**Evaluation** **Criteria** **Form**

*The* *intent* *of* *this* *document* *is* *to* *provide* *Respondents* *a* *structure* *for* *their* *responses.* *While* *there* *are* *page* *limits* *for* *this* *solicitation,* *there* *are* *no* *character* *limitations.*

*Respondents* *should* *provide* *answers* *to* *the* *questions* *below* *in* *the* *order* *and* *spaces* *provided* *to* *ensure* *continuity* *between* *Respondent’s* *submissions.*

*When* *responding* *to* *the* *questions* *below,* *Respondents* *should* *use* *the* *space* *provided* *in* *this* *form,* *unless* *otherwise* *indicated.*

**If** **all** **fields** **are** **not** **completed,** **the** **proposal** **may** **be** **deemed** **non-responsive.**

1. **Team** **Qualifications** **and** **Experience** **(17** **Points)**
	1. **Organizational** **Structure** **and** **Key** **Information** **of** **the** **Prime** **Contractor**

***Prior*** ***to*** ***responding*** ***to*** ***this*** ***section,*** ***refer*** ***to*** ***the*** ***Supplementary*** ***Instructions*** ***to*** ***Respondents*** ***for*** ***definitions*** ***and*** ***other*** ***requirements.***

* + 1. Provide current business organizational structure, type of business structure, and stability of organization.
		2. Provide total number of employees and annual company revenues as of December 31, 2022.
		3. Provide the Debarment history for the company for the last ten (10) years.
		4. Provide any litigation, arbitration, and claims history for the last three (3) years and any litigation, arbitration, and claims history with SAWS regardless of the year they occurred.
		5. Indicate the number of years performing contracting/construction work under current legal business name and/or previous legal business name(s).
		6. Provide a clear description of the proposed team identifying Key Subcontractor(s), their role on the project, and teaming history. If the Prime Contractor has not worked previously with proposed Key Subcontractor(s), describe the proposed approach for ensuring successful completion of the project in accordance with Contract Documents.
		7. Provide a 1-page organizational chart that describes the composition of the team for this project. The chart shall include proposed Key Personnel for the Prime Contractor and Key Subcontractor(s). The chart shall also include percent availability (as percentage of total individual's workload) for Key Personnel (Prime and Key Subcontractor(s)) and their proposed role for the duration of the Project.
		8. Provide a clear description of the proposed team’s Key Personnel roles and responsibilities, including Key Personnel from Key Subcontractor(s).
	1. **Qualifications** **and** **Experience** **of** **Key** **Personnel** **Proposed** **for** **this** **Project**

***Prior*** ***to*** ***responding*** ***to*** ***this*** ***section,*** ***refer*** ***to*** ***the*** ***Supplementary*** ***Instructions*** ***to*** ***Respondents*** ***for*** ***definitions*** ***and*** ***other*** ***requirements.***

* + 1. *Using* *separate* *8* *½”* *x* *11”* *sheets,* *titled* *“Team* *Qualifications* *and* *Experience* *–* *Resume”* *inserted* *immediately* *following* *this* *Section:*

Provide resumes for Key Personnel for the Prime Contractor and Key Subcontractor(s) identified on the organizational chart, one per person, not to exceed one (1) page each with the Project Manager’s resume being first.

*As* *part* *of* *this* *criteria,* *use* *the* *check* *boxes* *below* *as* *a* *checklist* *to* *help* *ensure* *the* *information* *above* *is* *understood* *and* *information* *provided* *follows* *the* *guidelines* *listed* *above.*

Project Manager’s resume is first

Resumes for all Key Personnel for the Prime Contractor have been included Resumes for all Key Personnel for the Prime Contractor have been identified on the organizational chart

Resumes for all Key Personnel for the Prime Contractor do not exceed one

(1) page each

Resumes for all Key Personnel for the Subcontractors have been included Resumes for all Key Personnel for the Subcontractors have been identified on the organizational chart

Resumes for all Key Personnel for the Subcontractors do not exceed one (1) page each

All resumes provided include the following information:

* + - * Name, title, education
			* Number of years of total professional experience
			* Number of years/months with current firm
			* Number of years/months of experience in proposed role for this project
			* Description of professional qualifications (to include licenses, certifications, and associations)
			* Brief overview of professional experience.
			* Detailed description of capabilities and experience relevant to this

Project.

