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| TABLE 1 – GENERAL INFORMATION | | | | | | | | | | | | |
| Organization Doing Business As: |  | | | | | | | | | | | |
| Business Address of Principle Office: |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Main Telephone Number: |  | | | | | | | | | | | |
| Fax Number: |  | | | | | | | | | | | |
| Web Site Address: |  | | | | | | | | | | | |
| Form of Business (check one): |  | | Corporation | | |  | Partnership |  | Individual | |  | Joint Venture |
| IF A CORPORATION | | | | | | | | | | | | |
| Date of Incorporation: |  | | | | | | | | | | | |
| State of Incorporation: |  | | | | | | | | | | | |
| Chief Executive Manager’s Name: |  | | | | | | | | | | | |
| President’s Name: |  | | | | | | | | | | | |
| Vice President’s Name(s): |  | | | | | | |  | | | | |
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|  | | | | | | |  | | | | |
|  | | | | | | |  | | | | |
| Secretary’s Name: |  | | | | | | | | | | | |
| Treasurer’s Name: |  | | | | | | | | | | | |
| IF A PARTNERSHIP | | | | | | | | | | | | |
| Date of Organization: |  | | | | | | | | | | | |
| General or Limited Partnership?: |  | | | | | | | | | | | |
| IF AN INDIVIDUAL | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | |
| Business Address: |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
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| IF A JOINT VENTURE | | | | | | | | | | | | |
| Name of Lead Joint Venture Manager: |  | | | | | | | | | | | |
| Name of Firm: |  | | | | | | | | | | | |
| Joint Venture Partner Manager(s): |  | | | | | | |  | | | | |
| Name of Firm(s): |  | | | | | | |  | | | | |
| Individuals Not Listed Above Having Significant Business Control: | | | | | | | | | | | | |
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|  | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| Indicators of Organization Size: | | | | | | | | | | | | |
| Current Number Full Time Employees: | |  | | Estimate of Current Year’s Revenue: | | | | | |  | | |
| Average Number of Projects per Year: | |  | | Average Project Construction Cost: | | | | | |  | | |

