

SOURCES SOUGHT – CONTRACTOR INFORMATION FORM for
REPLACEMENT OF RAIN BIRD SATELLITE CONTROLLERS

Use this form to provide contractor's general information. Please limit response to one page. The box at the bottom of this form may be used to clarify any requested information.

1. Contractor Information:

Firm Name: _____

Address: _____

Name of POC for firm: _____

Phone Number of POC: _____ Email of POC: _____

Certified Rain Bird Technican (circle): Yes No

2. This space may be used to provide any additional information that is relevant:

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Use this form (one per project) to provide supporting information that demonstrates project experience relevant to the subject announcement. Submit up to 3 projects. Please limit response to two pages per project.

1. Contractor Name: _____	
2. Project No. (check one): <input type="checkbox"/> - 1 <input type="checkbox"/> - 2 <input type="checkbox"/> - 3 <input type="checkbox"/> - 4 <input type="checkbox"/> - 5	
3. Contract Number: _____ Delivery/Task Order No.: _____ Project Number: _____ Title: _____ Location: _____	
4. Award Date (mm/dd/yy): _____ Completion Date (mm/dd/yy): _____ Project is _____ % complete (on submission due date)	5. Final Contract Price: \$ _____ (incl. all options and mods) This is the <input type="checkbox"/> total project <input type="checkbox"/> subcontract price.
6. Federal contract <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Customer/Owner Name: _____ Point of Contact Name/Title: _____ (person with project knowledge) POC Phone Number: _____ POC Email Address: _____	
8. Were you the Prime contractor for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you a subcontractor for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If subcontractor, who was the Prime contractor? _____	
9. Type of Contract (check all that apply): <input type="checkbox"/> Firm Fixed-Price (FFP) <input type="checkbox"/> Indefinite Delivery / Indefinite Quantity (IDIQ) <input type="checkbox"/> Other (explain): _____ If partnership, provide the following information: Partner firm name: _____ Years working together: _____ Address: _____	
10. Narrative Description of the Project:	
11. Percentage of work you self-performed on this project: _____ %. Explain work self-performed:	