* + - * List of all other active projects the team member is assigned to for the duration of the Project, to include the phase and percentage of time allocated to each of the other projects. For each project included in each resume, please clearly identify whether the project is with current firm or part of the person’s past professional experience.
	1. **Safety** **Information** **for** **Prime** **Contractor**
		1. Provide records showing Total Recordable Incident Rate (TRIR) for each year for the past five (5) years for the Prime Contractor with backup documentation.
		2. Provide records detailing all formal Complaints, Inquiries, Investigations, and/or Violations by OSHA or any state or local level OSHA program for the past five (5) years for the Prime Contractor with backup documentation.
		3. List any fatalities in the company’s safety history for the Prime with backup documentation. If Respondent has had fatalities in their record, please provide a detailed description of the corrective measures taken, new or additional safety training provided, and process improvements made to prevent near-miss incidents and fatalities since the occurrence of the fatality.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company** **Name(s)** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **Fatalities** |
| ***2022*** | ***2021*** | ***2020*** | ***2019*** | ***2018*** |
| Prime Contractor |  |  |  |  |  |  |

***END*** ***OF*** ***TEAM*** ***QUALIFICATIONS*** ***AND*** ***EXPERIENCE*** ***CRITERIA***

1. **Quality,** **Reputation,** **and** **Ability** **to** **Deliver** **Projects** **on** **Schedule** **and** **within** **Budget** **and** **Safety** **(15** **Points)**
	1. **Prime** **Contractor** **On-time** **Completion** **on** **Similar** **Projects** **in** **the** **Past** **Ten** **(10)**

**Years**

* + 1. *Using* *the* *tables* *provided:*

List and describe three (3) completed projects within the last ten (10) years of similar size, scope, and complexity to the work described in the Contract Documents for this Project. Respondents should provide references with contact information to include a valid, recently verified, email and telephone number for each project listed.

* + 1. A minimum of one (1) of the three (3) projects listed must have been performed by the proposed Key Personnel (Project Manager, Quality Control Lead, Project Scheduler, and Project Superintendent, for this Project.
* If Respondent has SAWS experience, at a minimum, one (1) SAWS project of similar size, scope, and complexity must be included in the list of three

(3) projects provided.

* + 1. The Respondent shall also list all current and recently completed rehabilitation, upgrades and new construction of lift stations and sanitary sewer facility projects performed in the last five (5) years for all Utility Owners in the State of Texas. Respondent shall provide the following information for each project:
* Project name.
* Utility/Owner name.
* Date of Notice to Proceed.
* Project description and how it satisfies the lift station site requirement for this section.
* Original Contract Time (Specify Calendar Days or Working Days).
* Original Contract Completion Date and Actual Completion Date. If project is not complete at the time of submission, Respondent shall provide the current % Complete based on contract time.
* Original (bid/price) and final construction in place costs. If project is not complete at the time of submission, Respondent shall provide the current % Complete based on contract value as of the most recent application for payment.

**If** **valid** **contact** **information** **is** **not** **provided,** **the** **project** **will** **not** **be** **considered** **and** **the** **Respondent’s** **score** **for** **this** **criteria** **may** **be** **reduced** **and/or** **Respondent’s** **proposal** **may** **be** **deemed** **non-responsive.**

***Project*** ***#1***

|  |  |
| --- | --- |
| **Project** **Name:** |  |
| Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager: |  |
| Role served by the proposed Key Personnel on the project |  |
| Original bid/price and final construction in place costs: |  |
| Project is within the last ten (10) years: | Yes | No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | Yes | No |
| Project description and comparable to the size, complexity for this item: | why scope | it is and/or |  |
| Total costs for all change orders, as well as an explanation regarding the reason for specific change orders: |  |
| Construction Contract Notice to Proceed (NTP) Date: |  |
| Identify whether the project was completed on-time and within budget: | Yes | No |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Contract Substantial Completion Date and Actual Substantial Completion Date: |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract: |  |
| Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor’s responsibilities, provide a short explanation of each. |  |
| The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate. |  |

***Project*** ***#2***

|  |  |
| --- | --- |
| **Project** **Name:** |  |
| Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager: |  |
| Role served by the proposed Key Personnel on the project |  |
| Project is within the last ten (10) years: | Yes | No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | Yes | No |
| Original bid/price and final construction in place costs: |  |
| Project description and comparable to the size, complexity for this item: | why scope | it is and/or |  |
| Total costs for all change orders, as well as an explanation regarding the reason for specific change orders: |  |
| Construction Contract Notice to Proceed (NTP) Date: |  |
| Identify whether the project was completed on-time and within budget: | Yes | No |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Contract Substantial Completion Date and Actual Substantial Completion Date: |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract: |  |
| Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor’s responsibilities, provide a short explanation of each. |  |
| The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate. |  |

