

TECHNICAL PROPOSAL – CERT STEWARDSHIP CONTRACT

Instructions: See Item 11 (Remarks), if extra space is needed to answer any item below and attach additional sheets as necessary. Mark X in the appropriate boxes.

1. Contractor Information Contractors Name: _____ Address: _____ Phone #: _____ E-mail address: _____	2. Type of Business <input type="checkbox"/> Company <input type="checkbox"/> Co-Partner <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Non-profit
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 road, length of road, 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 road, length of road, 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 road, length of road, equipment used, tasks performed, trades involved) _____ _____ Name, Address & Telephone Number for Point of Contact for Information: _____ _____ _____	

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d. Project (Location): _____

Contract Amount \$ _____ Period of Performance _____

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

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

6. Have you ever failed to complete any work awarded to you? yes no

If "yes" to the question above, specify location(s) and reason(s) why

7. Contract Management:

a. Number of employees: _____ b. Are employees regularly on your payroll: yes no

c. The names and resumes of your **CONTRACT MANAGER** and **ON-THE-GROUND SUPERVISOR** (must be signed and dated by employee).

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d. The names and resumes of your **SUBCONTRACTORS**.

e. A plan of operation for **both** timber removal and stewardship project work, including a timeline and the rationale for work activities to ensure all contractual work will be completed by the termination date.

f. A quality control plan for **both** the harvesting and the stewardship projects.

g. The equipment you propose to use to accomplish this contract.

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8. Geographical Proximity.

The contractor's main office or branch office is located _____ miles Perry County, Indiana.

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

INDIVIDUALS NAME	PRESENT POSITION	YRS EXP	TYPE OF WORK

10. Information required to complete a financial responsibility determination of the apparent successful offeror.

a. Credit References

Company Name/Address	Point of Contact	Telephone number	Type of Financial Institution

b. Banking Information.

Company Name/Address	Point of Contact	Telephone number	Type of Financial Institution

11. REMARKS: (PLEASE NOTE ADDITIONAL SHEETS MAY BE ATTACHED 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: