

ATTACHMENT 3

TAB H

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(Adobe fill-able format available for this questionnaire as a separate attachment)

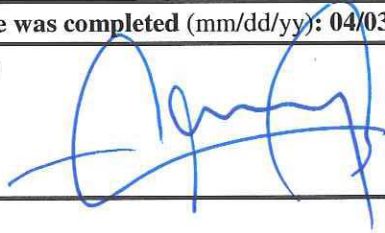
| | |
|---|---|
| NAVFAC/USACE PAST PERFORMANCE QUESTIONNAIRE (Form PPQ-0) | |
| CONTRACT INFORMATION (Contractor to complete Blocks 1-4) | |
| 1. Contractor Information | |
| Firm Name: Frische - Mullin Inc. | CAGE Code: 677A9 |
| Address: 5709 Opportunity Drive Toledo, Ohio 43612 | DUNs Number: 005541594 |
| Phone Number: 419-726-4900 | |
| Email Address: rrego@fmmech.com | |
| Point of Contact: Ron Rego | Contact Phone Number: 419-726-4900 |
| 2. Work Performed as: <input type="checkbox"/> Prime Contractor <input checked="" type="checkbox"/> Sub Contractor <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Explain) | |
| Percent of project work performed: 20% | |
| If subcontractor, who was the prime (Name/Phone #): Guam Pacific International (JV between CMS Corp. and TolTest, Inc.) | |
| 3. Contract Information | |
| Contract Number: N40192-10-D-2800-0003 | |
| Delivery/Task Order Number (if applicable): | |
| Contract Type: <input checked="" type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other (Please specify): | |
| Contract Title: Combat Communications Operations Facility | |
| Contract Location: Andersen Air Force Base, Guam | |
| Award Date (mm/dd/yy): 12/26/11 | |
| Contract Completion Date (mm/dd/yy): 11/30/12 | |
| Actual Completion Date (mm/dd/yy): est. 4/30/13 | |
| Explain Differences: building delays | |
| Original Contract Price (Award Amount): \$596,526.00 | |
| Final Contract Price (to include all modifications, if applicable): \$620,043.11 | |
| Explain Differences (see previous page): requested change orders | |
| 4. Project Description: | |
| Complexity of Work: <input checked="" type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Routine | |
| How is this project relevant to project of submission? <i>(Please provide details such as similar equipment, requirements, conditions, etc.)</i> This project was a new buliding and we provided all the HVAC scope to the GC. the location was the most challenge to us at the time. We opened a location on the island of Guam and set up our company to continue supporting a work force for future work. | |
| CLIENT INFORMATION (Client to complete Blocks 6-8) | |
| 5. Client Information | |
| Name: Ernest C. Enrique, PE | |
| Title: President, TolTest, Inc. | |
| Phone Number: 419-794-3596 | |

Email Address: ernest.enrique@ltccorp.com

6. Describe the client's role in the project: Prime Contract holder GPI, a Joint Venture between CMS Corp and TolTest, Inc.

7. Date Questionnaire was completed (mm/dd/yy): 04/03/2013

8. Client's Signature:

A handwritten signature in blue ink, appearing to be "Ernest Enrique", is written over the signature line. The signature is stylized and somewhat illegible.

NOTE: USACE REQUESTS THAT THE CLIENT COMPLETES THIS QUESTIONNAIRE AND SUBMITS DIRECTLY BACK TO THE OFFEROR. THE OFFEROR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO USACE WITH THEIR PROPOSAL, AND MAY DUPLICATE THIS QUESTIONNAIRE FOR FUTURE SUBMISSION ON USACE SOLICITATIONS. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT QUESTIONNAIRES DIRECTLY TO THE OFFEROR. HOWEVER, BY EXCEPTION, QUESTIONNAIRES MAY BE SUBMITTED DIRECTLY TO USACE. PLEASE CONTACT THE OFFEROR FOR USACE POC INFORMATION. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

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**ADJECTIVE RATINGS AND DEFINITIONS TO BE USED TO BEST REFLECT
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE**

| RATING | DEFINITION | NOTE |
|---------------------------|--|---|
| (E) Exceptional | Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective. | An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government/Owner. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified. |
| (VG) Very Good | Performance meets contractual requirements and exceeds some to the Government's/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective. | A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government/Owner. There should have been no significant weaknesses identified. |
| (S) Satisfactory | Performance meets minimum contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory. | A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per DOD policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract. |
| (M) Marginal | Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented. | A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government/Owner. |
| (U) Unsatisfactory | Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective. | An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government/Owner. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating. |
| (N) Not Applicable | No information or did not apply to your contract | Rating will be neither positive nor negative. |

**ATTACHMENT 3, TAB H
TO BE COMPLETED BY CLIENT**

**PLEASE MARK THE ADJECTIVE RATING WHICH BEST REFLECTS
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE.**

| | |
|--|---|
| 1. QUALITY: | |
| a) Quality of technical data/report preparation efforts | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Ability to meet quality standards specified for technical performance | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance) | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| 2. SCHEDULE/TIMELINESS OF PERFORMANCE: | |
| a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If liquidated damages were assessed or the schedule was not met, please address below)</i> | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Rate the contractor's use of available resources to accomplish tasks identified in the contract | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| 3. CUSTOMER SATISFACTION: | |
| a) To what extent were the end users satisfied with the project? | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication) | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer? | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| d) Overall customer satisfaction | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| 4. MANAGEMENT/ PERSONNEL/LABOR | |
| a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force? | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Ability to hire, apply, and retain a qualified workforce to this effort | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| c) Government Property Control | <input type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> N |
| d) Knowledge/expertise demonstrated by contractor personnel | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| e) Utilization of Small Business concerns | <input type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> N |
| f) Ability to simultaneously manage multiple projects with multiple disciplines | <input type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| h) Effectiveness of overall management (including ability to effectively lead, manage and control the program) | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |

| 5. COST/FINANCIAL MANAGEMENT | |
|---|---|
| a) Ability to meet the terms and conditions within the contractually agreed price(s)? | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client | <input type="checkbox"/> E <input type="checkbox"/> VG <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| c) If this is/was a Government cost type contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns) | <input type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> N |
| d) Is the Contractor's accounting system adequate for management and tracking of costs? <i>If no, please explain in Remarks section.</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? <i>Indicate if show cause or cure notices were issued, or any default action in comment section below.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f) Have there been any indications that the contractor has had any financial problems? <i>If yes, please explain below.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. SAFETY/SECURITY | |
| a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.) | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Contractor complied with all security requirements for the project and personnel security requirements. | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| 7. GENERAL | |
| a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues). | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| b) Compliance with contractual terms/provisions (<i>explain if specific issues</i>) | <input checked="" type="checkbox"/> E <input type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |
| c) Would you hire or work with this firm again? (<i>If no, please explain below</i>) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d) In summary, provide an overall rating for the work performed by this contractor. | <input type="checkbox"/> E <input checked="" type="checkbox"/> VG <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N |

ATTACHMENT 3, TAB H

Please provide responses to the questions above (*if applicable*) and/or additional remarks. Furthermore, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (*please attach additional pages if necessary*):

Add remarks here.