

FOR OFFICIAL USE ONLY / SOURCE SELECTION INFORMATION - SEE FAR 2.101, 3.104, AND 42.1503

CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR)

Nonsystems

Name/Address of Contractor:

Company Name: COLONIAL ASSEMBLY & DESIGN, LLC

Division Name:

Street Address: 3361 SHANNON AIRPORT CIR

City: FREDERICKSBURG

State/Province: VA Zip Code: 224082337

Country: USA

CAGE Code: 9T536

DUNS Number: 052959897

PSC: 1680 NAICS Code: 334418

Evaluation Type: Interim

Contract Percent Complete: 42

Period of Performance Being Assessed: 05/13/2015 - 05/12/2016

Contract Number: N0017810D3016 **Business Sector & Sub-Sector:** Nonsystems - Mechanical

Contracting Office: NSWC DAHLGREN **Contracting Officer:** AMY RICHARDS **Phone Number:** 540-653-7825

Location of Work:

Award Date: 05/13/2010 **Effective Date:** 05/13/2010

Completion Date: 05/13/2015 **Estimated/Actual Completion Date:** 07/12/2016

Total Dollar Value: \$33,111,192 **Current Contract Dollar Value:** \$0

Complexity: High **Termination Type:** None

Competition Type: Full and Open Competition after Exclusion of Sources **Contract Type:** Order Dependent

Key Subcontractors and Effort Performed:

DUNS:

Effort:

DUNS:

Effort:

DUNS:

Effort:

Project Number:

Project Title:

The contractor provides design, rapid prototyping, special acquisition and technology insertion related to circuit board design, and RF distribution assemblies to support the Naval Surface Warfare Center, Dahlgren division and their assigned equipment, systems, subsystems, components, and programs.

Contract Effort Description:

The contractor provides fabrication services to support the Naval Surface Warfare Center, Dahlgren division and their assigned equipment, systems, subsystems, components, and programs, The contractor shall conform to quality assurance requirements.

Small Business Utilization:

Does this contract include a subcontracting plan? No

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

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Evaluation Areas	Past Rating	Rating
Quality:	Exceptional	Exceptional
Schedule:	Very Good	Very Good
Cost Control:	Satisfactory	Very Good
Management:	Very Good	Exceptional
Utilization of Small Business:	Satisfactory	Satisfactory
Regulatory Compliance:	Satisfactory	Very Good
Other Areas:		
(1) :		N/A
(2) :		N/A
(3) :		N/A

Variance (Contract to Date):

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

Current Schedule Variance (%):

Assessing Official Comments:

QUALITY: The contractor provided exceptional quality support to the Weapons Control & Integration Department. They provided design, rapid prototyping, special acquisition and technology insertion to circuit board design and RF distribution assemblies to the satisfaction of several customers. The contractor observes standards of good workmanship and practices commonly accepted technical, professional, environmental, and safety standards. Government technical direction is rarely required to solve problems that may arise during performance. The Contractor quickly modified and fabricated a Government vessel disablement system using off the shelf products to build and deliver three modification kits. This greatly benefited the Government in meeting a mission testing event.

SCHEDULE: The contractor provides high quality technical products and meets the schedule. Delivery date extensions are limited and are usually not the fault of the contractor, but dependent on long lead times for material purchases. Risks are identified as they arise and reported immediately to the Government.

COST CONTROL: The Contractor controls costs. They are effective in forecasting, managing, and controlling contract/order cost. They utilize best buy initiatives when making ODC purchases. Billings are current, accurate and complete. Invoices are input in WAWF in a timely manner.

MANAGEMENT: The contractor demonstrated strong management and business relations to all customers during this reporting period. The PM managed the tasking very well and was readily available for meetings and phone calls. The contractor has been very responsive to the COR, Contracting specialist and technical leads in dealing with any issues and was very dedicated to meeting order requirements. Contractor's accounting, billing, and estimating systems are more than adequate.

UTILIZATION OF SMALL BUSINESS: The contractor complied with FAR 52.219-8, Utilization of Small Business Concerns and met any other small business participation requirements included in the contract or order.

REGULATORY COMPLIANCE: The contractor has complied with all terms and conditions in the contract or order relating to applicable regulations and codes. The contractor has conducted several test events this period. All safety and environmental regulations were

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ADDITIONAL/OTHER: The contractor had an exceptional understanding of the specific requirements and was able to successfully meet those requirements. Orders this period have included fabrication, assembly, inspection, synthetic rope assemblies, fabric assemblies and testing services for new equipment and existing systems. Some of the tasking this period included developing circuit board schematics and parts lists, fabricating chassis assemblies, and designing and engineering synthetic rope assemblies. The Contractor is dedicated to helping the Government meet its mission.

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: DEBORAH BOWEN

Title: Management Analyst

Organization: NSWCCD

Phone Number: 540-653-3002 Email Address: deborah.bowen@navy.mil

Date: 05/31/2016

Contractor Comments:

ADDITIONAL/OTHER: The evaluation was delivered/received by the contractor on 05/31/2016. The contractor neither signed nor offered comment in response to this evaluation.

Name and Title of Contractor Representative:

Name:

Title:

Phone Number: Email Address:

Date: 08/02/2016

Review by Reviewing Official:

Review by Reviewing Official not required.

Name and Title of Reviewing Official:

Name:

Title:

Organization:

Phone Number: Email Address:

Date:

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