

CLERICAL SUPPORT AGREEMENT 2008

ICP Northwest LLC
380 SW Fifth Street #334
Madras, OR 97741-1352
Ph #877-544-2769

Contract # AG-04H1-B-08-7034
Awarded: 07/25/08
DUNS: 189748481

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER Blm # HAA083056	PAGE 1 OF 42		
2. CONTRACT NO. AG-04H1-B-08-7034		3. AWARD/EFFECTIVE DATE 7/25/08	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9005	6. SOLICITATION ISSUE DATE 03/20/2008		
7. FOR SOLICITATION INFORMATION CALL: ▶		a. NAME Willie Begay: Contract Operations 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:		
					<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)	
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE			12. DISCOUNT TERMS NONE		<input type="checkbox"/> 13a THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		
15. DELIVER TO CODE			16. ADMINSTRERED BY CODE		13a. RATING		
17a. CONTRACTOR/ ICP NORTHWEST, LLC 380 SW Fifth St Unit 334 Medisc OR 97741 TELEPHONE NO. 1-877-544-2769			CODE 189748481	PAYMENT WILL BE MADE BY Refer to D.21.6			
<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
	Clerical Support Unit for Use on Incidents (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	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 OTHEERWISE 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 FORORTH 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) John Knotok, Owner		30c. DATE SIGNED 4/22/08	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 7/25/08		

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)
**ICP NORTHWEST, LLC
 380 SW. FIFTH ST. UNIT 334
 MADRAS, OR 97741**
 9A. AMENDMENT OF SOLICITATION NO. **AG-04H1-S-08-9005**
 9B. DATED (SEE ITEM 11) **03/20/2008**
 10A. MODIFICATION OF CONTRACT/ORDER NO.
 10B. DATED (SEE ITEM 13)
 CODE FACILITY CODE **DUNS 189748481**

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) JOHN KNOTEK, OWNER	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton
15B. CONTRACTOR/OFFEROR <i>(Signature)</i>	15C. DATE SIGNED 4/22/08
16B. UNITED STATES OF AMERICA <i>(Signature)</i>	16C. DATE SIGNED 4/16/2008

1. Refer to Section B and replace the first paragraph with the following:

"The intent of this solicitation is to obtain the services of Clerical Support Unit(s) as defined in this solicitation for local, Regional, and Nationwide fire suppression and all-risk incidents. The overall mission of these services is to provide 24-hour office services capable of producing 400 copies of 40 pages, twice per day in three hours or less and basic word processing capability. Units shall be self contained, with adequate supplies for at least 7 days, contain 36" format plotter capability, and be climate controlled."

2. Refer to Section B, Pricing and Estimated Quantity. Replace the first sentence of the first paragraph with the following:

"This solicitation will result in multiple agreements with a daily rate and per copy pricing."

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

Revised Schedule of Items			
Item 1	Daily Rate	Daily Rate	\$ <u>1100.00</u>
Item 2	Black & White, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ <u>0.10</u>
Item 3	Black & White, 11 x 17, (Cost per Copy)	Per Copy Rate	\$ <u>0.18</u>
Item 4	Color Copying, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ <u>0.85</u>
Item 5	Color Copying, 11 x 17, (Cost per Copy)	Per Copy Rate	\$ <u>1.50</u>
Item 6	Plotting (Cost per lineal foot (LF))	Per LF Rate	\$ <u>2.35</u>
Item 7	Laminating		
	a. 8.5 x 11	Each	\$ <u>.85</u>
	b. 11 x 17	Each	\$ <u>1.35</u>
	c. Custom	Per SF	\$ <u>1.25</u>
Item 8	Binding (Cost per book)	Each	\$ <u>1.10</u>
Item 9	Faxing (Cost per page) <i>OUT BOUND NO CHARGE -</i>	Each <i>IN BOUND</i>	\$ <u>.10</u>
Item 10	Color Paper		
	a. 8.5 x 11, (cost per sheet)	Each	\$ <u>.025</u>
	b. 11 x 17, (cost per sheet)	Each	\$ <u>.045</u>
Item 11	Mobilization/Demobilization	Mileage Rate	\$ <u>3.60/mi</u>

Optional Items: If offering the following item as part of your proposal, provide daily rate and description of capabilities. A separate resource order number must be provided when optional items are ordered.

Internet Capability

Daily Rate

\$ 400.00

SEE ATTACHMENT FOR SPECIFICATIONS & OTHER OPTIONS

4. Refer to Section D.2.1.1 Minimum Equipment Requirements and add the following:

- *"All necessary fuel and power (Contractor may acquire fuel from the Government at the Incident rate per gallon).*
- *Color paper, (8.5 x 11 and 11 x 17), four (4) colors, one (1) ream each.*

Optional Item: Internet Capability to establish a minimum level of service for satellite internet access.

- *Minimum bandwidth: 1.5Meg/s Download speed, 512kbps Upload speed*
- *Dynamic IP addressing with port address translating or static ip addressing must allow at least 40 internal concurrent host accesses.*
- *The ability to support for 3DES IPsec tunneling is required to support end to end solutions where remote access is needed.*
- *Minimum Hardware: WI-FI Access Points: 802.11 A/B/G compatible with WEP key encryption options.*
- *Browser administrated.*
- *Power over Ethernet capable.*
- *POE 8 port data switch."*

5. Refer to Section D.2.1.1 Minimum Equipment Requirements and delete the following:

- *"Generator:*
 - o *Unit to arrive fully fueled.*
 - o *Decibel rating no greater than 50 at 50'"*

6. Refer to Section D.2.1.3 Mobilization and Demobilization and replace in its entirety with the following:

"D.2.1.3 Mobilization and Demobilization

Mobilization and demobilization rate should include all mobilization and demobilization expenses."

Refer to Section D.3 Personnel Requirements and add the following:

"Personnel shall be skilled in the use of Microsoft Office, and capable of performing basic word processing functions."

7. Refer to D.6.2 Ranking Of Awarded Equipment For Dispatch Priority and replace in its entirety with the following:

SEE REVISED Schedule of Items
Kermadine Barton

Schedule of Items

Item 1	Minimum Daily Guarantee <small>The minimum daily guarantee or copy costs (Items 2-5) will be paid, whichever is greater (See D.21.6)</small> * SEE ADDENDUM	Daily Rate	\$ <u>1400.00</u>
Item 2	Black & White, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ <u>0.07</u>
Item 3	Black & White, 11 x 17, (Cost per Copy)	Per Copy Rate	\$ <u>0.14</u>
Item 4	Color, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ <u>0.70</u>
Item 5	Color, 11 x 17, (Cost per Copy)	Per Copy Rate	\$ <u>1.00</u>
Item 6	Plotting (Cost per lineal foot (LF))	Per LF Rate	\$ <u>2.25</u>
Optional Items: If offering the following item 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.			
	Internet Capability	Daily Rate	\$ <u>400.00</u>
<u>1MB x 3.5 MB WITH VOICE SERVICES - 4 PHONES & 1 FAX LINE - SEE ATTACHED</u>			

Company Name	ICP NORTHWEST, LLC		
DUNS Number	189748481		
Contact Name	JOHN KNOTBK		
E-Mail Address	johnk@icpnw.com		
Phone Numbers (up to 6)	877-544-2769	541-408-1789 (LWZ)	877-544-2769 option 9
	541-229-5075		541-546-9200 (NIGHT)
Fax Number	541-229-5077		
Mailing Address	Street: 380 SW FIFTH STREET, UNIT 334		
	City/State	MADRAS, OR	Zip: 97741

Equipment ID (Identify each unit with a unique resource number/name for identification purposes.)	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)	Unit Length/Width
TZ-101	CULVER, OR	46' x 8.5'
CMD-101	CULVER, OR	33' x 8.5'

- I certify that all employees are covered by Workman's Compensation or a legal exemption.
- I am am not registered in the Contractor Central Registration (CCR) system (Ref. E.1(k)).
- I have have not completed my representations and certifications on-line (Ref. E.3)