***Project*** ***#3***

|  |  |
| --- | --- |
| **Project** **Name:** |  |
| Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager: |  |
| Role served by the proposed Key Personnel on the project |  |
| Project is within the last ten (10) years: | Yes | No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | Yes | No |
| Original bid/price and final construction in place costs: |  |
| Project description and comparable to the size, complexity for this item: | why scope | it is and/or |  |
| Total costs for all change orders, as well as an explanation regarding the reason for specific change orders: |  |
| Construction Contract Notice to Proceed (NTP) Date: |  |
| Identify whether the project was completed on-time and within budget: | Yes | No |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Contract Substantial Completion Date and Actual Substantial Completion Date: |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract: |  |
| Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor’s responsibilities, provide a short explanation of each. |  |
| The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate. |  |

* + 1. The Respondent shall also list all current and recently completed projects rehabilitation, upgrades and new construction of lift stations and sanitary sewer facility projects performed in the last five (5) years for all Utility Owners in the State of Texas. Respondent shall provide the following information for each project:

***Project*** ***#1***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (specify calendar days or working days): |  |
| Original Contract Completion Date: |  |
| Actual Contract Completion Date (if not complete, provide % complete based on Contract Time): |  |
| Original Bid Price / Price Proposal: |  |
| Final Construction In-Place Cost (if not complete, provide % complete based on Contract Value as of the most recent application for payment): |  |
| Was the project completed on-time? | Yes No |
| Was the project completed within budget? | Yes No |

***Project*** ***#2***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (specify calendar days or working days): |  |
| Original Contract Completion Date: |  |
| Actual Contract Completion Date (if not complete, provide % complete based on Contract Time): |  |
| Original Bid Price / Price Proposal: |  |
| Final Construction In-Place Cost (if not complete, provide % complete based on Contract Value as of the most recent application for payment): |  |
| Was the project completed on-time? | Yes No |
| Was the project completed within budget? | Yes No |

***Project*** ***#3***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (specify calendar |  |

|  |  |
| --- | --- |
| days or working days): |  |
| Original Contract Completion Date: |  |
| Actual Contract Completion Date (if not complete, provide % complete based on Contract Time): |  |
| Original Bid Price / Price Proposal: |  |
| Final Construction In-Place Cost (if not complete, provide % complete based on Contract Value as of the most recent application for payment): |  |
| Was the project completed on-time? | Yes No |
| Was the project completed within budget? | Yes No |

***Project*** ***#4***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (specify calendar days or working days): |  |
| Original Contract Completion Date: |  |
| Actual Contract Completion Date (if not complete, provide % complete based on Contract Time): |  |
| Original Bid Price / Price Proposal: |  |
| Final Construction In-Place Cost (if not complete, provide % complete based on Contract Value as of the most recent application for payment): |  |
| Was the project completed on-time? | Yes No |
| Was the project completed within budget? | Yes No |

***Project*** ***#5***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (specify calendar days or working days): |  |
| Original Contract Completion Date: |  |
| Actual Contract Completion Date (if not complete, provide % complete based on Contract Time): |  |
| Original Bid Price / Price Proposal: |  |
| Final Construction In-Place Cost (if not complete, provide % complete based on Contract Value as of the most recent application for payment): |  |
| Was the project completed on-time? | Yes No |
| Was the project completed within budget? | Yes No |

* 1. **Key** **Subcontractors** **Performance** **on** **Similar** **Projects** **in** **the** **Past** **Ten** **(10)** **Years**

The scope of this Project includes mostly installation of infrastructure related to the lift station. For the purposes of this RFCSP, installation of site piping, mechanical, electrical, and plumbing infrastructure are examples of Key Subcontractor’s roles.

