

<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)		<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. <b>AG-04H1-S-08-9001</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)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED
16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED <b>4/16/2008</b>

1. Refer to Section B, Method of Award – Cascading Set-Aside Procedure and replace paragraph (1a. and b.) with the following:

- a. In accordance with FAR Subpart 19.13, awards will be made on a competitive basis first to responsible, eligible HUBZone small business concerns. *(Refer to Section C, Clause C.1, 52.219-3, Notice of Total HUBZone Set-Aside. This clause is applicable only to this tier of the solicitation, not the solicitation in its entirety.)*
- b. If there are insufficient HUBZone small business concerns to meet the anticipated need, additional awards will be made in accordance with FAR Subpart 19.14, to responsible, eligible Service Disabled Veteran Owned Small Business (SDVOSB) concerns. *(Refer to Section C, Clause C.1, 52.219-27, Notice of Total Service-Disabled Veteran-Owned Small Business Set-Aside. This clause is applicable only to this tier of the solicitation, not the solicitation in its entirety.)*

2. Refer to D.2.1 Contractor Provided Equipment. For **Type 1** - Heavy Construction/Logging Equipment (dozer, grader, excavator)

- Change “Combination Vise – minimum 8 inch jaw” to “Combination Vise – minimum 4 1/2 inch jaw”
- Delete “Hydraulic hose repair kit with press, (hose and fittings to 1 1/2 inch for use during the first 24 hours) and add “Knowledge and skills to perform hydraulic system repairs”.
- Change “Jack stands – 2 – 20 ton” to “Jack stands – 2 – 12 ton”
- Change “Hydraulic Jacks– 2 – 20 ton” to “Hydraulic Jacks– 2 – 12 ton”
- Change “Jumper Cables – 12 ft. heavy duty” to “Jumper Cables – 20 ft. heavy duty”

3. Refer to D.2.1 Contractor Provided Equipment. For **Type 2** - Automotive, Light and Heavy Truck (Class 1-8)

- Add “Oxy/Acetylene torch set with appropriate cutting and welding tips”
- Change “Hydraulic Jacks– 2 – 2 ton and 2 – 20 ton heavy duty” to “Hydraulic Jacks– 2 – 2 ton and 2 – 12 ton heavy duty”
- Change “Jumper Cables – 12 ft. heavy duty” to “Jumper Cables – 20 ft. heavy duty”
- Change “Hazardous Material spill kit” to “Hazardous Material spill kit capable of containing and collecting a minimum of 10-gallons of spill.”
- Change “Combination Vise – minimum 6 inch jaw” to “Combination Vise – minimum 4 1/2 inch jaw”

4. Refer to D.2.1 Contractor Provided Equipment, A. Personal Protective Equipment (PPE).

- Add the following to (1) BOOTS: “to be worn if working near the fireline.”
- Delete “(4) CHAPS: One pair per person” and replace with “(4) CHAPS: One pair, welding”

5. Delete D.2.3.1 and replace with the following:

D.2.3.1 Tires shall have loading rating in accordance with the vehicle Gross Vehicle Weight Ratings (GVWR). All tires on the vehicles, which including the spare tire, if required, shall have sound sidewalls, body and tire tread depth of a minimum of 2/32 for rear tires and 4/32 for steering axle tires.

6. Refer to D.2.3.2 and replace with the following:

*“D.2.3.2 All vehicles shall:*

- *Meet all State Motor Vehicle Requirements*
- *Fire extinguisher, multi-purpose 10BC that is securely mounted to the vehicle and accessible by the operator. The fire extinguisher shall have a current annual inspection tag and the annual maintenance tag in regards to a 6 year annual inspection and every 12 years regarding a hydro test on all dry powder, metal fire extinguishers.*
- *An audible reverse warning device (backup alarm) of 89 db or greater when the transmission is put into reverse. The warning device shall face to the rear. Switches to activate the alarm will not be allowed.*
- *Reflectors, triangles, bi-directional (one set of 3)*
- *Two wheel chocks*
- *Shovel”*

7. Delete D.2.4 Work Orders and replace with the following:

The Contractor shall complete their standard commercial repair order form or the Incident Equipment Repair Order provided in Exhibit K to document work done on equipment. If the standard commercial repair order form is used, the following information shall be included for each vehicle repaired:

- Name/address/phone number of vehicle owner/representative
- Incident Name/Number/E-Number
- Equipment Description (include year, make, model, license number, serial number or vehicle identification no.)
- Description of work performed
- Breakdown of labor hours/parts and cost
- Printed name/title and signature of vehicle owner/representative and mechanic

8. D.3.1 Training/Experience-Delete existing language and replace with the following:

Each person under this agreement shall meet the following minimum requirements:

1. **Type 1 (Heavy Construction/Logging Equipment):** Minimum 3 yrs. experience at the journeyman level on field repairs of **heavy construction or logging equipment.**  
**Type 2 (Automotive, Light and Heavy Truck):** Minimum 3 yrs. experience at the journeyman level on all classes of **automotive light and heavy trucks.** DOT air brake qualifications (FMVCSA 49CFR 396.25)  
**Type 3 (Inspection and Diagnostic Services):** Minimum 3 yrs. experience at the journeyman level on all classes of **automotive light and heavy trucks.** DOT air brake qualifications (FMVCSA 49CFR 396.25).

2. RT-130 Annual Fireline Refresher including fire shelter.

9. Refer to D.6.7 LENGTH OF ASSIGNMENTS AND CREW CHANGE OUT and delete the following:

*“a. Request the Contractor to provide replacement personnel. Replacement personnel are subject to the work/rest guidelines and must arrive at the incident fully rested. The Government will not pay transportation cost for replacement personnel.”*

10. Delete D.14 FIRST AID/EMERGENCY EVACUATION/ACCIDENTS and replace with the following:

*“D.14 First Aid, Medical Coverage and Emergency Evacuations*

*D.14.1 The contractor is financially responsible for employee medical expenses and coverage. The Government may provide first aid at the incident at no charge to the contractor. Any other medical expenses incurred will be the responsibility of the contractor. If contractor personnel become ill or are injured and incident transportation is not available, the Government may evacuate or transport the injured/ill person(s) to a medical facility/hospital utilizing a commercial source (e.g. ambulance or air transport such as Lifeflight). Commercial transport costs will be the responsibility of the Contractor.*

*D.14.2 Contractor shall provide the operator(s) with an adequate supply of appropriate insurance forms, insurance ID card(s), and other necessary documents. Such documents shall accompany the injured/ill person(s) when the medical need arises.”*

11. Delete D.21.2 REPAIRS and replace the entire paragraph with the following:

*“Repairs shall be made and paid for by the Contractor. The Government may, at its option, elect to make such repairs when necessary to keep the resource operating.*

*The cost of such repairs will be \$75 per hour, plus parts and will be deducted from payment to the contractor.”*

12. Delete D.22 RESOURCE REPLACEMENT OR SUBSTITUTION and replace with the following:

***“D.22 RESOURCE REPLACEMENT OR SUBSTITUTION***

*The intent of this clause is to provide permanent substitution of resources, not intermittent or additional resources. The Contractor is obligated to provide the resources offered in the proposal. New resources may not be added to the agreement with the exception of substituted resources as provided below.*

*D.22.1 Substitutions of Resources*

*Substitution of resources with equal or better qualifications may be done at any time without change to the agreement rates or position on the priority dispatch list. Qualifications of proposed resources for substitution shall be reviewed by qualified inspectors and approved in advance of use by the CO. The schedule of items will be changed to reflect approved resources.”*

13. Refer to Exhibits - Delete Page 1 of Exhibit K – Incident Equipment Repair Order and replace with the attached.

**EXHIBIT K  
INCIDENT EQUIPMENT REPAIR ORDER**

1a. Name/Address		1b. Telephone	2. Date:
3. Incident Name:		4. Incident Number:	5. "E" Number
6. Equipment Description (include year, make, model, license number, serial number or vehicle identification no.):			
7. Description of Work Performed:			
8. Labor: Inclusive hours (rounded to the nearest ½ hour) work was performed: Total Labor hours: _____		9. Odometer Reading:	
10. Parts and Accessories (use second page for additional Parts and Accessories if necessary):			
Parts Used	Quantity	Unit Price	Total
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
_____.	_____.	\$_____.	\$_____.
TOTAL PARTS:			\$_____.
TOTAL LABOR (from block 8):			\$_____.
TOTAL OF EQUIPMENT REPAIR ORDER:			\$_____.
11. Signatures (must be legible):			
Owner/Representative Signature:		Mechanic's Signature:	
Printed name & Title:		Printed Name and Title:	
Date:		Date:	
<b>Original=Finance / Copy=Contractor / Copy in Contractor's OF-304 / Posted to OF-286 Y N</b>			

