

## ATTACHMENT C

# Company Experience and Capability Assessment

### Company Information

<b>Company Name</b>	
<b>Contact Name</b>	
<b>Phone</b>	
<b>Email</b>	

### Required Licenses

Please provide current license information for any specialty trade category, if applicable:

Type of Trade	License Number

### Safety Plan

Does your company have a company safety plan? If yes, Proposer must provide a copy if requested.

- Yes
- No

### Additional Questions

Question	Answer
How many years has your company been actively executing work?	
What is your company's primary trade(s)?	
What training, certification(s) or license(s) does your company hold?	
Have you ever failed to complete work under a contract? If yes, provide a brief description of the work and the circumstance(s).	

### Commercial Work Experience & References

Proposer must have experience providing **PMIS Maintenance and Installation Services** at high traffic, high quality commercial, institutional and/or industrial facilities (**non-residential**) for at least the last **five (5) years**.

Please provide details about non-residential work your company has completed in the past **three (3) years** that is relevant to the Work in this solicitation.

REFERENCE / EXAMPLE WORK NO.1	
Project / Work Title (enter below)	
<input type="text"/>	
Project / Work Description (enter below)	
<input type="text"/>	
Total Value of Work:	<input type="text"/>
Date Started:	<input type="text"/> Date Completed: <input type="text"/>
Owner Contact Information (enter below)	
Name:	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>
General Contractor Contact Information (enter below)	
Name:	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>

REFERENCE / EXAMPLE WORK NO.2	
Project / Work Title (enter below)	
<input type="text"/>	
Project / Work Description (enter below)	
<input type="text"/>	
Total Value of Work:	<input type="text"/>
Date Started:	<input type="text"/> Date Completed: <input type="text"/>
Owner Contact Information (enter below)	
Name:	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>
General Contractor Contact Information (enter below)	
Name:	<input type="text"/>
Phone:	<input type="text"/> Email: <input type="text"/>

### Employee Information

Please describe your company's **administrative staff** (non-field employees) by function and number:

Functional Position / Title	Number of Employees
Example: Estimator	1
Example: Accounting Staff	2

Please describe your company's **field employees** (non-administrative staff) by function and number:

Functional Position / Title	Number of Employees
Example: Pipefitter	4
Example: Foreman	2

### Technical Capability Assessment

Indicate whether your company has experience in these specific areas, and if so, how many years:

Item	Yes or No	Total Years
Developing Proposals, Quotes or Bids	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Obtaining Certificate of Insurance and Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reading and understanding Project Plans & Specifications	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Understanding Site Surveys and general survey practices	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Preparing Shop Drawings and other submittal documents	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interpreting Building Codes, including ADA	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Obtaining Building/Construction Permits and working with Code Officials	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Obtaining Background Checks and Security Badges for company personnel	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Developing Project Schedules	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Developing and coordinating Work Plans (Methods & Means)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Identifying and mitigating Hazardous Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Developing Site Specific Safety Plans	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Identifying and correcting Safety and Health concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Obtaining Warranty Inspections and Certifications	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Invoicing with supporting documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Working in Occupied Facilities and/or Sites	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Working with Subcontractors and/or Owner's Contractors	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work at Heights (Overhead/Aerial)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Underground work (Excavation)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assembling Operations & Maintenance (O&M) Manuals	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Coordinating Start-up Building Systems/Equipment Training	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Obtaining and operating Rental Equipment to complete work (Skid Steer, Aerial Lifts & Etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Troubleshooting Building Systems to identify issues and corrective actions	Yes <input type="checkbox"/> No <input type="checkbox"/>	