FALLER AGREEMENT 2008

Dan Rodgers
50311 Hwy 26
Mt Vernon, OR 97865
Ph #541-932-4948

Contract # AG-04H1-B-08-7026
Awarded: 07/23/08
DUNS: 193299398

Type 1 Professional Single Faller, Daily Rate: $800.00
Type 1 Professional Faller Module, Daily Rate: N/A

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS *OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30*	1. REQUISTION NUMBER Blm A HBA083048	PAGE 1 OF 43

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE:
AG-04H1-B-08-7026	7/23/08		AG-04H1-S-08-9004	03/20/2008

7. FOR SOLICITATION INFORMATION CALL: ▶	a. NAME	b. TELEPHONE NUMBER *(No collect calls)*	8 OFFER DUE DATE:
	Willie Begay: Contract Operation Specialist Kermadine Barton: Contracting Officer	503-808-2328 541-471-6746	04/21/2008 LOCAL TIME: 4:30 P.M.

9. ISSUED BY	CODE	10. THIS ACQUISITION IS
USDA Forest Service R-6 Pacific Northwest Region Grants Pass Interagency Office 2164 NE Spalding Avenue Grants Pass, OR 97526		☐ UNRESTRICTED OR ☒ SET ASIDE: 100 % FOR: ☒ SMALL BUSINESS ☐ EMERGING SMALL BUSINESS ☐ HUBZONE SMALL BUSINESS ☐ SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A) NAICS: 115310 SIZE STANDARD: $16.5 mil

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED	12. DISCOUNT TERMS	13a THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13a. RATING
☐ SEE SCHEDULE	N/A		14. METHOD OF SOLICITATION ☒ RFQ ☐ IFB ☐ RFP

15. DELIVER TO	CODE	16. ADMINISTERED BY	CODE

17a. CONTRACTOR/	CODE	CODE	18a. PAYMENT WILL BE MADE BY	CODE
Dan Rodgers 50311 Hwy 26 Mt Vernon, OR 97865 TELEPHONE NO. (541) 932-4948			Refer to D.21.8	

☐ 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 ☐ SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Single Fallers and Faller Modules for use on Incidents and Severity assignments (see attached) Operating Supplies Furnished by: [X] Contractor [ ] Government Operator Furnished by: [X] Contractor [ ] Government			See Section B $800.00	$800.00/Day

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*

☒ 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ☒ ARE ☐ ARE NOT ATTACHED

☐ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED

☒ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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	☐ 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		31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)	
Dan E. Rodgers		Kermadine Barton	
30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print)	31c. DATE SIGNED
Dan E. Rodgers - Faller	4/14/08	Kermadine Barton	7/23/08

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS IS NOT USABLE

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

Schedule of Items

Item 1	Type 1 Professional Single Faller	Daily Rate	$ 800.00
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	Dan Rodgers	
DUNS Number	# 193299398	
Contact Name	Dan Rodgers	
E-Mail Address	Krodge @ orTelco. Net	
Phone Numbers (up to 6)	(541) 932-4948 (541) 420-8948	
Fax Number	932-4948	
Mailing Address	**Street:** 50311 Hwy 26	
	City/State Mt Vernon OR	**Zip:** 97865

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

Faller Name	Type	City/State *(Identify the dispatch location (city/state) for each if different than the offeror's address)*
Dan Rodgers	[X] Professional [ ] Class "C"	John Day, OR
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	
	[ ] Professional [ ] Class "C"	

Type 1 Professional Faller Module: Single **modules available**
(Identify each faller module with a unique resource number/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)*
Danny F. Rodgers	50311 Hwy 36 Mt Vernon OR 97865

Type 2 Class C Faller Module: _____ **modules available**
(Identify each faller module with a unique resource number/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)*

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