FALLER AGREEMENT 2008

HEK Jones LLC
83157 West Dorrance Lane
Enterprise, OR 97828-3113
Ph #541-426-3667

Contract # AG-04H1-B-08-7068
Awarded: 07/30/08
DUNS: 010735520

Type 1 Professional Single Faller, Daily Rate: $875.00
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 # HAA08 3090

2. CONTRACT NO.: AG-04H1-B-08-7908

3. AWARD/EFFECTIVE DATE: 7/30/08

4. ORDER NUMBER:

5. SOLICITATION NUMBER: AG-04H1-S-08-9004

6. SOLICITATION ISSUE DATE: 03/20/2008

7. FOR SOLICITATION INFORMATION CALL: ▶

a. NAME
Willie Begay: Contract Operation 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 — CODE

USDA Forest Service
R-6 Pacific Northwest Region
Grants Pass Interagency Office
2164 NE Spalding Avenue
Grants Pass, OR 97526

10. THIS ACQUISITION IS
☐ 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
☐ SEE SCHEDULE

12. DISCOUNT TERMS

☐ 13a THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13a. RATING

14. METHOD OF SOLICITATION
☒ RFQ ☐ IFB ☐ RFP

15. DELIVER TO — CODE

16. ADMINISTERED BY — CODE

17a. CONTRACTOR/ CODE — CODE
HEK Jones LLC
83157 West Dorrance Lane
Enterprise OR 97828
TELEPHONE NO. 541-426-3667

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY — CODE
Refer to D.21.8

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 875.00	875.00

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
Kevin Jones

31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
Kermadine Barton

30b. NAME AND TITLE OF SIGNER (Type or print)
Kevin Jones member

30c. DATE SIGNED
4-17-08

31b. NAME OF CONTRACTING OFFICER (Type or print)
Kermadine Barton

31c. DATE SIGNED
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	$ 875.00
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	HEK Jones LLC		
DUNS Number	010735520		
Contact Name	Kevin Jones		
E-Mail Address	ejfc@uci.net		
Phone Numbers (up to 6)	541-426-3667	541-398-0036	
Fax Number	541-426-4351		
Mailing Address	**Street:** 83157 West Dorrance Lane		
	City/State Enterprise OR		**Zip:** 97828

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)*
Kevin Jones	[X] Professional [ ] Class "C"	Enterprise 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. [✓] 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)