99TH CONSTRUCTION CONTRACTING FLIGHT
NELLIS AFB, NEVADA

ATTACHMENT #2
PREAWARD SURVEY

SOLICITAITON NUMBER: F26600-_____

1. If an offer submitted in response to this solicitation is favorably considered, a pre-award survey will be conducted to determine your capability to perform. All information provided after your offer has been submitted shall be **certified correct by an appropriate management official of the firm**. Representatives of the Defense Contract Management Command (DCMC) may supplement Nellis AFB personnel in conducting the survey and may contact you to determine your financial capability to perform. Current **financial statements** and pertinent data should be available upon request.

2. In order to expedite the preaward survey, you are requested to provide the information specified below **with your bid**. However, if it was not provided with your offer, it must be submitted within **two (2) calendar days** after your have been notified that you are the apparent low bidder on this project.

a. Complete and return the attached **questionnaire**.

b. Provide the **management information** specified below.

(1) Organization and functional charts reflecting lines of management responsibility.

(2) The role of the project manager and the extent of his/her authority.

(3) Start-up and phase-in schedule.

(4) Availability of labor force and plan for recruiting.

(5) Management procedures for logistical and administrative support of all functions. Such as:

(a) contractor provided supplies, equipment, and material;

(b) processing of payrolls and submittals; and

(c) coordination, integration, supervision, and extent of subcontractor work.

(6) Procedures to be used to ensure contract requirements are met (Quality Control (QC) program) (See Special Contract Requirement H-710(a), "Quality Control".

c. **Other offers** for which you are the apparent low.

d. If included, Solicitation Provision L-715 requires the submission of an **Experience information and certification**, prior to award.

3. In addition to the above, you may be requested to have management officials, of the appropriate level, represent your firm to respond to questions raised during the pre-award survey. You should also be prepared to present a briefing regarding the manner in which you intend to accomplish your contractual obligations.

4. The completed questionnaire may be furnished with the additional management information requested in 2.b. above; however, failure to provide all requested information **WITHIN THE TIMEFRAME SPECIFIED IN PARAGRAPH 2 ABOVE, may be considered that none exists and may lead to a determination of non-responsibility and rejection of your offer.**

ATTACHMENT #2

PAST AND PRESENT PERFORMANCE QUESTIONNAIRE

Submitted to: **99th Construction Contracting Office**
Nellis AFB NV

IN ORDER TO EVALUATE YOUR FIRM FOR AWARD, YOU ARE REQUESTED TO COMPLETE THE FOLLOWING QUESTIONNAIRE REGARDING YOUR PAST AND CURRENT FINANCIAL AND PERFORMANCE INFORMATION. DoD REFERENCES ARE PREFERRED HOWEVER PUBLIC SALES OR SERVICES MAY BE LISTED IF YOU DO NOT HAVE SUCH EXPERIENCE. DO NOT INCLUDE CLASSIFIED PROGRAMS. PLEASE RETURN THIS PACKAGE WITH YOUR BID.

GENERAL FINANCIAL ORGANIZATIONAL INFORMATION

Information regarding the following items must be furnished in sufficient detail to allow a full and complete business evaluation. If the question indicated is not applicable or the answer is none, it should be so annotated.

1. _____
(Contractor/Individual Name)

_____
(Address)

_____
(Phone)

2. Individual(s) to contact concerning information pertaining to this offer:

NAME	PHONE NUMBER

3. Dun and Bradstreet Rating: _____

4. License Number/Type/State of Issue: _____

5. Date company organized: _____

6. Is company a ☐ separate entity or a ☐ subsidiary or ☐ division of a parent company?

If a subsidiary or division, what is the name and address of the parent company:

NAME: _____

ADDRESS: _____

_____

7. List all affiliated firms, identifying the extent of affiliation and relationship. ***(Use a separate sheet if necessary.)***

_____

_____

_____

_____

8. PRIMARY BANKING FACILITY:

Name: _____

Address: _____

Account Number: _____

Point of Contact: _____

Telephone Number: _____

9. Do you ☐ **have the necessary equipment required to perform the job** ***(attach equipment list)*** **or** ☐ **have the resources to obtain equipment? (*Identify method to be used to acquire required equipment)***

10. Attach a current organizational chart of the company.

11. What were the burden rates for your last completed fiscal year?

Labor Overhead _____**%** **G&A** _____**%**

12. Have these rates been audited by the Defense Contract Management Command (DCMC) or any other governmental agency within the past 12 months? If so, identify the Agency, their address, point of contact, and phone number.

AGENCY: _____

POINT OF CONTACT: _____

PHONE NUMBER: _____

13. What have your estimated costs for this project been based on?

a. ☐ **Historical job order system?**

b. ☐ **Standard Cost system?**

c. ☐ **Other?** ***(Describe on a separate sheet, if necessary.)*** _____

_____

_____

14. Who performed your estimate for this project?

a. ☐ **Separate Department**

b. ☐ **Accounting Department**

c. ☐ **Contract Department**

d. ☐ **Other** ***(Describe on a separate sheet, if necessary.)*** _____

_____

_____

16. Please provide a general description of purchasing procedures used, including comments on selection of sources and your treatment of purchase discounts.

_____

_____

_____

JOB #1

A. PROGRAM TITLE: _____

B. CONTRACT NUMBER: _____

C. ACTING AS THE ☐ **PRIME** ☐ **SUBCONTRACTOR** ☐ **SUPPLIER**

D. DESCRIBE THE WORK YOU DID THAT WAS RELEVANT TO THIS CURRENT ACQUISITION:

_____

_____

_____

E. Please provide the following information for this project:

CONTRACTING OFFICE: _____

POINT OF CONTRACT (name) AT THE CONTRACTING OFFICE: _____

CONTRACTING OFFICE ADDRESS: _____

CONTRACTING OFFICE PHONE NUMBER (include zip code): _____

F. PERIOD OF PERFORMANCE: _____

G. CURRENT CONTRACT VALUE: $_____ **(Identify the value of your portion only)**

H. CURRENT PERCENTAGE OF COMPLETED WORK: _____**%**

The project is currently
☐ **COMPLETED,** ☐ **ON SCHEDULE,** ☐ **AHEAD OF SCHEDULE, or** ☐ **BEHIND SCHEDULE**

I. COMPLETION DATE: _____

J. HAVE YOU, OR DO YOU ANTICIPATE YOU WILL, SUCCESSFULLY COMPLETE ALL CONTRACTUAL REQUIREMENTS?

☐ **YES** ☐ **NO**

K. COMMENTS: _____

_____

_____

_____

_____

_____

JOB #2

A. **PROGRAM TITLE:** _____

B. **CONTRACT NUMBER:** _____

C. **ACTING AS THE** ☐ **PRIME** ☐ **SUBCONTRACTOR** ☐ **SUPPLIER**

D. **DESCRIBE THE WORK YOU DID THAT WAS RELEVANT TO THIS CURRENT ACQUISITION:**

_____

_____

_____

E. **Please provide the following information for this project:**

CONTRACTING OFFICE: _____

POINT OF CONTRACT (name) AT THE CONTRACTING OFFICE: _____

CONTRACTING OFFICE ADDRESS: _____

CONTRACTING OFFICE PHONE NUMBER (include zip code): _____

F. **PERIOD OF PERFORMANCE:** _____

G. **CURRENT CONTRACT VALUE:** $_____ **(Identify the value of your portion only)**

H. **CURRENT PERCENTAGE OF COMPLETED WORK:** _____%

The project is currently
☐ **COMPLETED,** ☐ **ON SCHEDULE,** ☐ **AHEAD OF SCHEDULE, or** ☐ **BEHIND SCHEDULE**

I. **COMPLETION DATE:** _____

J. **HAVE YOU, OR DO YOU ANTICIPATE YOU WILL, SUCCESSFULLY COMPLETE ALL CONTRACTUAL REQUIREMENTS?**

☐ **YES** ☐ **NO**

K. **COMMENTS:** _____

_____

_____

_____

_____

_____

JOB #3

A. **PROGRAM TITLE:** _____

B. **CONTRACT NUMBER:** _____

C. **ACTING AS THE** ☐ **PRIME** ☐ **SUBCONTRACTOR** ☐ **SUPPLIER**

D. **DESCRIBE THE WORK YOU DID THAT WAS RELEVANT TO THIS CURRENT ACQUISITION:**

_____

_____

_____

E. **Please provide the following information for this project:**

CONTRACTING OFFICE: _____

POINT OF CONTRACT (name) AT THE CONTRACTING OFFICE: _____

CONTRACTING OFFICE ADDRESS: _____

CONTRACTING OFFICE PHONE NUMBER (include zip code): _____

F. **PERIOD OF PERFORMANCE:** _____

G. **CURRENT CONTRACT VALUE:** $_____ **(Identify the value of your portion only)**

H. **CURRENT PERCENTAGE OF COMPLETED WORK:** _____%

The project is currently
☐ **COMPLETED,** ☐ **ON SCHEDULE,** ☐ **AHEAD OF SCHEDULE, or** ☐ **BEHIND SCHEDULE**

I. **COMPLETION DATE:** _____

J. **HAVE YOU, OR DO YOU ANTICIPATE YOU WILL, SUCCESSFULLY COMPLETE ALL CONTRACTUAL REQUIREMENTS?**

☐ **YES** ☐ **NO**

K. **COMMENTS:** _____

_____

_____

_____

_____

_____

SUPPLIERS

Please provide a list of your major suppliers. Identify those that you plan to use on this project:

1. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____

2. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____

3. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____

4. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____

5. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____

6. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____

7. NAME: _____

ADDRESS: _____

POINT OF CONTACT: _____

PHONE NUMBER ***(Include area code):*** _____