


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER <i>Blm # HAA083062</i>	PAGE 1 OF 36
2. CONTRACT NO. <i>AG-04H1-B-08-7040</i>	3. AWARD/EFFECTIVE DATE <i>7/28/08</i>	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	
15. DELIVER TO		CODE	16. ADMINISTERED BY		
17a. CONTRACTOR <i>GFP Enterprises, Inc. DUNS# 134600183</i> <i>PO Box 639</i> <i>Sisters, OR 97759</i> <i>TELEPHONE NO. 541-549-8167</i>		CODE	18a. PAYMENT WILL BE MADE BY		CODE
<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
	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 1 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>Donald R. Pollard</i>		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Kermadine Barton</i>			
30b. NAME AND TITLE OF SIGNER (Type or print) <i>Donald R. Pollard President</i>	30c. DATE SIGNED <i>4/17/2008</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

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 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) (X) 9A. AMENDMENT OF SOLICITATION NO.
GFP Enterprises, Inc. DUNS#134600183 **AG-04H1-S-08-9006**
PO Box 639 9B. DATED (SEE ITEM 11)
Sisters, OR 97759 **03/20/2008**
 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.

(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.
 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) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Donald R. Pollard President **Kermadine Barton**
 15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED
Donald R. Pollard **4/17/2008** **Kermadine Barton** **4/16/2008**
 (Signature of person authorized to sign) (Signature of Contracting Officer)

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>N/A</u>
		Weekly \$ <u>N/A</u>
		Monthly \$ <u>N/A</u>
40 x 40	Daily Rate	\$ <u>N/A</u>
	Weekly Rate	\$ <u>N/A</u>
	Monthly Rate	\$ <u>N/A</u>
40 x 60	Daily Rate	\$ <u>N/A</u>
	Weekly Rate	\$ <u>N/A</u>
	Monthly Rate	\$ <u>N/A</u>
40 x 80	Daily Rate	\$ <u>N/A</u>
	Weekly Rate	\$ <u>N/A</u>
	Monthly Rate	\$ <u>N/A</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 \$ _____
		Weekly \$ _____
		Monthly \$ _____
20 x 40	Daily Rate	\$ <u>N/A</u>
	Weekly Rate	\$ <u>N/A</u>
	Monthly Rate	\$ <u>N/A</u>
20 x 60	Daily Rate	\$ <u>N/A</u>
	Weekly Rate	\$ <u>N/A</u>
	Monthly Rate	\$ <u>N/A</u>

Type 3 - Tent <i>(501 - 700 sq. ft)</i> <i>(includes setup/takedown)</i>	Daily Rate	\$ <u>290.00</u>
	Weekly Rate	\$ <u>1,500.00</u>
	Monthly Rate	\$ <u>6,000.00</u>
Type 4 - Tent <i>(200 - 500 sq. ft)</i> <i>(includes setup/takedown)</i>	Daily Rate	\$ <u>N/A</u>
	Weekly Rate	\$ <u>N/A</u>
	Monthly Rate	\$ <u>N/A</u>
Sidewalls (Type 1 & 2)	Lineal Foot	\$ <u>N/A</u>
Delivery/Pickup	Mileage Rate	\$ <u>2.00</u>
Relocation Charge <i>(per tent/canopy)</i>	Type 1 & 2 Canopy	\$ <u>N/A</u> /each
	Type 3 & 4 Tent	\$ <u>250.00</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 See Attachment 2
- ADA Accessible Tent
- Cooling (Canopy Type 1 & 2)

Offers may be submitted on any or all Types.

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 Attachment

Offers may be submitted on any or all Types.

see Amended Schedule of Items

Company Name	GFP Enterprises, Inc.		
DUNS Number	134600183		
Contact Name	Don Pollard		
E-Mail Address	don@gfpenterprises.com		
Phone Numbers (up to 6)	(541) 815-5998 cell.	(541) 549-8125 off.	(541) 815-2030 2nd
	(541) 549-8167 off.	(541) 549-7805 home	
Fax Number	(541) 549-8129		
Mailing Address	Street: PO Box 639		
	City/State	Sisters / Oregon	Zip: 97759

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>14</u> Type 3 ____ Type 4	Pendleton/Oregon
____ Type 1 ____ Type 2 <u>122</u> Type 3 ____ Type 4	Terrebonne/Oregon
____ 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)