**CONTRACTOR’S STATEMENT OF QUALIFICATIONS**

**& QUESTIONNAIRE**

SC Office of State Engineer

**AGENCY NAME:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**PROJECT LOCATION:**

**agency project coordinator:**

**EMAIL:**       **TELEPHONE:**

**DESCRIPTION OF PROJECT / SERVICES:**

**Anticipated Construction Start Date:**       **N/A [ ]**

**Anticipated Construction Duration:**       **N/A [ ]**

* All questions or requests for information must be submitted in writing (email) to the Agency Project Coordinator listed above no later than:
* **NO QUESTIONS WILL BE ANSWERED BY PHONE**
* All responses to the written inquiries will be answered by email as an addendum.
* In compliance with the Invitation and subject to all the terms and conditions set forth herein, the undersigned offers and agrees to furnish the services described.

**CONTRACTOR INFORMATION** *(completed by Contractor):*

**CONTRACTOR’S LEGAL BUSINESS NAME:**

**ADDRESS:**

**TELEPHONE:**

**CONTACT NAME:**

**Title:**

**EMAIL:**       **DATE:**

**CONTRACTOR'S CLASSIFICATIONS AND SUBCLASSIFICATIONS WITH LIMITATION**

**SC Contractor's License Number(s):**

**Classification(s) & Limits:**

**Subclassification(s) & Limits:**

1. **SUBMISSION REQUIREMENTS:**
	1. Submissions shall include the following documents in this order:
* The completed and signed signature page of this document;
* Notarized statements from the contractor’s bonding agent and insurance company indicating that they are capable of providing the contract-required amount of each of these items. The contract applicable to this project(s) will be either the SE-680, Task Order Contract (for Task Order Contracts) or the SCOSE Edition of the 2007 AIA A101, Standard Form of Agreement Between Owner and Contractor (for Design-Bid-Build Prequalification).
* The completed Contractor’s Statement of Qualifications & Questionnaire.
1. The Agency recognizes the possible existence of confidentiality agreements between an Offeror and previous clients and fully respects such agreements. Any information requested that is considered to be confidential between the Offeror and a previous client shall be marked confidential by the Offeror.
2. The Agency reserves the right to visit the office(s) of an Offeror to verify any claim(s) made by an Offeror regarding staff, facilities, capabilities, qualifications and any other reasonable concerns that may arise on the part of the Agency. In such an event, the Offeror must make every reasonable attempt to clarify any concerns expressed by the Agency.
3. The Agency will not be responsible for any costs incurred by an Offeror in submitting this Contractor’s Statement of Qualifications & Questionnaire.
4. In the event the Offeror discovers an error in its submission, the Offeror may correct or amend their submission up until the date and time fixed for receipt of Qualifications. If an error is discovered after the time and date of receipt, the Offeror may withdraw from consideration, but the error correction will not be accepted by the Agency.
5. As noted above, Offerors may contact, in writing, the Agency Project Coordinator for any required clarifications on this Contractor’s Statement of Qualifications & Questionnaire. Offerors are to refrain from contacting the Agency personnel for purposes of requesting tours or for any other purpose relating to the project.
6. **EVALUATION OF QUALIFICATIONS:**

Offerors’ qualifications (as submitted on the enclosed Questionnaire) will be evaluated against the criteria specified herein.

1. **QUALIFICATION & SELECTION CRITERIA**
2. PAST PERFORMANCE (Part IV of Questionnaire)

This includes consideration of references and client feedback from past and ongoing projects and a demonstrated ability to maintain project schedule and budget.

1. ABILITY OF PROPOSED PERSONNEL (Part III of Questionnaire)
	1. The successful Contractor shall provide and maintain an experienced, professional project team that is tailored to the size, complexity and scope of work of the Project. It is recognized that the composition of the team will vary in response to the needs of the Project; however, the Offeror is obligated to provide sufficient staffing with the qualifications required to expertly manage all construction activities relating to the Project at all times.
	2. By submitting a response, the Offeror agrees that neither of the following individuals assigned to the Project shall be removed from the Project without the prior consent of the Owner:
		1. The Project Manager most likely to be assigned to this project(s) must have **served as Project Manager on *at least three (3) projects in the last ten (10) years of similar or comparable scope, one of those within the past five (5) years.***  Equivalent or comparable experience may be considered, at the agency's sole discretion; however, it shall be sufficiently similar so that the agency may conclude that the proposed Project Manager is familiar with and capable of handling the project(s) described herein.
		2. The Superintendent most likely to be assigned to this project(s) must have **served as Superintendent on *at least three (3) projects in the last ten (10) years of similar or comparable scope, one of those within the past five (5) years.*** Equivalent or comparable experience may be considered, at the agency's sole discretion; however, it shall be sufficiently similar so that the agency may conclude that the proposed Superintendent is familiar with and capable of handling the project(s) described herein.
2. FINANCIAL INFORMATION REGARDING THE CONTRACTOR’S ABILITY TO PROVIDE REQUIRED BONDING AND INSURANCE (Part I C & D of Questionnaire)

Contractor must provide a notarized statement from their bonding agent and insurance agent indicating that they are capable of providing the contract-required amount of each of these items.

