

Contracts notes from the Pre bid for AHU's 17 & 18 at the RHJ VAMC Charleston, VA247-17-R-0425, PROJECT 509-326 on 08/14/17

Sandy Mulligan will be the Contracting Officer handling this project.

Proposals are due on September 5<sup>th</sup> by 3:00 PM local time.

There are four bid items, base bid and three bid deductive bid alternates. Please make sure that you provide total amounts for each bid item.

There is currently one amendment. All amendments MUST be acknowledged with your proposal.

**ALL QUESTIONS MUST BE SUBMITTED IN WRITING TO ME VIA EMAIL BY AUGUST 23, 2017 BY 3:00 PM LOCAL TIME.** They will be addressed in the form of an amendment.

Your proposal should consists of a technical and price proposal. Each must be submitted separately. Technical proposals must address all of the factors, as instructed in the solicitation. Your price proposal should address each bid item.

You must be registered in SAMs and VIP

If proposals are mailed, please use the 109 Bee Street address. If they are hand delivered, use 325 Folly Road, Suite 300. Faxed or emailed proposals will not be accepted.

The completion time of this project will be 270 calendar days after receipt of the NTP.

**THERE WILL NOT BE A PUBLIC BID OPENING.**

## Pre-Bid Conference Minutes

1. Welcome .
2. Contractual items by CO, Cassaudra Mulligan
3. Willow-CAN (Bill Neel) as architect of record
4. Bid opening closes on Sept 5, 2017.
  - a. Questions will be addressed up until Aug 23 before closing (All questions by COB Aug 23, 4:00pm)
  - b. Amendments – posted on website. Keep checking up until closing.
5. Schedule
  - a. 270 days (9 months)
6. Parking – Most parking on station is patient, visitors, and employee. No designated contractor spaces. Xtr arrange for offsite parking (garages, rent spaces locally. Parking for delivery of tools and material at designated areas temporarily. VA police depart will issue tickets for violations.
7. Laydown – will be in construction areas.
8. Noise – will be an issue in area of work. Drilling biggest producers. If too much disturbance, may have to schedule for off hours. Dust control measures strictly enforced. Fully functioning hospital requires working around visitors, staff, near patient areas.
9. Utility Outages – (electric, domestic water) will require coordination between VA and contactor and may require after hours or weekend work. This project does require outages for tie-ins or relocations of ducting, piping and electrical.
10. OSHA certs – all contractors require certs. 10 hr workers, 30 hour PM's, Competent Persons, & superintendents. Each sub will be required to attend a post award safety and infection control briefing prior to beginning work.
11. Passes and badging - all workers on site require to have VA approved badges for identification at all time while on site.
12. Demo and construction debris – VA dumpsters will not be used for large quantities of demo debris. Contractor to store debris in demo area until contractor provided dumpster can be bought in, loaded, and taken away. Limited loading dock area prevents storage of contractor dumpsters. The VA has one general trash dumpster and one metal recycle dumpster for contractor use. Abuse will not be tolerated. If large quantities of debris need to be dumped, contact the COR.
13. Amendment Items may be anticipated depending on questions asked by COB Aug 23

Replace AHU-17 and 18, 534-15-103

14. Normal work hours 7-5, M-F. After hours and Weekends will be required for certain work evolutions. Subs to expect this and bid appropriately.
15. Noise. When excessive noise is anticipated, or is occurring the contractor may or will be requested to stop until a more suitable time is determined. No Jack hammers.
16. Crane - Crane lifts will have to be performed from Bravo streets. Due tpo weight limitations, no cranes will be allowed on Delta Street or the front parking lots. Anticipate and plan for lifts for temporary unit (install and removal) and install of two new AHU's.
- 17.

Name	Company	Telephone	E-mail
<i>Please Print</i>			
1 Lee Ferguson	VA FMS Project Manager	843-789-7648	leander.ferguson@va.gov
2 Cassandra Mulligan	VA FMS Contracting Officer	843-789-7504	Cassandra.Mulligan@va.gov
3 Koffi Kogio	VA FMS Project Manager	843-789-5925	koffi.kogio@va.gov
4 David Neeve	Neeve Construction	706-556-0285	dave@necvconstruction.com
5 Bill Nevel	CAN ENGR	864-271-3873	canengme@aol.com
6 Justin Legere	Sergeant Construction Services	805-857-3923	Justin@sergentconstruction.com
7 Matt Farmer	Med Pro Systems	143-729-1554	mfarmer@mpsgc.com
8 Michael Redden	Construct South, LLC	843-563-9680	constructsouth@bellsouth.net
9 Russell Koudis	Harbor Services Corp	843-300-8345	Russell@harborservicescorp.com
10 Karl David	Construction Services Group	843-85-2527	Karl@CSGCharleston.com
11 Scott Wesseler	Saw Gardens	757-771-0307	scottw@greenlandcontractors.com
12 Rashed & Mawwakkil	Sabree, Inc	573-536-8830	rnmawwakkil@sabreeinc.com
13 Ross Gwin	MSK Construction inc	843-789-3110	Estimating@mskconstruction.com
14 TIM POTTER	Reserve Electrical Serv	843-3455591	tpotter@reserveelectricalservices.com
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## CONTRACTOR EXPERIENCE FORM

1. Project name and location (City, State, Country)		
2. Project owners name and address: (Government Agency, commercial firm or other organization)		
3. Project owners Point of Contract Information: (name, phone, email address)		
4. Were you the Prime Contractor? YES NO Percentage of work that was self-performed? _____ %		
5. Contract number of project	6. Date of contract	
7. Date work began	8. Completion Dates: Initial: _____ Actual: _____	9. Project Completion Percentage (%)
8. Contract Value at Time of Award	9. Final invoiced amount (or amount invoiced to date)	
10. Description of Construction contract work - describe nature and scope of work. Detail how project demonstrates experience requirements Use continuation sheet for additional information, if necessary.		
11. Current status of project (check one) <input type="checkbox"/> Work continuing, on schedule <input type="checkbox"/> Work continuing, behind schedule <input type="checkbox"/> Work completed, no further action pending <input type="checkbox"/> Work completed, routine administrative action pending <input type="checkbox"/> Work completed, claims negotiation pending/underway <input type="checkbox"/> Work completed, litigation pending/underway <input type="checkbox"/> Terminated for convenience <input type="checkbox"/> Terminated for default <input type="checkbox"/> Other (Explain, use additional sheets as necessary)		

## PAST PERFORMANCE QUESTIONNAIRE

Offerors submitting past performance information are required to complete and include this cover sheet with their proposal submission.

The entire questionnaire should be forwarded to your previous clients for projects you have provided under evaluation factor 1 – Relevant Medical Experience.

Clients shall directly return the cover sheet and questionnaire to [Cassandra.mulligan@va.gov](mailto:Cassandra.mulligan@va.gov) by August 25, 2017.

It is the offeror's responsibility to ensure correct and verifiable point of contact information.

1. Offeror Name (Name of Organization/Firm being Evaluated):

2. Name of Organization/Firm Providing Reference:

3. Address of Organization/Firm Providing Reference:

4. Contract Number:

5. Project Description:

6. Contract/Task Order Amount:

7. Performance Period:

8. Evaluator's Point of Contact Information:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PAST PERFORMANCE QUESTIONNAIRE

SAMPLE TRANSMITALL CORRESPONDENCE SENT FROM CONTRACTOR TO FIRMS COMPLETING  
PAST PERFORMANCE SURVEYS

We have listed your firm as a reference for the work we have performed for you as listed below. Our firm will be submitting a proposal in response to solicitation VA247-17-R-0433 entitled "Renovate Mental Health Wards", Project 509-12-104 advertised by Department of Veterans Affairs, Network Contracting Office 7.

In accordance with Federal Acquisition Regulations (FAR), they will evaluate our firm's past performance; your candid response to the attached questionnaire will assist the evaluation team in this process. Please complete the enclosed questionnaire as thoroughly as possible.

Please note that while the responses to this questionnaire may be released to the offeror, FAR 15.306 (e) (4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained. Only one response from each office is required.

Please forward your completed questionnaire to [cassandra.mulligan@va.gov](mailto:cassandra.mulligan@va.gov) by August 25, 2017. Do NOT return them directly to our company.

If you have questions regarding the attached questionnaire, or require assistance, please contact Cassandra Mulligan at e-mail listed above.

Please be advised that "E-Mail" is the only method of receiving the requested information.

Thank you for your assistance.

