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| Facility Name: |       |
| Project Name: |       |
| VCS Project No.: |       |

Instructions to Bidder: Work completed in the past 5-years. For each type of work proposed to be self-performed by Bidder in FAC Document 633 of the Solicitation, provide full responses to this form. In the event Bidder requires additional space, Bidder is authorized to reproduce this form.

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| Submitted by - Firm Name: |       |
| Firm Address: |       |

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| **Self-performed Project No. 1** |
|  | Project: |       |  |
| A. | Type of Work: |       |  |
|  | Description: |       | Date Completed: |       |  |
|  | Location: |       |  |
|  | Value of Self-performed Work: |       | Total Project Value: |       |  |
| B. | Owner: |       |  |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
| C. | Arch. or Eng.: |       |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
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| **Self-performed Project No. 2** |
|  | Project: |       |  |
| A. | Type of Work: |       |  |
|  | Description: |       | Date Completed: |       |  |
|  | Location: |       |  |
|  | Value of Self-performed Work: |       | Total Project Value: |       |  |
| B. | Owner: |       |  |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
| C. | Arch. or Eng.: |       |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
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| **Self-performed Project No. 3** |
|  | Project: |       |  |
| A. | Type of Work: |       |  |
|  | Description: |       | Date Completed: |       |  |
|  | Location: |       |  |
|  | Value of Self-performed Work: |       | Total Project Value: |       |  |
| B. | Owner: |       |  |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
| C. | Arch. or Eng.: |       |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
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| **Self-performed Project No. 4** |
|  | Project: |       |  |
| A. | Type of Work: |       |  |
|  | Description: |       | Date Completed: |       |  |
|  | Location: |       |  |
|  | Value of Self-performed Work: |       | Total Project Value: |       |  |
| B. | Owner: |       |  |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
| C. | Arch. or Eng.: |       |  |
|  | Contact Person(s): |       | Phone: |       |  |
|  | Email: |       |  |
|  | Office Address: |       |  |
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The foregoing is a statement of fact. Any inaccurate information disclosed in this form shall constitute a major deviation from the Solicitation and result in the rejection of bid as non-responsive to the requirements of the Solicitation.

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|       |  |       |
| *Print Name* |  | *Title* |
|  |  |  |
| *Signature* |  | *Date* |