

EXPERIENCE FORM

**EXPERIENCE BELOW WAS DONE AS: ___ PRIME CONTRACTOR ___ SUBCONTRACTOR.
IF DONE AS SUBCONTRACTOR, WHAT PERCENTAGE OF OVERALL EFFORT ___ %;**

1. Name of Government Entity, commercial firm, or other organization. Contract Number or other identifier. Contract type. Period of performance including all options (beginning and ending dates).

2. Total estimated cost (base and all options) of PRIME contract Do not include merely GSA Schedule contract number and total value of orders. You may include specific individual task orders under GSA. If work was done as subcontractor, include also total estimated cost (base and all options) of subcontract.

3.A. Contracting Officer (name, phone and e:mail:

3.B. Technical point of contact (name, phone, e:mail and position)

4. Location of work (State)

5. Description of work (Describe the nature and scope of the experience and provide an explanation of how the work is relevant and the same or similar to the work required by OCC. Use a continuation page if necessary. If you provided the services as a subcontractor, describe clearly the services that **you** performed.)