**ATTACHMENT 1**

LETTER OF INTENT TO PARTICIPATE IN THE OREGON STATE UNIVERSITY

LOGGING OPERATIONS QUALIFIED POOL

Date

Josh Dodson, Procurement Contract Officer

Oregon State University

644 SW `13th Street

Corvallis, OR 97333

RE: Letter of Intent for OSU LOGGING OPERATIONS QUALIFIED POOL

Dear Oregon State University:

This Letter of Intent confirms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ desire to participate in the LOGGING OPERATIONS QUALIFIED POOL. I confirm that my company and all owners, principals and affiliates meet the required qualifications set forth in Section 2.02 of Request for Qualifications No. JD 187753Qu. I have attached 1) an executive summary of my company, including a current list of equipment, human resources, subcontractors, etc., and 2) a current list of references.

This Letter of Intent is not intended to be contractual in nature, but is an acknowledgement of the general terms under which my company will participate in the LOGGING OPERATIONS QUALIFIED POOL.

Sincerely,

Name

Title

Date

Enclosed: List of References

Attachment 1 – List of References (please provide a minimum of six references)

**REFERENCE 1**

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| --- | --- | --- | --- | --- |
| COMPANY: |  | | CONTACT NAME: |  |
| ADDRESS: |  | | PHONE NUMBER: |  |
| CITY, STATE ZIP: |  | | FAX NUMBER: |  |
| WEBSITE: |  | | E-MAIL: |  |
| GOODS OR SERVICES PROVIDED: | |  | | |
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**REFERENCE 2**

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| COMPANY: |  | | CONTACT NAME: |  |
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| CITY, STATE ZIP: |  | | FAX NUMBER: |  |
| WEBSITE: |  | | E-MAIL: |  |
| GOODS OR SERVICES PROVIDED: | |  | | |
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**REFERENCE 3**

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| COMPANY: |  | | CONTACT NAME: |  |
| ADDRESS: |  | | PHONE NUMBER: |  |
| CITY, STATE ZIP: |  | | FAX NUMBER: |  |
| WEBSITE: |  | | E-MAIL: |  |
| GOODS OR SERVICES PROVIDED: | |  | | |
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**REFERENCE 4**

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| COMPANY: |  | | CONTACT NAME: |  |
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| WEBSITE: |  | | E-MAIL: |  |
| GOODS OR SERVICES PROVIDED: | |  | | |
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**REFERENCE 5**

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| COMPANY: |  | | CONTACT NAME: |  |
| ADDRESS: |  | | PHONE NUMBER: |  |
| CITY, STATE ZIP: |  | | FAX NUMBER: |  |
| WEBSITE: |  | | E-MAIL: |  |
| GOODS OR SERVICES PROVIDED: | |  | | |
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**REFERENCE 6**

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| COMPANY: |  | | CONTACT NAME: |  |
| ADDRESS: |  | | PHONE NUMBER: |  |
| CITY, STATE ZIP: |  | | FAX NUMBER: |  |
| WEBSITE: |  | | E-MAIL: |  |
| GOODS OR SERVICES PROVIDED: | |  | | |
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