FALLER AGREEMENT 2008

Gillen Contract Cutting Inc 13700 SE Paulina Hwy. Prineville, OR 97754 Ph #541-968-4460

Contract # AG-04H1-B-08-7049 Awarded: 07/29/08 DUNS: 145547688

Type 1 Professional Single Faller, Daily Rate: \$800.00 Type 1 Professional Faller Module, Daily Rate: \$1700.00

SOLICITATION/ OFFEROR	CONTRACT/C					1. REQUIS	m_{*}	•	3	PAGE 1	OF 43	
2, CONTRACT NO.	-08.7049	3. AWARD	EFFECTIVE	4. ORDE	R NUMBER	5. SOLICIT		NUMB		ĺ	CITATION:: 03/20/2	
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USDA Forest Service R-6 Pacific Northwest R Grants Pass Interagenc 2164 NE Spalding Aven	y Office rue								SMALL BUSINI HUBZONE SM BUSINESS		☐ EMEI SMALL I	RGING BUSINESS
Grants Pass, OR 97526	ä				NAICS:			SM	SERVICE DISA ALL BUSINESS 8(A)		TERAN-(OWNED
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SEE SCHEDULE		-	0		DPA:	S (15 CFR 700)	14.	METHOD OF S	OLICITA	TION	
								⊠	RFQ	☐ IFB		RFP
15. DELIVER TO			CODE		16. ADM	INISTERED B	Y			CODE	-	
		₁		T							- 	
17a. CONTRACTOR/	CODE	L	CODE	<u> </u>		MENT WILL I	BE MAD	E BY		CODE	L	
Gillen Cont 13100 SE TELEPHONE NO. 541	ract cutting Paulina 1-968-4460	g Inc.	rineville	e Giller OR 154	Refer to	D.21.8						:
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19. ITEM NO.	SCH	EDULE OF S	20. SUPPLIES/SER	VICES		21. QUANTITY	1	22. UNIT	23. UNIT PF	RICE	ΑA	24. IOUNT
	Single Fallers and Severity ass			ncidents an	ıd	_			See Section I	3 Falke	# 800.	00/OAY
	Operating Supplies Operator Furnished	-	y: [X] Contrac [X] Contrac						Pro-Faller	module	1,700	.00 /DAY
25. ACCOUNTING AND	APPROPRIATION D	ATA					26	S. TOTA	L AWARD AMO	OUNT (For	Govt. U:	se Only)
												1
■ 27a. SOLICITATION INCO	ORPORATES BY REFER	ENCE FAR 52	2.212-1, 52.212-4.	FAR 52.212	-3 AND 52.212-	ARE ATTACHE	D. ADD	ENDA	⊠ AF		ATTACHE	
27b. CONTRACT/PURCH	IASE ORDER INCORPO	RATES BY RE	FERENCE FAR 5	2.212-4. FAF	R 52.212-5 IS A	TACHED. ADD	ENDA				ATTACHE	
☑ 28. CONTRACTOR IS				_	_1	29. AWA		CONT	RACT: REF.	OFFED (N SOLIC	ITATION
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30a. SIGNATURE OF OF			2 COMPINIONS	J OF LOIFIE		STATES OF	AMERIC	CA (SIG	NATURE OF C	ONTRAC	TING OF	FICER)
Steve Is	ullen				d.	x mad		,	Burton	``````````		
30b. NAME AND TITLE (OF SIGNER (Type or	print)	30c. DATE S	GNED	31b. NAME	OF CONTRAC	TING C	FFICE	R (Type or print	310	. PATE S	SIGNED
Steve Giller	N OWNER		5/27/	08	HEN	nadır	e	800	rton		129	08

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 SOLICITA	ATION/	MODIFICATIO	N OF CONTRACT	1. CO	NTRACT ID	CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO. Amendment No. 1	3. E	FFECTIVE DATE 04/16/2008	4. REQUISITION/PURCHA	SE REC	2. NO.	5. PROJECT N	O. (If applicable)
6. ISSUED BY	CODE		7. ADMINISTERED BY (If	other tha	n Item 6)	CODE	
USDA FOREST SERVICE FIRE PROCUREMENT SPECIA 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526	LIST						
8. NAME AND ADDRESS OF CONTRACTO	OR (No., st	reet, county, State, and	I ZIP Code)	(X)	9A. AMEN	NDMENT OF SOLI	CITATION NO.
5teve Gillen 13700 S.E. paulina	Hwy			⊠	9B. DATE	4H1-S-08-900- D (SEE ITEM 11) 1/2008	4
Princuille OR	·						ONTRACT/ORDER NO.
97754					100 015	ED (SEE ITEM 13)	
CODE	FACIL	ITY CODE		1	TOB. DAT	EU (SEE ITEM 13)	
			S TO AMENDMENTS	OF SO	LICITAT	IONS	
The above numbered solicitation is Offers must acknowledge receipt of this methods: (a) By completing Items 8 and 15, and roffer submitted;	amendm	nent prior to the hour	and date specified in the	solicita	tion or as a	is i	s not extended. e of the following n each copy of the
or (c) By separate letter or telegra ACKNOWLEDGMENT TO BE RECEIN SPECIFIED MAY RESULT IN REJECT change may be made by telegram or le prior to the opening hour and date spec	ED AT 1 ION OF ' tter, prov	THE PLACE DESIG	NATED FOR THE RECE y virtue of this amendmen	EIPT OI	F OFFERS	PRIOR TO TH	eady submitted, such
12. ACCOUNTING AND APPROPRIATION	DATA (If re	equired)					
			MODIFICATIONS OF ORDER NO. AS DES				
(X) A. THIS CHANGE ORDER IS THE CONTRACT ORDER	ISSUE	PURSUANT TO: (4 ARE MADE IN
B. THE ABOVE NUMBERED paying office, appropriation da	ite, etc.)	SET FORTH IN ITE	M 14, PURSUANT TO TH	HE AUT	HORITY O		
C. THIS SUPPLEMENTAL A	SREEME	INT IS ENTERED IN	ITO PURSUANT TO AUT	HORIT	Y OF:		·
D. OTHER (Specify type of m	odificatio	n and authority)					
E. IMPORTANT: Contractor	is not,	is required to	sign this document a	nd retu	rn 1 copie	es to the issuin	g office.
14. DESCRIPTION OF AMENDMENT/MODII							
The Quoter is required to acknown Schedule of Items to the Contrablock 9. of the SF-1449.							
The Closing Date of this Solicita	tion ha	s been changed	to April 28, 2008, at 4	:30 p.r	n.		
This solicitation is amended as	shown o	on the attached p	pages:				
Except as provided herein, all terms and condi 15A. NAME AND TITLE OF SIGNER (Type or		e document referenced	in Item 9A or 10A, as hereto				
Steve Gillen OWN	er	1450 DATE 01011	Kermadine B		MEDICA		160 DATE COMES
Steve Gillen		15C. DATE SIGNE	Lerma	grij	Ba	rton	16C. DATE SIGNED 4/16/2008
(Signature of person authorized to s NSN 7540-01-152-8070	sign)	5/27/08	(Signature	of Cor	ntracting O		FORM 30 (REV. 10-83)
Previous edition unusable			30 .00			Prescribed by	

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53,243

			4 00-	RACT ID	CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATI	MODIFICATION	OF CONTRACT	1. C	WCI ID		1
2. AMENDMENT/MODIFICATION NO. 3. EF Amendment No. 2	05/21/2008	4. REQUISITION/PURCHA	SE REQ.	NO.	5. PROJECT N	O. (If applicable)
6. ISSUED BY CODE		7. ADMINISTERED BY (If a	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., str	reet, county, State, and	ZIP Code)	(X)	9A. AMEN	DMENT OF SOLI	CITATION NO.
Steve Gillen				AG-0	4H1-S-8-9004	
13700 S.E. Paulina Hwy					D (SEE ITEM 11)	
Prineville or				03/20 10A, MOD		ONTRACT/ORDER NO
97754				10B. DAT	ED (SEE ITEM 13)	
0002	ITY CODE		22.20	Y CYMY A TH	(ONG	
		TO AMENDMENTS				
The above numbered solicitation is amended	d as set forth in item	14. The hour and date s	pecified	tor receipt		s extended, s not extended.
Offers must acknowledge receipt of this amendmenthods:	nent prior to the hour	and date specified in the	solicitat	ion or as a		
(a) By completing Items 8 and 15, and returning offer submitted;	1 copies of the amen	dment; (b) By acknowled	dging re	ceipt of thi	s amendment or	n each copy of the
or (c) By separate letter or telegram which ACKNOWLEDGMENT TO BE RECEIVED AT TO SPECIFIED MAY RESULT IN REJECTION OF Change may be made by telegram credition.	THE PLACE DESIGN YOUR OFFER. If by	NATED FOR THE RECE virtue of this amendmen	EIPT OF	OFFERS	PRIOR TO TH ange an offer al	ready submitted, su
prior to the opening hour and date specified. 12. ACCOUNTING AND APPROPRIATION DATA (If re	equired)					
12. Account the full the full the first services	.4					
13. THIS ITEM AF	PLIES ONLY TO	MODIFICATIONS OF	CONT	RACTS/C	ORDERS,	
	THE CONTRACT	ORDER NO. AS DES	CRIBE	D IN ITE	M 14.	A ADE MADE IN
(X) A. THIS CHANGE ORDER IS ISSUED THE CONTRACT ORDER NO. IN I	TEM 10A.	Specify authority) THE C	HANGE	:5 SE FC	KININILEMI	4 ARE WADE IN
						
B. THE ABOVE NUMBERED CONTR paying office, appropriation date, etc.)	ACT/ORDER IS MO	DIFIED TO REFLECT TI M 14. PURSUANT TO TH	HE ADN HE AUTI	1INISTRA HORITY C	FIVE CHANGES OF FAR 43.103(b	6 (such as changes i 5).
C. THIS SUPPLEMENTAL AGREEME					· · · · · · · · · · · · · · · · · · ·	
D. OTHER (Specify type of modification	on and authority)				11 - 12 - 12	
				123.73.		
		sign this document a				
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF sec	tion headings, including soli	icitation/c	ontract subj	ect matter where t	easible.
This amendment is to acknowledge tha clarification, there are no changes to to	at a decision has be the Type 2 Class	peen made not to cha	ange th	ne origin	al solicitation	. Based on
Qualifications must be meet in Exhibit	Lof the original s	olicitation to be con-	siderec	i for a Tv	me 2 Class "(C" Faller.
The Closing Date of this Solicitation ha					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. unon
_	_					
Attached is the Scheduled of Items, D.3	3.1 Training/Exper	ience and Exhibit J	:			
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced i	in Item 9A or 10A, as hereto 16A. NAME AND TI	fore char TLE OF C	nged, remai CONTRACT	ns unchanged and ING OFFICER (T)	I in full force and effect. /pe or print)
Slam Cillat		Kermadine B	Barton			
Steve Gillen owner 15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STAT	ES OF A	MERICA		16C. DATE SIGNED
	100. DATE SIGNEL	Lermad		_	. tur	5/21/2008
Stave Dillen	5/27/08	, o		tractina O		J

Schedule of Items

Item 1	Type 1 Professional Single Faller	Daily Rate	\$ <u>800. ∞</u>
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$_/700.∞
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	Gillen Contract Cutting Inc.
DUNS Number	145547688
Contact Name	Steve Gillen
E-Mail Address	Mary G @ CB SUN. COM
Phone Numbers (up to 6)	541-968-4460 541-447-7608 541-280-4372
Phone Numbers (up to 0)	541-977-7334
Fax Number	541 - 447 - 5894
Mailing Address	Street: 13700 S.E. Paulina Hwy
	City/State Prineville of Zip: 97754

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

Faller Name	Туре	City/State(Identify the dispatch location (city/state) for each if different than the offeror's address)
Steve Gillen	[X] Professional [] Class "C"	central Origin disp. / Princille
Tim Hallman	[X] Professional [] Class "C"	n 1 n 1 n
<u> </u>	[] Professional [] Class "C"	
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ype 1 Professional Faller Module:	/ modules available
dentify each faller module with a unique resource nu	mber/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)
Gillen Contract Cutting Inc. (Steve Gillen / Jim Hallman)	Central Oregon Disp. / Prineville OR
(Steve Gillen / Jim Hallman)	
· · · · · · · · · · · · · · · · · · ·	
ype 2 Class C Faller Module:	modules available
dentify each faller module with a unique resource nu	nber/name for identification purposes).
dentify each faller module with a unique resource nu	nber/name for identification purposes). City/State(Identify the dispatch location (city/state) for each if
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dentify each faller module with a unique resource nu	nber/name for identification purposes). City/State(Identify the dispatch location (city/state) for each if

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