Form C: Experience of Proponent and SubcontractorS

See B10.2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proponent**  **Subcontractor** | **Name:**  *Name of Proponent or Subcontractor* | | | | **Project # : \_\_\_ of 3** | |
| **Project Name:** |  | | | | | |
| **Project Owner:** |  | | | | | |
| **Start Date: Month/Year** |  | | **Completion Date:** | |  | |
| **Project Description:**  *Include project objectives, quantity and type of biosolids, duration of contract and other relevant information* | | | | | | |
| **Proponent/Subcontractor Services Description:**  *Describe the role of the Proponent/Subcontractor on the project, including project management, public engagement, regulatory compliance, operations, reporting and other relevant information.* | | | | | | |
| **\*Reference Name (Project owner)** | | **Title/Function** | | **Email** | | **Phone Number** |
| **#1** | |  | |  | |  |
| **#2** | |  | |  | |  |

**Repeat the above for each project related to B10.2 on additional sheets**

*\*References may be used to confirm the information provided. Incorrect or out of date contact information may negatively impact the evaluation*