

12444123Q0002

ATTACHMENT 3

RELEVANT EXPERIENCE/PAST PERFORMANCE QUESTIONNAIRE

Instructions: See Box 9 if extra space is needed to answer any item below. Additional sheets may be attached.

1. Contractors Name, Address, Telephone No., & Email	2. Type of Business <input type="checkbox"/> Company <input type="checkbox"/> Co-Partner <input type="checkbox"/> Non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Individual CAGE: _____ ueiSAM: _____
--	--

3. How many years experience do you have in this line of work _____ Years

4. How many years experience as a Prime Contractor _____ Subcontractor _____
--

5. LIST OF <i>RELATIVE</i> JOBS YOUR BUSINESS IS PERFORMING OR HAS COMPLETED WITHIN THE LAST <u>THREE (3) YEARS</u>
--

NOTE: The description of work performed should be in sufficient detail for the Government to determine what the work included. (i.e., what tasks were performed, (grounds maintenance, erosion control, mulching, forestry work performed, type of equipment used, special safety or requirements) <i>Use of only a project title does not provide enough detail for the Government to make an evaluation.</i>

Contract #	Award Amount	Name Address & Phone to Contact for Infomration	Percent Complete	Date Contract completed

Description of Work Performed: _____

Contract #	Award Amount	Name Address & Phone to Contact for Infomration	Percent Complete	Date Contract completed

Description of Work Performed: _____

Contract #	Award Amount	Name Address & Phone to Contact for Infomration	Percent Complete	Date Contract completed

12444123Q0002

ATTACHMENT 3

RELEVANT EXPERIENCE/PAST PERFORMANCE QUESTIONNAIRE

Description of Work Performed: _____

6a. Have you ever failed to complete any work awarded to you? ___Yes ___No

6b. Has work ever been completed by performance bond? ___Yes ___No

6. If "yes" to either item 7a or 7b specify location(s) and reason(s) why:

7. Information on Available personnel for this project:

Minimum # of employees: _____ and Maximum # of employees: _____

Are Employees regularly on your payroll: Yes_____ No_____

8. List the experience of the principal individuals of your business:

INDIVIDUALS NAME	PRESENT POSITION	YRS EXP	TYPE OF WORK
------------------	------------------	---------	--------------

CERTIFICATION: I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Forest Service with any information needed to verify my capability to perform this project:

Name:

Title:

Date:

Box 9: Any Additional Information: