

ATTACHMENT 6 — STATEMENT OF QUALIFICATIONS

IFB #2026-001 — Aerial and Underground Fiber Optic Network Construction *vpnet* — ReConnect Program Round 4

6.1 Organization Overview

Field	Response
Legal Name of Organization	
Year Established	
Number of Full-Time Employees	
Number of Field / Construction Personnel	
Primary Business Activity	
Percentage of Revenue from Fiber / OSP Construction	
Annual Revenue (most recent fiscal year, approximate)	

6.2 Relevant Experience

Describe the organization's experience in underground and aerial fiber optic network construction, outside plant (OSP) construction, and any experience with USDA RUS or ReConnect Program-funded projects. Attach additional pages if necessary.

6.3 Key Personnel

List the key personnel proposed for this project, including their roles, qualifications, and years of relevant experience.

Name	Proposed Role	Certifications / Licenses	Years of Experience
	Project Manager		
	Field Superintendent		
	Lead Fiber Splicer		
	Safety Officer		
	Quality Control Manager		
	Other (specify)		

6.4 Equipment

List the major equipment owned or leased by the Proposer that will be available for use on this project.

Equipment Type	Make / Model	Quantity	Owned / Leased
Directional Drilling Machine (HDD)			
Excavator / Trencher			
Cable Pulling Equipment			
Fiber Splicing Equipment (OTDR, Fusion Splicer)			
Aerial Lift / Bucket Truck			
Compaction Equipment			
Other (specify)			

6.5 Financial Capacity

6.5.1 Provide a brief statement regarding the organization's financial capacity to undertake a project of this scope and magnitude, including access to bonding and credit facilities:

6.5.2 Bonding Capacity:

Field	Response
Surety Company Name	
A.M. Best Rating of Surety	
Single Project Bonding Capacity	
Aggregate Bonding Capacity	
Surety Agent Name and Contact Information	

6.6 Subcontractors

List all proposed subcontractors, their roles, and their relevant qualifications. Attach additional pages if necessary.

Subcontractor Name	Scope of Work	Puerto Rico License No.	Years of Experience

6.7 Certification

By signing below, the Proposer certifies that all information provided in this Statement of Qualifications is true, accurate, and complete to the best of its knowledge and belief.

Field	Response
Authorized Signature	
Printed Name	
Title	
Organization	
Date	