## **FALLER AGREEMENT 2008**

Timothy N. Bell PO Box 2009 Sisters, OR 97759-2009 Ph #541-549-9151

Contract # AG-04H1-B-08-7020 Awarded: 07/21/08 DUNS: 143602279

Type 1 Professional Single Faller, Daily Rate: \$870.00 Type 1 Professional Faller Module, Daily Rate: N/A

SOLICITATION/						1. REQUISTION	P)	ER	PAGE	1 OF 43	
OFFEROR	TO COMPLET	E BLOCK	(S 12, 17,	23, 24,	<b>%</b> 30	HAA08	304	3			
2, CONTRACT NO. 96-04-1-8-0	1020 - 30		EFFECTIVE 12108	4. ORDE	R NUMBER	5. SOLICITATION AG-0	ON NUN 4H1-S-0		1	ICITATION E: 03/20/2	
7. FOR SOLICITATION CA			egay: Contrac adine Barton:				E NUMB -808-23: 1-471-67	28	04/21/	ER DUE D 2008 L TIME: 4	
9. ISSUED BY			CODE	1	10. THIS	ACQUISITION IS	;				
			• • • • • • • • • • • • • • • • • • • •		☐ UNRE	STRICTED OR		SET ASIDE:		100 % F	OR:
USDA Forest Service R-6 Pacific Northwest Ro Grants Pass Interagence	_							☑ SMALL BUSIN ☐ HUBZONE SM		☐ EME SMALL	RGING BUSINESS
2164 NE Spalding Avenu								BUSINESS	ALL.		
Grants Pass, OR 97526	1				NAICS:	115310 ANDARD: \$16.5 r		☐ SERVICE DISA SMALL BUSINES: ☐ 8(A)		ETERAN-	OWNED
11. DELIVERY FOR FO UNLESS BLOCK IS MA		12. DISCO	UNT TERMS		☐ 13a T	HIS CONTRACT	IS A	13a. RATING			1
UNLESS BLOCK IS MA	KKED					D ORDER UNDE (15 CFR 700)	<u> </u>	14. METHOD OF	SOLICITA	ATION	
SEE SCHEDULE						,	-	X RFQ	□ IFB		RFP
15. DELIVER TO		L	CODE	1	16 ADMI	NISTERED BY			CODE		+
15. DELIVER 10			OODL	<b></b>	- 10:7.5	THO I ENCED DY			0000		L
17a. CONTRACTOR/	CODE		CODE		18a, PAY	MENT WILL BE	MADE B	Y	CODE		
17a. CONTRACTORI Timothy N P.O. Box 2 SISTEMS OF	1.13e/1 009, 683 97759	183 Ed	gington	Rd.	Refer to	D.21.8					
TELEPHONE NO. (54	1)419-3131	<u> </u>	7 17 <i>30</i>	02217	18h SHB	MIT INVOICES T	O ADDE	RESS SHOWN IN	BLOCK 1	18a UNI F	SS BLOCK
OFFER	TITANCE IS DITTEN	LITT AND TO				OW IS CHECKED					
19.			20.			21.	22.	23			24.
ITEM NO.			UPPLIES/SEF			QUANTITY	UNIT	See Section		- AI	MOUNT
	Single Fallers and Severity ass	ignments (se		incidents an	a			See Secuoii	Ь		
	Operating Supplies Operator Furnished	-		ctor []Gov	,						
	- F	•									
25. ACCOUNTING AND	APPROPRIATION D	ATA					26. TC	TAL AWARD AM	OUNT (F	or Govt. U	lse Only)
	ORPORATES BY REFE	RENCE FAR 52	212-1, 52 212-4	EAR 52 212	-3 AND 52 212-5	ARE ATTACHED	ADDEND	A 🛛	RE	☐ ARE N	ЮТ
										ATTACHE	D
27b. CONTRACT/BURCH	ASE ORDER MICORPO	KATES BY RE	HERENCE FAR	12.212-4. FAI	< 52.212-5 IS AT	TACHED. ADDEN	<i>.</i>	A	urc.	ATTACHE	
	OFFICE, CONTRA	CTOR AGRE	ES TO FURNI	SH AND	1 ON ANY		CLUDIN	YOU	IS OR C	HANGES \	CITATION WHICH
ADDITIONAL SHEET				1.58	.D	i	, j.	EIN, IS ACCEPTE			
30a. SIGNATURE OF OF	FEBORICONTRACT	Bell	1	31	314 UNITED	STATES OF AM	ERICA (	SIGNATURE OF	CONTRA	ACTING O	FFICER)
30b. NAME AND TITLE	OF SIGNER (Type or	print)	30c. DATE S	IGNED	31b. NAME	OF CONTRACTIN	VG QEFI	CER (Type or prir	rt) 3	1c. DATE	SIGNED
Timothy 1	v. Bell rietor		4/21/2	1008	Kerm	adine F	Sar\	op)		7 21	08

