

## ATTACHMENT J.P-4 A3 SUBCONTRACTOR EXPERIENCE PROJECT TEMPLATE

### PART I: PROJECT IDENTIFICATION

OFFEROR (SUBCONTRACTOR) NAME:
OFFEROR UEI:
PRIME CONTRACTOR NAME:
PRIME CONTRACTOR UEI:
PRIME CONTRACT NUMBER:
ORDER NUMBER (if applicable):
PROJECT TITLE:
CUSTOMER NAME:
TOTAL PERIOD OF PERFORMANCE, INCLUDING OPTIONS: (MM/YYYY - MM/YYYY or MM/YYYY – Present)
TOTAL PRIME PROJECT VALUE:
SUBCONTRACT PROJECT VALUE:
FUNDING AGENCY ID (if applicable):
COST-REIMBURSEMENT: Subcontractor experience was cost-reimbursement. FPDS must indicate the contract type is COST or for classified task orders with no FPDS Record, J.P-2 must be submitted as specified in Section L.5.2.3.5. Yes                      No
FOREIGN LOCATIONS: Subcontracted Project work in a foreign location must be the primary place of performance as specified in 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:
EMERGING TECHNOLOGY PROJECT IDENTIFIER:

### PART II: PROJECT REFERENCE INFORMATION

#### Cognizant Prime Contractor Project Official (For Federal or Commercial Projects)

NAME:
TITLE:
PRIME CONTRACTOR NAME:
PHONE:
E-MAIL:

### PART III: PROJECT DESCRIPTION

Narrative statement clearly explaining the subcontractor's detailed experience on this project as delineated in **L.5.2.2**. 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: PRIME CONTRACTOR ATTESTATION

From the Prime Contractor Representative identified in Part II

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:
---------------	------------