SOLICITATION SURVEY

ALL INFORMATION MUST BE PROVIDED TO BE COMPLIANT WITH SOLICITATION

Your Company Name:

SAM CAGE Code:

Street Address:

City, State and ZIP Code:

POC Name:

POC Phone Number:

POC Email:

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

To receive consideration, complete and submit the information requested below with your quote. If additional space is needed this form may be duplicated as necessary.

1) How many years' experience does your business have in these services? Note: Subcontractor experience shall not be included in experience unless a teaming arrangement confirmation is provided from the subcontractor. 0
2) List number of years' experience in contracting your business has as a prime contractor 0 or as a subcontractor 0
3) How many of these years were for Federal Government contracts? 0
4) Have you ever failed to complete any work awarded to you? ☐ Yes ☐ No. If "yes" specify reasons why. The Government may contact the point of reference for the failed work to confirm circumstance(s).

5) Key Personnel Available for this Project:
   a) Minimum # of Employees: 0 Maximum # of Employees: 0
   b) Are employees regularly on your payroll? ☐ Yes ☐ No
   c) How many employee(s) do you anticipate will be needed to perform the work contemplated by this solicitation? 0
   d) If you are a prime contractor hiring a subcontractor, provide the name and location of the subcontractor:
   e) Attach documentation of your teaming arrangement with this subcontractor if available (documentation shall be considered a confirmation from the subcontractor that they are willing to complete the work required by this solicitation in conjunction with your

company).

6) Employee Experience: Provide the below information for <u>each</u> employee(s) 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). Submissions that include certifications, documents, or course information will be rated higher than those that fail to include the required information. The Government is under no obligation to request documents or provide the vendor an opportunity to provide such after the solicitation closes. The following certifications and/or documentation are applicable to this acquisition **(VENDORS SHALL NOT EDIT THIS SECTION)**:

   x First Aid/CPR

   x Competent Person in Fall Protection

   Rope Access

   Applicable licenses (electrician, plumber, etc)

   Crane Operator/Qualified Riggers

   Boat Operator

   x Other: Level 2 SSHO

   X Other: Documentation of certification as a Service Disabled Veteran Owned Small Business by the Small Business Administration

8) References and Relevant Past Performance/Experience:

   Experience must have been completed within the past three (3) years and be similar in size and complexity to those stated in the scope of work. Government contracts are preferred; however, if you have not been awarded Government contracts, indicate any other contracts completed or in progress.

   <u>First Contract Reference:</u>

   Contract Agency or Company Name:
   Contract Number (if applicable):

Total Contract Value ($):

Point of Contact (POC) Name:

POC Phone and Email:

Contract Start and End Date:

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

Second Contract Reference:

Contract Agency or Company Name:

Contract Number (if applicable):

Total Contract Value ($):

Point of Contact (POC) Name:

POC Phone and Email:

Contract Start and End Date:

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

Third Contract Reference:

Contract Agency or Company Name:

Contract Number (if applicable):

Total Contract Value ($):

Point of Contact (POC) Name:

POC Phone and Email:

Contract Start and End Date:

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

9) Statement 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:

Signature: