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CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR)

Nonsystems

Name/Address of Contractor:

Company Name: PARSCO, LLC
Division Name:
Street Address: 700 N DE VILLIERS PENSACOLA
City: PENSACOLA
State/Province: FL Zip Code: 32501
Country: USA
CAGE Code:
DUNS Number: 019197969
PSC: Z2JA NAICS Code: 238910

Evaluation Type: Final

Contract Percent Complete: 100

Period of Performance Being Assessed: 09/22/2017 - 09/21/2018

Contract Number: FA481917C4012 **Business Sector & Sub-Sector:** Nonsystems - Facilities Services

Contracting Office: FA4819 325TH CONTRACTING SQ **Contracting Officer:** MELISSA SANDERS **Phone Number:** 850-283-8637

Location of Work:

Tyndall AFB, Panama City Fl 32405

Award Date: 09/29/2017 **Effective Date:** 09/22/2017

Completion Date: 09/29/2018 **Estimated/Actual Completion Date:** 09/21/2018

Total Dollar Value: \$1,139,201 **Current Contract Dollar Value:** \$0

Complexity: Medium **Termination Type:** None

Competition Type: Not Competed under SAP **Contract Type:** Firm Fixed Price

Key Subcontractors and Effort Performed:

DUNS:

Effort:

DUNS:

Effort:

DUNS:

Effort:

Project Number: FA481917C4012

Project Title:

Base Demolition Multiple

Contract Effort Description:

Abate/Demolish identified facilities and landscape remaining area.

Small Business Subcontracting:

Does this contract include a subcontracting plan? No

Date of last Individual Subcontracting Report (ISR) / Summary Subcontracting Report (SSR): N/A

Evaluation Areas	Past Rating	Rating
Quality:	N/A	Satisfactory
Schedule:	N/A	Satisfactory
Cost Control:	N/A	Satisfactory
Management:	N/A	Satisfactory
Small Business Subcontracting:	N/A	Satisfactory
Regulatory Compliance:	N/A	Satisfactory

Other Areas:

(1) COMMUNICATIONS: Very Good
(2) : N/A
(3) : N/A

Variance (Contract to Date):

Current Cost Variance (%): Variance at Completion (%):

Current Schedule Variance (%):

Assessing Official Comments:

QUALITY: Contractor completed all work on time and within scope of work.

SCHEDULE: Contractor adjusted schedule as required and kept the government informed ahead of time on any impacts or changes.

COST CONTROL: Adjustments to cost were made due to unforeseen requirements (asbestos and lead based paint abatement). Contractor was able to provide a fair estimate and crew to complete work.

MANAGEMENT: Prime and sub contractors communicated with the government as required ensuring a steady flow of information back and forth between the contractor/government.

SMALL BUSINESS SUBCONTRACTING: Sub contractor completed all assigned tasking with little supervision.

REGULATORY COMPLIANCE: Contractor met all requirements for project tasking.

OTHER AREAS: Contractor communicated any issues quickly and always provided a solution to the issue.

ADDITIONAL/OTHER: Contractor was very good to work with and was very familiar with the government processes and documents.

RECOMMENDATION:

Given what I know today about the contractor's ability to perform in accordance with this contract or order's most significant requirements, I would recommend them for similar requirements in the future.

Name and Title of Assessing Official:

Name: Macario Garcia

Title:

Organization: 325 CES/CENM

Phone Number: Email Address:

Date: 08/09/2019

Contractor Comments:

ADDITIONAL/OTHER: This project consisted of a series of buildings that required close coordination of all efforts with Tyndall staff so it wouldn't interrupt base operations or put at risk flight efforts where our work was adjacent to the flightline. Our project staff worked diligently with all team members to make this project a success and overcame unforeseen conditions as they arose. Most importantly we were able to complete the project even after being interrupted by Hurricane Michael.

Thank you to all who serve our great country.

CONCURRENCE: I concur with this evaluation.

Name and Title of Contractor Representative:

Name: Amir Fooladi

Title: President and CEO

Phone Number: 8506967656 Email Address: amir@pars-co.net

Date: 08/12/2019

Review by Reviewing Official:

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Review by Reviewing Official not required.

Name and Title of Reviewing Official:

Name:

Title:

Organization:

Phone Number: Email Address:

Date:

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