ATTACHMENT 1
TECHNICAL PROPOSAL

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. email address: _____	2. Type of Business __Company __Co-Partner __Corporation __Individual __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:

_____
_____

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. 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 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.

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

8. Geographical Proximity.

The contractor's main office or branch office is located _____ miles from _____ (New Bern, NC)

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 ATTACEHD 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: