FAIRFAX COUNTY
VIRGINIA

DEPARTMENT OF PURCHASING & SUPPLY MANAGEMENT
12000 GOVERNMENT CENTER PARKWAY, SUITE 427
FAIRFAX, VIRGINIA 22035-0013

www.fairfaxcounty.gov/dpsm

TELEPHONE: (703) 324-3201 FAX: (703) 324-3223 TTY: 1-800-828-1140

JUN 19 2003

Pierce Manufacturing, Inc.
c/o Singer Assoc. Fire Equip.
7412 Gallerher Road Building B
Gainesville, VA 20155

Attention: Jim Featherstone

Subject: Acceptance of Contract Award

Reference: IFB03-662167, Heavy Rescue Squads

ACCEPTANCE AGREEMENT

Award is hereby made on June 18, 2003 to Pierce Manufacturing, Inc. c/o Singer Assoc. Fire Equip. for the term from June 18, 2003 through May 31, 2007 for Heavy Rescue Squads in accordance with:

1) This Acceptance Agreement;

2) The terms and conditions of IFB03-662167-23;

3) The Pricing Schedules of IFB03-662167-23;

4) Awarded item 1) Pierce Manufacturing Dash model Heavy Rescue Squads;

5) This contract hereafter shall be known as RQ03-662167-23A

Other representations:

This is not an order; Purchase Order or other notice to proceed will follow. An original Certificate of insurance, as described in Paragraph 25 of the Special Provisions, is required within ten (10) days of contract award. All prior representations and additional or inconsistent oral or written statements are superceded, null and void. Contract award documents may be viewed on the Department of Purchasing and Supply Management website at fairfaxcounty.gov/dpsm/contracts.htm.

County Purchasing Agent:

Cathy Muse

Cathy Muse, CPPO

COUNTY OF FAIRFAX
DEPARTMENT OF PURCHASING & SUPPLY MANAGEMENT
SMALL AND MINORITY BUSINESS ENTERPRISE PROGRAM (SMBEP)
12000 Government Center Parkway, Suite 427
Fairfax, Virginia 22035-0013

Fax: 703-324-3228

SUBCONTRACTOR (S) NOTIFICATION FORM

Contract Number/Title: _____
Prime Contractors Name: _____

Prime Contractor's Classification Code: _____ **(from SBE Schedule)**

In accordance with the Subcontracting paragraph of the Special Provisions for the above-cited contract, you are required to provide the County with names, addresses, anticipated dollar amount and small/minority classification (use code numbers from previous page) of each first-tier subcontractor. Please complete this form and return it to this office with your bid package. The purpose of determining a subcontractor's small/minority classification, the criteria for both is stated below:

Please check here if you are not using a subcontractor: X

SUBCONTRACTOR(S) NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	ANTICIPATED DOLLAR AMOUNT	SMALL/MINORITY CLASSIFICATION

YOU MUST RETURN THIS FORM WITH YOUR BID PACKAGE. CONTRACT AWARD SHALL NOT BE MADE WITHOUT IT.