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| TABLE 2 – ORGANIZATIONAL EXPERIENCE | | | | | | | | | |
| Organization Doing Business As: | | |  | | | | | | |
| Business Address of Principle Office: | | |  | | | | | | |
|  | | | | | | |
| Main Telephone Number: | | |  | | | | | | |
| Fax Number: | | |  | | | | | | |
| Web Site Address: | | |  | | | | | | |
| Organization Doing Business As: | | |  | | | | | | |
| ORGANIZATIONAL HISTORY | | | | | | | | | |
| List of names that this organization has operated under over the history of the organization, including the names of related companies presently doing business: | | | | | | | | | |
| Names of Organization: | | | | | From Date | | To Date | | |
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| List of companies, firms or organizations that own any part of the organization. | | | | | | | | | |
| Name of Companies, Firms or Organization: | | | | | | Percent Ownership | | | |
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| CONSTRUCTION EXPERIENCE | | | | | | | | | |
| 1. | Years’ experience in projects similar to the proposed project: | | | | | | | | |
| As a General Contractor: |  | | As a Joint Venture Partner: | | | |  | |
| 2. | Has this or a predecessor organization ever defaulted on a project or failed to complete any work awarded to it? If yes provide full details in a separate attachment. (Attachment #\_\_\_\_\_\_\_\_) | | | | | | | |  |
| 3. | Has this or a predecessor organization been released from a bid or proposal in the past ten years? If yes provide full details in a separate attachment. (Attachment #\_\_\_\_\_\_\_\_) | | | | | | | |  |
| 4. | Has this or a predecessor organization ever been disqualification as a bidder or Offeror by any local, state, or federal agency within the last five (5) years? If yes provide full details in a separate attachment. (Attachment #\_\_\_\_\_\_\_\_) | | | | | | | |  |
| 5. | Is this organization or your proposed surety currently in any litigation or contemplating litigation? If yes provide full details in a separate attachment. (Attachment #\_\_\_\_\_\_\_\_) | | | | | | | |  |
| 6. | Has this or a predecessor organization ever refused to construct or refused to provide materials defined in the contract documents? If yes provide full details in a separate attachment. (Attachment #\_\_\_\_\_\_\_\_) | | | | | | | |  |
| 7. | Has your company, firm, corporation, or business implemented an Employee Health and Safety Program compliant with 29 CFR 1910 “General Industry Standards”  <https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1910>  and/or 29 CFR 1926 “General Construction Standards”  <https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=1926>  as they apply to your Company’s customary activities? | | | | | | | |  |
| 8. | Has your company, firm, corporation, partnership, or institution represented by the company, firm, corporation, partnership, or anyone acting in representation, received citations for violations of OSHA within the past three (3) years? If YES, please provide the following additional information: Date of offense, location of establishment inspected, category of offense, final disposition of offense, if any, and penalty assessed. | | | | | | | |  |
| 9. | Has your company, firm, corporation, partnership, or institution represented by the company, firm, corporation, partnership, or anyone acting in representation received citations for violations of environmental laws or regulations, of any kind or type, within the past five (5) years? Citations include notice of violation, notice of enforcement, suspension/revocations of state of federal licenses, or registrations, fines assessed, pending criminal complaints, indictments, or convictions, administrative orders, draft orders, final orders, and judicial final judgements. If YES, please provide the following additional information: Date of offense, location of where offense occurred, type of offense, final disposition of offense, if any, and penalty assessed. | | | | | | | |  |
| 10. | Has your company, firm, corporation, partnership, or institution represented by the company, firm, corporation, partnership, or anyone acting in representation ever been convicted, within the past ten (10) years, of a criminal offense which resulted in a serious bodily injury or death? If YES, please provide the following additional information: Date of offense, location of where offense occurred, type of offense, final disposition of offense, if any, and penalty assessed. | | | | | | | |  |
| 11.. | Has your company filed or been named in any litigation involving your company and the Owner on a contract within the last five (5) years under your current company name or any other company name? If so, provide details of the issues and resolution if available. Include lawsuits where Owner was involved. (Notice: Failure to disclose this information during proposal submission, and later discovered, may result in contract termination at SJRA’s option.) | | | | | | | |  |
| 12. | Please provide a history of all OSHA actions, advisories, etc., Contractor has received on all jobs worked in any capacity, prime, or subcontractor. The history shall be for the two-year period preceding the Bid Date of the Project. | | | | | | | |  |
| 13. | Please provide a list of all on-the-job injuries, accidents, and fatalities suffered by any present or former employees of Contractor during the same two-year period. | | | | | | | |  |
| 14. | If less than the two-year period, give the date Contractor started doing business. | | | | | | | |  |

**THIS FORM MUST BE RETURNED WITH THE PROPOSAL RESPONSE**

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| TABLE 3 – ORGANIZATIONAL STRUCTURE | |
| Organization Doing Business As: |  |
| PROPOSED PROJECT ORGANIZATION | |
| 1. Provide a brief description of the managerial structure of the organization and illustrate with an organizational cart. Include the title and names of key personnel. Include this chart at an attachment to this description. (Attachment No. \_\_\_\_\_\_\_\_\_) | |
|  | |
| 1. Provide a brief description of the experience and qualifications of the organization's management team, including officers that will be directly involved in the project. Describe the individuals that are authorized to execute Contract Documents, Change Orders or receive payment for the organization. Include a copy of a board resolution or other documentation as appropriate for the structure of the company authorizing these individuals to conduct business on behalf of the organization. (Attachment No. \_\_\_\_\_\_\_\_\_) | |
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| SURETY REFERENCES | |
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| TABLE 4 – PROJECT EXPERIENCE AND RESOURCES | | | | | | |
| Organization Doing Business As: |  | | | | | |
| PROJECTS | | | | | |
| 1. Provide a list of major projects that are currently underway, or have been completed within the last five (5) years on Table 5, using additional copies as required. Identify those projects which specifically illustrate the organizations capability to provide best value to the Owner for this project. | | | | | |
| Provide a narrative description (not to exceed 10 pages) of your organizations approach to completing this project to provide best value for the Owner. Including a description of your approach in the following areas:   1. Contract administration 2. Management of subcontractor and suppliers 3. Time management 4. Cost control 5. Quality management 6. Project site safety 7. Managing changes to the project 8. Managing equipment | | | | | |
| EQUIPMENT | | | | | |
| 1. Provide a list of major equipment proposed for use on this project. Attach additional information if necessary. | | | | | |
| Equipment item | | Primary use on project | Own | Will buy | Lease |
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| DIVISION OF WORK BETWEEN ORGANIZATION AND SUBCONTRACTOR | | | | | |
| 1. What work will the organization complete using its own resources? | | | | | |
|  | | | | | |
| 1. What work does the organization propose to subcontract on this project? | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TABLE 5 – CURRENT PROJECTS AND PROJECTS COMPLETED WITHIN THE LAST 5 YEARS |  |  |  | Quality Control Manager |  | Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | E-mail |  |  |  |  |  |  |  | Quality Control Manager |  | Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | E-mail |  |  |  |  |  |  |  | Quality Control Manager |  | Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | E-mail |  |  |  |
| Telephone |  |  |  | Telephone |  |  |  | Telephone |  |  |  |
| Safety Manager |  | Safety Manager |  | Safety Manager |  |
| Date Project Completed: | Date Project Completed: | Date Project Completed: |
| Organization |  |  |  | Organization |  |  |  | Organization |  |  |  |
| Project Superintendent |  | Project Superintendent |  | Project Superintendent |  |
| Project Name: | Project Name: | Project Name: |
|  | Title/Position |  |  |  |  | Title/Position |  |  |  |  | Title/Position |  |  |  |
|  |  |  |
| Project Manager |  | Project Manager |  | Project Manager |  |
| Name |  |  |  | Name |  |  |  | Name |  |  |  |
| Project Cost: | Key Project Personnel: | Name: | Project Cost: | Key Project Personnel: | Name: | Project Cost: | Key Project Personnel: | Name: |
| General Description of Project: | General Description of Project: | General Description of Project: |
|  | Owner: | Designer: | Construction Manager: |  | Owner: | Designer: | Construction Manager: |  | Owner: | Designer: | Construction Manager: |
| Project Owner: | Project Owner: | Project Owner: |
| 1 | 2 | 3 |

