**EVALUATION CRITERIA FORM**

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

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

*When responding to the questions below, Respondents should use the space provided in this form, unless otherwise indicated. Stating “See Attached” or “See Following Pages” are not acceptable responses. If the Response Forms provided here are not utilized, the information provided by the Respondent will not be considered and the Respondent’s score for the evaluation criteria in question may be reduced and/or Respondent’s proposal may be deemed non-responsive.*

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

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

1. **Organizational Structure and Information of the Prime Contractor**
2. 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)*

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. Financial Statement (only last complete year).

*(Provide answer here)*

1. **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 1-page organizational chart here)*

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):

*(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).

*(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 |
| Project 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 |
|  | Project Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #2 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Project Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #3 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Project Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #4 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Project Superintendent |  | [ ]  Yes [ ]  No |
|  | Other: |  | [ ]  Yes [ ]  No |
| Key Subcontractor #5 | Project Manager |  | [ ]  Yes [ ]  No |
|  | Project 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.

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

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

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

*(Insert proposed Key Personnel’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.)*

***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. *Using the tables provided:*

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.

1. 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 Coordinator 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 SAWS experience, at a minimum, one (1) SAWS project of similar size, scope, and complexity must be included in the list of the three (3) projects provided.

*(Note: 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: |       |
| 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: |       |
| 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: |       |
| 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, potable water pump station rehabilitation and new construction of potable water pump stations for all Utility Owners in the State of Texas. Respondent shall provide the following information for each project.

*(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? |       |

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 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.
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 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.

*(Note: 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***

|  |  |
| --- | --- |
| **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***

|  |  |
| --- | --- |
| **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 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 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 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 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. |       |

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

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

*(Continue here)*

*(Continue here - Add pages as necessary)*

1. 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, etc.).

*(Provide answer here)*

1. Provide a description of proposed shutdown plan and related activities for each piping tie-in connection and opportunities for reduced downtime.

*(Provide answer here)*

1. Provide a description of the approach specifically addressing the procurement of the following items: large pumps, pipes and valves, buildings, OSHG system, tanks, electrical and I&C components and other long-lead time equipment or devices.

*(Provide answer here)*

1. 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.

*(Provide answer here)*

1. 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)*

1. **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, environmental requirements, coordination with stakeholders, security clearances and procurements anticipated to complete the project work. The anticipated notice to proceed (NTP) for this Project is **March 20, 2023**. Respondent shall use this date for developing the proposed project schedule.

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

* + 1. Explain how Respondent will complete the project within the schedule taking into account the existing commitments identified in 2.a.iv.

*(Provide answer here)*

* + 1. Identify long-lead item and critical path shop drawing submittals.

*(Provide answer here)*

* + 1. Provide details for the procurement and delivery of large pumps, pipes and valves, buildings, OSHG system, tanks, electrical and I&C components and other long-lead time equipment or 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)*

1. **Availability of Key Personnel and Equipment**
2. Describe availability of Key Personnel (Prime and Key Subcontractor(s)) that will be specifically assigned to 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***

**Safety information for Prime Contractor and Subcontractors:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Key Subcontractor |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Note: Respondent shall provide the backup documentation verifying the safety information provided with their proposal.