**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 (15 Points)**

1. **Organizational Structure and Information of the Prime Contractor**
2. Provide current business organizational structure, type of business structure, and stability of organization.
3. Provide total number of employees and annual company revenues as of December 31, 2022.
4. Provide Debarment history for the company for the last ten (10) years.
5. 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.
6. Indicate the number of years performing contracting/construction work under current legal business name and/or previous legal business name(s).
7. **Proposed Team Structure and Key Personnel Roles and Responsibilities**

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

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.

Note: Insert Organizational Chart here or in the next page.

Note: Insert Organizational Chart here or in the previous page.

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.

*(Use the table provided below. Add rows as needed based on the proposed team for this project.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Member** | **Company Name** | **Proposed Role** | **Worked within the Past** |
| Prime Contractor |  |  |  |
| Key Subcontractor #1 |  |  | [ ]  Yes [ ]  No |
| Key Subcontractor #2 |  |  | [ ]  Yes [ ]  No |
| Key Subcontractor #3 |  |  | [ ]  Yes [ ]  No |
| Key Subcontractor #4 |  |  | [ ]  Yes [ ]  No |
| Key Subcontractor #5 |  |  | [ ]  Yes [ ]  No |

**Describe teaming history between Prime Contractor and proposed Key Subcontractor(s):**

**Describe Proposed approach for managing Subcontractor(s), including Key Subcontractor(s):**

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

*(Use the table provided below. Add rows as needed based on the proposed team composition for this project.)*

| **Team Member** | **Proposed KeyPersonnel Role** | **Name of KeyPersonnel** | **Included in OrgChart?** |
| --- | --- | --- | --- |
| Prime Contractor | Project Manager |  | [ ]  Yes [ ]  No |
| Superintendent |  | [ ]  Yes [ ]  No |
| QC Manager |  | [ ]  Yes [ ]  No |
| Project Scheduler |  | [ ]  Yes [ ]  No |
| Safety Coordinator |  | [ ]  Yes [ ]  No |
| Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #1 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #2 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #3 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #4 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #5 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |

1. **Qualifications and Experience of Key Personnel Proposed for this Project**
2. *Using separate 8 ½” x 11” sheet(s), 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 Key Subcontractor(s) have been included

[ ]  Resumes for all Key Personnel for the Key Subcontractor(s) have been identified on the organizational chart

[ ]  Resumes for all Key Personnel for the Key Subcontractor(s) do no exceed one (1) page each

[ ]  All resumes provided include the following information:

* Name, job 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 degrees, 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.

Note: Insert 1-page resumes here for Key Personnel for the Prime Contractor and Key Subcontractor(s) identified on the organizational chart

One (1) resume per page.

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

**2. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget (15 Points)**

* 1. **Prime Contractor On-Time Completion on Similar Projects in the Past Fifteen (15) Years**

*Use the tables provided below to respond to the following:*

1. List and describe three (3) completed projects within the last fifteen (15) 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.
2. Key Personnel must have participated in a minimum of one (1) of the three (3) projects listed. Project Superintendent must have participated in a minimum of one (1) of the three (3) projects listed. QC Manager must have participated in a minimum of one (1) of the three (3) projects listed. Project Scheduler must have participated in a minimum of one (1) of the three (3) projects listed. Safety Manager must have participated in a minimum of one (1) of the three (3) projects listed. Key Personnel’s role on project reference must have been the same as the role proposed for this Project.

