

ATTACHMENT J39

PAST PERFORMANCE INFORMATION

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

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

(NOTE: IF THE COMPANY OR DIVISION PERFORMING THIS EFFORT IS DIFFERENT THAN THE OFFEROR, OR THE RELEVANCE OF THIS EFFORT TO THE ACQUISITION IS IMPACTED BY ANY COMPANY/CORPORATE ORGANIZATIONAL CHANGE, NOTE THOSE DIFFERENCES/CHANGES AND EXPLAIN WHY THE PAST PERFORMANCE SHOULD BE ATTRIBUTED TO THE OFFEROR. REFER TO THE "ORGANIZATIONAL STRUCTURE CHANGE HISTORY" YOU PROVIDED AS PART OF YOUR RELEVANT PRESENT AND PAST PERFORMANCE VOLUME.)

B. PROGRAM TITLE:

C. CONTRACT SPECIFICS:

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

If Amounts for 4 and 5 above are different, provide a brief description of the reasons for the difference

D. BRIEF DESCRIPTION OF EFFORT AS __PRIME OR __SUBCONTRACTOR.

(Please highlight portions considered most relevant to current acquisition)

E. COMPLETION DATE:

- 1. Original Contractual Date: _____
- 2. Current Schedule: _____
- 3. Estimated Date of Completion: _____
- 4. How Many Times Changed: _____
- 5. Primary Causes of Change: _____

F. PRIMARY GOVERNMENT OR EQUIVALENT POINTS OF CONTACT:

(Please provide current information on all individuals)

- 1. Program Manager: Name: _____
- Office _____
- Address _____
- _____
- Telephone _____

	E-mail	_____
	Fax	_____
2. PCO:	Name:	_____
	Office	_____

	Address	_____

	Telephone	_____
	E-mail	_____
	Fax	_____
3. ACO:	Name:	_____
	Office	_____
	Address	_____

	Telephone	_____
	E-mail	_____
	Fax	_____
4. COR:	Name:	_____
(Contracting Officer Rep)		
	Office	_____
	Address	_____

	Telephone	_____
	E-mail	_____
	Fax	_____

G. ADDRESS ANY TECHNICAL (OR OTHER) AREA ABOUT THIS PROGRAM CONSIDERED UNIQUE.

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

I. ADDRESS PROBLEMS ENCOUNTERED ON THIS CONTRACT AND YOUR SOLUTIONS TO THOSE PROBLEMS.

J. IDENTIFY IF A SMALL BUSINESS OR DISADVANTAGED BUSINESS PLAN OR GOAL WAS REQUIRED. IF SO, IDENTIFY IN TERMS OF A PERCENTAGE OF THE PLANNED VERSUS ACHIEVED GOAL DURING THE CONTRACT. IF GOALS WERE NOT MET. PLEASE EXPLAIN.

K. DESCRIBE/DISCUSS THE RELEVANCY OF THE SERVICES YOU PROVIDED ON YOUR REFERENCED CONTRACT TO THESE QUESTIONS AS THEY MAY PERTAIN TO THE SPECIFIC UTILITY.

General

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

	OWN	OPERATE	MAINTAIN	ON SITE
Sewer Lines				
Pump Stations				
WWTP				
Industrial WWTP				
Water Lines				
Water Storage Tanks				
Water Treatment Plants				
Above Ground Electrical Distribution System				
Below Ground Electrical Distribution System				
Power Generation Facility				
Substations				
Gas Distribution System				

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 pump stations are operated/maintained?
5. How many linear feet of sewage lines are maintained?
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) \$_____
7. Have capital improvements been completed that directly or indirectly reduced the amount of Inflow/Infiltration for the system serving the referenced customer?
Capital Improvements \$_____ Inflow/Infiltration Reduction____(%)

Water System

1. What is the average daily flow (gallons per day) for the referenced customer?
2. What type of treatment occurs at the Water Treatment Plant?

3. What type of storage tanks are operated/maintained (ground/elevated, capacity)?
4. 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) \$_____

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. What is the length (linear feet) of the overhead distribution system you operate/maintain?
4. What is the length (linear feet) of the underground distribution system you operate/maintain?
5. 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) \$_____

Gas System

1. What is the length (linear feet) of the distribution system you own/operate?
2. How many meters are on the system you own/operate?
3. 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) \$_____