

**ATTACHMENT C - EXPERIENCE CHECKLIST**

Environmental Assessment Services	Prior Experience	Catastrophic Flood Experience	If yes, for what agency did you provide these services? List Agency Name
1. Experience with public sector clients who required FEMA Public Assistance?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Experience in large-scale environmental assessment operations (disaster related)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Experience in large-scale environmental assessments operations (non-disaster)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Experience with FEMA documentation requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Experience with FEMA project worksheets?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
6. Experience with asbestos testing and monitoring protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
7. Experience with categorizing and cataloging household hazardous waste protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
8. Experience with mold assessment and protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

Name of Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_