

### **CAPABILITY NARRATIVE TEMPLATE**

*Instructions: Offerors shall submit from the next pages one capability form (TECH and PP) for each Functional Capability Area to be supported by each VIT Member.*

*For example: If a VITEP is proposed for Functional Category areas 1A, 2D, and 3C, three forms shall be completed for this Team Member. VIT Proposals shall submit forms covering all team members and all their respective capabilities.*

Offeror Name:

<b>D4: CAPABILITY NARRATIVE</b>	
<i>Complete one form per member capability for each member of the VIT identified in table above.</i>	
Member Number (from Team Summary Table above) <input type="checkbox"/>	Technical Capability and Past Performance Form: Phase 2, Part 1 Functional Capability Area: _____
<b>OFFEROR (VITAL) NAME:</b>	<i>&lt;Prime Offeror Name&gt;</i>
<b>VIT MEMBER ADDRESSED BELOW:</b>	<i>&lt;Name of VIT Member&gt;</i>
<b>Relationship to VIT:</b>	
<b>VIP Verification:</b>	
<b>1. Technical Capability</b>	
<i>Summary of technical capability for Functional Capability Area</i>	

Offeror Name:

<b>CAPABILITY NARRATIVE (PP)</b>	
Member Number (from Team Summary Table above) <input type="checkbox"/>	Technical Capability and Past Performance Form: Phase 2, Part 1 Functional Capability Area: _____
<b>2. Past Performance</b>	
COMPANY who performed this work:	
POSITION ON TEAM:	
WORK WAS PERFORMED AS THE:	PRIME      SUBCONTRACTOR
Total Awarded Price/Cost:	
Final or Projected Final Total Price/Cost:	
Delivery date/Period of performance (including base and options if applicable):	
Contracting Officer's Name, Email, and Telephone Number:	
Program Manager's Name, Email and Telephone Number	
North American Industry Classification System (NAICS) Code:	
Was a CPARS/PPIRS Completed? :	YES      NO      UNKNOWN
<b>Description of the Requirement</b>	