

ATTACHMENT J.P-2 A3 Primary NAICS Code Relevant Experience Project Template

PART I: PROJECT IDENTIFICATION

OFFEROR NAME:
OFFEROR UEI:
CONTRACT NUMBER:
ORDER NUMBER(S) (if applicable):
PROJECT TITLE:
CUSTOMER NAME:
TOTAL PERIOD OF PERFORMANCE, INCLUDING OPTIONS: (MM/YYYY - MM/YYYY or MM/YYYY – Present)
PROJECT VALUE:
FUNDING AGENCY ID (if applicable):
WORK PERFORMED AS A SUBCONTRACTOR? If yes, Attachment J.P-4 Subcontractor Experience Project Template must be signed by the Prime Contractor in addition to all evidence specified in Section L.5.2.3.1. Yes No
COST-REIMBURSEMENT: This form element is only applicable to Classified Federal Projects with no FPDS record as specified in Section L.5.2.3.5. Yes No
FOREIGN LOCATIONS: Project work in a foreign location must be the primary place of performance (Section L.5.2.3.6). Yes No
Is this project from an existing or previous contractor teaming arrangement in accordance with Section L.5.1.4 and the submitted Attachment J.P-1 (Contractor Teaming Arrangement Template)? Yes No
NAICS GROUP PROJECT IDENTIFIER:
NAICS CODE:

PART II: PROJECT REFERENCE INFORMATION

Cognizant Project Official (For Federal or Commercial Projects)

NAME:
TITLE:
AGENCY or CUSTOMER:
PHONE:
E-MAIL:

Contracting Officer (if not Cognizant Project Official for Federal Projects)

NAME:
TITLE:
AGENCY or CUSTOMER:
PHONE:
E-MAIL:

PART III: PROJECT DESCRIPTION

The narrative statement must succinctly demonstrate how the project fulfilled the criteria for the claimed score, as delineated in **Section L.5.2.3.1** and **Section L.5.2.3.2**, despite its absence from the Federal Procurement Data System (FPDS). The Offeror is required to pinpoint specific sections within the document(s) through Symphony Tagging that substantiate the claim. The response must not exceed 5,000 characters, spaces included. Note that the character limit does not encompass the required Index, which is to be presented separately and is not a part of this narrative section.

PART IV: PROJECT VERIFICATION METHOD

This signature hereby attests that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.	
NAME: DATE:	SIGNATURE: