ATTACHMENT 13
EXPERIENCE QUESTIONNAIRE

Instructions: See Item No. 10, remarks, if extra space is needed to answer any item below. Mark X in the appropriate boxes.

1. Contractors Name, Address & Telephone No. e-mail:	**2. Type of Business** __Company __Co-Partner __Corporation __Individual __Non-profit DUNS No. _____ Taxpayer ID No.

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

4. How many years experience as a prime contractor? _____ Subcontractor? ___

5. List the relevant current/past projects for your business in the last 3 years:

a. Project (Location): _____

Contract Amount $_____ Period of Performance_____

Description of Services (i.e. type of trail, length of trail, equipment used, tasks performed, trades involved)

_____
_____
_____
_____

Name, Address & Telephone Number for Point of Contact for Information:

_____
_____
_____

b. Project (Location): _____

Contract Amount $_____ Period of Performance_____

Description of Services (i.e. type of trail, length of trail, equipment used, tasks performed, trades involved)

_____
_____
_____
_____

Name, Address & Telephone Number for Point of Contact for Information:

_____
_____
_____

c. Project (Location): _____

Contract Amount $_____ Period of Performance_____

Description of Services (i.e. type of trail, length of trail, equipment used, tasks performed, trades involved)

_____
_____
_____
_____

Name, Address & Telephone Number for Point of Contact for Information:

_____
_____
_____

d. Project (Location): _____

Contract Amount $_____ Period of Performance_____

Description of Services (i.e. type of trail, length of trail, equipment used, tasks performed, trades involved)

_____
_____
_____
_____

Name, Address & Telephone Number for Point of Contact for Information:

_____
_____
_____

e. Project (Location): _____

Contract Amount $_____ Period of Performance_____

Description of Services (i.e. type of trail, length of trail, equipment used, tasks performed, trades involved)

_____
_____
_____
_____

Name, Address & Telephone Number for Point of Contact for Information:

_____
_____
_____

Attach supplemental sheets if space above is not sufficient

6. Have you ever failed to complete any work awarded to you?__yes __no. If yes, specify location(s) and reason(s) why.

7. Contract Management:

a. No. of employees: _____ b. Are employees regularly on your payroll: __yes __no

c. Specify contractor owned equipment (indicate size & capacity) to be used for this contract

d. Tasks to be subcontracted:

e. Provisions to secure additional equipment or personnel:

f. Past experience in managing multiple contracts simultaneously:

(ADDITIONAL SHEETS MAY BE ATTACHED TO SUPPLEMENT THIS FORM)

8. Small Business Subcontracting Efforts (List proposed subcontractors to be used on the contract and indicate the type of business (i.e. Small Business, Women Owned, Small Disadvantaged)

9. List the experience of the principal individuals of your business

INDIVIDUALS NAME	PRESENT POSITION	YRS EXP	TYPE OF WORK

10. REMARKS: **(PLEASE NOTE ADDITIONAL SHEETS MAY BE ATTACEHD TO SUPPLEMENT THIS FORM)**

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: