

**ATTACHMENT 1  
Triple Play FT TECHNICAL PROPOSAL**

(Additional Pages may be added as Needed – Include Company Name on additional sheets)

<p>1. Contractor Information:</p> <p>Company Name of Contractor: _____</p> <p>Mailing Address of Contractor: _____</p> <p>_____</p> <p>Telephone No. of Contractor: _____ (office)</p> <p>_____ (cell/mobile)</p> <p>E-mail Address of Contractor: _____ (if applicable)</p>	<p>Tax I.D. #</p> <p>_____</p> <p>DUNS #</p> <p>_____</p>
<p>2. Type of Business</p> <p>____ Company                      ____ Co-Partner</p> <p>____ Corporation                  ____ Individual</p> <p>____ Non-profit</p>	
<p>3. Description of Services provided by Contractor:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>4. Years of experience in this line of work as a prime contractor: _____ Years</p>	
<p>5. Years of experience in this line of work as a sub-contractor: _____ Years</p>	
<p>6. List relevant projects performed by Contractor in the past 3 years:</p> <p>a. Project (Location): _____</p> <p>Contract Amount \$ _____ Period of Performance: _____</p> <p>Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name, address, and telephone number of Principal party to the Contract:</p> <p>_____ (office phone) _____</p> <p>_____ (cell phone) _____</p> <p>_____</p> <p>Name, address, and phone numbers of Subcontractors:</p> <p>_____ (office phone) _____</p> <p>_____ (cell phone) _____</p> <p>_____</p> <p>Was the work completed within the required time period? ____ Yes    ____ No</p> <p>Explain reasons for not completing work within required time period:</p> <p>_____</p> <p>_____</p>	

b. Project (Location): \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ Period of Performance: \_\_\_\_\_

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of Principal party to the Contract:

\_\_\_\_\_ (office phone) \_\_\_\_\_

\_\_\_\_\_ (cell phone) \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone numbers of Subcontractors:

\_\_\_\_\_ (office phone) \_\_\_\_\_

\_\_\_\_\_ (cell phone) \_\_\_\_\_

\_\_\_\_\_

Was the work completed within the required time period? \_\_\_\_ Yes \_\_\_\_ No

Explain reasons for not completing work within required time period:

\_\_\_\_\_  
\_\_\_\_\_

c. Project (Location): \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ Period of Performance: \_\_\_\_\_

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of Principal party to the Contract:

\_\_\_\_\_ (office phone) \_\_\_\_\_

\_\_\_\_\_ (cell phone) \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone numbers of Subcontractors:

\_\_\_\_\_ (office phone) \_\_\_\_\_

\_\_\_\_\_ (cell phone) \_\_\_\_\_

\_\_\_\_\_

Was the work completed within the required time period? \_\_\_\_ Yes \_\_\_\_ No

Explain reasons for not completing work within required time period:

\_\_\_\_\_  
\_\_\_\_\_

7. Plan of Operation for accomplishing this project:

<u>Timber Harvesting Work Items</u>				
Item	Start Work Date	# of Days to Complete	Contractual Work Dates	Fire Control Equipment
Prehaul Road Mtc				
Timber Harvesting				
Erosion Control				

Field Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subcontractor Information:

Item	Name	Address	City	State	Years of Experience
Prehaul Road Mtc					
Timber Harvesting					
Erosion Control					

<u>Stewardship Work Items</u>				
Item #	Work Activity Description	Start Work Date	# Days to Complete	Equipment
001	Road Restoration			
002	Road Surfacing			

Description of Operation (attach additional pages if necessary):

Field Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subcontractor Information:

Item #	Name	Address	City	State	Years of Experience
001					
002					

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8. Quality Control Plan:

Timber Removal

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Prehaul Road Mtc			
Timber Harvesting			
Erosion Control			

Stewardship Work Items

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
001: Road Restoration			
002: Road Surfacing			

9. Locality of Workforce:

Primary Contractor - Number of employees: \_\_\_\_\_

Number from West Central Louisiana (Rapides, Grant, Vernon, Allen, Avoylles, and Natchitoches, Parishes): \_\_\_\_\_

Number from North/South Louisiana (Greater than 60 miles from Contract Area): \_\_\_\_\_

Number from outside North/South Louisiana area: \_\_\_\_\_

Subcontractor – Number of employees: \_\_\_\_\_

Number from Central Louisiana (Rapides, Grant, Vernon, Allen, Avoyelles, and Natchitoches, Parishes ): \_\_\_\_\_

Number from North Louisiana area: (Greater than 60 miles from Contract Area): \_\_\_\_\_

Number from outside North Louisiana area: \_\_\_\_\_

10. References:

Please have someone from your past projects fill out and return the enclosed Attachment 2 regarding your past performance by faxing the completed form to Holly Morgan by COB August 11, 2020 at FAX Number (318) 473-7117 or emailing to holly.morgan@usda.gov.

**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:**

Signature:	Title:	Date:

**ATTACHMENT 2**  
**PRESENT/PAST PERFORMANCE QUESTIONNAIRE**

*You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax attention of Holly Morgan at (318) 473-7117 by COB on August 11, 2020. This form may also be emailed to holly.morgan@usda.gov*

**SECTION A: CONTRACTOR INFORMATION**

1) Contractor's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Point of Contact: \_\_\_\_\_

3) Phone Number: \_\_\_\_\_

4) Contract Number: \_\_\_\_\_ Contract Type: \_\_\_\_\_

5) Project Title: \_\_\_\_\_

6) Period of Performance: \_\_\_\_\_

7) Brief Description/scope of services: \_\_\_\_\_  
\_\_\_\_\_

8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

\_\_\_\_\_  
Signature of Authorized Contractor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Contractor Representative

\_\_\_\_\_  
Title

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**SECTION B: RESPONDENT INFORMATION**

A. Name: \_\_\_\_\_

B. Position: \_\_\_\_\_

C. Telephone No: \_\_\_\_\_ FAX No: \_\_\_\_\_

D. Address: \_\_\_\_\_  
\_\_\_\_\_

E. Relationship and Time Involved with Contractor: \_\_\_\_\_  
\_\_\_\_\_

F. Date Questionnaire completed: \_\_\_\_\_

## CONTRACTOR PERFORMANCE QUESTIONNAIRE

EXCELLENT	ACCEPTABLE	NOT APPLICABLE	MARGINAL	UNACCEPTABLE
E	A	NA	M	U
Performance Element				Rating
1.	Working relationship with your Company			
2.	Experience in performing work required			
3.	Technical abilities of managers or supervisors			
4.	Knowledge of industry standards or government regulations			
5.	Provision and maintenance of operational equipment during the contract			
6.	Quality of contractor's personnel			
7.	Required personnel were available and ready to work daily			
8.	Record-keeping was accurate and timely			
9.	Compliance with Environmental/Safety/Health/Security requirements			
10.	Work was started and completed on time			
11.	Quality assurance was maintained at all times			
12.	Contractor's inspections were conducted in a timely manner			
13.	Contractor corrected inconsistent work in a timely manner			
14.	Progress of work			
15.	Overall performance of contractor			
16.	Additional Remarks			

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

*Return to Holly Morgan by FAXing both pages to (318) 473-7117 or emailing [holly.morgan@usda.gov](mailto:holly.morgan@usda.gov)*