



**Marbach Pump Station Improvements (Volume 1) &  
Mission Road Service Center Drainage (Volume II) RFCSP  
Solicitation Number: CO-00533  
Job No.: 20-6001/21-2501**

**ADDENDUM 2  
August 16, 2023**

To Respondent of Record:

This addendum, applicable to work referenced above, is an amendment to the price proposal, plans and specifications and as such will be a part of and included in the Contract Documents. Acknowledge receipt of this addendum by entering the Addendum number and issue date on the space provided in submitted copies of the Respondent Questionnaire.

**CHANGES TO THE SPECIFICATIONS**

1. **EVALUATION CRITERIA FORM**, pages EV-1 thru EV-27 are removed in its entirety and replaced with the revised version attached to this addendum. The revised forms shall be used by the respondent when submitting their final proposal.

**CLARIFICATIONS**

1. The Evaluation Criteria Form has minor modifications to address the following:
  - a. Team Qualifications and Experience, Section b.i., a blank page was inserted to allow for respondent's response and organization chart.
  - b. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget, Section 2.a.ii, is removed and replaced in its entirety to read as follows:

Key Personnel must have participated in a minimum of one (1) of the three (3) projects listed. The 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. All other Key Personnel 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.

- a. If Respondent has similar (size, scope, and complexity) SAWS experience, at a minimum, one (1) SAWS project must be included in the list of three (3) projects provided.
- c. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget, section 2.a. Project #1 table, Detailed project description and explanation, additional clarification was provided on the details that should be submitted.
- d. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget, section 2.a. Project #2 table, Detailed project description and explanation, additional clarification was provided on the details that should be submitted.
- e. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget, section 2.a. Project #3 table, Detailed project description and explanation, additional clarification was provided on the details that should be submitted.
- f. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget, section 2.c.i., a table was inserted for the respondent to complete.
- g. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget, section 2.c.iii., a revised table was inserted for the respondent to complete.
- h. Project Approach, Schedule, and Availability, section 3.b.v, a table was inserted for the respondents to complete.
- i. Safety Information for Key Subcontractor, section 4.a, a table was inserted for the respondent to complete.
- j. Safety Information for Key Subcontractor, section 4.c, a revised table was inserted for the respondents to complete.

<b>END OF ADDENDUM 2</b>
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This Addendum is thirty-six (36) pages in its entirety including the attachments.

**Attachments**

Evaluation Criteria Forms (34 pages)

## Evaluation Criteria Form

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

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

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

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

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

#### **a. Organizational Structure and Information of the Prime Contractor**

- i. Provide current business organizational structure, type of business structure, and stability of organization.
- ii. Provide total number of employees and annual company revenues as of December 31, 2022.
- iii. Provide Debarment history for the company for the last ten (10) years.
- iv. 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.
- v. Indicate the number of years performing contracting/construction work under current legal business name and/or previous legal business name(s).

**b. 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.)*

- i. 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.

- ii. 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 with in the Past
Prime Contractor			
Key Subcontractor #1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #5			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

- iii. 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 Key Personnel Role	Name of Key Personnel	Included in Org Chart?
Prime Contractor	Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No
	QC Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Project Scheduler		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety Coordinator		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #1	Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #2	Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No

Team Member	Proposed Key Personnel Role	Name of Key Personnel	Included in Org Chart?
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #3	Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #4	Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Subcontractor #5	Project Manager		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Superintendent		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

**c. Qualifications and Experience of Key Personnel Proposed for this Project**

- i. *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.



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.

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

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

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

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

- i. 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.
- ii. Key Personnel must have participated in a minimum of one (1) of the three (3) projects listed. The 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. All other Key Personnel 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 Respondent has similar (size, scope, and complexity) SAWS experience, at a minimum, one (1) SAWS project must be included in the list of three (3) projects provided.

**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**

<b>Project Name:</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed project description and explanation for why it is comparable to the size, scope and 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, capacity of pump station in mgd, number of pumps, type of pumps, capacity of each pump (gpm or mgd), materials of construction for yard piping and pipe diameter, # of well pumps and motors replaced, 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**Project #2**

<b>Project Name:</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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, capacity of pump station in mgd, number of pumps, type of pumps, capacity of each pump (gpm or mgd), materials of construction for yard piping and pipe diameter, # of well pumps and motors replaced, 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**Project #3**

<b>Project Name:</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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, capacity of pump station in mgd, number of pumps, type of pumps, capacity of each pump (gpm or mgd), materials of construction for yard piping and pipe diameter, # of well pumps and motors replaced, 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	



- iii. The Respondent shall provide a list of all current and recently completed improvement, upgrades, rehabilitation and new construction of potable water high service pump station and production facility projects performed in the last five (5) years 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the project completed within budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- iv. 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 Personnel Name	Company Affiliation	Project Name	% Time Allocated	Project Completion Date

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

*(Use the tables provided below to respond)*

- i. Provide a list of two (2) projects that the identified Electrical 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.
- ii. Provide a list of two (2) projects that the identified PCSI 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.
- iii. Provide a list of two (2) projects that the identified ASP 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.

- iv. 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 in the State of Texas 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:**

<b>Project Name:</b>	
Identify if the Project was performed by <b>Sub-Contractor</b> or if Prime Contractor <b>Self-Performed</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Key Personnel involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**Key Electrical Subcontractor Performance Project #2**

**Name of Contractor:**

<b>Project Name:</b>	
Identify if the Project was performed by <b>Sub-Contractor</b> or if Prime Contractor <b>Self-Performed</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Key Personnel involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**Key PCSI Subcontractor Performance Project #1**

**Name of Contractor:**

<b>Project Name:</b>	
Identify if the Project was performed by <b>Sub-Contractor</b> or if Prime Contractor <b>Self-Performed</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Key Personnel involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	



<p>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.</p>	
<p>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.</p>	

**Key PCSI Subcontractor Performance Project #2**

**Name of Contractor:**

<b>Project Name:</b>	
Identify if the Project was performed by <b>Sub-Contractor</b> or if Prime Contractor <b>Self-Performed</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Key Personnel involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**Key ASP Subcontractor Performance Project #1**

Name of Contractor:

<b>Project Name:</b>	
Identify if the Project was performed by <b>Sub-Contractor</b> or if Prime Contractor <b>Self-Performed</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Key Personnel involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**Key ASP Subcontractor Performance Project #2**

**Name of Contractor:**

<b>Project Name:</b>	
Identify if the Project was performed by <b>Sub-Contractor</b> or if Prime Contractor <b>Self-Performed</b>	
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Key Personnel involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Within budget: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

<p>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.</p>	
<p>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.</p>	

**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					

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



### **3. Project Approach, Schedule, and Availability (18 Points)**

#### **a. Project Approach**

- i. 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, submittals and shop drawings, phases and/or sequencing, coordination of trades and disciplines, permits, approvals, coordination with SAWS staff, coordination with other contractors and projects, coordination with permitting agencies and project stakeholders, and procurement of critical equipment and materials anticipated to complete the project work. Identify potential risks and describe proposed mitigation measures to ensure on-time completion of the Project.
- ii. Provide a description how Respondent will coordinate with other utility providers (e.g., CPS Energy) involved in the project to ensure timely completion of their activities as they relate to this project. Explain how Respondent will coordinate with Owner's Operations staff throughout the Project. 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, Tree Permit, City of San Antonio, etc.).
- iii. Provide a description of proposed shutdown plan, sequence of critical path construction activities, coordination with subcontractors for various trades and disciplines, advanced coordination with Owner, pre-shutdown plan and preparation, post-shutdown plan, and opportunities for reduced downtime.
- iv. Provide a description of the approach specifically addressing the procurement of the following items: Electrical switchgears, MCC's, transformers, other electrical and I&C components, high service pumps/motors, well pumps/motors, large diameter pipe, valves, and other long-lead time equipment and devices.
- v. Provide any innovative 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.
- vi. 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 timely completion of the Project.

#### **b. Project Schedule and Unforeseen Conditions**

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

- i. 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 **January 8, 2024**. 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.*

- ii. Explain how Respondent will complete the project within the schedule taking into account the existing commitments identified in 2.a.iv.
- iii. Identify long-lead items and critical path shop drawing submittals.
- iv. Provide details for the procurement and delivery of electrical switchgear, motor control centers (MCCs), transformers, other electrical and I&C components, high service pumps and motors, well pumps and motors, large diameter pipe, large diameter valves, and other long-lead time equipment and devices.
- v. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the nature of the Unforeseen Conditions Issue	
Was a Recovery Plan Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the Issue Promptly Resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Respondent asked to Demobilize?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Recovery Plan Implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the Project completed On-Time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actual Contract Completion Date:	

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

**c. Availability of Key Personnel and Equipment**

- i. Describe availability of Key Personnel (Respondent and Key Subcontractor(s)) that will be specifically assigned to this Project.
- ii. Describe availability of equipment and facilities that will be specifically utilized for this Project.
- iii. 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.

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

**4. Safety Information for Key Subcontractor(s)**

- a. 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					

- b. 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.
- c. 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					