

## **CLERICAL SUPPORT AGREEMENT 2008**

**JA Copy Printing Services  
PO Box 2050  
Corvallis, OR 97339-2050  
Ph #541-757-0660**

**Contract # AG-04H1-B-08-7053  
Awarded: 07/29/08  
DUNS: 788002244**

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SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER Blm # HAA083075	PAGE 1 OF 42	
2. CONTRACT NO. AG-04H1-B-08-7053		3. AWARD/EFFECTIVE DATE 7/29/08	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			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		
			NAICS: 561439	<input type="checkbox"/> SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS		
			SIZE STANDARD: \$6.5 mil	<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 CODE			
17a. CONTRACTOR/ JA Copy Printing Services PO Box 2050 Coquille, OR 97339 TELEPHONE NO. 541-757-0660 888-771-0199			PAYMENT WILL BE MADE BY CODE			
			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	
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>Stephen E Johnson</i>			31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Kermadine Barton</i>			
30b. NAME AND TITLE OF SIGNER (Type or print) Stephen E Johnson, owner		30c. DATE SIGNED 4/28/08	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 7/29/08	

AUTHORIZED FOR LOCAL REPRODUCTION

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

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE	PAGE OF PAGES <b>1</b>
2. AMENDMENT/MODIFICATION NO. <b>Amendment No. 1</b>	3. EFFECTIVE DATE <b>04/16/2008</b>	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY <b>USDA FOREST SERVICE FIRE PROCUREMENT SPECIALIST 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526</b>	CODE	7. ADMINISTERED BY (If other than Item 6)		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) <b>JA Copy Printing Services 728 NW Kings Blvd Corvallis OR 97330</b>		<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. <b>AG-04H1-S-08-9005</b>	
		<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11) <b>03/20/2008</b>	
		<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.	
		<input type="checkbox"/>	10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE			

**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) <b>Stephen E Johnson</b>		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	
15B. CONTRACTOR/OFFEROR <i>Stephen E Johnson</i> (Signature of person authorized to sign)	15C. DATE SIGNED <b>4/28/08</b>	16B. UNITED STATES OF AMERICA <i>Kermadine Barton</i> (Signature of Contracting Officer)	16C. DATE SIGNED <b>4/16/2008</b>

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:

<b>Revised Schedule of Items</b>			
Item 1	Daily Rate	Daily Rate	\$ <u>980.00</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>0.22</u>
Item 4	Color Copying, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ <u>0.75</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>2.30</u>
Item 7	Laminating		
	a. 8.5 x 11	Each	\$ <u>1.50</u>
	b. 11 x 17	Each	\$ <u>3.00</u>
	c. Custom	Per SF	\$ <u>1.50</u>
Item 8	Binding (Cost per book)	Each	\$ <u>2.00</u>
Item 9	Faxing (Cost per page)	Each	\$ <u>0.05</u>
Item 10	Color Paper		
	a. 8.5 x 11, (cost per sheet)	Each	\$ <u>0.04</u>
	b. 11 x 17, (cost per sheet)	Each	\$ <u>0.08</u>
Item 11	Mobilization/Demobilization	Mileage Rate	\$ <u>2.00</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.

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CLERICAL SUPPORT UNIT SOLICITATION

**Schedule of Items**

Item 1	Minimum Daily Guarantee The minimum daily guarantee or copy costs (Items 2-5) will be paid, whichever is greater (See D.21.6)	Daily Rate	\$ _____
Item 2	Black & White, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ _____
Item 3	Black & White, 11 x 17, (Cost per Copy)	Per Copy Rate	\$ _____
Item 4	Color, 8.5 x 11, (Cost per Copy)	Per Copy Rate	\$ _____
Item 5	Color, 11 x 17, (Cost per Copy)	Per Copy Rate	\$ _____
Item 6	Plotting (Cost per linear foot (LF))	Per LF Rate	\$ _____
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	\$ _____

Self Revised in Mod.

Company Name	JA Copy Printing Services		
DUNS Number	788002244 TIN:		
Contact Name	Stephen E Johnson		
E-Mail Address	stephen@jacopy.com		
Phone Numbers (up to 6)	888-771-0199	888-728-0013	888-676-1414
	541-757-0660		
Fax Number	206-338-2200		
Mailing Address	Street: PO Box 2050		
	City/State	Corvallis OR	Zip: 97339

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
Unit 1	Albany, OR	26' / 8.5'
Unit 2	Albany, OR	26' / 8.5'
Unit 3	Albany, OR	24' / 8'

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