

**Annual Operating Plan
Integrated Resource Contracts**
(FSH 2409.15)
CALENDAR YEAR: _____

NATIONAL FOREST:		RANGER DISTRICT:	
REGION: <input type="checkbox"/> (1) NORTHERN <input type="checkbox"/> (2) ROCKY MOUNTAIN <input type="checkbox"/> (3) SOUTHWESTERN		<input type="checkbox"/> (4) INTERMOUNTAIN <input type="checkbox"/> (5) PACIFIC SOUTHWEST <input type="checkbox"/> (6) PACIFIC NORTHWEST <input type="checkbox"/> (8) SOUTHERN <input type="checkbox"/> (9) EASTERN <input type="checkbox"/> (10) ALASKA	
CONTRACT NAME:		CONTRACTOR:	
CONTRACT NUMBER:		AWARD DATE:	
		TERMINATION DATE:	
DESIGNATION OF CONTRACTOR'S REPRESENTATIVE			
<p>[G/GT.3.1] When Contractor's operations are in progress, Contractor shall have a representative, named in writing, readily available to receive notices in regard to performance under this contract and take related action. For the time period of _____ (mm/dd/yy) through _____ (mm/dd/yy), the Contractor's representative will be:</p> <p>During this same time period the Contractor's field representative will be:</p>			
Contractor:		Contracting Officer:	
Telephone #:	Date:	Telephone #:	Date:
Signature:		Contracting Officer's Signature:	
Submitted by (print name and title):		Continuation Sheets Attached: <input type="checkbox"/> Yes; <input type="checkbox"/> No <i>(If additional space needed, attach separate sheet(s) after page 5, include heading(s) for item(s), and all relevant details. Attach continuation sheet after page 5)</i>	

<input type="checkbox"/> PAYMENT UNITS <input type="checkbox"/> CUTTING UNITS	HARVEST SCHEDULE (INCLUDES FELLING, YARDING, DECKING, AND HAULING)			
	PLANNED START DATE	PLANNED END DATE	WORK DESCRIPTION	REMARKS
LOGGING EQUIPMENT ON CONTRACT AREA (INCLUDES SPECIALIZED EQUIPMENT)				
Dates		Company	Equipment	Unit/Location
Start	End			

ROAD CONSTRUCTION/RECONSTRUCTION/MAINTENANCE PLANNED						
DATES		ROAD NUMBER	TEMPORARY ROAD	EQUIPMENT	ACTIVITY	
START	END					
			<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
			<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
			<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
			<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
			<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
			<input type="checkbox"/> Yes/ <input type="checkbox"/> No			

ROAD CLOSURES NEEDED/PLANNED						
DATES		ROAD NUMBER	LEGAL DESCRIPTION	CONTRACTOR PROVIDED TRAFFIC CONTROL		
CLOSE	REOPEN			<input type="checkbox"/> Barricades <input type="checkbox"/> Flaggers	<input type="checkbox"/> Pilot Vehicles <input type="checkbox"/> Signs	<input type="checkbox"/> None <input type="checkbox"/> Other:
				<input type="checkbox"/> Barricades <input type="checkbox"/> Flaggers	<input type="checkbox"/> Pilot Vehicles <input type="checkbox"/> Signs	<input type="checkbox"/> None <input type="checkbox"/> Other:
				<input type="checkbox"/> Barricades <input type="checkbox"/> Flaggers	<input type="checkbox"/> Pilot Vehicles <input type="checkbox"/> Signs	<input type="checkbox"/> None <input type="checkbox"/> Other:
				<input type="checkbox"/> Barricades <input type="checkbox"/> Flaggers	<input type="checkbox"/> Pilot Vehicles <input type="checkbox"/> Signs	<input type="checkbox"/> None <input type="checkbox"/> Other:
				<input type="checkbox"/> Barricades <input type="checkbox"/> Flaggers	<input type="checkbox"/> Pilot Vehicles <input type="checkbox"/> Signs	<input type="checkbox"/> None <input type="checkbox"/> Other:

OTHER PLANNED ACTIVITIES					
HAULING					
UNIT	DATE BEGIN	DATE END	REMARKS		
SLASH TREATMENTS					
UNIT	DATE BEGIN	DATE END	METHOD		
EROSION CONTROL					
UNIT	CONTRACTOR RESPONSIBLE?	TIME OF YEAR TO COMPLETE	EROSION CONTROL METHOD		
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		<input type="checkbox"/> Fertilization <input type="checkbox"/> Lime	<input type="checkbox"/> Seed Mixture <input type="checkbox"/> Straw	<input type="checkbox"/> Other:
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		<input type="checkbox"/> Fertilization <input type="checkbox"/> Lime	<input type="checkbox"/> Seed Mixture <input type="checkbox"/> Straw	<input type="checkbox"/> Other:
	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		<input type="checkbox"/> Fertilization <input type="checkbox"/> Lime	<input type="checkbox"/> Seed Mixture <input type="checkbox"/> Straw	<input type="checkbox"/> Other:

PREVENTION AND CONTROL PLANS

The following must be included with this operating plan:

- Fire prevention and control plan, including a detailed list of personnel and equipment at the contractor's disposal
- Prevention and Spill Control Plan for petroleum products stored in the contract operating area

BURDEN AND NONDISCRIMINATION STATEMENTS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0086. The time required to complete this information collection is estimated to average 1.6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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