SOLICITATION SURVEY

Solicitation No.: W912WJ26QA147

*****ALL INFORMATION MUST BE PROVIDED TO BE COMPLIANT WITH SOLICITATION. Failure to provide a completed solicitation survey will result in quote being deemed non-responsive*****

Company Name:

SAM CAGE Code:

Address:

POC Name/Phone/Email:

Type of Business: Corporation ☐ Partnership ☐ Sole Proprietor ☐
Other (describe):

INFORMATION SUBMITTED BELOW SHALL BE THAT OF THE VENDOR (PRIME) SUBMITTING THE QUOTE, NOT THAT OF A SUBCONTRACTOR UNLESS THE ITEM DESCRIBES WHEN SUBCONTRACTOR INFORMATION MAY BE SUBMITTED. *Vendors that list information that is not substantiated by their SAM registration assertions (i.e., number of employees), may be deemed unacceptable and removed from consideration.*

1) How many years' of experience does your business have in these services? Note: Subcontractor experience shall not be included in experience unless a suitable teaming arrangement confirmation is provided from the subcontractor.

2) List number of years' of experience in contracting your business has as a prime contractor , or as a subcontractor

3) How many of these years were for Federal Government contracts?

4) Have you ever failed to complete any work awarded to you? ☐ Yes ☐ No. If "yes" specify reasons why in the space provided below. The Government may contact the point of reference for the failed work to confirm circumstance(s). Vendors that check "No", but who have a termination associated with their company will be removed from consideration.

5) Key Vendor (Prime) Personnel Available for this Project (not subcontractor):
   a) Minimum # of Employees: Maximum # of Employees:
   b) Are employees regularly on your payroll? Yes ☐ No ☐
   c) Will you need to hire additional employees to complete this work? Yes ☐ No ☐

6) Employee Experience: Provide the below information for each employee(s) (not subcontractor) who will perform the work contemplated by this solicitation:

   Current Position/Title and Years of Experience:

7) Certificates/Licenses. Refer to the solicitation for information on requirements. Attach certificates for the following areas if you have completed courses. If you have not completed courses, provide your plan for obtaining certifications within the time required by the solicitation. Plans for obtaining certifications shall include the name of the course, the course provider, potential dates of training, and a link to the course(s). Certificates/licenses of subcontractors will only be considered if a suitable teaming arrangement (see below) is included with quote submission. **Submissions that include certifications, documentations, or course information will be rated higher than those that do not include the information. The Government is under no obligation to request documents or provide the vendor an opportunity to provide such after the solicitation has closed.** The following certifications and/or documentation are applicable to this acquisition **(VENDORS SHALL NOT EDIT THIS SECTION)**:

   X First Aid/CPR

   Competent Person in Fall Protection

   Rope Access

   Applicable licenses:

   Crane Operator/Qualified Riggers

   Boat Operator

   X Other: Certified Industrial Hygienist

   X Other: State of Connecticut Asbestos Removal Certification

8) If you are a prime contractor hiring a Subcontractor, provide the name, POC, and location of the subcontractor (vendors that state “to be determined” or “information provided upon request” will be deemed non-responsive and removed from consideration). If self-performing, enter "NONE":

9) Attach documentation of your teaming arrangement with this subcontractor if available (documentation shall be considered a signed confirmation from the subcontractor that they are willing to complete the work required by this solicitation in conjunction with your company).

Vendors that state "teaming arrangement available upon request" or otherwise do not include the teaming arrangement with their quote may be rated lower than vendors that do include suitable teaming arrangements.

10) Past Performance/Experience:

Experience must have been completed within the past three (3) years; experience similar in nature, size, and complexity to that required by the solicitation may be rated higher than non-relevant performance. Government contracts are preferred; however, if you have not been awarded Government contracts, indicate any other contracts completed or in progress. **Past performance shall be that of the vendor (prime). Only when a suitable teaming arrangement with a subcontractor is provided will past performance of the subcontractor be considered. If past performance is that of the subcontractor, identify as such below. Failure to adhere to these requirements will result in quotes being deemed non-responsive.**

First Contract Reference:

Awarded to Prime or Subcontractor?: Vendor (Prime)

Contract Agency or Company Name:

Contract Number (if applicable):

Total Contract Value ($):

Point of Contact (POC) Name:

POC Telephone #:

POC E-mail address:

Contract Start and End Date:

Scope of Project: *(Sufficient detailed information must be provided for the Government to perform an evaluation)*

Second Contract Reference:

Awarded to Prime or Subcontractor?: Vendor (Prime)

Contract Agency or Company Name:

Contract Number (if applicable):

Total Contract Value ($):

Point of Contact (POC) Name:

POC Telephone #:

POC E-mail address:

Contract Start and End Date:

Scope of Project: *(Sufficient detailed information must be provided for the Government to perform an evaluation)*

Third Contract Reference:

Awarded to Prime or Subcontractor?: Vendor (Prime)

Contract Agency or Company Name:

Contract Number (if applicable):

Total Contract Value ($):

Point of Contact (POC) Name:

POC Telephone #:

POC E-mail address:

Contract Start and End Date:

Scope of Project: *(Sufficient detailed information must be provided for the Government to perform an evaluation)*

11) Certification:

I certify that all statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Government with any information needed to verify my business and employee's capability to perform this project.

Certifying Official's Name and Title: Date: