PROJECT DESCRIPTION: Marcott Coulee Pipeline

REFERENCE LIST

The contractor shall furnish a list (**no more than three**) of Federal, State, local government or commercial projects similar in scope, complexity, and magnitude to the work required under this solicitation that the contractor has completed within the last **five years**. These projects must clearly demonstrate the contractor's successful ability to accomplish projects in a timely and satisfactory manner. If an offeror intends to utilize subcontractors to perform any of the major components of work, all the requested information must be provided for each proposed subcontractor.

CONTRACTOR NAME: _____

Submitting Proposal as ***(select one)*** ☐ **Prime Contractor** ☐ **Subcontractor**

If submitting as Subcontractor, your prime contractor is _____

1. Name and Location of Project: _____

Description of Work: _____

_____

Prime Contractor: _____

Subcontractor(s): _____

Percentage (%) of Work Performed by Prime: _____ % of Work Performed by Subcontractor(s): _____

Original Completion Date: _____ Actual Completion Date: _____

Initial Contract Amount: _____ Final Contract Amount: _____

Name, Address, and Phone Number of Point of Contact: _____

_____

Problems Encountered and Corrective Actions Taken: _____

_____

2. Name and Location of Project: _____

Description of Work: _____

_____

Prime Contractor: _____

Subcontractor(s): _____

Percentage (%) of Work Performed by Prime: _____ % of Work Performed by Subcontractor(s): _____

Original Completion Date: _____ Actual Completion Date: _____

Initial Contract Amount: _____ Final Contract Amount: _____

Name, Address, and Phone Number of Point of Contact: _____

_____

Problems Encountered and Corrective Actions Taken: _____

_____

3. Name and Location of Project: _____

Description of Work: _____

_____

Prime Contractor: _____

Subcontractor(s): _____

Percentage (%) of Work Performed by Prime: _____ % of Work Performed by Subcontractor(s): _____

Original Completion Date: _____ Actual Completion Date: _____

Initial Contract Amount: _____ Final Contract Amount: _____

Name, Address, and Phone Number of Point of Contact: _____

_____

Problems Encountered and Corrective Actions Taken: _____

_____