

TECHNICAL PROPOSAL

To meet the technical proposal requirements you may use either this form or follow the directions given in the "Instructions to Offerors" found in the Solicitation.

Instructions: See Item No. 11, "Remarks", if extra space is needed to answer any item below. Mark X in the appropriate boxes.

1. Contractors Name, Address & Telephone No.

2. Type of Business

Company Co-Partner

Corporation Individual

Non-profit

Email address: _____

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

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

5. List the relevant current/past projects for your business, and subcontractors you plan to use on this contract, in the last 3 years:

A. Project (Location):

Contract Acres & Volume Harvested: _____

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 the activities listed above: (e.g. DNR/USFS/County Sale Administrator)

B. Project (Location):

Contract Acres & Volume Harvested: _____

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 the activities listed above(e.g. DNR/USFS/County Sale Administrator)

C. Project (Location):

Contract Acres & Volume Harvested: _____

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 the activities listed above: (e.g. DNR/USFS/County Sale Administrator)

D. Project (Location):

Contract Acres & Volume Harvested: _____

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 the activities listed above: (e.g. DNR/USFS/County Sale Administrator)

E. Project (Location):

Contract Acres & Volume Harvested: _____

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 the activities listed above: (e.g. DNR/USFS/County Sale Administrator)

ATTACH ADDITIONAL PAGES IF NEEDED

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. No. 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:

D. The names, addresses and resumes of your subcontractor's:

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. Specifically address frequency of inspections and inspection procedures to protect resources, maximize utilization, and to minimize the number of entries into units to be treated:

G. The equipment you propose to use to accomplish this contract:

H. Production capability to accomplish the contract by the Termination Date:

8. Geographical Proximity – North Eastern Minnesota (NEMN) is defined as St Louis, Lake or Cook County:

Is your business located in NEMN? _____ Yes _____ No

Are your contractors/operators located in NEMN? _____ Yes _____ No

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 if the apparent successful offeror.

A. Credit References

Company Name/Address	Point of Contact	Telephone number	TYPE OF WORK

B. Banking Information.

Company Name/Address	Point of Contact	Telephone number	TYPE OF WORK

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: