

Attachment No. 1 – TECHNICAL PROPOSAL

CAPABILITY & PAST PERFORMANCE SECTION	
1. Bidder/Contractor Name:	2. Type of Business:
Address:	<input checked="" type="radio"/> Company <input type="radio"/> Individual
City/State: Zip Code	<input type="radio"/> Corporation <input type="radio"/> Non-Profit
Email address:	<input type="radio"/> Co-Partner
Phone No.:	Cell No.:
3. How many years' experience do you have in this line of work? <input type="text"/> years	
4. How many years' experience as a prime contractor? <input type="text"/> years	
5. List the relevant current/past projects for your business in the last 3 years:	
a. Project (Location):	
Contract Amount \$ <input type="text"/>	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 \$ <input type="text"/>	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:

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):

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

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

7. CONTRACT MANAGEMENT SECTION

a. No. of employees: Are employees regularly on your payroll: yes no

b. The names and resumes of your contract manager and on-the-ground supervisor:

c. The names and qualifications of your subcontractors:

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

CONTRACT YEAR NO. 1:

Timber Removal Plan:

Specified Roadwork Plan (enter N/A for not applicable):

Stewardship Work Items Plan:

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CONTRACT YEAR NO. 2:

Timber Removal Plan:

Specified Roadwork Plan (enter N/A for not applicable):

Stewardship Work Items Plan:

CONTRACT YEAR NO. 3:

Timber Removal Plan:

Specified Roadwork Plan (enter N/A for not applicable):

Stewardship Work Items Plan:

**CONTRACT YEAR NO. 4:
(if applicable)**

Timber Removal Plan:

Specified Roadwork Plan (enter N/A for not applicable):

Stewardship Work Items Plan:

- e. A quality control plan for both the harvesting and stewardship projects: [Include methods and plans you will use to protect resources, maximize utilization of harvested material (both non-sawtimber and sawtimber), and minimize entries into the stands being treated.]

- f. The equipment you propose to use to accomplish this contract: (some equipment may be listed more than once)

Timber Harvest Equipment:

Production Capability per month: CCF or Cords

Roadwork Equipment:

Stewardship Work Equipment:

8. GEOGRAPHICAL PROXIMITY:

The contractor's main office or branch office is located _____ miles from _____.

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

Individual's Name	Present Position	Years' experience	Type of Work
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

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

a. Credit References:

Company Name/Address	Point of Contact	Telephone #	Type of Work
(1) _____ _____	_____ _____	_____ _____	_____ _____
(2) _____ _____	_____ _____	_____ _____	_____ _____

b. Banking Information:

Company Name/Address	Point of Contact	Telephone #	Type of Work
(1) _____ _____	_____ _____	_____ _____	_____ _____
(2) _____ _____	_____ _____	_____ _____	_____ _____

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:
X _____	_____	_____