AMENDMENT OF SOLICITATIO	ODIFICATION	OF CONTRACT	1. C0	ACT ID	CODE	PAGE OF PAGES 1
2. AMENDMENT/MODIFICATION NO.  Amendment No. 2	05/21/2008	4. REQUISITION/PURCHA	SE REQ	. NO.	5. PROJECT NO	). (If applicable)
6. ISSUED BY CODE		7. ADMINISTERED BY (If o	ther 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. AMEN	IDMENT OF SOLK	CITATION NO.
Timothy N. Bell		2 4	571	AG-0	4H1-S-8-9004	
1.0. Box 2009, 68383 E	dgington k	(d.	$\boxtimes$	ì	D (SEE ITEM 11)	
Timothy N.Bell P.O. Box 2009, 68383 E Sisters, OR 97759 Deschutes County				03/20 10A. MOE		NTRACT/ORDER NO.
Duns 143602279				10B. DAT	ED (SEE ITEM 13)	
-	ILITY CODE					
		S TO AMENDMENTS (				
The above numbered solicitation is amend	led as set forth in item	14. The hour and date sp	pecified	for receipt		extended, not extended.
Offers must acknowledge receipt of this amend methods:	lment 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;	g 1 copies of the amer	ndment; (b) By acknowled	lging re	ceipt of thi	s amendment on	each copy of the
or (c) By separate letter or telegram whi ACKNOWLEDGMENT TO BE RECEIVED AT SPECIFIED MAY RESULT IN REJECTION OF change may be made by telegram or letter, pro prior to the opening hour and date specified.	THE PLACE DESIGE YOUR OFFER. If by	NATED FOR THE RECE v virtue of this amendmen	IPT OF It you do	F OFFERS esire to ch	i PRIOR TO TH ange an offer ali	eady submitted, such
12. ACCOUNTING AND APPROPRIATION DATA (If	required)					
· ·						
		MODIFICATIONS OF ORDER NO. AS DESC				
(X) A. THIS CHANGE ORDER IS ISSUE THE CONTRACT ORDER NO. IN	ED PURSUANT TO: (	Specify authority) THE C	HANGE	S SET FO	ORTH IN ITEM 1	4 ARE MADE IN
B. THE ABOVE NUMBERED CONT paying office, appropriation date, etc.	) SET FORTH IN ITE	M 14, PURSUANT TO TH	IE AUT	HORITY C	TIVE CHANGES OF FAR 43.103(b	(such as changes in ).
C. THIS SUPPLEMENTAL AGREEM	MENT IS ENTERED IN	ITO PURSUANT TO AUT	HORIT	ŶŎF:	_	
D. OTHER (Specify type of modification)	tion and authority)					
		sign this document ar				
14. DESCRIPTION OF AMENDMENT/MODIFICATIO	N (Organized by UCF se	ction headings, including solid	citation/c	ontract subj	ect matter where fo	easible.
This amendment is to acknowledge the clarification, there are no changes to	nat a decision has to the Type 2 Clas	been made not to cha s "C" Certified Faller.	inge tl	he origin	al solicitation	. Based on
Qualifications must be meet in Exhibit	t J of the original s	solicitation to be cons	sidered	d for a Ty	pe 2 Class "Č	" Faller.
The Closing Date of this Solicitation h	nas been changed	to May 30, 2008, at 4:	30 pm			
Attached is the Scheduled of Items, D	.3.1 Training/Expe	rience and Exhibit J :				
Except as provided herein, all terms and conditions of	the document referenced	in Item 9A or 10A, as hereto	fore cha	nged, remai	ns unchanged and	in full force and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)  Timothy N. Bell		16A. NAME AND TIT	TLE OF (	CONTRACT	'ING OFFICER <i>(T</i> y	pe or print)
Sole Proprietor  15B. CONTRACTOR/OFFEROR				LAFF.G.		100 DATE OICHES
Just M. Bell	15C. DATE SIGNE 5/25/08	16B. UNITED STATE	•		tun	16C. DATE SIGNED 5/21/2008
(Signature of person authorized to sign)	عداوماد			ntracting C		
NSN 7540-01-152-8070 Previous edition unusable		30-105			STANDARD Prescribed by FAM 448 CFR	

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

AME	NDMENT OF SOLICIT	ATION/N	ODIFICATION	N OF CONTRACT	1. CONTRA	ACT ID CODE	PAGE C	F PAGES
2. AMEN	DMENT/MODIFICATION NO.	3. EFF	ECTIVE DATE	4. REQUISITION/PURCHA	SE REQ. NO	5. PROJECT I	NO. (If applicat	ble)
	Amendment No. 1	(	04/16/2008					
6. ISSUE	O BY	CODE		7. ADMINISTERED BY (If a	other than Item	(6) CODE		
FIRE 2164	A FOREST SERVICE : PROCUREMENT SPECI : NE SPALDING AVENUE NTS PASS, OR 97526							
	AND ADDRESS OF CONTRACT		et, county, State, and	I ZIP Code)	(X) 9A.	. AMENDMENT OF SOL	ICITATION NO	D.
71	mothy N. B	e1/			1521	AG-04H1-S-08-900	14	
P.	D. Box 2009	, 4838	3 Edgingt	on Kd	1	DATED (SEE ITEM 11)		
5	sters, OR schutes Coun	9775	5 <b>9</b>			03/20/2008	AUT A AT (A)	DED NO
De	schutes Cour	tu				A. MODIFICATION OF C	ONTRACTION	KDER NO.
Di	ns 1436022	79			10E	B. DATED (SEE ITEM 13	3)	
CODE			Y CODE			·	•	
	11. T	HIS ITEM	ONLY APPLIES	S TO AMENDMENTS	OF SOLIC	ITATIONS		
⊠ The	above numbered solicitation	is amended	as set forth in item	14. The hour and date s	pecified for	receipt of Offers X	is extended,	
				•			s not extend	ed.
Offers m	ust acknowledge receipt of th :	is amendme	nt prior to the hour	and date specified in the	solicitation	or as amended, by on	e of the follow	wing
(a) By co	mpleting Items 8 and 15, and mitted;	returning 1	copies of the amer	ndment; (b) By acknowled	lging receip	t of this amendment o	n each copy	of the
ACKNO\ SPECIFI change i	By separate letter or teleg WLEDGMENT TO BE RECE ED MAY RESULT IN REJEC may be made by telegram or ne opening hour and date spe	IVED AT THE TION OF YOU letter, provid	HE PLACE DESIG OUR OFFER. If by	NATED FOR THE RECE  v virtue of this amendmen	IPT OF OF t you desire	FFERS PRIOR TO THE to change an offer a	lready submi	ND DATE
12. ACC	DUNTING AND APPROPRIATION	DATA (If requ	uired)					
				MODIFICATIONS OF				
	A. THIS CHANGE ORDER	ODIFIES T	HE CONTRACT	CORDER NO. AS DESC	CRIBED IN	NITEM 14.	A ADE MAD	EIN
(X)	THE CONTRACT ORDE	R NO. IN IT	EM 10A.	Specify authority) THE C	HANGES S	CI FORTH IN ITEM	H AKE MAD	E ila
	- THE ADOLES AND SECTION	D CONTDA	07/000000 10 140	NOISIED TO DEEL FOT TI	IT ADMANNI	CTDATIVE CHANCE	S farrat as al	<u> </u>
	B. THE ABOVE NUMBERS paying office, appropriation	:D CONTRA date.etc.)S	ET FORTH IN ITE	M 14, PURSUANT TO TH	IE AUTHOR	RITY OF FAR 43.103(	s (such as ci b).	ianges in
П	C. THIS SUPPLEMENTAL							
		****						
	D. OTHER (Specify type of	modification	and autnonty)					
E. IMPO	ORTANT: Contractor	is not.	is required to	o sign this document ar	nd return 1	copies to the issuir	ng office.	
	RIPTION OF AMENDMENT/MOD							
Sched block	uoter is required to acknowled to the Control of the SF-1449.	acting Off	icer. You may t	fax to 541-471-6512 or	r mail har	urning page 1 and d copy to the addr	the revised ess shown	l in
rne C	losing Date of this Solici	iauvii Nas	Deen changed	to April 20, 2000, at 4	vo p.m.			
This s	olicitation is amended a	shown o	n the attached p	pages;				
					_			
Except as	provided herein, all terms and con E AND TITLE OF SIGNER <i>(Type</i>	ditions of the o	document referenced	in Item 9A or 10A, as hereto	fore changed 'LE OF CON'	l, remains unchanged and TRACTING OFFICER <i>(T</i> .	in full force au	nd effect.
Ti	mothy N. Bel				<b>4</b>			
5.	le Proprietor			Kermadine B	arton			
15B. CON	TRACTOR/OFFEROR		15C. DATE SIGNE	D 16B. UNITED STATE	S OF AMER	RICA	16C. DATE S	SIGNED
A	JIM BO	11	4/21/08	3 Lermade	2.0	arter	4/16/2	2008
(Sig	mature of person authorized to	o sign)	7/21/2			cting Officer)		

