

FALLER AGREEMENT 2008

D. M. Contracting
PO Box 148
Seneca, OR 97873
Ph #541-542-2408

Contract # AG-04H1-B-08-7038
Awarded: 07/28/08
DUNS: 139133065

Type 1 Professional Single Faller, Daily Rate: \$1100.00
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>Bim#</i> <i>HAA083060</i>	PAGE 1 OF 43
2. CONTRACT NO. <i>AG-04H1-B-08-7038</i>		3. AWARD/EFFECTIVE DATE <i>7/28/08</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:
				NAICS: 115310 SIZE STANDARD: \$16.5 mil		<input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <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		<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		
17a. CONTRACTOR/			CODE	18a. PAYMENT WILL BE MADE BY		CODE
<i>D.M. Contracting</i> <i>Dennis McCormick</i> TELEPHONE NO. <i>541-542-2408</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	24. AMOUNT
	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				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 <i>Dennis McCormick</i>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Kermadine Barton</i>			
30b. NAME AND TITLE OF SIGNER (Type or print) <i>Dennis McCormick OWNER</i>		30c. DATE SIGNED <i>4-23-08</i>	31b. NAME OF CONTRACTING OFFICER (Type or print) <i>Kermadine Barton</i>		31c. DATE SIGNED <i>7/28/08</i>	

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS IS NOT USABLE

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

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) Dennis McCormick 202 A. AVE. (P.O. Box 148) SEWELL, OR 97873 Grant county		<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. AG-04H1-9-08-9004	
CODE		<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11) 03/20/2008	
FACILITY CODE		<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 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) DENNIS MCCORMICK, OWNER	18A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton
15B. CONTRACTOR/OFFEROR <i>Dennis McCormick</i> (Signature of person authorized to sign)	15C. DATE SIGNED 4-23-08
16A. UNITED STATES OF AMERICA <i>Kermadine Barton</i> (Signature of Contracting Officer)	16C. DATE SIGNED 4/16/2008

Type 1 Professional Faller Module: N/A 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: N/A 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)