1. LOCATION OF THE CONTRACTOR’S PROPOSED OFFICE IN RELATION TO THE PROJECT AREA

Contractor will provide a specific office location where the work on this project(s) will be based.

1. CONTRACTOR’S GENERAL PROJECT EXPERIENCE (Part IV of Questionnaire)

Contractor or Contractor's office that will handle this project must have undertaken ***at least three (3) construction projects of similar size and/or comparable scope******within the last ten (10) years.*** The projects shall be sufficiently comparable so that the agency may conclude that the contractor is familiar with and capable of handling the project(s) described herein.

1. OTHER CRITERIA INCLUDED IN THE SOLICITATION *(completed by Agency)*

1. **DENYING PREQUALIFICATION**

Any of the following may be grounds for denying prequalification, at the agency's sole discretion, after review and consideration of the dates, facts and circumstances.

1. Any judgment(s), whether one or several, enteredagainst the contractor for breach of contract for construction within the past ten (10) years may be grounds for denying prequalification, at the Agency's sole discretion, after due consideration of the date(s), amount(s), facts and circumstances.
2. The Contractor has:
3. **paid liquidated damages** for failure to complete a project by the contracted date on more than two (2) projects in the last five (5) years; or
4. **been terminated** for cause on a contract in the last five (5) years; or
5. **had Performance or Payment Bond claims paid on its behalf** in the last five (5) years.
6. The Contractor or any officer, director, project manager, procurement manager, chief financial officer, partner or owner of the construction company in the past ten (10) years has:
7. **been convicted** on charges relating to any **criminal activity** relating to contracting, construction, bidding, bid rigging or bribery;
8. **been fined or adjudicated of** having failed to abate a citation for building code violations by a court or a local building code appeals board.
9. The Contractor or any officer, director, project manager, procurement manager, chief financial officer, partner or owner of the construction company in the past ten (10) years: has been **debarred** or **enjoined** by any agency or political subdivision of the state of South Carolina, by any agency of the United States or by any agency of another state.

**QUESTIONNAIRE**

**PART I – GENERAL BUSINESS INFORMATION**

*Note: Information provided in response to this section may be used to confirm answers given in other sections and to conduct an investigation of the history of performance of the Contractor and/or its owners and affiliated businesses. An investigation that reveals misinformation, an attempt to conceal information, or a history of poor performance by the Contractor or its owners may be grounds for disqualification as non-responsible.*

1. **BUSINESS ORGANIZATION OF APPLICANT**
2. Date the applicant business was formed:
3. Type of Organization

**[ ]**  Corporation State in which incorporated       Year

**[ ]**  Limited Liability Company State in which organized       Year

**[ ]**  Partnership **[ ]** General **[ ]** Limited State and County where partnership filed

**[ ]**  Sole Proprietorship Owner

**[ ]**  Joint Venture

Provide the names for each member of the Joint Venture

1. **PRINCIPALS AND KEY PERSONNEL IN BUSINESS** - On the chart below, complete the required information. “Principals” and “Key Personnel” include any of the following:
* Proprietors, partners, directors, officers
* Any manager or individual who participates in overall policy-making or financial decisions for the business
* Any person in a position to control and direct the business’s overall operations or any significant part of its operation
* The business’ qualifying party for purposes of South Carolina licensure.

Applicant businesses that are publicly held corporations should list the president, treasurer, and only those officers and managers who will have direct responsibility for the project.

* 1. Principals and Key Personnel (attach additional pages, if needed)

Person 1 Name:

Title:

Person 2 Name:

Title:

Person 3 Name:

Title:

* 1. At present, do any of the Principals or Key Personnel listed in Question B.1 own 25% or more of any other business?

**[ ]** Yes **[ ]** No If “Yes”, list below.

|  |  |  |  |
| --- | --- | --- | --- |
| Person | Business Name | Address | % Owned |
|       |       |       |       |
|       |       |       |       |

* 1. Has any owner, partner, qualifying party or (for corporations:) officer of your business operated a construction business (other than a business listed in B.2 above) under any other name in the last five (5) years?

