

**ATTACHMENT 1**  
**TECHNICAL PROPOSAL NORTH CATAHOULA C-6 & 30**  
(Additional Pages may be added as Needed – Include Company Name on additional sheets)

1. Contractor Information: Company Name of Contractor: _____ Mailing Address of Contractor: _____ _____ _____ Telephone No. of Contractor: _____ (office) _____ (cell/mobile) E-mail Address of Contractor: _____ (if applicable)	Tax I.D. # _____  DUNS # _____
2. Type of Business ____ Company                      ____ Co-Partner ____ Corporation                ____ Individual ____ Non-profit	
3. Description of Services provided by Contractor: _____ _____ _____	
4. Years of experience in this line of work as a prime contractor: _____ Years 5. Years of experience in this line of work as a sub-contractor: _____ Years	
6. List relevant projects performed by Contractor in the past 3 years:  a. 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: _____ _____	

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:

Timber Removal

Unit #	Start Work Date	# of Days to Complete	Contractual Work Dates	Fire Control Equipment	Subcontractor
1					
2					
3					
4					

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

Subcontractor Information:

Unit #	Name	Address	City	State	Years of Experience

Stewardship Work Items

Item #	Work Activity Description	Start Work Date	# Days to Complete	Equipment	Subcontractor
1	Mid-Story Removal (MSR)				

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

Subcontractor Information:

Unit #	Name	Address	City	State	Years of Experience

8. Quality Control Plan:

Timber Removal

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Timber Harvest			

Stewardship Work Items

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
MSR			

9. Locality of Workforce:

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

Number from Central Louisiana (Rapides, Grant, LaSalle & Winn Parish): \_\_\_\_\_

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

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

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

Number from Central Louisiana (Rapides, Grant, LaSalle & Winn Parish): \_\_\_\_\_

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

Number from outside Central 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 at FAX Number (318) 473-7117.

**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) 767-1415 (473-7172) by COB on May 14, 2012.*

**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

---

---

**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) 767-1415..*