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

***Project #1***

|  |  |
| --- | --- |
| **Project Name:** |       |
| Utility/Owner name: |       |
| Utility/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Contractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last fifteen (15) years: | [ ]  Yes [ ]  No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | [ ]  Yes [ ]  No |
| Detailed project description and explanation for why it is comparable to the size, scope and/or complexity for this item:(Note: please include sufficient project details so similarity and applicability of project reference can be determined. Include details like facility footprint, greenfield or rehabilitation, materials of construction for yard piping and pipe diameter, number and size of buildings built, shutdown duration, and other specific project details.) |       |
| 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: | On-time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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: |       |
| Utility/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Contractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last fifteen (15) years: | [ ]  Yes [ ]  No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | [ ]  Yes [ ]  No |
| Detailed project description and explanation for why it is comparable to the size, scope and/or complexity for this item:(Note: please include sufficient project details so similarity and applicability of project reference can be determined. Include details like facility footprint, greenfield or rehabilitation, materials of construction for yard piping and pipe diameter, number and size of buildings built, shutdown duration, and other specific project details.) |       |
| 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: | On-time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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: |       |
| Utility/Owner Project Manager’s name and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Contractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last fifteen (15) years: | [ ]  Yes [ ]  No |
| Project has similar size, scope, and complexity to the work described in the Contract Documents: | [ ]  Yes [ ]  No |
| Detailed project description and explanation for why it is comparable to the size, scope and/or complexity for this item:(Note: please include sufficient project details so similarity and applicability of project reference can be determined. Include details like facility footprint, greenfield or rehabilitation, materials of construction for yard piping and pipe diameter, number and size of buildings built, shutdown duration, and other specific project details.) |       |
| 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: | On-time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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 provide a list of all current and recently completed, within the past five (5) years, engine-generator and associated electrical gear installation for all Utility/Owners in the State of Texas.

*(Use the table provided below to respond. Repeat the table as many times as needed to provide the information requested for all relevant projects.)*

***Project #1***

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (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 percent (%) complete based on Contract Value and most recent application for payment): |  |
| Was the project completed on-time? | [ ]  Yes [ ]  No |
| Was the project completed within budget? | [ ]  Yes [ ]  No |

1. 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.

*(Use the table provided below to respond. Insert additional rows to the table above, as needed.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key PersonnelName** | **CompanyAffiliation** | **ProjectName** | **% TimeAllocated** | **ProjectCompletionDate** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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

*(Use the tables provided below to respond)*

* + - 1. Provide a list of two (2) projects that the identified Key Subcontractor has completed within the last ten (10) years. The projects must be of similar size, scope, and complexity to the work described in the Contract Documents. Subcontractor’s Project Manager and Project Superintendent shall have participated in a minimum of one of the two (2) projects. Key Personnel’s role on project reference must have been the same as the role proposed for this Project.
			2. Provide a list of two (2) projects that the identified Key Instrumentation and Controls Subcontractor has completed within the last ten (10) years. The projects must be of similar size, scope, and complexity to the work described in the Contract Documents. Subcontractor’s Project Manager and Project Superintendent shall have participated in a minimum of one of the two (2) projects. Key Personnel’s role on project reference must have been the same as the role proposed for this Project.
			3. 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, 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 a minimum of one (1) of the two (2) projects listed, for each Key Subcontractor role being replaced. 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 criterion may be reduced and/or Respondent’s proposal may be deemed non-responsive.**

***Key Electrical Subcontractor Performance Project #1***

**Name of Sub-Contractor:**

|  |  |
| --- | --- |
| **Project Name:** |       |
| Identify if the Project was performed by **Sub-Contractor** or if Prime Contractor **Self-Performed** |       |
| Utility/Owner name: |       |
| Utility/Owner Project Manager’s name: and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Key Subcontractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last ten (10) years: | [ ]  Yes [ ]  No |
| Key Sub-Contractor’s Key Personnel 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 |
| Detailed project description and explanation for why it is comparable to proposed Key Subcontractor’s role on the Project: |       |
| 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: | On time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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 Electrical Subcontractor Performance Project #2***

**Name of Contractor:**

|  |  |
| --- | --- |
| **Project Name:** |       |
| Identify if the Project was performed by **Sub-Contractor** or if Prime Contractor **Self-Performed** |       |
| Utility/Owner name: |       |
| Utility/Owner Project Manager’s name: and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Key Subcontractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last ten (10) years: | [ ]  Yes [ ]  No |
| Key Sub-Contractor’s Key Personnel 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 |
| Detailed project description and explanation for why it is comparable to proposed Key Subcontractor’s role on the Project: |       |
| 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: | On time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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 Instrumentation & Control Subcontractor Performance Project #1***

**Name of Sub-Contractor:**

|  |  |
| --- | --- |
| **Project Name:** |       |
| Identify if the Project was performed by **Sub-Contractor** or if Prime Contractor **Self-Performed** |       |
| Utility/Owner name: |       |
| Utility/Owner Project Manager’s name: and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Key Subcontractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last ten (10) years: | [ ]  Yes [ ]  No |
| Key Sub-Contractor’s Key Personnel 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 |
| Detailed project description and explanation for why it is comparable to proposed Key Subcontractor’s role on the Project: |       |
| 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: | On time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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 Instrumentation & Control Subcontractor Performance Project #2***

**Name of Contractor:**

|  |  |
| --- | --- |
| **Project Name:** |       |
| Identify if the Project was performed by **Sub-Contractor** or if Prime Contractor **Self-Performed** |       |
| Utility/Owner name: |       |
| Utility/Owner Project Manager’s name: and contact information to include a valid, recently verified email and telephone number: |  |
| Proposed Key Subcontractor’s Key Personnel who participated on this project: |  |
| Key Personnel’s role on this project: |       |
| Project is within the last ten (10) years: | [ ]  Yes [ ]  No |
| Key Sub-Contractor’s Key Personnel 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 |
| Detailed project description and explanation for why it is comparable to proposed Key Subcontractor’s role on the Project: |       |
| 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: | On time: [ ]  Yes [ ]  NoWithin budget: [ ]  Yes [ ]  No |
| Original Contract Time (specify Calendar Days or Working Days): |       |
| Original 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. |       |

**c. Prime Contractor Safety Performance on Similar Projects in the Past Five (5) Years**

i.Provide records showing Total Recordable Incident Rate (TRIR) for each year for the past five (5) years for the Prime Contractor.

|  |  |
| --- | --- |
| **Company Name(s)** | **Total Recordable Incident Rate (TRIR)** |
| **2022** | **2021** | **2020** | **2019** | **2018** |
| Prime Contractor |  |  |  |  |  |
|  |  |  |  |  |  |

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.

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

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

**3. Project Approach, Schedule, and Availability (20 Points)**

1. **Project Approach**
2. 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.
3. Explain how Respondent will contact and coordinate with key stakeholders throughout the Project. Explain how Respondent will coordinate with other utility providers (e.g., CPS Energy) involved in the project. Describe how the Respondent will coordinate with property owners and/or business owners being impacted by the Project. Describe the Respondent’s approach for securing permits (e.g., ROW, SWPPP, etc.) and/or complying with permit requirements for which the System is the permit holder (TCEQ, Tree Permit, City of San Antonio, Bexar county, etc.).
4. The Procurement Contract will be assigned to the Installation Contractor that is to receive and install the natural gas engine-generators and associated electrical gear. As such, provide a description of the approach for how the Respondent will work with the equipment Supplier and coordinate the delivery of the equipment within the schedule required for the installation and assembly.
5. Provide a description of proposed shutdown plan and related activities for electrical tie-in connections and opportunities for reduced downtime.
6. Provide a description of the approach specifically addressing the procurement of the following items: pipes and valves, buildings, electrical and I&C components and other long-lead time equipment or devices, if any.
7. Provide any innovative ideas for cost savings (construction sequencing, method or construction duration, supply chain management and logistics, procurement of critical items, and availability of materials and equipment,) for this project.
8. Provide a Quality Management Plan (QMP) describing how the Prime Contractor will ensure that the necessary steps, safeguards, subcontractor oversight, QC processes, and document controls will be implemented in a rigorous manner as to ensure the completeness, workmanship, accuracy, and successful completion of the Project.
9. **Project Schedule and Unforeseen Conditions**

