

NAVFAC PACIFIC ACQ31
SOURCES SOUGHT QUESTIONNAIRE

Firm Name: _____

Firm Address: _____

Phone Number: _____

DUNS #: _____

Name/Title of Person Completing Questionnaire: _____

1. Type of small business concern (check all that applies):

___ Section 8(a) (Submit a copy of the letter from the Small Business Administration certifying as a Section 8(a) concern) for NAICS Code(s) _____;
Geographic Area _____

___ HUBzone Small Business (Submit a copy of the letter from the Small Business Administration certifying as a HUBZone SBC) for NAICS Code(s) _____

___ Woman-Owned Small Business for NAICS Code(s) _____

___ Service Disabled Veteran Owned Small Business for NAICS Code(s) _____

___ Small Business for NAICS Code(s) _____

2. Do you have experience and past performance on the following (check all that applies):

___ Design-Build

___ Hangars

___ Armory

___ Aviation Trainer

___ Aircraft Maintenance Facilities

___ Magazines

For each checked block, submit information on a maximum for two projects (e.g., 2 design-build, 2 hangars, etc.). Use the attached form (Attachment (1)), “Past Performance / Experience Information”. For each project, the firm shall submit evidence of customer satisfaction in the form of an SF1420 or DD2626 CCASS ratings. If the firm does not have any evidence of customer satisfaction, such as performance evaluations (SF1420 or DD2626) on its relevant project experience, the firm shall obtain such evidence by soliciting evaluations from its customers using Attachment (2) and submit the results with the proposal.

Note: There is a clear distinction between “experience” and “past performance”. Experience is related to the types and amounts of projects previously accomplished. Past performance relates to how well a contractor has performed.

3. Identify the dollar value that your firm would be interested/capable in performing:

\$1 million to \$5 million

\$5 million to \$10 million

\$10 million to \$15 million

\$15 million to \$20 million

\$20 million to \$25 million

Provide financial statements (balance sheets) for the past three years to demonstrate that your firm has the financial capacity to perform a construction project of the magnitude selected. Further, the Experience/Past Performance information shall support that you have completed a project of the magnitude selected.

4. Provide a letter from your corporate surety indicating the single contract bonding capacity and the aggregate bonding capacity.

FIRM NAME: _____

PAST PERFORMANCE/EXPERIENCE INFORMATION

Provide the following information on each project to demonstrate the firm’s “relevant” past performance/experience (Use continuation sheets, if needed).

| | |
|--|----|
| Contract No: | |
| Contract Title: | |
| Location: | |
| Name of Prime Contractor Performing the Contract (as shown on the contract documents) | |
| Name of Lead Designer (if design-build) | |
| Original Contract Amount: | \$ |
| Final Contract Amount | \$ |
| Original Contract Completion: | |
| Final Contract Completion: | |
| Any liquidated damages assessed: | |
| Owner/Customer Point of Contact: | |
| Owner/Customer phone/fax Nos: | |
| Owner/Customer e-mail address: | |
| Was Offeror Prime Contractor or Subcontractor: | |
| Percentage of work performed by Offeror: | |
| Customer Evaluation of work performed (Attach evaluation, letters of appreciation, etc.): | |
| Provide a description of the project as it relates to design-build, Hangars, Armory, Magazine, Aviation Trainer Facilities, Aircraft Maintenance Facilities, Firing Ranges: | |
| Other information the Contractor deems necessary for the Government’s evaluation of past performance in terms of customer satisfaction such as any negative past performance information that will assist the Government in fairly and accurately evaluating the company's past performance (e.g., why liquidated damages were assessed or why performance evaluation was marginal, etc.). Provide any information on problems encountered and the corrective actions taken: | |

PERFORMANCE SURVEY (CONSTRUCTION)

If the firm does not have evidence of customer satisfaction such as performance evaluations (DD2626, SF1420), or letters of appreciation/commendation on its relevant project experience, the firm shall obtain such evidence by soliciting evaluations from its customers. The firms are encouraged to have its customers complete this form.

CONTRACTOR: _____

CONTRACT NUMBER: _____

TITLE/LOCATION OF WORK: _____

DESCRIPTION OF WORK: _____

TYPE OF EVALUATION **FINAL** **INTERIM** (____ % COMPLETE)

OVERALL RATING (*X appropriate block*)

___ **OUTSTANDING** ___ **ABOVE AVERAGE** ___ **SATISFACTORY** ___ **MARGINAL** ___ **UNSATISFACTORY**

EVALUATION OF PERFORMANCE ELEMENTS

CHECK ONE FOR EACH ELEMENT:

O = OUTSTANDING; AA = ABOVE AVERAGE; S = SATISFACTORY; M = MARGINAL; U = UNSATISFACTORY; N/A = NOT APPLICABLE

QUALITY CONTROL

| | O | AA | S | M | U | N/A |
|--|----------|-----------|----------|----------|----------|------------|
| QUALITY OF WORKMANSHIP | | | | | | |
| ADEQUACY OF THE CQC PLAN | | | | | | |
| IMPLEMENTATION OF THE CQC PLAN | | | | | | |
| QUALITY OF QC DOCUMENTATION | | | | | | |
| ADEQUACY OF SUBMITTALS | | | | | | |
| ADEQUACY OF QC TESTING | | | | | | |
| USE OF SPECIFIED MATERIALS | | | | | | |
| IDENTIFICATION/CORRECTION OF DEFICIENT WORK IN A TIMELY MANNER | | | | | | |

EFFECTIVENESS OF MANAGEMENT

| | O | AA | S | M | U | N/A |
|--|----------|-----------|----------|----------|----------|------------|
| COOPERATION AND RESPONSIVENESS | | | | | | |
| MANAGEMENT OF RESOURCES/PERSONNEL | | | | | | |
| COORDINATION AND CONTROL OF SUBCONTRACTOR(S) | | | | | | |
| EFFECTIVENESS OF JOB-SITE SUPERVISION | | | | | | |
| COMPLIANCE WITH LAWS AND REGULATIONS | | | | | | |
| PROFESSIONAL CONDUCT | | | | | | |
| REVIEW/RESOLUTION OF SUBCONTRACTOR'S ISSUES | | | | | | |
| REASONABLENESS OF MODIFICATIONS/CHANGES | | | | | | |
| IMPLEMENTATION OF SUBCONTRACTING PLAN | | | | | | |

| TIMELY PERFORMANCE | O | AA | S | M | U | N/A |
|--|----------|-----------|----------|----------|----------|------------|
| ADEQUACY OF INITIAL PROGRESS SCHEDULE | | | | | | |
| ADHERENCE TO APPROVED SCHEDULE | | | | | | |
| RESOLUTION OF DELAYS | | | | | | |
| SUBMISSION OF UPDATED AND REVISED PROGRESS SCHEDULES | | | | | | |
| COMPLETION OF PUNCHLIST ITEMS | | | | | | |
| WARRANTY RESPONSE | | | | | | |

| COMPLIANCE WITH SAFETY STANDARDS | O | AA | S | M | U | N/A |
|---|----------|-----------|----------|----------|----------|------------|
| ADEQUACY OF SAFETY PLAN | | | | | | |
| IMPLEMENTATION OF SAFETY PLAN | | | | | | |

REMARKS (Explanation of marginal or unsatisfactory evaluation is desired. Other comments are optional. Continue on separate sheet(s), if needed.)

SURVEY COMPLETED BY: (Survey shall be completed by the contracting agent and/or their representative responsible for the construction contract administration, or from the facility owner/user)

NAME (PRINT)

TELEPHONE NUMBER

ORGANIZATION

TITLE

SIGNATURE

DATE