

<p style="text-align: center;">LOS LUNAS SCHOOLS</p> <p style="text-align: center;">REQUEST FOR PROPOSAL FOR CONSTRUCTION #2018-005-MR</p>
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*For the convenience of the contractors, an electronic version of this RFP may be issued for your use. Any changes to the document's questions or language that differs from the wording as issued in the RFP dated **December 12, 2017** other than to fill in answers for the questions asked, will constitute a non-responsible proposal.*

STATEMENT OF QUALIFICATIONS FOR GENERAL CONTRACTORS

Project Name: _____

1. OFFEROR INFORMATION

Name: _____

Address: _____

Principal Office: _____

Corporation Partnership Sole Proprietorship Joint Venture

Other _____

a. How many years has your organization been in business as a Contractor? _____

b. How many years has your organization been in business under its present business name?

c. Under what other or former names has your organization operated?

2. LICENSING

a. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

b. License Classification: _____ License Code: _____

c. License Number: _____

d. Issue Date: _____ Expiration Date: _____

e. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes, free of suspension or revocation No IF no, attach explanation.

f. Does your firm hold all applicable Business licenses required by State of New Mexico?

License Number: _____ Jurisdiction: _____

Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

(Name)

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____

Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

(Name)

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____

Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

(Name)

Issue Date: _____ Expiration Date: _____

g. Is your firm free from formal debarment from public works, federal, state or local public works jurisdictions?

Yes No (Attach explanation)

3. EXPERIENCE

a. Has your firm completed two (2) or more educational facility, addition and/or renovation project(s) of similar complexity totaling 20,000 square feet or more since 2012, as the proposed project? Complete **Attachment A** for five (5) maximum projects listed:

Yes Number of Projects: _____ No

Project 1 Name: _____

Project 2 Name: _____

Project 3 Name: _____

Project 4 Name: _____

Project 5 Name: _____

- b. State the average annual amount of construction work performed during the past five years:
\$ _____
- c. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.
- d. List the categories of work that your organization normally performs with its own forces.

4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications below:

- a. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)
 - (1) At least ten (10) years experience in the construction industry?
 Yes Number of Years: _____ No
 - (2) Experience on at least one (1) construction type as identified in 3. EXPERIENCE Item a
 Yes Number of Projects _____ No
 - (3) Experience as a Project Manager on one (1) or more construction projects
Totaling 20,000 square feet or more?
 Yes Number of Projects _____ No
- b. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)
 - (1) At least ten (10) years experience in the construction industry?
 Yes Number of Years: _____ No
 - (2) Experience on at least one (1) construction type as identified in 3a.?
 Yes Number of Projects _____ No
 - (3) Experience as a Project Foreman/Superintendent on one (1) or more construction projects
Totaling 15,000 square feet or more?

Yes Number of Projects _____ No

c. Does your Safety Program Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)

(1) At least five (5) years experience in a safety management role?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a.?

Yes Number of Projects _____ No

d. Does your Quality Assurance/Quality Control (QA/QC) Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)

(1) At least five (5) years experience in a safety management role?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a.?

Yes Number of Projects _____ No
_____ Years with your firm: _____

Present Position/Job Title: _____ Years in position: _____

List other project(s) this person has had a similar role for the past five (5) years:

Is your QA/QC a Principal or Officer of the firm? Yes No

e. Please include an Organizational Chart (**Attachment C**) of the Management Team that will be assigned to this project. Identify relationships, duties and responsibilities and key roles of each individual.

5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

a. Resources: Total number of current employees: Project Managers _____
Estimators _____
Superintendents _____
Foremen _____

Tradesmen _____
Administration _____
Other _____

b. Does your firm have the immediate capacity to perform the work required for this project:
 Yes No

c. Please list all projects currently under contract totaling over 20,000 square feet with scheduled completion dates (**Attachment D**)

See Attachment D None

6. SURETY

a. Firm's current surety company:

Will this surety be used for the construction contract for this project?

Yes No (attach explanation)

Contact Agent Name: _____ Telephone: _____

Years utilizing this surety: _____ Maximum Capacity: _____

Aggregate Total of current surety in force: _____

b. Is the surety company to be used on this project licensed to do business in the State of New Mexico?

Yes No (attach explanation)

a. Is your firm free of having any construction contracts taken over by a surety for completion in the past five (5) years?

Yes No (attach explanation)

c. Has your firm used other surety companies since 2001? Yes (list) No

Surety Company

Contact

Surety Company

Contact

Surety Company

Contact

- d. Is your firm able to obtain bonding in the amount required for the completion of this project? Provide a notarized declaration from the surety identified above, stating the amount of bonding capacity available to your firm for this project at **Attachment E**.

Yes No (attach explanation)

7. **SAFETY**

- a. Does your firm have a written safety program compliant with current State regulations? Provide one (1) copy of your firm's written safety program at **Attachment F**.

Yes No (attach explanation)

- b. Provide a list of key safety personnel, including the designated safety manager who will be assigned to this project, and list specific duties.

Name and Title	Specific Duties
_____	_____

Name and Title	Specific Duties
_____	_____

- c. Provide the experience modification Rate for the past five (5) years:

_____/_____/_____/_____/_____/

- d. Provide the Recordable Incident Rate for the past calendar year: _____
- e. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?
- Yes No (attach explanation)

8. INSURANCE & CLAIMS HISTORY

- a. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?
- Yes No (attach explanation)
- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?
- Yes No (attach explanation)
- c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at \$1 Million per occurrence and \$1 Million in the aggregate)?
- Yes No (attach explanation)
- d. Please provide a letter from an insurance carrier stating that the firm is able to obtain insurance in the limits stated as **Attachment G**.

9. QUALITY ASSURANCE – ATTACHMENT H

- a. Does your firm have a written Quality Assurance Program?
- Yes No
- b. Provide one (1) copy of the written Assurance Program for **Attachment H**

10. PROJECT SCHEDULING

- a. Does your firm use computerized scheduling? Yes No
- b. If YES, which programs and versions are used? Please list:

c. Has the firm been involved with a construction project within the past five (5) years, where the schedule was not met? Yes No

d. If YES, please indicate the project (refer to **Attachment A**)

i. Project: _____

Reason for Delay: _____

ii. Project: _____

Reason for Delay: _____

iii. Project: _____

Reason for Delay: _____

e. Has the firm been assessed liquidated damages due to scheduling for any project in the past five (5) years? (Refer to **Attachment A**) Yes No

If YES, please list projects

(1) Project: _____ Amount \$ _____

Reason for assessment _____

(2) Project: _____ Amount \$ _____

Reason for assessment _____

(3) Project: _____ Amount \$ _____

Reason for assessment _____

11. **LABOR CODE VIOLATIONS**

a. Has your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects? Refer to **Attachment I**

Yes No

b. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?

Yes No (explain)

12. JUDGEMENTS/BREACH OF CONTRACT/ MEDIATIONS AND ARBITRATIONS
Attachment J

- a. List any judgments against the firm during the past 5 years.
Who initiated? What was the outcome?

- b. List any other actions brought against you for breach of contract during the past 5 years,
Who initiated? What was the outcome or current status?

- c. List all mediations/arbitrations in the last 5 years.
Who initiated? What was the outcome?

13. CONTRACTOR COMMENTS/OTHER INFORMATION

- a. Certify and/or documentation that the firm possesses the necessary equipment, financial resources, technical resources, management, professional and craft personnel resources and other required capabilities to successfully perform the contract, or will achieve same through its pre-listed subcontractors. Refer to **Attachment K** (4 PAGE MAXIMUM)

THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION SUBMITTED WITH THIS FORM IS TRUE AND CORRECT.

Name and Title

Firm Name

Signature

Address of Firm

E-mail Address

City/State/Zip

Telephone Number

Fax Number

End of GENERAL CONTRACTOR QUALIFICATIONS QUESTIONNAIRE