*Instructions:*

Section 1: To be completed by the Contract Specialist prior to forwarding to Technical Evaluator.

Section 2: To be completed by both the Contract Specialist and Technical Evaluator. Contract Specialist checks all proposal elements (labeled A-F) requiring technical evaluation prior to forwarding form to Technical Evaluator. If Other Direct Costs (ODCs) not listed on this form require technical evaluation, Contract Specialist is to list each ODC in the appropriate space labeled “List ODC” under block 2D of this form. Technical Evaluator documents evaluation findings on this form by completing all blanks, checkboxes, tables, and questions pertaining to each proposal element checked by the Contract Specialist. Technical Evaluator is responsible for submitting completed evaluation form to the Contract Specialist by the “Required Response Date” appearing in block 1e.

Section 3: To be completed by the Technical Evaluator. Technical Evaluator is required to list any referenced documents pertinent to the evaluation along with corresponding dates. Additionally, a copy of any attachments necessary to support the evaluation or necessary for making award must be provided to the Contract Specialist upon submission.

Section 4: To be completed, signed, and dated by the Technical Evaluator prior to submitting form to the Contract Specialist.

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| 1. GENERAL INFORMATION | | | | | | | |
| a. Program Title | b. Contracts POC        *(Name)*        *(Code)*        *(Telephone)* | | c. Contract No. | | d. Proposal Title/No. | | e. Required Response Date *(dd-mmm-yyyy)* |
| f. Contractor        *(Company Name)*        *(City)*        *(State)* | | g. Delivery/Period of Performance *(dd-mmm-yyyy)* | | h. Technical POC        *(Name)*        *(Code)*        *(Telephone)* | | i. PM        *(Name)*        *(Code)*        *(Telephone)* | |
| 2. TECHNICAL EVALUATION FINDINGS | | | | | | | |
| Please evaluate the following portions of the contractor’s proposal for technical sufficiency:  *(check all proposal elements that apply)* | | | | | | | |
| **A. LABOR**  Proposed: Recommended: All Technically Acceptable?:  Number of Hours              Yes  No  1. If Yes, please select basis for determining all labor hours proposed are appropriate:  If “same or similar effort”, please provide associated contract number:  If “estimating method/software model”, please explain methodology used and resultant findings:  If “subject matter expertise”, briefly describe unique credentials that permit you to evaluate this area:  2. If No, please complete table below detailing the specific labor hours being questioned: | | | | | | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fiscal Year** | **Labor Category** | **Labor Hours Proposed** | **Recommended Labor Hours** | **Proposal Page Reference** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
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| Supporting Basis for Determination:  Please explain why the labor hours proposed are not appropriate to perform the effort:  Please explain why the labor hours being recommended are appropriate to perform the effort: |
| All Technically Acceptable?:  Labor Categories  Yes  No  3. If Yes, please explain why the labor categories proposed is the appropriate skill mix to accomplish this effort:  4. If No, please complete table below detailing the specific labor categories being questioned: |

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| |  |  |  |  | | --- | --- | --- | --- | | **Fiscal Year** | **Proposed Labor**  **Category** | **Recommended Labor Category** | **Proposal Page Reference** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| Supporting Basis for Determination:  Please explain why a lower or higher type of labor category could accomplish the same effort: |
| **B.** **MATERIALS**  Purpose for Materials: Briefly describe what the proposed materials will be used for  All Technically Acceptable?:  Type and Quantity of Materials  Yes  No  1. If Yes, please explain why the types of materials proposed are appropriate to perform the effort:  2. If Yes, please explain why the amount of materials proposed is appropriate to perform the effort:  3. If No, please complete table below detailing the specific types and/or quantities of materials being questioned: |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Fiscal Year** | **Types of Materials** | | **Quantity of Materials** | | **Proposal Page Reference** | | **Proposed** | **Recomm.** | **Proposed** | **Recomm.** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| Supporting Basis for Determination:  Please explain why the types and/or quantities of materials proposed are not appropriate to perform the effort:  Please explain why the types and/or quantities of materials being recommended are appropriate to perform the effort: |
| **C.** **TRAVEL**  Purpose for Travel: Briefly describe why the proposed travel is needed  All Technically Acceptable?:  Number of trips, days, travelers  Yes  No  1. If Yes, explain why the number of trips proposed is needed for this effort:  2. If Yes, explain why the number of days proposed is appropriate for completing this effort:  3. If Yes, explain why the number of travelers proposed is appropriate or not:  4. If No, please complete table below detailing the proposed travel elements that are not needed for this effort and provide the recommended quantity for each travel exception taken: |

