# 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 Respondents’ 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.*

# Team Qualifications and Experience (17 Points)

* 1. **Organizational Structure and Information of the Prime Contractor**
     1. Provide current business organizational structure, type of business structure, and stability of organization.

(Provide answer here)

* + 1. Provide total number of employees and annual company revenues as of December 31, 2021.

(Provide answer here)

* + 1. Provide Debarment history for the company for the last ten (10) years. (Provide answer here)
    2. 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.

(Provide answer here or insert in the next page if additional space is needed.)

(Insert here additional information regarding litigation, arbitration, and claims history in 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).

(Provide answer here)

* + 1. Provide company financial information. (Insert financial statements in the next page)

(Insert here financial statements)

# 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.

(Insert here the 1-page organizational chart that describes the composition of the team for this project.)

* + 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. Add rows to the table below as needed based on the proposed team for this project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Member** | **Company Name** | **Proposed Role** | **Worked with in 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):

(Provide answer here)

Proposed approach for managing Subcontractor(s), including Key Subcontractor(s): (Provide answer here)

* + 1. Provide a clear description of the proposed team’s Key Personnel roles and responsibilities, including Key Personnel from Key Subcontractor(s). Add rows to the table below as needed based on the proposed team composition for this project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Member** | **Proposed Key Personnel Role** | **Name of Key Personnel** | **Included in Org Chart?** | |
| Prime Contractor |  |  | Yes | No |
|  |  | Yes | No |
|  |  | Yes | No |
|  |  | Yes | No |
|  |  | Yes | No |
| Key Subcontractor #1 |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
| Key Subcontractor #2 |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
| Key Subcontractor #3 |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
| Key Subcontractor #4 |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
| Key Subcontractor #5 |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |

# Qualifications and Experience of Key Personnel Proposed for this Project

* + 1. *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 not 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.

## END OF TEAM QUALIFICATIONS AND EXPERIENCE CRITERIA

(Insert proposed Project Manager’s Resume, 1 page.)

(Insert proposed Key Personnel’s Resume, 1 page.)

(If more resumes are to be included, please insert a page break and insert the 1-page resume for additional Key Personnel as required.)

# 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 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. *Key Personnel must have participated in a minimum of one (1) of the three (3) projects listed. The proposed Project Manager must have participated in a minimum of one (1) of the three (3) projects listed. Proposed Project Superintendent must have participated in a minimum of one (1) of the three (3) projects listed. Proposed QC 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 criteria may be reduced and/or Respondent’s proposal may be deemed non-responsive.

|  |  |
| --- | --- |
| **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 ten (10) 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: |  |
| 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 No  Within 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 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 ten (10) 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: |  |
| 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 No  Within 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 ten (10) 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: |  |
| 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 No  Within 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 also list all current and recently completed lift station 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 (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 and most recent application for payment): |  |
| Was the project completed on-time? | Yes No |
| Was the project completed within budget? |  |

Note: Repeat the above table as many times as needed to provide the information requested for all relevant projects performed for Utility owners in the State of Texas in the last five (5) years.

* + 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key Personnel Name** | **Company Affiliation** | **Project Name** | **% Time Allocated** | **Project Completion**  **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Note: Insert additional rows to the table above, as needed.

# Key Subcontractors Performance on Similar Projects in the Past Ten (10) Years

*Using the tables provided below:*

1. Provide a list of two (2) projects that identified Key Electrical Subcontractors’ Project Manager and Project Superintendent 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. Provide a list of two (2) projects that identified Key bypass pumping Subcontractors’ Project Manager and Project Superintendent 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.
3. Provide a list of two (2) projects that the identified Key Instrumentation and Controls Subcontractors’ Project Manager and Project Superintendent 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
4. Prime Contractor’s Key Personnel shall have participated in one (1) of the two (2) projects provided in sections i. through iii. above to document the Work that would have been performed by each Subcontractor. Describe the role served by the proposed staff on those projects.

