

SOLICITATION NO. 15BBNF26Q40900001
Emergency Repair Tornado Damage
FCI Marion

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
FCI Marion
Marion, IL 62959



ISSUE DATE: October 5, 2026

OFFER DUE DATE: December 3, 2026, by 12:00 P.M. EASTERN

OFFERS SHALL BE ADDRESSED TO:

Candi Smart at csmart@bop.gov

INSTRUCTIONS TO OFFERORS

OFFER SUBMISSION PROCEDURES

SOLICITATION/REQUEST FOR QUOTE

15BBNF26Q40900001

TITLE: Emergency Repair
Tornado Damage

DEADLINE FOR
RECEIPT OF OFFERS: December 3, 2026
12:00 P.M. Eastern

EMAIL OFFERS TO: **csmart@bop.gov**

*******IMPORTANT*******
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CONTRACTORS MUST BE REGISTERED IN THE SYSTEM FOR AWARD MANAGEMENT (SAM) AT **WWW.SAM.GOV**. THIS IS A **100% SMALL BUSINESS SET-ASIDE**. YOUR BUSINESS SIZE METRICS INFORMATION IN SAM MUST MEET THE SMALL BUSINESS SIZE STANDARD REQUIREMENT FOR NAICS CODE 237130 (reference FAR provision 52.219-1 in the Representations & Certifications section of your SAM registration).

If you have questions about the System for Award Management (SAM), Government procurements in general, or need assistance in the preparation of your quote, a local Procurement Technical Assistance Center (PTAC) may be able to help. The Procurement Technical Assistance Program was authorized by Congress in 1985 in an effort to expand the number of businesses capable of participating in the Government marketplace. To locate a PTAC near you, go to <http://www.aptac-us.org>.

- I. Each offeror **SHALL** complete and submit the following forms, clauses, and statements with his/her offer. Failure to furnish all required information or any rejection of or addition to the terms and conditions of the solicitation may cause your offer to be considered as non-responsive and ineligible for award.

SUBMIT PAGES 1, 2, 4, 56-62 OF THE SOLICITATION DOCUMENT

- A. **SECTION 1: Standard Form-1442 - Solicitation, Offer, and Award, pages 1 & 2**

Complete blocks 10 and 14 thru 20c (remember to include the signer's title in block 20a). Ensure the address typed in block

14 matches the address in your SAM registration.

Blocks 21 thru 31c are to be completed only by the Government!

Include duns#, tax id#, CAGE code, and email address where indicated in block 10.

B. **SECTION 2: Schedule of Supplies/Services, page 4**

Complete the unit price (JB = job) and Amount blocks (these amounts will be the same).

NOTE: The amounts listed in this section should be the same as the amount listed in block 17 of the Standard Form-1442.

C. **SECTION 5: Attachments page 51**

SF-24 BID BOND:

Reference provision 52.228-1 and FAO-0001.

Criminal History Check Form

FCI Marion

WD IL20260002 05-18-2026

SUBMISSION+COVER+PAGE

Instructions to Offerers FCI Marion

D. **SECTION 7: Representations and Certifications, pages 56-62**

1. **FAR provision 52.209-13 (Pages 56-57)**

Offerors should mark as applicable either (b) (1) or (b) (2). If (b) (2) is applicable, please follow additional instructions provided.

2. **FAR provision 52.229-11 (Pages 57-58)**

3. **FAO-0020 (Page 61-62)**

Complete in entirety.

E. Amendments, if any, must be acknowledged and submitted with the offer by one of the methods described in item eleven of the Standard Form-30 (amendment of solicitation/modification of contract).

SUBMIT PAGES 1, 2, 4, 56-62 OF THE SOLICITATION DOCUMENTS

II. PRE-QUOTATION CONFERENCE:

***** **IMPORTANT** *****

A pre-quotation conference and site visit are scheduled for October 28, 2026 at 9:00 am local time at Warden Conference Room/4500 Prison Rd Marion, IL 62959 This

is the **only** a pre-quotation conference/site visit scheduled. The pre-quotation conference/site visit is not mandatory (see provision 52.237-1 of the solicitation). However, all offerors are urged to attend.

Criminal History Checks may be required for participants attending this conference. The authorization for release of information (Form BP-A0660 Criminal History Check, attached) shall be completed for each attendee and submitted to FCI Marion no later than October 23, 2026 by 3 pm central time, fax or email to John Jordan at jxjordan@bop.gov. For questions on filling out the Criminal History Check form, also contact John Jordan at jxjordan@bop.gov or 618-964-2098.

The forms must include a **cover letter** indicating they are for the Emergency Repair Tornado Damage project in addition to the following information:

- Company name and list/number of individuals from the company who will be attending.
- Phone number/point of contact for the company for notification of any Criminal History Checks that are denied.

NOTE: The FBOP is prohibited from divulging any information regarding any reasons for Criminal History Check denials. Only the fact that a person has been denied will be communicated to the company point of contact.

The **point of contact** for the pre-quotation conference/site visit is John Jordan, Facilities Manager, 618-964-2098 AND jxjordan@bop.gov.

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Any **questions** relating to the solicitation after the closing of the pre-quotation conference/site visit shall be sent to Candi Smart, Contracting Officer, via email at csmart@bop.gov no later than November 2, 2026. In order to provide sufficient response time prior to the offer due date, the Government is establishing the above cut-off date for questions about the solicitation. All offerors shall offer in accordance with the current solicitation to include all amendments (if any) as issued by the Contracting Officer only.

Past Performance Information Required

Refer to Provision FAO-0022, List of References and Bank Information.

Attached to this document are two past performance questionnaires, one for your references, and one for your bank.

1. Past Performance Questionnaire: Forward this document to *at least 5 companies/Government agencies* who you have current work or have completed work within the last 24 months.

The references submitted should be in the same range as your quote price. Please submit reference forms for projects of a similar nature or as similar as possible. If you do not have references similar to what you are bidding for this project, please indicate so by including a separate letter with your quote stating so. Not having references similar **will not** determine your quote non-responsive.

2. Bank Reference: Forward this document to your bank and inform them in writing they are authorized to respond to this document. Ensure they are aware that only this document will be accepted.

You are responsible to ensure the questionnaires are delivered to your references, and that they respond via forwarding the completed reference to csmart@bop.gov. The completed reference documents must come from your reference, and not from an email address in your firm.

PAST PERFORMANCE QUESTIONNAIRE

The contractor you are receiving this document from intends to offer a quote to the Federal Bureau of Prisons for an upcoming project. As a potential bidder who may receive the contract, it is required by law that Past Performance be examined. The intention of this request is to ensure contractor responsibility prior to expending *your* taxpayer dollars and awarding a federal contract. It is imperative before we award tax dollars to firms, they are deemed capable and responsible.

A brief one (1) page survey is attached with a second page for comments. Please ensure you provide your professional opinion in the comments section so that I may combine your rating and comments into a fair rating. ***Please submit responses by 12/03/2026 by 12:00 pm as this is the day of the quote opening.*** Please scan and email back.

This document, once completed, must be emailed to csmart@bop.gov. Do not return this document to the Contractor who forwarded you this document.

Please provide the name of the company for whom you are providing the reference: _____

Please provide the following information regarding YOUR Company/Government Agency in case I have questions:

a. Name of Company/Government Agency: _____

b. Telephone Number: _____

c. Name/Title of Contact Person: _____

d. Contact Person E-Mail Address: _____

e. Description of Work Performed: _____

f. Amount of Contract: _____

g. Contract Status: Active or Complete (circle one)

h. List Month/Year of Completion (if applicable): _____

If you have any questions, please do not hesitate to contact me, csmart@bop.gov Candi Smart, Contracting Officer, at 803-625-5298. Your assistance is greatly appreciated!

THIS DOCUMENT MUST BE SENT DIRECTLY TO csmart@bop.gov DO NOT EMAIL BACK TO THE REFERENCED CONTRACTOR.

RESPONSIBILITY QUESTIONNAIRE

Contractor Name:		RATING										
		1 Poor		5/6 Average						10 Best		
		1	2	3	4	5	6	7	8	9	10	
PERFORMANCE & WORKLOAD	How would you rate their overall performance to date?											
	How would you rate the contractor's adherence to contract delivery and/or performance schedule?											
	How would you rate the contractor's quality control?											
	How would you rate the contractor's efforts in fostering good business relations?											
	How would you rate the contractor's meeting all the contract requirements?											
	Has the contractor required changes to the contract due to contractor problems?	Yes		No		Comments						
BUSINESS ETHICS	Based on your observations, do you believe the contractor to be ethical in their business relationship with your organization?											
	Are you aware of any ethics problems being experienced by the contractor?											
ORGANIZATION	Does the contractor demonstrate good organizational structure?											
	Do you have recourse within the company if you are not satisfied with the on/off-site supervision? (Please explain under comments)											
	Are you aware of any organizational deficiencies with the contractor? (If yes, please explain under comments)											
RESOURCES	Did the contractor demonstrate themselves to have sufficient financial resources?											
	Did the contractor demonstrate themselves to have sufficient qualified personnel resources?											
LEGAL	Are you aware of any legal problems being experienced by the contractor?											
GENERAL	If the work is complete, would you have the contractor come back for another contract if this contract were completed?											
	Do you have anything else you would like to add? Please attach any notes you may have in reference to this contractor, either positive or negative.											

Signed: _____ Date: _____

Company Name: _____

THIS DOCUMENT MUST BE SENT DIRECTLY TO csmart@bop.gov. DO NOT EMAIL BACK TO THE REFERENCED CONTRACTOR.

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THIS DOCUMENT MUST BE SENT DIRECTLY TO csmart@bop.gov. DO NOT EMAIL BACK TO THE REFERENCED CONTRACTOR.

BANKING QUESTIONNAIRE

The contractor you are receiving this document from intends to offer a quote to the Federal Bureau of Prisons for an upcoming project. As a potential bidder who may receive the contract, it is required by law that Past Performance be examined. The intention of this request is to ensure contractor responsibility prior to expending *your* taxpayer dollars and awarding a federal contract. It is imperative before we award tax dollars to firms, they are deemed capable and responsible.

A brief one (1) page survey is attached. Please ensure you provide the date the contractor's bank account was opened, and respond to each of the three questions posed. *The document does not require any detailed bank account information.*

*Please submit responses by **December 03, 2026 @ 12:00 pm**, as this is the day of the quote opening. Please scan and email back.*

This document once completed must be emailed to csmart@bop.gov. Do not return this document to the Contractor who forwarded you this document.

If you have any questions, please do not hesitate to contact me, **Candi Smart**, at **803-625-5298**. Your assistance is greatly appreciated!

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Emergency Repair Tornado Damage

CONTRACTOR FINANCIAL INQUIRY:

THE INTENTION OF THIS REQUIREMENT IS TO ENSURE CONTRACTOR FINANCIAL RESPONSIBILITY PRIOR TO AWARDED A FEDERAL CONTRACT. THE COMPANY LISTED BELOW HAS GIVEN YOUR NAME AND INFORMATION SO THAT WE MAY CONTACT YOU TO INQUIRE REGARDING THEIR STANDING WITH YOUR BANK. IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT ME, CANDI SMART AT **806-625-5298**.

Contractor:

Contractor Name: _____

Contractor Point of Contact: _____

Contractor Address: _____

Name and Address of Financial Institution:

Name of Bank: _____

Bank Point of Contact: _____

Bank Address: _____

PLEASE ANSWER THE FOLLOWING:

DATE ACCOUNT OPENED:

1. Does the contractor maintain satisfactory account status (making timely debt payments, maintains positive cash flow and overdraft protection, etc.)?

☐ always ☐ often ☐ not often

2. What credit standing does the contractor currently have?

☐ excellent ☐ fair ☐ poor

3. Generally, their average monthly balance in the last six months is:

☐ less than \$10,000 ☐ \$10,000 - \$100,000 ☐ greater than \$100,000

Signature and Title of Bank Representative

Date

THIS DOCUMENT MUST BE SENT DIRECTLY TO csmart@bop.gov. DO NOT EMAIL BACK TO THE REFERENCED CONTRACTOR.