

ATTACHMENT J
PRIOR EXPERIENCE AND CONTRACT DISPUTE REPORTING FORM

The document is to be used by the Respondent to certify information related to their prior experience performing services related to the scope of this Proposal and any contract disputes the Respondent (including its affiliates, subcontractors, agents, etc.) has had with any customer(s) within the last five years that are listed below. Make additional copies of this form as needed to include the below requested information in the Proposal.

A. Prior Experience

Customer Name	
Commodity/Service Provided	
Contract/Agreement #	
Term of Contract/Agreement	
Contact Person Name	
Contact Person E-mail address	
Contact Person Phone number	

Customer Name	
Commodity/Service Provide	
Contract/Agreement #	
Term of Contract/Agreement	
Contact Person Name	
Contact Person e-mail address	
Contact Person Phone number	

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Customer Name	
Commodity/Service Provide	
Contract/Agreement #	
Term of Contract/Agreement	
Contact Person Name	
Contact Person e-mail address	
Contact Person Phone number	

B. Contract Disputes

Has the Respondent had any contract disputes within the last five years?

Yes ☐ No ☐

If yes, complete the following information:

Customer Name:	_____
Contract Number(s):	_____
Date of Contract Dispute:	_____

Explanation of Dispute:

Resolution of Dispute:

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Amount of Fine (if any):

Customer Name:	_____
Contract Number(s):	_____
Date of Contract Dispute:	_____

Explanation of Dispute:

Resolution of Dispute:

Amount of Fine (if any):

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By signing this document, I certify to the best of my knowledge that the information presented herein is true, accurate, and complete for contract disputes experienced during the last five years from the date of signature.

Authorized Representative Signature

Date