

Experience Questionnaire
(Please complete and submit the following with your offer.)

By submitting the offer, the Contractor agrees to all terms, conditions, clauses, and provisions included in the solicitation and agrees to furnish any awarded items at the price set in the schedule. The offer is valid for 60 after the closing date of the solicitation unless a formal extension is granted by the contractor.

OFFEROR NAME _____

OFFEROR SAM UEI NUMBER _____

OFFEROR EMAIL ADDRESS _____

OFFEROR POINT OF CONTACT (NAME AND PHONE) _____

Instructions: See Box 10, REMARKS. If extra space is needed to answer any items below. Mark "X" in the appropriate boxes.

Please list NA for inapplicable items.

1. Contractor's Name, Address & Telephone Number	2. Type of Business
	____ Company
	____ Corporation
	____ Non-profit Organization
	____ Co-partner
	____ Individual

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

4. How many years of experience as a prime contractor? _____ subcontractor? _____

5. List the projects your business has completed in the last 3 years.

Contract Amount	Type of Project	Date Completed	Name and Telephone Number to Contact For Information

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6. List contractual commitments running concurrently with the work contemplated by this solicitation.

Contract Number	Contract Amount	Type of Project	Est. Date of Completion	Name and Telephone Number to Contact For Information

7a. Have you ever failed to complete any work awarded to you? ____ yes ____ no

7b. Has work ever been completed by performance bond? ____ yes ____ no

7c. If "yes" to either Question 7a. or 7b., please specify location(s) and reason(s):

8. List any special features of the supply required for effective program performance.

9. Provide information on the probable life of the items selected in comparison to unchosen compatible items.

10. Provide warranty information and the availability of maintenance and repair.

11. Detail delivery terms.

12. Organization that will be available for this project:

a. Minimum No. of employees: _____ Maximum No. of employees: _____

b. Are employees regularly on your payroll? ____ yes ____ no

c. Specify supplies, tools, equipment (list model, horsepower, and piece size capabilities), and facilities to be used for this contract:

d. If applicable, estimate rate of progress (such as 2.0 acres per day):

Minimum progress rate: _____ Maximum progress rate: _____

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13. List the employees that would be assigned to perform vehicle upfitting services at the work site on this contract and their experience with vehicle upfitting:

Individual's Name	Present Position	Years Experience	Type of Work

14. Please provide a brief narrative which describes your anticipated approach to this project. The space below is not adequate for response. Please provide your response on an additional page(s).

15. Remarks: **Additional pages may be added to provide additional information in this section.**

CERTIFICATION: I certify that all of the statements made above 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.

Signature

Title

Date