However, 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 three (3) additional projects that were of similar scope to the Work that would have been performed by a Key Subcontractor and that have been completed in the State of Texas within the last ten (10) years. Prime Contractor’s Key Personnel shall have participated in at least one (1) of the three (3) 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 Electrical Subcontractor Performance Project #1

|  |  |
| --- | --- |
| **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 completed in the State of Texas and 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 No  Within 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***

|  |  |
| --- | --- |
| **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 completed in the State of Texas and 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 No  Within 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 Bypass Pumping Subcontractor Performance Project #1***

|  |  |
| --- | --- |
| **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 completed in the State of Texas and 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 No  Within 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 Bypass Pumping Subcontractor Performance Project #2***

|  |  |
| --- | --- |
| **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 completed in the State of Texas and 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 No  Within 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 and Controls Subcontractor Performance Project #1***

|  |  |
| --- | --- |
| **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 completed in the State of Texas and 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 No  Within 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 and Controls Subcontractor Performance Project #2***

|  |  |
| --- | --- |
| **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 completed in the State of Texas and 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 No  Within 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. |  |

***END OF QUALITY, REPUTATION, AND ABILITY TO DELIVER PROJECTS ON***

***SCHEDULE AND WITHIN BUDGET CRITERIA***

1. **Project Approach, Schedule, and Availability (18 Points)**
   1. **Project Approach**
      1. 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, construction phases and/or sequencing, permits and 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.

(Provide answer here)

* + 1. Explain how Respondent will contact and coordinate with key stakeholders throughout the Project.

(Provide answer here)

* + 1. Describe how the Respondent will coordinate with property owners and 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, CPS Energy, Tree Permit, TxDOT, etc.).

(Provide answer here)

* + 1. Describe your construction management approach and ability to coordinate work with all subcontractors and suppliers in order to meet project deadlines.

(Provide answer here)

* + 1. Describe your contingency plan for addressing any unanticipated delays. (Provide answer here)
    2. Provide a description of the approach specifically addressing the procurement of the following items: pumps, valves, wet wells, generators, and other long-lead time equipment or devices.

(Provide answer here)

* + 1. Provide any innovative ideas for cost savings (due to method or duration) for this project. (Provide answer here)
    2. 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. (Provide answer here)

# 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, and procurements anticipated to complete the project work. The anticipated notice to proceed (NTP) for this Project is December 15, 2022. Respondent shall use this date for developing the proposed project schedule.

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

E-54 Regional Lift Station SAWS Job No. 22-2502

Solicitation No. CO-00537

(Insert proposed critical path method (CPM) schedule in Primavera or Microsoft Project here. 11” x 17” paper size is permitted)

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* + 1. Explain how Respondent will complete the project within the schedule taking into account the existing commitments.

(Provide answer here)

* + 1. Identify long-lead items and critical path shop drawing submittals. (Provide answer here)
    2. Provide details for the procurement and delivery of pumps, valves, MCCs, generators, and other long-lead time equipment and devices.

(Provide answer here)

* + 1. From past project experience, list and describe any previous instances in which the Contractor has encountered unforeseen conditions.

(Provide answer here. Repeat items below as many times as needed to describe instances in which Contractor has encountered unforeseen conditions in the past.)

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

Was a recovery plan required?

Yes No

Describe the nature of the issue and whether it was promptly resolved or resulted in the Respondent being asked to demobilize.

(Provide answer here)

* + 1. Describe the Respondent’s approach towards mitigating and managing unforeseen conditions should they be encountered during the construction of this Project.

(Provide answer here)

# Availability of Key Personnel and Equipment

* + 1. Describe availability of Key Personnel (Prime and Key Subcontractor(s)) that will be specifically utilized for this Project.

(Provide answer here)

* + 1. Describe availability of equipment and facilities that will be specifically utilized for this Project.

(Provide answer here)

* + 1. 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. (Provide answer here)

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

1. **Safety Information for Prime Contractor and Subcontractors (Safety Matrix)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name(s)** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **TRIR** | **EMR** | **EMR** | **EMR** | **Fatalities** |
| ***2021*** | ***2020*** | ***2019*** | ***2018*** | ***2017*** | ***2021*** | ***2020*** | ***2019*** |
| Prime Contractor |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |