

Attachment B
 EODRT Request for Information (RFI)
 Statement of Interest Questionnaire

Company Information			
Name of Company:			
Mailing Address:			
Cage Code:		DUNS Number:	
Phone Number:		FAX Number:	
Company Point of Contacts			
Name of Primary:		Title:	
Email:			
Phone Number:		Fax Number:	
Name of Alternate:		Title:	
Email:			
Phone Number:		Fax Number:	

NAICS CODE(s) :			
Annual Gross Receipts for the last 3 years:	2012	2013	2014
Socio- Economic Status: Circle one	Large Business	Small Business	

Government Certifications (Check all that apply)	
	8(a) Certified or 8(a) Joint Venture
	Small Disadvantaged Business
	Hubzone Certification

Ownership and Self-Certifications (Check all that apply)	
Any Minority Owned: <input type="checkbox"/> Any Native American Owned: <input type="checkbox"/> Tribally Owned <input type="checkbox"/> Alaskan Native Corp Owned <input type="checkbox"/> Native Hawaiian Org Owned <input type="checkbox"/> Other Native American <input type="checkbox"/> Other Minority Owned	Any Women-Owned Small Business: <input type="checkbox"/> Women-Owned Small Business under the Women-Owned Small Business Program <input type="checkbox"/> Economically Disadvantaged Women-Owned Small Business under the Women-Owned Small Business Program <input type="checkbox"/> Women-Owned Small Business Joint Venture <input type="checkbox"/> Economically Disadvantaged Women-Owned Small Business Joint Venture
Community Development Corporation (CDC) Owned	Service Disabled Veteran-Owned
Self-Certified Small Disadvantaged Business	Veteran Owned (including Service Disabled Veteran Owned)

Attachment B
EODRT Request for Information (RFI)
Statement of Interest Questionnaire

Specific information NAVFAC is seeking:

1Q. Does your company engages in the business of providing equipment similar to what is listed in the sources sought?

1A. **YES** **NO**

2Q. If yes, please list specific types of products /services provided.

2A. _____

3Q. If yes, how long has your company provided these types of products/ services?

3Q. _____

4Q. Did any of the products have integrated military requirements (for example Transportability, EMI, CBRNE)? Refer to EODRT RFI Attachment A sections 3.0.

4A. **YES** **NO**

5. If yes, which ones?

5A. _____

6Q. Does your company have the capabilities to incorporate all the Military Standards (MIL-STD) specified in Attachment A, Section 3.0 into this vehicle (Yes/No)? If not, which of the MIL-STD are you capable of providing?

6A. **YES** **NO**

Attachment B
EODRT Request for Information (RFI)
Statement of Interest Questionnaire

7Q. If applicable, on a separate piece of paper please list any contracts your company is currently performing that would be considered the same as or similar to this effort (size, scope, complexity). In addition, please include any you may have completed within the last five years.

Please include:

- (a) Name of Contracting Activity,
- (b) Contract type (FFP, cost, IDIQ, or Combination),
- (c) Period of Performance,
- (d) Basic Contract Award Amount with Options,
- (e) Contract Value Per Year,
- (f) Current/Final Contract Amount,
- (g) Summary of Contract Work,
- (h) Contracting Officer Name and Current Telephone Number, and
- (i) List of Major Subcontractors including name, address, and telephone number of primary point of contact.

8Q. Does your company normally submit a proposal as its own business entity or as a Joint Venture when competing for this type of work?

8A. Own Business Entity Joint Venture

9Q. If competing as a Joint Venture, list those firms with whom you are affiliated.

9A. _____

10Q. For Small Businesses, please identify your business type (See notes (1) and (2) below):

- | | |
|---|---|
| <input type="checkbox"/> Small | <input type="checkbox"/> HUBZone Small Business |
| <input type="checkbox"/> Small Disadvantaged | <input type="checkbox"/> Service-Disabled Veteran-Owned Small Bus |
| <input type="checkbox"/> Woman-Owned Small Business | <input type="checkbox"/> Veteran-Owned Small Business |
| <input type="checkbox"/> 8(a) Small Business | <input type="checkbox"/> Historically Black Colleges & Univ. |
| <input type="checkbox"/> Economically Disadvantaged | <input type="checkbox"/> Woman-Owned Small Business |

Attachment B
EODRT Request for Information (RFI)
Statement of Interest Questionnaire

11Q. Should the solicitation be set-aside for Small Business, will the Small Business be able to meet the FAR 52.219-14, *LIMITATIONS ON SUBCONTRACTING* (i.e.: at least 50 percent of the cost of contract performance incurred for personnel shall be expended for employees of the concern)?

11A. YES NO

12Q. Does your company have the capabilities to incorporate all the Military Standards (MIL-STD) specified in Attachment A, Section 3.0 into this vehicle (Yes/No)? If not, which of the MIL-STD are you capable of providing?

12A. YES NO

NOTE:

(1) Please mark all categories under which your company qualifies. To qualify as an 8(a), Small Disadvantaged or HUBZone Small Business, your company must be certified by the Small Business Administration.

(2) The Government recognizes the integrity and validity of team arrangements (including joint-ventures) to act as potential prime contractors (FAR 9.601). However, some affiliation rules apply to small business joint ventures in order to maintain their small business status. Please refer to FAR Part 19, 13 CFR 124, and 13 CFR 126.

(3) All data received in response to this Source Sought Notice marked or designated, as corporate or proprietary information will be fully protected from release outside the Government.

Provide any comments or recommendations for Government consideration: _____