(Signature of person authorized to sign)
NSN 7540-01-152-8070
Previous edition unusable

30-105

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

## **Schedule of Items**

Item 1	Type 1 Professional Single Faller	Daily Rate	\$870.00
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$
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	Timothy N. Bell	
DUNS Number	143602279	
Contact Name	Tim Bell	
E-Mail Address	timothynbellemsn.	com
Phone Numbers (up to 6)	(541) 419-3131 cell (541) 549-91	151 FAX
Phone Numbers (up to 0)	(541) 549-1747 home	
Fax Number	(541)549-9151	
Mailing Address	Street: P.D. Box 2009	
_	City/State Sisters, OR	Zip: 97759

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)
Timothy N. Bell	[Professional [ ] Class "C"	Sisters, OR
	[ ] Professional [ ] Class "C"	,
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
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Equipment ID (Resource Number/Name)	City/State(Identify the dispatch location (city/state) for each if different than the offeror's address)
	<del></del>
pe 2 Class C Faller Module: <u>NONE</u> ntify each faller module with a unique resource num	
ntify each faller module with a unique resource nun	
ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
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ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
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ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
ntify each faller module with a unique resource nun	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if
pe 2 Class C Faller Module: <u>NONE</u> ntify each faller module with a unique resource nun  Equipment ID (Resource Number/Name)	mber/name for identification purposes).  City/State(Identify the dispatch location (city/state) for each if

If certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1
 If certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a

I am [/] am not [] registered in the Contractor Central Registration (CCR) system.
 I have [/] have not [] completed my representations and certifications on-line (Ref. E.3)

legal exemption.

Type 1 Professional Faller Module: \_none \_ modules available