

**COMPANY SPECIALIZED EXPERIENCE
CONSTRUCTION OF PRIME CONTRACTOR
ATTACHMENT 2**

Provide the following information to show examples of projects your company constructed within the last five years indicating experience with projects of similar type and scope. Use one form per project.

a Type of BCT Facility Represented _____

b Your Firm's Name _____

c Name of Project (include Federal Contract Number if applicable) _____

d Location of Project _____

e Owner _____

f General Scope of Construction Project _____

g Your Role (Prime, Joint Venture, or Subcontractor, etc.) and Work Your Company Self-Performed:

h Construction Cost _____

i Extent and Type of Work You Subcontracted Out _____

j Dates Construction: Began _____ Completed _____

k Your Performance Evaluation by Owner, if known _____

l Were You Terminated or Assessed Liquidated Damages? _____

(If either is "Yes", attach an Explanation)

m Owner's Point of Contact for Reference (Name and Company) _____

n Current Telephone Number of Reference POC _____

o Current Email Address of Reference POC _____

**COMPANY SPECIALIZED EXPERIENCE
KEY SUBCONTRACTOR (OR PRIME IF WORK NOT TO BE SUBCONTRACTED)
ATTACHMENT 3**

Provide the following information to show examples of projects your company constructed within the last five years indicating experience with projects of similar type and scope. Use one form per project.

(a) Type of BCT Facility Represented _____

(b) Your Firm's Name _____

(c) Name of Project (include Federal Contract Number if applicable) _____

(d) Owner _____

(e) General Scope of Construction Project

(f) Your Role (Prime, Joint Venture, or Subcontractor, etc.) and Work Your Company Self-Performed:

(g) Your Contract or Subcontract Amount _____

(h) Detailed Description of Your Self-Performed Work _____

(i) Describe any Work You Subcontract to others _____

(j) Dates Your (sub) contract: Started _____ Completed _____

(k) Your Performance Evaluation by Owner, if known _____

By Prime: _____

(l) Were You Terminated or Assessed Liquidated Damages? _____

(If either is "Yes", attach an Explanation)

(m) Name and Company of Point of Contact (POC) for reference (If you were a subcontractor, also list the firm you were hired by): _____

(n) Current Telephone Number of Reference POC _____

(o) Current Email Address of Reference POC _____

Of self-performed work. Use a continuation sheet, if needed.

NOTE: Match the positions on this page to the list of key personnel in the narrative submission requirements and evaluation criteria.

a. Your Name and Title _____

b. Your Assignment on this Project _____

c. Name of Your Firm _____

d. No. of Years: With this Firm _____ With other Firms _____

e. Education: Degree(s)/Year/Specialization _____

f. Describe Your Specific Experience and Qualifications Relevant to this Project (include dates for positions held):

**PAST PERFORMANCE EVALUATION QUESTIONNAIRE
ATTACHMENT 4**

Please indicate the rating/answer that best applies by circling the rating that best represents your answer. You are encouraged to elaborate with comments in the Comment Section. Please put the question number that your comment addresses before your comment. The term company in these questions refers to the company you are evaluating, the company that sent you this questionnaire. Please use the definitions below when selecting your answers.

Exceptional: Significantly exceed contract requirements to benefit the owner. Performance in the area indicated was accomplished with few minor problems which were effectively corrected. Risk Level – Very Low

Very Good: Meets all contract requirements and exceeds some to benefit of the owner. Performance in the area indicated was accomplished with few minor problems which were effectively corrected. Risk Level - Low

Acceptable: Meets all contract requirements. Performance in the area indicated was accomplished with few minor problems which were effectively corrected. Risk Level - Moderate

Marginal: Does not meet some contractual requirements. Performance in the area indicated reflects a serious problem which has been minimally corrected, if at all. Risk Level – High to Very High

Unacceptable: Does not meet contractual requirements and recovery is not likely in a timely or cost-effective manner. Performance in the area indicated contains serious problem(s) which have been ineffectively corrected. Risk Level – Very High

(1) Offeror Name & Address (City and State):

(2) Type of Contract: Fixed Price _____ Cost Reimbursement _____

Other (Specify) _____

(3) Title of Project/Contract Number:

(4) Description of Work:

(5) Complexity of Work: High _____ Mid _____ Routine _____

(6) Location of Work: _____

(7) Date of Award: _____

(8) Status: Active _____ (Please provide percent complete)

Complete _____ (Please provide completion date)

(9) Name, telephone number and **e-mail** of Technical Representative completing Questionnaire:

QUALITY OF PRODUCT/SERVICE:

(10) Please evaluate the contractor's performance in complying with contract requirements, quality achieved and overall technical expertise demonstrated.

