FALLER AGREEMENT 2008

H. Timber Contracting
PO Box 423
Hines, OR 97738-0423
Ph #541-573-3455

Contract # AG-04H1-B-08-7056
Awarded: 07/30/08
DUNS: 145016817

Type 1 Professional Single Faller, Daily Rate: $1100.00
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 Bum # HAAC8 3078	PAGE 1 OF 43

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE
AG-04H1-B-08-7056	7/30/08		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:
		NAICS: 115310 SIZE STANDARD: $16.5 mil	☒ SMALL BUSINESS ☐ HUBZONE SMALL BUSINESS ☐ SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)	☐ EMERGING SMALL BUSINESS

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			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
H Timber Contracting PO Box 423 Hines, OR 97738 TELEPHONE NO. 541-573-3455			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	

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)	
Tony Hauth		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
Tony Hauth Owner	3-31-08	Kermadine Barton	7/30/08

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	$ 1100.00
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	H Timber Contracting		
DUNS Number	145016817		
Contact Name	Tony Hauth		
E-Mail Address	htimbercontracting@yahoo.com		
Phone Numbers (up to 6)	541-573-3455		
	541-589-1592		
Fax Number	N/A		
Mailing Address	**Street:** PO Box 423		
	City/State Hines, OR	**Zip:** 97738	

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)*
Tony Hauth	[X] Professional [ ] Class "C"	Burns, 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: _____ 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)*

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