RFP NO. GF-2017-R-0030

ATTACHMENT J.11 EXPERIENCE QUESTIONNAIRE

PRINCIPAL ALICOTION ALIBERTA			1. CONTRACTOR NAME, ADDRESS AND TELEPHONE NUMBER							
EXPERIENCE QUESTIONNAIRE INSTRUCTIONS: See Box 11, Remarks, if extra space is needed to answer any item below. Mark "X" in appropriate boxes.			1. CONTRACTO	JR NAME, ADDRES	SS AND TELEPH	ONE NUMBER				
* CURALITED TO (O)	te to	l a mario	*1000	<u> </u>		Les	·			
SUBMITTED TO (OI Name and Address)	llice	3. BUSI	NESS			4. How man	ny years do you or your fi aplated by this solicitation	rm have in the line of		
Ivallic and Addiess)		Y Comp	апу	ΥC	o-partnership	WOIK COINCI	nghated by this somenation	l;		
		Y Corporation		Y Individual						
		Y Non-	rofit Org	ganization						
5. How many years experience in contracting have you or your business had as a (a) prime contractor and/or (b) sub-contractor?										
6. List below the projects your business has completed within the last five (5) years which are similar in scope and scale to this job.										
CONTRACT TYPE OF PROJECT				DATE NAMES, ADDRESS AND TELEPHONE NO. OF OWNER/PERSON TO						
AMOUNT				COMPLETED	CONTACT FOR PROJECT INFORMATION					
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7. List below all of your f	irm's contra	ctual comn	nitments	running concurrently	with the work conten	nplated by this soli	citation;	<u> </u>		
CONTRACT	DOLLAR)	NANE	2 ADDDDDCC AND	TELEBUONE	AWARDED	PERCENT	DATE		
NUMBER	AMOUN'	OUNT NO. OF B		944 0000000		(units)	COMPLETED	CONTRACT COMPLETED		
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8a. Have you ever failed to complete any work awarded to you? 8b. Has work ever been completed by performance bond? 8c. If "Yes" to either item 8a or 8b specify location(s) and reason(s) why:										

Organization and work that will be available for this project:											
a. (1) Minimum number of employees: and (2) Maximum number of employees:											
b. Are employees regularly on your payroll: Y Yes Y No											
c. Specify equipment available for this contract:											
d. Estimate rate of progress below (such as 2.0 acres/man/day)											
(1) Minimum progress rate: and (2) Maximum progress rate:											
10. List below the experience of the principal individuals of your business:											
INDIVIDUAL'S NAME	INDIVIDUAL'S NAME PRESENT POSITION		MAG	NITUDE AND TYPE OF WORK							
			<u> </u>								
II DEMADES SPECIEVE	TV NIMBERS (Attach charte if	arter crass is payded to fully ansur	ar anu af tha a	Same availant							
11. REMARKS - SPECIFY BOX NUMBERS (Attach sheets if extra space is needed to fully answer any of the above questions.)											
CERTIFI	CATION	12a. CERTIFYING OFFICIAL'S NAME AND TITLE									
I certify that all of the statements correct to the best of my knowled	made by me are complete and										
as references are authorized to fu information needed to verify my project.	rnish the District with any	12B. SIGNATURE (Sign in ink) 13. DATE									
FJ+++		<u> </u>									