Form C: Experience of Proponent and SubcontractorS

See B10.2

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| [ ] **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 Incorrect or out of date contact information may negatively impact the evaluation*