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

* + 1. Provide a critical path method (CPM) schedule in Primavera or Microsoft Project. The schedule shall include milestones, specific critical processes and critical path items, construction phases, permits and approvals, coordination with stakeholders, security clearances, and procurements anticipated to complete the project work. The anticipated notice to proceed (NTP) for this Project is **December 12, 2023**. Respondent shall use this date for developing the proposed project schedule.

*Use separate sheet(s), titled “Project Approach including Delivery Schedule – CPM Milestone Schedule” inserted immediately following this Section. 11” x 17” paper is permitted.*

* + 1. Explain how Respondent will complete the project within the schedule taking into account the existing commitments identified in 2.a.iv.
		2. Identify long-lead items and critical path shop drawing submittals.
		3. Provide details for the procurement and delivery of buildings, electrical and I&C components, and other long-lead time equipment and devices.
		4. From past project experience, list and describe any previous instances in which the Contractor has encountered unforeseen conditions.

*As part of the criteria, use the check boxes below as a checklist to help ensure guidelines are met. Repeat the table below as many times as needed to provide the information requested.*

|  |  |
| --- | --- |
| Project Name: |  |
| Utility / Owner Name: |  |
| Date of Notice to Proceed: |  |
| Original Contract Time (calendar days or working days): |  |
| Original Contract Completion Date: |  |
| Did Project encounter Unforeseen Conditions? | [ ]  Yes [ ]  No |
| Describe the nature of the Unforeseen Conditions Issue |  |
| Was a Recovery Plan Required? | [ ]  Yes [ ]  No |
| Was the Issue Promptly Resolved? | [ ]  Yes [ ]  No |
| Was Respondent asked to Demobilize? | [ ]  Yes [ ]  No |
| Was Recovery Plan Implemented? | [ ]  Yes [ ]  No |
| Was the Project completed On-Time? | [ ]  Yes [ ]  No |
| Actual Contract Completion Date: |  |

* + 1. Describe the Respondent’s approach towards mitigating and managing unforeseen conditions should they be encountered during the construction of this Project.
1. **Availability of Key Personnel and Equipment**
2. Describe availability of Key Personnel (Respondent and Key Subcontractor(s)) that will be specifically assigned to this Project.
3. Describe availability of equipment and facilities that will be specifically utilized for this Project.
4. Corresponding with the organizational chart provided, list the available workforce for the various disciplines required for this project including the number of work crews, and number of personnel for each skill classification proposed to complete the work.

***END OF PROJECT APPROACH, SCHEDULE, AND AVAILABILITY CRITERIA***

1. **Safety Information for Key Subcontractor(s)**
2. Provide records showing Total Recordable Incident Rate (TRIR) for each year for the past five (5) years for Key Subcontractor(s) with backup documentation.

|  |  |
| --- | --- |
| **Company Name(s)** | **Total Recordable Incident Rate (TRIR)** |
| **2022** | **2021** | **2020** | **2019** | **2018** |
| Key Subcontractor #1 |  |  |  |  |  |
| Key Subcontractor #2 |  |  |  |  |  |
| Key Subcontractor #3 |  |  |  |  |  |
| Key Subcontractor #4 |  |  |  |  |  |
| Key Subcontractor #5 |  |  |  |  |  |

1. 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.
2. 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 Name(s)** | **Fatalities** |
| **2022** | **2021** | **2020** | **2019** | **2018** |
| Key Subcontractor #1 |  |  |  |  |  |
| Key Subcontractor #2 |  |  |  |  |  |
| Key Subcontractor #3 |  |  |  |  |  |
| Key Subcontractor #4 |  |  |  |  |  |
| Key Subcontractor #5 |  |  |  |  |  |