



**U.S. Department of Justice
Federal Bureau of Prisons**

Federal Correctional Complex

Office of Financial Management

Terre Haute, Indiana 47802

PAST PERFORMANCE QUESTIONNAIRE
Life Connections Program (LCP) Transition Coach
FCC Terre Haute, Indiana

The Federal Bureau of Prisons is conducting this questionnaire in association with posted RFQ **15B41823Q00000017**. Evaluation factors for award have been posted with this RFQ and this questionnaire must be submitted along with RFQ 15B41823Q00000017. The service will encompass the provision of Life Connections Program Transition Coach located at the Federal Correctional Complex (FCC) Terre Haute. These services will be performed in the Religious Services Department for prisoners held in the custody of the Department of Justice, Federal Bureau of Prisons. This contract will be a total small business set aside. The solicitation will be issued for the provision of one (1) LCP Transition Coach which will be procured using NAICS code 813110. The requirement for these services will consist of an estimated 1,440 sessions per year. Each session is defined as one (1) hour in length. It is anticipated the services will be required Monday through Friday, excluding Federal holidays. Normal work hours are between 8:00 a.m. and 3:30 p.m., and 5:30 p.m. and 8:30 p.m. A mutually agreed upon schedule between the contractor and the Bureau of Prisons will be determined following award of a contract. The performance period will be for a single base term, starting May 1, 2023 through April 30, 2024. Subsequent option year periods (4) option years following base year for 12 months each beginning May 1. The RFQ and the questionnaire must be emailed to mpgibson@bop.gov or sballinger@bop.gov no later than the date of **March 24, 2023**.

Please answer the following questions:

1. Can your company provide these services in compliance with the requirements listed in the Statement of Work?

Yes ___ No ___

2. Is your company eligible for participation in one of the following small business programs? If so, please indicate the program.

___ "8(a)" Program

___ Women-Owned Small Business concern

___ Economically Disadvantaged Women-Owned Small Business concern

___ HUBZone Small Business concern

___ Small Disadvantaged Business concern

___ Service-Disabled Veteran-Owned Small Business concern

3. Can your company provide **firm fixed unit prices** for future contract periods (*for example:* a contract with a base term and four option years?)

Please indicate the maximum number of years you can provide firm-fixed unit prices.

5 years 4 years 3 years 2 years 1 year only

4. What licensures and prior experience do you have in regard to providing groups or classes for addiction criminal thinking/recovery based programs?

5. Does your company have experience in providing services in a correctional environment?

Yes ___ No ___

6. Does you or your company have experience providing services in a faith-based program?

Yes ___ No ___

7. Can you or your company provide a contractor who meets the education requirements listed in the statement of work?

Yes ___ No ___

8. Can you or your company provide all services to be performed under section B. along with expected criteria in attached statement of work?

Yes ___ No ___

Please furnish the following information in reference to your company:

Company Name; _____

DUNS number; _____

Address; _____

Point of Contact; _____

Telephone Number; _____

E-mail Address; _____

I am extremely appreciative of the time you have taken to complete this questionnaire. Please email your response to mpgibson@bop.gov. Please call me at (812)-244-4473, should you have any questions.