*Using* *the* *tables* *provided* *below:*

* + 1. Provide a list of two (2) projects that the identified Key Subcontractors’ Project Manager and/or Project Superintendent(s) participated in that were of similar size, scope, and complexity to the work described in the Contract Documents that have been completed within the last ten (10) years. Describe the role served by the proposed staff on those projects.
1. 2 projects for Wet Well and Pump Installation Subcontractor
2. 2 projects for the Electrical Subcontractor
3. 2 projects for the Process Control and System Integration Subcontractor
4. 2 projects for the Prime Contractor for each Key Subcontractor Role they wish to self-perform.
	* 1. If Prime Contractor is planning to self-perform the Work in accordance with the Contract Documents and no Key Subcontractor(s) have been identified in the Response, Respondent shall provide a list of two (2) additional projects that were of similar scope to the Work that would have been performed by a Key Subcontractor and that have been completed within the last ten (10) years. Prime Contractor’s Key Personnel shall have participated in at least one (1) of the two

(2) projects listed. Describe the role served by the proposed staff on those projects.

**If** **valid** **contact** **information** **is** **not** **provided,** **the** **project** **will** **not** **be** **considered** **and** **the** **Respondent’s** **score** **for** **this** **criteria** **may** **be** **reduced** **and/or** **Respondent’s** **proposal** **may** **be** **deemed** **non-responsive.**

***Key*** ***Sub-Contractor*** ***Performance*** ***Project*** ***#1***

|  |  |
| --- | --- |
| **Project** **Name:** |  |
| Identify if the Project was performed by **Sub-** **Contractor** (and name that Sub-Contractor) or if Prime Contractor **Self-Performed** |  |
| Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Utility/Owner Project Manager: |  |
| Role served by the proposed Key Personnel on the Project: |  |
| Project is within the last ten (10) years: | Yes No |
| Key Sub-Contractor’s Project team(s) involved in this Project were identified on the organizational chart: | Yes No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | Yes No |
| Project description and why it is comparable to the size, scope and/or complexity for this item: |  |
| Original bid/price and final construction in place costs: |  |
| Total costs for all change orders, as well as an explanation regarding the reason for specific change orders: |  |
| Construction Contract Notice to Proceed (NTP) Date: |  |
| Identify whether the Project was completed on- time and within budget: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Contract Substantial Completion Date and Actual Substantial Completion Date: |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract: |  |
| Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Key Sub-Contractor’s responsibilities, provide a short explanation of each. |  |
| The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate. |  |

***Key*** ***Sub-Contractor*** ***Performance*** ***Project*** ***#2***

|  |  |
| --- | --- |
| **Project** **Name:** |  |
| Identify if the Project was performed by **Sub-** **Contractor** (and name that Sub-Contractor) or if Prime Contractor **Self-Performed** |  |
| Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Utility/Owner Project Manager: |  |
| Role served by the proposed Key Personnel on the Project: |  |
| Project is within the last ten (10) years: | Yes No |
| Key Sub-Contractor’s Project m(s) involved in this Project were identified on the organizational chart: | Yes No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | Yes No |
| Project description and why it is comparable to the size, scope and/or complexity for this item: |  |
| Original bid/price and final construction in place costs: |  |
| Total costs for all change orders, as well as an explanation regarding the reason for specific change orders: |  |
| Construction Contract Notice to Proceed (NTP) Date: |  |
| Identify whether the Project was completed on- time and within budget: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Contract Substantial Completion Date and Actual Substantial Completion Date: |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract: |  |
| Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Key Sub-Contractor’s responsibilities, provide a short explanation of each. |  |
| The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate. |  |

* 1. **Safety** **Information** **for** **Prime** **Contractor** **and** **Key** **Subcontractor(s)**
		1. Provide records showing Total Recordable Incident Rate (TRIR) for each year for the past five (5) years for the Prime Contractor and Key Subcontractor(s) with backup documentation.
		2. Provide records detailing all formal Complaints, Inquiries, Investigations, and/or Violations by OSHA or any state or local level OSHA program for the past five (5) years for the Prime Contractor and Key Subcontractor(s) with backup documentation.
		3. List any fatalities in the company’s safety history for the Prime Contractor and Key Subcontractor(s) with backup documentation. If Respondent has had fatalities in their record, please provide a detailed description of the corrective measures taken, new or additional safety training provided, and process improvements made to prevent near-miss incidents and fatalities since the occurrence of the fatality.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company** **Name(s)** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **Fatalities** |
| ***2022*** | ***2021*** | ***2020*** | ***2019*** | ***2018*** |
| Prime Contractor |  |  |  |  |  |  |

***END*** ***OF*** ***QUALITY,*** ***REPUTATION,*** ***AND*** ***ABILITY*** ***TO*** ***DELIVER*** ***PROJECTS*** ***ON*** ***SCHEDULE*** ***AND*** ***WITHIN*** ***BUDGET*** ***AND*** ***SAFETY*** ***CRITERIA***