Attachment E

(Criteria Item 7)

STATEMENT OF EXPERIENCE OF KEY SUBCONTRACTED PERSONNEL

{Cost Estimator}

DUPLICATE FORM AS NECESSARY - ONE PAGE PER PROJECT, PER MAJOR SUB

NAME OF MAJOR SUB		**TYPE OF SUB**	
YEARS IN BUSINESS UNDER CURRENT COMPANY NAME		**PHONE**	
BUSINESS ADDRESS		**EMAIL**	

NAME OF PRIME CONTRACTOR FOR WHICH YOU		**POC**	
PHONE		**EMAIL**	

PROJECT OWNER/CLIENT		**POC**	
PHONE		**EMAIL**	
ADDRESS			

PROJECT NAME/LOCATION:	
SUBCONTRACT AMOUNT:	$
TOTAL CONTRACT AMOUNT:	$
DESCRIBE SCOPE OF WORK:	