODUCT DESCRIPTION

MQ WHISPER WATT GENERATORS

- | | | |
|--------------------|-----------|-------------|
| 1. 6KW Generator | \$150/Day | \$900/Week |
| 2. 12KW Generator | \$250/Day | \$500/Week |
| 3. 20 KW Generator | \$450/Day | \$2750/Week |
| 4. 56 KW Generator | \$700/Day | \$4100/Week |