**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. Stating “See Attached” or “See Following Pages” are not acceptable responses. If the Response Forms provided here are not utilized, the information provided by the Respondent will not be considered and the Respondent’s score for the evaluation criteria in question may be reduced and/or Respondent’s proposal may be deemed non-responsive.*

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

1. **Team Qualifications and Experience (17 Points)**
2. **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.

1. Provide total number of employees and annual company revenues as of December 31, 2022.

1. Provide the Debarment history for the company for the last ten (10) years.

1. 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.

1. Indicate the number of years performing contracting/construction work under current legal business name and/or previous legal business name(s).

1. 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.

1. 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.

1. Provide a clear description of the proposed team’s Key Personnel roles and responsibilities, including Key Personnel from Key Subcontractor(s).
2. **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.

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

1. **Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget (15 Points)**
2. **Prime Contractor On-time Completion on Similar Projects in the Past Ten (10) Years**
3. *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
2. 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 |  |
| 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 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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

***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 |
| 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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

***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 |
| 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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

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 #1***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Brief description on how this satisfies the lift station site requirement for this section |  |
| 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: |  |
| Brief description on how this satisfies the lift station site requirement for this section |  |
| 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: |  |
| Brief description on how this satisfies the lift station site requirement for this section |  |
| 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: |  |
| Brief description on how this satisfies the lift station site requirement for this section |  |
| 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: |  |
| Brief description on how this satisfies the lift station site requirement for this section |  |
| 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 |

\*\*\*Tables above are to be copied as many times as necessary in order to listall current and recently completed lift station site projects performed in the last five (5) years for all Utility Owners in the State of Texas.\*\*\*

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.
   * + 2 projects for Wet Well and Pump Installation Subcontractor
     + 2 projects for the Electrical Subcontractor
     + 2 projects for the Process Control and System Integration Subcontractor
     + 2 projects for the Prime Contractor for each Key Subcontractor Role they wish to self-perform.
2. Respondent shall provide a list of two (2) additional projects, for each Key Subcontractor role being replaced, that were of similar scope to the Work that would have been performed by the Key Subcontractor being replaced 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 for each Key Subcontractor role being replaced.

**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** 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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

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

|  |  |
| --- | --- |
| **Project Name:** |  |
| Identify if the Project was performed by **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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

***Key Sub-Contractor Performance Project #3***

|  |  |
| --- | --- |
| **Project Name:** |  |
| Identify if the Project was performed by **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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

***Key Sub-Contractor Performance Project #4***

|  |  |
| --- | --- |
| **Project Name:** |  |
| Identify if the Project was performed by **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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

***Key Sub-Contractor Performance Project #5***

|  |  |
| --- | --- |
| **Project Name:** |  |
| Identify if the Project was performed by **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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

***Key Sub-Contractor Performance Project #6***

|  |  |
| --- | --- |
| **Project Name:** |  |
| Identify if the Project was performed by **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: |  |
| Original Contract Time (specify Calendar Days or Working Days): |  |
| Original Contract Completion Date and Actual Completion Date: |  |
| Actual number of days beyond the original contract. If Contract time extensions were added, 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. |  |
| Describe any project specific challenges and how they were overcome. |  |

**c. 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.

ii. 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.

iii. List any fatalities in the company’s safety history for the Prime Contractor. If Respondent has had fatalities in their record, please provide a detailed description of 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 Names(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 CRITERIA***

1. **Project Approach including Delivery Schedule (18 Points)**
2. **Project Approach**
3. Provide a narrative of the project approach describing how the Respondent will complete this project. Include key milestones, specific critical processes and critical path items, phases and/or sequencing, permits, approvals, coordination with stakeholders, and procurements anticipated to complete the project work. Identify potential risks and describe proposed mitigation measures to ensure on-time completion of the Project.
4. Describe availability of equipment and facilities that will be specifically utilized for this Project.
5. Provide any innovative ideas for cost savings (due to method or duration) for this project.
6. Provide a quality management plan describing how the Prime Contractor will ensure that the necessary steps, safeguards, subcontractor oversight, Quality Assurance/Quality Control processes, and document controls will be implemented in a rigorous manner as to ensure the completeness, workmanship, accuracy, and successful completion of the Project.

**b. Project Schedule, Procurement of Long-Lead Items, and Unforeseen Conditions**

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

1. Provide a detailed, precedence style critical path method (CPM) baseline schedule in Primavera or Microsoft Project. The baseline scheduled must encompass the entire contract duration from Notice to Proceed to the Contract End Date. The baseline schedule must show a completion date (or early completion date) that corresponds to the Contract End Date. The baseline schedule must be inclusive of all work necessary to complete the project including sufficient time necessary for submission and review of submittals, permits, etc. The schedule shall take into consideration sequencing and contractual limitations as described within the Contract Documents. The anticipated notice to proceed (NTP) for this Project is January 2, 2024. Respondent shall use this date for developing the proposed project schedule.
2. Identify long-lead items and critical path shop drawing submittals.
3. Provide details for procurement of long-lead items including pumps, pipe, and other long-lead time equipment devices.
4. Provide a description of the project approach for procuring long-lead items, as well as for ensuring critical path items will be addressed adequately.
5. List and describe any instances in which the Contractor has encountered unforeseen conditions.

* Identify whether a recovery plan was required.
* Describe the nature of the issue and whether it was promptly resolved or resulted in the Respondent being asked to demobilize.

1. Describe the Respondent’s approach towards mitigating and managing unforeseen conditions should they be encountered during the construction of this Project.
2. The Respondent shall provide a list of all projects currently under construction in which Key Personnel are involved, as identified in the organizational chart provided in the response for this RFCSP, and the expected completion date that demonstrates Respondent’s ability to start and complete the work required by the project.

***END OF PROJECT APPROACH INCLUDING DELIVERY SCHEDULE CRITERIA***

**4. Safety Information for Key Subcontractors on Similar Projects in the Past Five (5) Years:**

1. Provide records showing Total Recordable Incident Rate (TRIR) for each year for the past five (5) years for 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 Key Subcontractor(s) with backup documentation.
3. List any fatalities in the company’s safety history for Key Subcontractor(s). If Key Subcontractor(s) had fatalities in their record, please provide a detailed description of 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 Names(s) | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **Fatalities** |
| **2022** | **2021** | **2020** | **2019** | **2018** |
| Key Subcontractor |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |

***END OF SAFETY INFORMATION FOR KEY SUBCONTRACTORS ON SIMILAR PROJECTS IN THE PAST FIVE (5) YEARS CRITERIA***