

ATTACHMENT JA39
PAST PERFORMANCE PROJECT INFORMATION

Provide the information requested in this form for each project/program being described. Provide frank, concise comments regarding your performance on the contracts/work you identify.

A. OFFEROR NAME (COMPANY/DIVISION) AND LOCATION (CITY/STATE):

NOTE:

- If the company or division (i.e. management personnel, subcontractor, parent/subsidiary/affiliate, etc.) performing this effort is different than the Offeror, or the relevance of this effort to the acquisition is impacted by any company/corporate organizational changes; note those differences/changes and explain in detail why this past performance should be attributed to the Offeror.

B. PROJECT/PROGRAM TITLE: _____

C. DESCRIPTION:

1. **Contract Number:** _____
2. **Contract Type:** _____
3. **Period of Performance:** _____
4. **Original Contract \$ Value:** _____
5. **Current Contract \$ Value:** _____

NOTES:

- If describing a service account rather than a discrete project or contract, provide account number, type of account/work, and total value over the period of performance.
- If amounts for items 4 and 5 above are different, provide a brief description of the reasons for the difference.

**D. BRIEF DESCRIPTION OF OFFEROR'S DUTIES AS PRIME CONTRACTOR,
SUBCONTRACTOR, OR SERVICE PROVIDER:**

(Please highlight portions considered most relevant to the current solicitation)

E. COMPLETION DATE:

1. **Original Contractual Date:** _____
 2. **Current Scheduled Completion Date:** _____
 3. **Estimated Date of Completion:** _____
 4. **How Many Times Changed:** _____
 5. **Primary Cause(s) of Change:** _____
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F. PRIMARY AND SECONDARY POINTS OF CONTACT:

(Please provide current information on all individuals)

1. Primary POC:

Name: _____
Company: _____
Job Title: _____
Office: _____
Address: _____

Telephone: _____
E-mail: _____
Fax: _____
Relationship to Project: _____

2. Secondary POC:

Name: _____
Company: _____
Job Title: _____
Office: _____
Address: _____

Telephone: _____
E-mail: _____
Fax: _____
Relationship to Project: _____

G. ADDRESS ANY TECHNICAL (OR OTHER) AREAS ABOUT THIS PROJECT/PROGRAM CONSIDERED UNIQUE:

H. SPECIFY BY NAME ANY KEY INDIVIDUAL(S) WHO PARTICIPATED IN THIS PROJECT/PROGRAM AND IS/ARE PROPOSED TO SUPPORT THIS ACQUISITION. ALSO, INDICATE THEIR ROLES FOR BOTH THE PROVIDED PROJECT/PROGRAM AND FOR THIS ACQUISITION:

I. ADDRESS SIGNIFICANT PROBLEMS ENCOUNTERED ON THIS PROJECT/PROGRAM AND YOUR SOLUTIONS TO THOSE PROBLEMS:

J. IDENTIFY IF A SMALL BUSINESS OR DISADVANTAGED BUSINESS PLAN OR GOAL WAS REQUIRED FOR THIS PROJECT/PROGRAM. IF SO, IDENTIFY IN TERMS OF A PERCENTAGE THE PLANNED VERSUS ACHIEVED GOAL DURING THE PROJECT/PROGRAM. PLEASE EXPLAIN IF THE ABOVE GOALS WERE NOT MET:

K. DESCRIBE THE RELEVANCY OF THE SERVICES YOU PROVIDED ON THIS PROJECT/PROGRAM TO THE WORK BEING SOLICITED UNDER THIS RFP:

L. PLEASE COMPLETE THE FOLLOWING:

General

1. Indicate (yes or no) if you owned, operated, maintained the system for the referenced customer.
Indicate (yes or no) if the systems were located on the customer's site.

	OWN	OPERATE	MAINTAIN	ON SITE
Overhead Electrical Distribution System				
Underground Electrical Distribution System				
Power Generation Facility				
Substations				
Natural Gas Distribution System				
Water Lines				
Pump Stations				

Water Storage Tanks				
Water Treatment Plants				
Sewer Lines				
Lift Stations				
WWTP				
Industrial WWTP				
Chilled Water Generation and Distribution System				
Steam Generation and Distribution System				

Electrical System

1. What is the voltage of the system you operate/maintain?
2. How many facilities are served by the system you operate/maintain?
3. How many linear feet of overhead distribution system do you operate/maintain?
4. How many linear feet of underground distribution system do you operate/maintain?
5. How many meters do you operate/maintain?
6. What is the dollar value of the capital improvements you made to the system during the total period of time that service has been rendered?

Time____(yrs) \$_____

Natural Gas System

1. How many linear feet of distribution lines do you operate/maintain?
2. How many facilities are served by the system you operate/maintain?
3. How many meters do you operate/maintain?
4. What is the dollar value of the capital improvements you made to the system during the total period of time that service has been rendered?

Time____(yrs) \$_____

Water System

1. What is the average daily flow (gallons per day) for the referenced system?
2. What type of treatment occurs at the Water Treatment Plant?
3. What is the capacity of the Water Treatment Plant?
4. How many pump stations do you operate/maintain?
5. How many linear feet of water lines do you maintain?
6. How many meters do you operate/maintain?

7. What type of storage tanks do you operate/maintain (ground/elevated, capacity)?
8. What is the dollar value of the capital improvements you made to the system during the total period of time that service has been rendered?

Time ____ (yrs) \$ _____

Wastewater System

1. What is the average daily flow (gallons per day) for the referenced system?
2. What is the capacity of the WWTP?
3. What is the capacity of the Industrial WWTP?
4. How many lift stations do you operate/maintain?
5. How many linear feet of wastewater lines do you maintain?
6. How many meters do you operate/maintain?
7. What is the dollar value of the capital improvements you made to the system during the total period of time that service has been rendered?

Time ____ (yrs) \$ _____

8. Have capital improvements you completed directly or indirectly reduced the amount of Inflow/Infiltration for the system?

Capital Improvements \$ _____ Inflow/Infiltration Reduction ____%

Thermal System

1. What is the capacity (pound per hour) of the steam generation and distribution system you operate/maintain?
2. What is the electrical generation capacity (MW) of the central power plant you operate/maintain?
3. What is the capacity (tons) of the chilled water and distribution system you operate/maintain?
4. How many linear feet of the distribution system(s) do you operate/maintain?
5. How many meters do you operate/maintain?
6. What is the dollar value of the capital improvements you made to the system during the total period of time service has been rendered?

Time ____ (yrs) \$ _____