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Fiscal Year** | **Destination** | **Number of Trips** | | **Number of Days** | | **Number of Travelers** | | **Proposal Page Reference** | | **Proposed** | **Recomm** | **Proposed** | **Recomm** | **Proposed** | **Recomm** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |
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| Supporting Basis for Determination:  Please explain why the number of trips, days, and/or travelers proposed are not appropriate to perform the effort:  Please explain why the number of trips, days, and/or travelers being recommended are appropriate to perform the effort: |
| **D. OTHER DIRECT COSTS (ODC)**  All Technically Acceptable?:  List ODC  Yes  No  1. If Yes, please explain why the ODC proposed is appropriate for this effort:  2. If No, please complete table below detailing the appropriate type/quantity of ODC needed to perform this effort: |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Fiscal Year** | **Proposed ODC** | **Proposed ODC Quantity** | **Recommended ODC** | **Recommended ODC Quantity** | **Proposal Page Reference** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| Supporting Basis for Determination:  Please explain why the ODCs proposed are not appropriate to perform the effort:  Please explain why the ODCs being recommended are appropriate to perform the effort: | | | |
| **E.** **CONTRACTOR TERMS AND CONDITIONS OR GROUND RULES/ASSUMPTIONS**  1. Did the contractor take exception to any Government terms and conditions?  Yes  No  If Yes, please list:  2. Can the Government comply with all the terms and conditions and/or ground rules/assumptions proposed?  Yes  No  If No, which specific terms and conditions and/or ground rules/assumptions can the Government not satisfy?  List all terms/conditions that cannot be satisfied  3. Is it in the Government’s best interest to accept all the terms and conditions and/or ground rules/assumptions proposed?  Yes  No  If No, what risks would the Government face by accepting all the terms and conditions and/or ground rules/assumptions as proposed? List risks to the Government  If No, which specific terms and conditions and/or ground rules/assumptions should the Government negotiate? List all terms/conditions to be negotiated  4. What alternate terms and conditions can the Government offer the contractor? List potential terms/conditions that the Government can satisfy that could be offered during negotiations | | | |
| **F.** **OTHER PROPOSAL ELEMENT**: Please list proposal area(s) to be evaluated and specific technical questions you want answered | | | |
| **Any technical evaluation methods applied that are not discussed above (i.e., computer model, etc.)?**  Yes  No  If Yes, please explain:  **Any proposal clarifications and/or deficiencies not discussed above?**  Yes  No  If Yes, please explain: | | | |
| 3. SUPPORTING TECHNICAL INFORMATION | | | |
| References (i.e., initial contractor proposal, contractor proposal revision(s), Independent Government Cost Estimate (IGCE), etc.):  Attachments *(Check all that apply)*:  DD Form 254, Contract Security Classification Specification  List of Government Furnished Equipment  COR Nomination(s)/Technical Point of Contact (TPOC) Information  Contract Data Requirements List (CDRL) Addresses  Funding Schedule (if incrementally funded)  Other: List the name/title of any attachments not mentioned above | | | |
| 4. RECOMMENDATION | | | |
| a. Summary of areas to Negotiate:  List specific proposal areas | | b. Additional Comments | |
| c. Prepared by:  Provide name, title, and extension | d. Signature | | e. Date *(dd-mmm-yyyy)* |