ATTACHMENT U

STATEMENT OF QUALIFICATIONS

The undersigned guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business?

_____

2. Have you worked with the Tribe in the past? If so, what was the nature of the services previously provided to the Tribe?

_____

_____

_____

3. Explain your capability to perform the full scope of services.

_____

_____

_____

_____

_____

4. What is the last project of this nature your organization has completed?

_____

_____

5. Have you ever failed to complete work awarded to you? If so, where and why?

_____

_____

_____

6. Provide the following information concerning all contracts on hand as of the date of this bid/proposal submission: (List the information for all co-ventures, if applicable).

Name of Project Owner	Total Contract Value	Contracted Date of Completion	% Completion to Date

(Continue list on separate sheet, if necessary)

7. Have you personally inspected the proposed work, and do you have a complete plan for its performance?

_____

8. Will you subcontract any part of this work?

_____

9. What equipment do you own that is available for--or relevant to--the proposed work? (Continue list on separate sheet, if necessary)

_____

_____

10. What equipment will you purchase for the proposed work? (Continue list on separate sheet, if necessary)

_____

_____

11. What equipment will you rent for the proposed work? (Continue list on separate sheet, if necessary)

_____

_____

12. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business, and the address of the place of business. (If a corporation, state the name of the President and Secretary. If a partnership, state the name of all the partners. If a trade name, state the names of the individuals who do business under the trade name. It is absolutely necessary, that this information be furnished.)

_____

CORRECT NAME OF BIDDER WRITTEN ABOVE

a. The business is a (Sole Proprietorship) (Partnership) (Corporation)

_____

b. The address of principal place of business is:

_____

_____

_____

c. The names of the corporate officers, partners, or individuals doing business under a trade name, are as follows:

_____

_____

Business Name: _____

Signature of Authorized Representative: _____

Print Name: _____

Title: _____

Date: _____