



PRE-PROPOSAL CONFERENCE

RFP-18-34425

Design/Build Relocation of
Airfield Transformer Vault 900

March 8, 2019



Disclaimer

The information contained in this presentation is for informational purposes only

In the event of a discrepancy between the information contained herein and the RFP documents, the RFP documents will take precedence



LDBE Participation Requirements

This RFP has a **50% Local Disadvantaged Business Enterprise (LDBE)** participation requirement and a 35% Voluntary MBE/WBE goal. Firms located within a 100-mile radius of the Washington, DC zero mile marker and whose 3 year average annual gross receipts, including all affiliates, do not exceed the specified size standards are eligible for LDBE consideration.

LDBE Size Standards:

<u>NAICS Code</u>	<u>Type of Work/Service</u>	<u>LDBE Size Standard</u>
238210	Electrical Wiring Contractors	\$15.0 Million
238910	Demolition/Foundation/Site Work	\$15.0 Million
238220	Mechanical Contractors	\$15.0 Million
238310	Drywall/Other Finishing Work	\$15.0 Million
238160	Roofing Contractors	\$15.0 Million
238130	Steel Framing Contractors	\$15.0 Million

For any LDBE/MBE/WBE information, including other LDBE size standards, contacts the Department of Supplier Diversity at **703-417-8660**.



LDBE Certification Requirements

- Race- and gender-neutral program
- Small business, organized for profit, that is not dominant in its field
- Average annual gross receipts (based on the firm's last three years), must not exceed the small business size standard
- Must be located within a 100-mile radius of the Washington, DC's Zero Mile Marker
 - As of application date, the business has an established office where the firm's owner, management, or employees are present and conduct the firm's business on a regular and frequent basis

LDBE certification is valid for a period of 3 years
Apply for re-certification 60 days before expiration
Be specific with your NAICS code



Prime Contractor Responsibility

- Firms have to be LDBE certified by MWAA by contract award date
- LDBE Contract participation form (Exhibit D) must be submitted with Proposal
- Successful firms must submit the Letter of intent (Exhibit E) and/or the sample subcontract with the proposal or within 3 days of the request of the contracting Officer
- Successful firm must contact the Department of Supplier Diversity to schedule and complete the mandatory e-Contract Compliance trainings within 30 days from date of award letter. Required trainings include:
 - Introduction to the new System - Learn how to successfully navigate the system
 - Contract Compliance Reporting – Learn how to report subcontractors payments



Exhibit D

METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
CONTRACT PARTICIPATION FORM (ORIGINAL)

Solicitation Number: _____
 Date: _____
 Offeror Name: _____
 Project Name: _____

LDBE Participation Percent Requirement: _____
 Base Contract Price: _____
 Original Contracted LDBE Eligible Participation: _____
 Original Percent Contracted LDBE Eligible Participation: _____

The Offeror shall submit the Contract Participation Form to the Contracting Officer with the offer. Please insert additional rows if needed.

LIST THE PRIME AND ALL FIRST TIER FIRMS PARTICIPATING IN THIS CONTRACT Identify whether firms are "P, S, JV, SP, B, H, MFG, in next column.	TYPE OF FIRM (see below)	FEDERAL TAX ID (also known as Employer Identification Number) nine digit number.	Enter "X" for all that apply				ADDRESS (Number, Street, City, State, ZIP)	DESCRIBE TYPE OF WORK (Electrical, Paving, etc. with notation e.g. "Labor Only", "Material Only", "Complete") Item Number if Applicable, Quantity, Unit Price	AGREED PRICE**** (Base Contract Only)	LDBE ELIGIBLE PERCENTAGE	LDBE ELIGIBLE DOLLARS
			LDBE	MBE	WBE	OTHER					
EX	SAMPLE	S	55-5555555	X	X		12345 Main Street, Washington, DC 20001	Furnish and install Structural Steel	\$985,000.00		
	Prime Contractor or Joint Venture										
P											
	LDBE and Non-LDBE Subcontractors, Suppliers, etc.										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
TOTAL AGREED PRICE MUST EQUAL BASE CONTRACT PRICE AS SHOWN ON THE PRICE SCHEDULE											

I, _____ (Type or Print Name), a duly authorized representative of _____ (Type or Print Name of Firm or Prime Contractor) certify that the information furnished above is correct and to the best of my knowledge represents the current status of the Firm or Prime Contractor's subcontracts with the listed Subcontractors.