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| TABLE 6 – PROPOSED KEY PERSONNEL | | | |
| Organization Doing Business As: |  | | |
| PROPOSED PROJECT ORGANIZATION | | | |
| 1. Provide a brief description of the managerial structure of the organization and illustrate with an organizational cart. Include the title and names of key personnel. Include this chart as an attachment to this description. See attachment No. | | | |
|  | | | |
| 1. Provide a brief description of the managerial structure proposed for this project and illustrate with an organizational chart. Include the title and names of proposed key personnel and alternates. Include this chart at an attachment to this description. See attachment No. | | | |
|  | | | |
| EXPERIENCE OF KEY PERSONNEL | | | |
| 1. Provide information on the key personnel proposed for this project that will provide the following key functions. Provide information for candidates for each of these positions on the pages for each of these key personnel. Also provide biographical information for each primary and alternate candidate as an attachment. The biographical information must include the following as a minimum: technical experience, managerial experience, education and formal training, work history which describes project experience, including the roles and responsibilities for each assignment, and primary language. Additional information highlighting experience which makes them the best candidate for the assignment should also be included. | | | |
| Role | | Primary candidate | Alternate candidate |
| Project Manager | |  |  |
| Project Superintendent | |  |  |
| Project Safety Manager | |  |  |
| Quality Control Manager | |  |  |
| 1. If key personnel are to fulfill more than one of the roles listed above, provide a written narrative describing how much time will be devoted to each function, their qualifications to fulfill each role and the percentage of their time that will be devoted to each role. If the individual is not to be devoted solely to this project, indicate how time it to be divided between this project and their other assignments. | | | |

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| TABLE 7 – PROPOSED PROJECT MANAGERS | | | | | | | | | |
| Organization Doing Business As: | | | |  | | | | | |
| PRIMARY CANDIDATE | | | | | | | | | |
| 1. | Name of Individual: | | | |  | | | | |
| Years of Experience as Project Manager: | | | |  | | | | |
| Years of Experience With This Organization: | | | |  | | | | |
| Number of Similar Projects as Project Manager: | | | |  | | | | |
| Number of Similar Projects in Other Positions: | | | |  | | | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
| 2. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | |
| Name: | |  | | | | Name: | |  | |
| Title/ Position: | |  | | | | Title/ Position: | |  | |
| Organization: | |  | | | | Organization: | |  | |
| Telephone: | |  | | | | Telephone: | |  | |
| E-mail: | |  | | | | E-mail: | |  | |
| Project: | |  | | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | | Candidate’s Role on Project: | | |  |
| ALTERNATE CANDIDATE | | | | | | | | | |
| 3. | Name of Individual: | | | |  | | | | |
| Years of Experience as Project Manager: | | | |  | | | | |
| Years of Experience With This Organization: | | | |  | | | | |
| Number of Similar Projects as Project Manager: | | | |  | | | | |
| Number of Similar Projects in Other Positions: | | | |  | | | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
| 4. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | |
| Name: | |  | | | | Name: | |  | |
| Title/ Position: | |  | | | | Title/ Position: | |  | |
| Organization: | |  | | | | Organization: | |  | |
| Telephone: | |  | | | | Telephone: | |  | |
| E-mail: | |  | | | | E-mail: | |  | |
| Project: | |  | | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | | Candidate’s Role on Project: | | |  |
| TABLE 8 – PROPOSED PROJECT SUPERINTENDENT | | | | | | | | | |
| Organization Doing Business As: | | | |  | | | | | |
| PRIMARY CANDIDATE | | | | | | | | | |
| 1. | Name of Individual: | | | | | |  | | |
| Years of Experience as Project Superintendent: | | | | | |  | | |
| Years of Experience With This Organization: | | | | | |  | | |
| Number of Similar Projects as Project Superintendent: | | | | | |  | | |
| Number of Similar Projects in Other Positions: | | | | | |  | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
| 2. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | |
| Name: | |  | | | | Name: | |  | |
| Title/ Position: | |  | | | | Title/ Position: | |  | |
| Organization: | |  | | | | Organization: | |  | |
| Telephone: | |  | | | | Telephone: | |  | |
| E-mail: | |  | | | | E-mail: | |  | |
| Project: | |  | | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | | Candidate’s Role on Project: | | |  |
| ALTERNATE CANDIDATE | | | | | | | | | |
| 3. | Name of Individual: | | | | | |  | | |
| Years of Experience as Project Superintendent: | | | | | |  | | |
| Years of Experience With This Organization: | | | | | |  | | |
| Number of Similar Projects as Project Superintendent: | | | | | |  | | |
| Number of Similar Projects in Other Positions: | | | | | |  | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
|  | | | | |  | | |  |
| 4. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | |
| Name: | |  | | | | Name: | |  | |
| Title/ Position: | |  | | | | Title/ Position: | |  | |
| Organization: | |  | | | | Organization: | |  | |
| Telephone: | |  | | | | Telephone: | |  | |
| E-mail: | |  | | | | E-mail: | |  | |
| Project: | |  | | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | | Candidate Role on Project: | | |  |

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| TABLE 9 – PROPOSED PROJECT SAFETY MANAGER | | | | | | | | | |
| Organization Doing Business As: | | | |  | | | | | |
| PRIMARY CANDIDATE | | | | | | | | | |
| 1. | Name of Individual: | | | | |  | | | |
| Years of Experience as Project Safety Manager: | | | | |  | | | |
| Years of Experience With This Organization: | | | | |  | | | |
| Number of Similar Projects as Project Safety Manager: | | | | |  | | | |
| Number of Similar Projects in Other Positions: | | | | |  | | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
| 2. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | |
| Name: | |  | | | Name: | |  | |
| Title/ Position: | |  | | | Title/ Position: | |  | |
| Organization: | |  | | | Organization: | |  | |
| Telephone: | |  | | | Telephone: | |  | |
| E-mail: | |  | | | E-mail: | |  | |
| Project: | |  | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | Candidate’s Role on Project: | | |  |
| ALTERNATE CANDIDATE | | | | | | | | | |
| 3. | Name of Individual: | | | | |  | | | |
| Years of Experience as Project Safety Manager: | | | | |  | | | |
| Years of Experience With This Organization: | | | | |  | | | |
| Number of Similar Projects as Project Safety Manager: | | | | |  | | | |
| Number of Similar Projects in Other Positions: | | | | |  | | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
| 4. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | |
| Name: | |  | | | Name: | |  | |
| Title/ Position: | |  | | | Title/ Position: | |  | |
| Organization: | |  | | | Organization: | |  | |
| Telephone: | |  | | | Telephone: | |  | |
| E-mail: | |  | | | E-mail: | |  | |
| Project: | |  | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | Candidate’s Role on Project: | | |  |

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| TABLE 10 – PROPOSED QUALITY CONTROL MANAGER | | | | | | | | | |
| Organization Doing Business As: | | | |  | | | | | |
| PRIMARY CANDIDATE | | | | | | | | | |
| 1. | Name of Individual: | | | | |  | | | |
| Years of Experience as Quality Control Manager: | | | | |  | | | |
| Years of Experience With This Organization: | | | | |  | | | |
| Number of Similar Projects as Quality Control Manager: | | | | |  | | | |
| Number of Similar Projects in Other Positions: | | | | |  | | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: | |
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|  | | | |  | | |  | |
|  | | | |  | | |  | |
| 2. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | |
| Name: | |  | | | Name: | |  | |
| Title/ Position: | |  | | | Title/ Position: | |  | |
| Organization: | |  | | | Organization: | |  | |
| Telephone: | |  | | | Telephone: | |  | |
| E-mail: | |  | | | E-mail: | |  | |
| Project: | |  | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | Candidate’s Role on Project: | | |  |
| ALTERNATE CANDIDATE | | | | | | | | | |
| 3. | Name of Individual: | | | | |  | | | |
| Years of Experience as Quality Control Manager: | | | | |  | | | |
| Years of Experience With This Organization: | | | | |  | | | |
| Number of Similar Projects as Quality Control Manager: | | | | |  | | | |
| Number of Similar Projects in Other Positions: | | | | |  | | | |
| Current Project Assignments: | | | | | | | | |
| Name of Assignment: | | | | Percent of Time Used for This Project: | | | Estimated Project Completion Date: | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
| 4. Reference contact information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | |
| Name: | |  | | | Name: | |  | |
| Title/ Position: | |  | | | Title/ Position: | |  | |
| Organization: | |  | | | Organization: | |  | |
| Telephone: | |  | | | Telephone: | |  | |
| E-mail: | |  | | | E-mail: | |  | |
| Project: | |  | | | Project: | |  | |
| Candidate’s Role on Project: | | |  | | Candidate’s Role on Project: | | |  |

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| TABLE 11 – SUBCONTRACTORS AND SUPPLIERS | | | | | | |
| Organization Doing Business As: | | |  | | | |
| PROJECT SUBCONTRACTORS | | | | | | |
| 1. Provide a list of subcontractors that will provide more than 10 percent of the work (based on contract amounts) | | | | | | |
| Name | Work to be provided | | | | Est. percent of contract | |
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| 1. Provide information on the proposed key personnel, project experience and a description of past relationship and work experience for each subcontractor listed above using the Project Information forms. | | | | | | |
| SUPPLIERS | | | | | | |
| 1. Provide a list of major equipment or materials proposed for use on this project. Attach additional information if necessary. | | | | | | |
| Supplier name | | Equipment / material provided | | Furnish only | | Furnish and install |
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| **T**ABLE 12 – PROJECT INFORMATION FOR KEY PERSONNEL |  | General Description of Project: |  | PROJECT BUDGET AND SCHEDULE PERFORMANCE | Schedule performance | Days |  |  |  |  |  |  |  | KEY PROJECT PERSONNEL | Quality Control Manager |  |  |  |  |  |  | Reference Contract information (Listing names indicates approval to contact the named individuals as a reference) | E-mail |  |  |  |  | ISSUES / DISPUTES RESOLVED OR PENDING RESOLUTION BY ARBITRATION, LITIGATION OR DISPUTE REVIEW BOARDS: |  |
| Date |  |  |  |  |  |  |  |
| Total Amount Involved in Resolved Issues: |
| Safety Manager |  |  |  |  |  |  |
| Telephone |  |  |  |  |
|  | Notice to Proceed: | Contract Substantial Completion Date at Notice to Proceed: | Contract Final Completion Date at Notice to Proceed: | Change Order Authorized Substantial Completion Date: | Change Order authorized Final Completion Date: | Actual / Estimated Substantial Completion Date: | Actual / Estimated Final completion Date: |
| Project Superintendent |  |  |  |  |  |  |  |
| Organization |  |  |  |  |
| Number of Issues Pending: |
| Project Name: |
| Project Manager |  |  |  |  |  |  |
| Title/ Position |  |  |  |  |  |
|  |
| Budget history | % of Bid Amount |  |  |  |  |  |  |  |
| Total Amount Involved in Resolved Issues: |
|  | Name: | Percentage of Time Devoted to The project: | Proposed for This Project: | Did Individual Start and Complete The Project?: | If Not, Who Started or Completed the Project in Their Place: | Reason for Change: |
| Name |  |  |  |  |
| Amount |  |  |  |  |  |  |  |
|  | Bid : | Change Orders | Owner Enhancements: | Unforeseen Conditions: | Design Issues: | Total: | Final Cost: |  |
|  | Owner: | Designer: | Construction Manager: | Surety: |
| Project Owner: |
| Number of Issues Resolved: |

