Past Performance Questionnaire

Contractor Name: Duns #

Address: City: State: Zip:

Phone Number: Fax Number:

Type of Business:

_____Company ____Co-partnership _____Corp._____ Individual ____Non-Profit Org.

How many years do you or your firm has in the types of work requested by this solicitation?
_____year(s).

How many years experience in contracting have you or your business had as a Prime Contractor? _____year(s) and/or Sub-contractor: _____(years)

List below the three (3) projects your business has completed within the last five (5) years of the proposed service requested by this solicitation, include the contract amount, the type of project, date completed and your reference contact name, address, email address and telephone number: (SEE ATTACHED SHEET)

Have you ever failed to complete any work awarded to you? _____Yes _____No

Has work ever been completed by performance/payment bond? _____Yes _____No

If "Yes" to either item, specify location and reason:

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 National Park Service with any information needed to verify my capability to perform this project.

Certifying Official Name and Title:

Signature (Sign in Ink):

Date:

PAST EXPERIENCE & REFERENCES

REFERENCES:

This form must be completed by all quoters in order to receive consideration. If additional space is needed, this form may be duplicated as necessary. List any current or past experience which is pertinent to this position. Past performance and experience may be a combination of up to two contracts similar in size and complexity to those stated in the Technical Provisions and work experience in similar positions, performing duties similar in nature and complexity to the required services. Include (separately) details of any training which would enable you to better perform the work outlined in the specifications. Reference information should include a point-of-contact's name, telephone number and e-mail address. (**IF HANDWRITTEN, MUST BE LEGIBLE)**

Experience No. 1

Contract/Work type: _____

Contract Number (if applicable): _____

Total Contract Value: _____

Agency/firm for who work was performed: _____

Contact person at the site: Telephone #: _____

E-mail address: _____

Month/Year work began: Month/Year work ended: _____

Brief description of duties: _____
_____
_____
_____
_____

Experience No. 2

Contract/Work type: _____

Contract Number (if applicable): _____

Total Contract Value: _____

Agency/firm for who work was performed: _____

Contact person at the site: Telephone #: _____

E-mail address: _____

Month/Year work began: Month/Year work ended: _____

Brief description of duties_____
_____
_____
_____
_____

Experience No. 3

Contract/Work type: _____

Contract Number (if applicable): _____

Total Contract Value: _____

Agency/firm for who work was performed: _____

Contact person at the site: Telephone #: _____

E-mail address: _____

Month/Year work began: Month/Year work ended: _____

Brief description of duties: _____
_____
_____
_____
_____

Return form to:

Email: mary_hallmon@ios.doi.gov