Signature: _____ Title: _____ Date: _____

* TYPE OF FIRM

- P = Prime Contractor (if LDBE, counts at 100%)
- S = Subcontractor (if LDBE, counts at 100%)
- JV = Joint Venture (if LDBE, counts at 100%)
- SP = Stocking Supplier/Distributor (if LDBE, counts at 60%, unless 100% LDBE Requirement)
- B = Broker, Agent, Packager (if LDBE, typically counts at 5%, unless 100% LDBE Requirement)
- H = Hauler (if LDBE, counts at 60%, unless 100% LDBE Requirement)
- MFG = Manufacturer (if LDBE, counts at 100%)

- ** MBE = A certified Minority Business Enterprise (Attach current certification letter, if applicable)
- *** WBE = A certified Women Business Enterprise (Attach current certification letter, if applicable)
- (Information regarding MBE/WBE participation will be used for generalized statistical purposes and program analysis.)
- **** AGREED PRICE = For the purpose of this form, only include Base Contract value. Do not include Option Years or Alternates in this form. Post award, LDBE percentage shall be based on the current contract amount, to include any Option Years, Alternates or Modifications, as applicable. Agreed Price for each firm listed is the amount that they are self-performing and cannot include any work being subcontracted.

Exhibit E

METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
LETTER OF INTENT

(Name of Prime Contractor) Contract Number _____
Location _____
Contract Name _____

(Name of 1st Tier Subcontractor (If Applicable))

- A. The undersigned LDBE intends to perform the work associated with this contract as (Check one):
 Individual Partnership Corporation Joint Venture
- B. The undersigned LDBE will perform the work associated with this contract as a (Check all that apply):
 Construction Contractor Stocking Supplier Manufacturer Stocking Distributor
 Broker, Agent, Packager Hauler Service Provider (for non-construction contracts)
- C. The undersigned LDBE will: Perform the following services Supply the following materials, equipment, supplies:

IF AVAILABLE, PLEASE ATTACH A COPY OF THE PROPOSED SCOPE OF WORK AND SUBCONTRACT AGREEMENT FOR THIS SUBCONTRACTOR.

Item Number	Detailed Description Of Scope of Work	Scope of Services (Check One)	Quantity	Unit Price
01	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Mat Only <input type="checkbox"/> Complete	_____	_____
02	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Mat Only <input type="checkbox"/> Complete	_____	_____
03	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Mat Only <input type="checkbox"/> Complete	_____	_____
04	_____	<input type="checkbox"/> Labor Only <input type="checkbox"/> Mat Only <input type="checkbox"/> Complete	_____	_____

Please Attach Additional Sheets if Necessary

- D. Work described above will be performed at the following total price: \$ _____.
- E. Total Contract Amount: \$ _____
- F. Term of Contract Commencement Date: _____ Completion Date: _____
- G. _____% of the dollar value of the subcontract will be performed by (check if applicable):
 Non-LDBE contractors Non-LDBE suppliers.

The undersigned will enter into a subcontract consistent with the above upon execution of a contract between the Prime Contractor and the Authority: (NOTE: SIGNATURES MUST BE DATED)

(Print or Type Name of LDBE Firm) Agreed To _____
(Print or Type Name of Prime Contractor)

By _____
(Print or Type Name and Title) _____
(Print or Type Name and Title)

(Signature) _____ (Date) _____
(Signature) _____ (Date)

(Print or Type LDBE's Certification Expiration Date)

FOR MWA A USE ONLY

MWA A DSD Specialist's Approval \$ _____
 (Enter The Amount of Contract Approved for LDBE Participation) _____ (Signature) _____ (Date)

MWA A/DSD 03/2017



Supplier Diversity Management System

- Online contract compliance monitoring
- On-line certification application and renewal
- Real-time monitoring of certification applications in process
- Targeted outreach for contracting opportunities
- Contractor visibility into MWAA directory of certified firms

mwaa.diversitycompliance.com



Supplier Diversity Management System

 [Log In](#)

About the System

Additional information for our users

[Information for Vendors](#)

Upcoming Events & Conferences

See upcoming events and program related information

[Meetings](#)

[Events](#)

Vendor Certification

Search and/or join our database of certified vendors

[Certification Directory](#)

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System Training

Learn how to fully utilize our system with a live trainer

[See Online Training Times](#)

Find a ACDBE/DBE Firm

[SBSD ACDBE/DBE Directory](#)



Summary of Solicitation

- Procurement Method: Best Value Method
 - Technical Merit of the offer is Equally Important as the Price.
- Estimate: \$5,000,000 to \$10,000,000
- Performance Period: 480 days from Notice to Proceed
- Anticipated Contract Award: June 2019
- Contract Type: Firm fixed-price
- Contractors are encouraged to ask questions or clarifications during the Q&A period
- Insurance affidavit, Attachment 05 of the RFP



Proposal Requirements

- Proposals are due April 10, 2019 NLT 2:00 PM (EST) at the address identified on the solicitation



Metropolitan Washington Airports Authority Procurement and Contracts Dept., MA-29 2733 Crystal Drive Arlington, VA 22202		1. FOR INFORMATION CALL NAME: Marissa Arco TELEPHONE NUMBER: <i>(No Collect Calls)</i> 703-417-8660	
2. SOLICITATION NUMBER RFP-18-34425	3. TYPE OF SOLICITATION REQUEST FOR PROPOSALS (RFP)	4. DATE ISSUED February 25, 2019	

- Refer to Section X, Attachment 02, Evaluation Criteria and Proposal Submission Requirements



Proposal Submissions

Part 1 – Representation Package

Submit an original and one (1) copy of the following documents in the Representation Package envelope:

- a. Solicitation Offer and Award
- b. Representations and Certifications (Section IV)
- c. LDBE Certification Exhibits as applicable:
 - Exhibit A, Voluntary Efforts to Obtain MBE/WBE Participation
 - Exhibit F, LDBE Certification Application or proof of certification
 - Exhibit G, Application for Joint Venture Eligibility
 - Exhibit H, Request for Waiver
 - Exhibit I, LDBE Unavailability Certification
- d. Insurance Affidavit (Section X – Attachment 05)
- e. Copy of Virginia State Contractor's License



Proposal Submissions

Part 2 – Technical Proposal

- Submit an original and four (4) copies:
 - Do not include any reference to price
 - Submit on typewritten 8 ½ x 11” plain white paper
 - Assemble in a three ring binder or staple. No other binding methods are acceptable
 - Do not exceed fifty (65), double-spaced, single sided pages. Proposed schedule is not included in the 65-page limit.
 - Address the evaluation criteria in the order they are presented



Proposal Submissions

Part 3 – Price Proposal

- Submit an original and one (1) copy of the following documents:
 - Price Schedule, Section III
 - Exhibit D, Contract Participation Form



Evaluation Criteria

Criterion 1: Technical Approach

- Schedule
- Management Plan
- Organization
- Quality Control Plan
- Safety Plan

Criterion 2: Past Team Experience/Project Experience/Performance

- Past Team Experience
- Key Personnel Experience
- Design Build Past Experience



Contract Scope

- Relocation of Airfield Transformer Vault (TV-900) will include the evaluation of the existing facility, survey of proposed site, associated utilities, meeting with the Authority and FAA personnel, production of Contract Documents and Construction of a new TV-900 Facility to include but not limited to site work, utilities, foundations, building, systems and demolition and site restoration of the existing facility.



On-Line Resources

- The Pre-Proposal Conference Attendees List and this presentation will be posted to the Airports Authority website
- All questions must be submitted through the Airports Authority website by 3:00 PM March 20, 2019
- Answers to all questions received will be posted on-line, and all registered Planholders will be notified



Planholders List

PLANHOLDER LIST FOR SOLICITATION RFP-18-34425										
DESIGN/BUILD RELOCATION OF AIRFIELD TRANSFORMER VAULT 900, NATIONAL AIRPORT										
CONTRACTOR NAME	PRIMARY CONTACT	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER	FAX NUMBER	HOW FIRM INTENDS TO PARTICIPATE IN SOLICITATION				
						PRIME	J.V.	SUB	SUPPL	OTHER
1. AVCON, INC.	MEGHANN KRISS	5555 EAST MICHIGAN STREET, SUITE 200	ORLANDO, FL 32822	407-599-1122	407-599-1133					X
2. BURNS ENGINEERING	PATRICK KEENY	2001 MARKET STREET, SUITE 600	PHILADELPHIA, PA 19103	215-805-3461						
3. DVORAK, LLC	PATTY ARNN	2700 NORTH POINT BOULEVARD	BALTIMORE, MD 21222	443-503-6400						X
4. GRUNLEY CONSTRUCTION	COREY MCGRATH	15020 SHADY GROVE ROAD, SUITE 500	ROCKVILLE, MD 20850	240-399-2000		X				
5. MWAA	MUJEEB BASHA	1 AVIATION CIRCLE	WASHINGTON, DC 20001	703-417-8169						
6. RAS UNLIMITED, LLC	JAMES SIMMONS	451 HUNGERFORD DRIVE, SUITE 119-315	ROCKVILLE, MD 20850	703-965-6338		X			X	
7. TMG CONSTRUCTION CORPORATION	NANCY MCCARTAN	18915 LINCOLN ROAD	PURCELLVILLE, VA 20132	540-751-4488	540-338-9518	X				
8. W.M. SCHLOSSER COMPANY, INC.	CANDICE GETER	2400 51ST PLACE	HYATTSVILLE, MD 20781	301-773-1300	301-773-1806	X				



QUESTIONS?



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP) Pre-Proposal Notes

- Participation by contractors and subcontractors of every tier is required
- Aviation OCIP Manual provides policies and procedures
 - OCIP Provided Coverage; Section 4
 - Contractor Provided Coverage; Section 5



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

- Authority provides
 - General Liability, including terrorism
 - Excess Liability insurance, including terrorism
 - Contractor's Pollution Liability (including asbestos under pollution coverage only)
 - Builder's Risk, including terrorism



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

- **Contractor provides** (list below not all inclusive)
 - **Automobile Liability** (on and off site)
 - **Workers Comp/Employers Liability** (on and off site)
 - **General Liability** (Enrolled off site only)
 - **General Liability** (Excluded on and off site)
 - **Property** (Enrolled and Excluded)
 - **Professional Liability** (Enrolled and Excluded)



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

- Safety on the Job Site is Important to the Airports Authority
 - ❖ To encourage adherence to safety practices all Eligible Parties may be required to pay a Safety Obligation as Defined in Section 1
 - ❖ Safety obligations are not covered by the Aviation OCIP insurance policies



AVIATION OCIP ADMINISTRATIVE PROCESS

- Contractor Submits an Enrollment Application Form 1GL (See Section 8)
- Contractor is Issued a User Name and Password to the Wrap Portal
- Contractor Provides Requested Information and uploads COI to the Wrap Portal
- Contractor Completes Form 3GL for Each Sub



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

- Contractor is responsible for;
 - monitoring their subcontractors' Certificates of Insurance (COI)
 - Providing each subcontractor with copy of Aviation OCIP Manual
 - Including Aviation OCIP provisions in all subcontracts
 - Submitting Notice of Completion Form 2GL



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

- OCIP SAFETY REQUIREMENTS
 - All Contractors & Subcontractors go through the enrollment process
 - Safety representative must be on site when any work is in progress
 - Aviation OCIP Risk Control Class ~ 90 Minutes
 - All Incidents Submit Form 4GL



AVIATION OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

- In Summary OCIP Forms Include:
 - Enrollment Application *Aviation OCIP Form – 1GL*
 - Notice of Work Completion *Aviation OCIP Form – 2GL*
 - Pre-Enrollment *Aviation OCIP Form – 3GL*
 - Incident Report *Aviation OCIP Form – 4GL*



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