

**C-61 Bayou Springs Stewardship**  
**Angelina National Forest**

**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 <input type="checkbox"/> Company <input type="checkbox"/> Co-Partner <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Non-profit
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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)

\_\_\_\_\_

\_\_\_\_\_



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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.

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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     N/A     miles from     N/A

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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: