



**Georgia's Growing Green Program (ARRA): Northeast Georgia Tree Planting  
for Ecosystem Restoration and Green Jobs**

**Bidder's Qualification and Reference Form**

All questions must be answered, and the data given must be clear and comprehensive. Please type or print legibly. If necessary, add additional sheet for starred items. This information will be utilized by the Council (provider) for purposes of determining bidder responsiveness and responsibility with regard to the requirements and specifications of the Contract.

- 1) Company or Individual Name \_\_\_\_\_
- 2) When Organized: \_\_\_\_\_
- 3) Incorporated: Yes \_\_\_ No \_\_\_ Date and State of incorporation \_\_\_\_\_
- 4) List all contracts currently on hand, showing contract amount and anticipated date of completion: \_\_\_\_\_

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- 5) Have you ever failed to complete a contract awarded to you? Yes No If Yes, provide details: \_\_\_\_\_

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8) \* IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING  
CONTRACTS COMPLETED BY YOUR FIRM SIMILAR IN NATURE TO THE PROJECT  
BEING BID. A MINIMUM OF THREE (3) CONTRACTS SHOULD BE LISTED.

Project Name:

\_\_\_\_\_

Owner's Name:

\_\_\_\_\_

Location:

\_\_\_\_\_

Dollar Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Type of Work:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Project Name:

\_\_\_\_\_

Owner's Name:

\_\_\_\_\_

Location:

\_\_\_\_\_

Dollar Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Type of Work:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_



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Project Name:

\_\_\_\_\_

Owner's Name:

\_\_\_\_\_

Location:

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Dollar Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Type of Work:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

*You can attach a separate sheet with similar information if necessary.*

The undersigned certifies that the information contained herein is complete and accurate and hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the Council in verification of the recitals comprising this statement of Bidder's qualifications and experience.

DATE: \_\_\_\_\_ BIDDER: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_