**PAST PERFORMANCE QUESTIONNAIRE  
FOR EVALUATOR COMPLETING QUESTIONNAIRE**

<b>Exceptional (E)</b>	Based on the Offeror's overall past performance, essentially no doubt exists that the Offeror will successfully perform ABOVE AND BEYOND the required effort.
<b>Good (G)</b>	Based on the Offeror's overall past performance, little doubt exists that the Offeror will successfully perform ALL the required effort.
<b>Satisfactory (S)</b>	Based on the Offeror's performance record, some doubt exists that the Offeror will successfully perform MOST of the required effort.
<b>Marginal (M)</b>	Based on the Offeror's overall past performance, substantial doubt exists that the Offeror will successfully perform MOST the required effort. Changes to the Offeror's existing processes may be necessary in order to achieve contract requirements.
<b>Unsatisfactory (U)</b>	Based on the Offeror's overall past performance, extreme doubt exists that the Offeror will successfully perform the required effort.
<b>Neutral / Not Applicable or Unknown (N)</b>	No performance record identifiable within the area of evaluation.

PAST PERFORMANCE QUESTIONNAIRE

FOR EVALUATOR COMPLETING QUESTIONNAIRE

EVALUATOR: PLEASE CIRCLE THE ADJECTIVAL RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE						
Was this a competitive contract?	YES	NO				
Role of the contractor	Prime or Subcontractor					
Compliance with contractual terms and conditions	E	G	S	M	P	NR
Ability to meet quality standards specified for technical performance	E	G	S	M	P	NR
Adequacy of initial progress schedule	E	G	S	M	P	NR
Adherence to approved schedule	E	G	S	M	P	NR
Resolution of Delays	E	G	S	M	P	NR
Identification/correction of deficient work in a timely manner	E	G	S	M	P	NR
Cooperation and responsiveness	E	G	S	M	P	NR
Professional Conduct	E	G	S	M	P	NR
Ability to hire and retain a qualified workforce to this effort.	E	G	S	M	P	NR
Ability to simultaneously manage multiple projects with multiple disciplines	E	G	S	M	P	NR
Coordination and Control of Subcontractors(s)	E	G	S	M	P	NR
Effectiveness of overall contract management (including ability to effectively lead, manage, and control the project)	E	G	S	M	P	NR
Effectiveness of on-site management and control of multidiscipline construction categories, including management of subcontractors	E	G	S	M	P	NR
Contractor was reasonable and cooperative in dealing with staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports)	E	G	S	M	P	NR
Timeliness/effectiveness of contract problem resolution without extensive customer guidance	E	G	S	M	P	NR
Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes	E	G	S	M	P	NR
Ability to successfully respond to emergency situations	E	G	S	M	P	NR
Payroll and Daily Logs properly completed and submitted	E	G	S	M	P	NR
Contractor Safety Record	E	G	S	M	P	NR
Contractor responsiveness to safety issues	E	G	S	M	P	NR
Contractor's timeliness, completeness, and accuracy in submitting invoices	E	G	S	M	P	NR
Adequacy of Site Clean-up	E	G	S	M	P	NR
Warranty Response	E	G	S	M	P	NR
In summary, provide an overall rating for the work performed by this contractor	E	G	S	M	P	NR



**EMR FORM**

**FORM FOR OFFEROR TO  
COMPLETE & SUBMIT WITH PROPOSAL**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

1. Utilizing your OSHA 300 Forms, please complete the following information:

Category	2014	2015	2016
Number of man hours (jobsite and office).			
Number of cases involving days away from work, restricted activity, or both (Column H and I of OSHA 300).			
Days away, restricted, or transferred rate (# of days away, restricted, or transferred cases x 200,000/# of man hours) (DART Rate).			
Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Four serious, one repeat, or one willful disqualifies the contractor.)			

Please attach copies of the following documents: OSHA 300 and 300a Forms. These forms can be accessed through the OSHA publications search page:

<http://www.osha.gov/pls/publications/publication.html>.

2. Provide your six-digit North American Industrial Classification System (NAICS) Code for this acquisition: \_\_\_\_\_

3. Who administers your company's Safety and Health Program?  
\_\_\_\_\_

4. Company's Insurance Experience Modification Rate (EMR) for the past 3 years (an EMR of greater than 1.0 may disqualify the contractor): \_\_\_\_\_