Excellent Good Satisfactory Marginal Unsatisfactory Remarks:

(11) To what extent were the contractor's reports and documentation accurate, complete and submitted in a timely manner?

- Excellent
- Good
- Satisfactory
- Marginal
- Unsatisfactory

Remarks:

(12) To what extent was the contractor able to solve contract performance problems without extensive guidance from Owner counterparts?

- Excellent
- Good
- Satisfactory
- Marginal
- Unsatisfactory

Remarks:

(13) How well did the contractor manage and coordinate subcontractors, suppliers, and the labor force?

- Excellent
- Good

Satisfactory
Marginal
Unsatisfactory

Remarks:

CUSTOMER SATISFACTION:

(14) To what extent were the end users satisfied with:

Quality? Cost? Schedule?

Exceptionally Satisfied
Highly Satisfied
Satisfied
Somewhat Dissatisfied
Highly Dissatisfied

Remarks:

TIMELINESS OF PERFORMANCE:

(15) To what extent did the contractor meet the required schedules?

Completed Substantially Ahead of Schedule

Completed on Schedule with no Time Delays

Completed on Schedule with Minor Delays Under Extenuating Circumstances

Experienced Significant Delays without Justification

Remarks:

OTHER REMARKS:

(17) Please use the space below to provide other information related to the contractor's performance. This may include the contractor's selection and management of subcontractors, flexibility in dealing with contract challenges, their overall concern for the Owner's interest, project awards received, etc.

--- END OF QUESTIONNAIRE ---

Send completed form to:

Mailing Address: Physical Address:

VHA/NCO16/CAVHS

Central Arkansas Veteran Healthcare System

2200 Fort Roots Road

North Little Rock, AR 72114

OR

Email:

QUESTIONNAIRES WILL NOT BE RELEASED TO OFFEROR

**LETTER OF COMMITMENT FOR KEY PERSONNEL
ATTACHMENT 5**

TO: Contracting Officer

SUBJECT: Letter of Commitment for Proposed Contract for _____

Dear Sir or Madam:

I hereby make the unequivocal commitment that, in the event of an award of a contract to (Fill in name of Proposer), that I will fulfill the duty of _____ (Job Title).

Sincerely, (prospective employee signs)

Date: _____

**KEY PERSONNEL RESUME
ATTACHMENT 6**

Provide information, listed below, on separate sheets showing qualifications of: prime contractor's project manager responsible for construction, the on-site manager, general superintendent in charge of self-performed work. Use a continuation sheet, if needed.

NOTE: Match the positions on this page to the list of key personnel in the narrative submission requirements and evaluation criteria.

a Your Name and Title _____

b Your Assignment on this Project _____

c Name of Your Firm _____

d No. of Years: With this Firm _____ With other Firms _____

e Education: Degree(s)/Year/Specialization _____

f Describe Your Specific Experience and Qualifications Relevant to this Project (include dates for positions held):

**PROPOSAL DATA SHEET
ATTACHMENT 7**

(1) Name of Solicitation:

(2) Name of Firm:

Address:

Phone:

Fax:

E-mail:

DUNS # (used for accessing the Construction Contractor Appraisal Support System (CCASS))

Also, provide any other assigned number that identifies the member firm(s) in the CCASS databases. If a separate DUNS has been created for a joint venture (J-V) it must also be submitted. Provide a DUNS number for each company identified in any proposed Contractor-subcontractor association of firms. If the firm is a joint venture or contractor-subcontractor association of firms, list the individual firms and briefly describe the nature of the association. Provide DUNS for each.

Firm 1:

Firm 2:

Firm 3:

Nature of Association:

(3) AUTHORIZED NEGOTIATORS. FAR 52.215-11

The Offeror represents that the following persons are authorized to negotiate on its behalf with the Government about this Request for Proposals (RFP).

[List names, titles, and telephone number of the authorized negotiator.]

Name of Person Authorized to Negotiate:

Negotiator's Address:

Negotiator's Telephone:

Negotiator's E-mail:

**PRE-PROPOSAL CONFERENCE RESERVATION FORM
ATTACHMENT 8**

INSTRUCTIONS: Please complete and return this form to _____ by _____, if you wish to attend the pre-proposal conference and site visit. Completed forms may be submitted to the following email _____ addresses or fax number.

Fax:

Name & Address of Firm: _____

Point of Contact: _____

E-Mail Address: _____

Phone No.: _____ Fax No.: _____

Number of individuals to attend the pre-proposal conference/site visit: _____

End