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| TABLE 13 – DEMONSTRATION OF BUDGET PERFORMANCE |  | PROVIDE INFORMATION ON ALL PROJECTS COMPLETED BY THE ORGANIZATION WITHIN THE LAST FIVE (5) YEARS: | Percent Changes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Changes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contractor Issues |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Design Issues |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unforeseen Conditions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Owner Enhancements |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Original Contract Price |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project Description |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization Doing Business As: |
| Owner Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| TABLE 14 – DEMONSTRATION OF ON-TIME PERFORMANCE |  | PROVIDE INFORMATION ON ALL PROJECTS COMPLETED BY THE ORGANIZATION WITHIN THE LAST FIVE (5) YEARS: | Actual Contract Date for Final Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Actual Contract Date for Substantial Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Amended Contract Date for Final Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Amended Contract Date for Substantial Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Original Contract Date for Final Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Original Contract Date for Substantial Completion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project Description |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization Doing Business As: |
| Owner Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Affidavits**

One of the following four affidavits shall be executed and provided with this information. The individual signing the affidavit shall attach evidence of their authority to bind the Organization to an agreement.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANKAFFIDAVIT FOR CORPORATION

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| --- | --- | --- | --- |
| State | |  | § |
| County of | |  | § |
|  |  | | , being duly sworn deposes and says | |
| (Name) | | |  |
| That he is | |  | of the Corporation submitting the |
|  | | (Title) |  |
| foregoing qualification form and related information; that he has read such documents; and that such documents are true and correct and contain no material misrepresentations; and that he is authorized to make this affidavit on behalf of the Corporation. | | | |

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|  | | |  | | | | |
| Signature | | | | |  | | |
|  | | | | | | | |
| Signed and sworn to me before this | |  | | day of | |  | , 20 |
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| Notary Public |  |

My commission expires: \_\_\_\_\_\_

AFFIDAVIT FOR PARTNERSHIP

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| State | |  | § |
| County of | |  | § |
|  |  | | , being duly sworn deposes and says | |
| (Name) | | |  |
| That he is | |  | of the Company submitting the |
|  | | (Title) |  |
| foregoing qualification form and related information; that he has read such documents; and that such documents are true and correct and contain no material misrepresentations; and that he is authorized to make this affidavit on behalf of the Partnership. | | | |

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|  | | |  | | | | |
| Signature | | |  | | | | |
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| Signed and sworn to me before this | |  | | day of | |  | , 20\_\_ |
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| Notary Public |  |

My commission expires: \_\_\_\_\_\_\_

AFFIDAVIT FOR INDIVIDUAL

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| State |  | | § | |
| County of |  | | § | |
|  | | | | , being duly sworn deposes and says | |
| (Name) | |  |  | |
| That he is | |  | of the company submitting the | |
|  | | (Title) |  | |
| foregoing qualification form and related information; that he has read such documents; and that such documents are true and correct and contain no material misrepresentations. | | | | |
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| Signature | | | | |  | | |
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| Signed and sworn to me before this | |  | | day of | |  | , 20\_\_ |
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|  |  |
| Notary Public |  |

My commission expires: \_\_\_\_\_\_\_

AFFIDAVIT FOR JOINT VENTURE STATEMENT

We the undersigned do hereby give notice to our agreement to bid as a joint venture on the Project.

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|  | | | | | | |
| Name of Joint Venture | | | | | | |
|  | | | | | | |
| Name of firm | | | | | | |
|  | |  | | | | |
| Signature | | | |  | | |
|  | | | | | | |
| Signed and sworn to me before this |  | | day of | |  | , 20\_\_ |

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| Notary Public |  |

My commission expires: \_\_\_\_\_\_\_

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|  | | | | | | |
| Name of firm | | | | | | |
|  | |  | | | | |
| Signature | | | |  | | |
|  | | | | | | |
| Signed and sworn to me before this |  | | day of | |  | , 20\_\_ |

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| Notary Public |  |

My commission expires: \_\_\_\_\_\_\_

END OF SECTION