**[ ]** Yes **[ ]** No If “Yes”, list below (use additional paper if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Person | Business Name | Address | % Owned |
|       |       |       |       |
|       |       |       |       |

* 1. Has there been any change in ownership of the business at any time during the last three (3) years? A corporation whose shares are publicly traded and of which no single person or entity owns more than 25% may check “No.”

**[ ]** Yes **[ ]** No If “Yes,” explain:

* 1. Is the business a subsidiary, parent, holding company or affiliate of another construction business?

**[ ]** Yes **[ ]** No If “Yes,” explain:

* 1. Has your business changed names or license number in the past five (5) years?

**[ ]** Yes **[ ]** No If “Yes,” explain:

1. **APPLICANT’S INSURANCE INFORMATION**

Provide a notarized statement from the insurance agent listed below indicating the Contractor’s capability of providing the contract-required amount of insurance.

Name of Primary Insurance Agent or Broker:

Address:       Telephone:

1. **APPLICANT’S BONDING INFORMATION**

Provide a notarized statement from the bonding agent listed below indicating the Contractor’s capability of providing the contract-required amount of bonding.

Name of Bonding Agent:

Address:       Telephone:

**PART II - ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS**

1. Has your South Carolina contractor’s license or contractor’s license issued by any other state been revoked at any time in the last five (5) years? **[ ]** Yes **[ ]** No
2. Has a surety company completed a contract on your behalf, or paid for completion because your business was default terminated by the project owner within the last five (5) years? **[ ]** Yes **[ ]** No
3. At the time of submitting this qualification form, is your business ineligible to bid on or be awarded a public contract, or perform as a subcontractor on a public contract for the Federal Government or any state? **[ ]** Yes **[ ]** No
4. At any time during the last five (5) years, has your business or any of its owners, officers or qualifying parties been convicted of a crime involving the awarding of a contract of a Federal, State or local government construction project, or the bidding or performance of a Federal, State or local government contract? **[ ]** Yes **[ ]** No
5. During the last five (5) years, has your business ever been denied bond coverage by a surety company?

**[ ]** Yes **[ ]** No If “Yes,” explain:

1. How many years has your organization been in business as a contractor under your present business name?
2. Has any contractor’s license held by your business or its Qualifying Party been suspended within the last five (5) years?

**[ ]** Yes **[ ]** No If “Yes,” attach a signed explanation listing the issuing state and the license number.

1. At any time in the last five (5) years, has your business been assessed or paid delay damages (liquidated or actual) on any public or private construction project?

**[ ]** Yes **[ ]** No If “Yes,” attach a signed explanation identifying all such projects by owner, owner’s address, the date of completion of the project, amount of delay damages assessed and all other information necessary to fully explain the assessment of delay damages. If delay damages were assessed by a general contractor or construction manager provide their name and address.

1. In the last five (5) years, has your business, parent business, any subsidiary business, or any business with which any of your business’s owners, officers, partners or qualifying parties were associated, been debarred, disqualified, removed or otherwise prevented from bidding on, completing, or contracting to perform any government agency or public works project for any reason? “Associated with” refers to another construction business in which an owner, partner or officer of your business held a similar position, and which is listed in response to questions B.2 and B.3 of Part I of this form.

**[ ]** Yes **[ ]** No If “Yes, attach a signed explanation stating whether the business involved was the business applying for prequalification here or another business. Identify by name of the company, the name of the person within your business who was associated with that company, the year of the event, the owner of the project, the project and the basis for the action. Provide contact information for the government agency involved.

1. In the last five (5) years, has your business been denied an award of a public contract based on a finding by any public agency (Federal, state or local) that your business was not a responsible contractor, i.e., not qualified?

**[ ]** Yes **[ ]** No If “Yes,” attach a signed explanation identifying the year of the event, the owner, the project and the basis for the finding by the public agency.

1. At any time during the past five (5) years, has any surety company made any payments on your business’s behalf as a result of a default to satisfy any claims made against a performance or payment bond issued on your business’s behalf, in connection with a construction project, either public or private?

**[ ]** Yes **[ ]** No If “Yes,” attach a signed explanation setting forth the name and telephone number of thesurety, the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

1. In the last five (5) years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your business?

**[ ]** Yes **[ ]** No If “Yes,” attach a signed explanation setting forth the name of the insurance carrier, the form of insurance and the year of the refusal.

1. Has any OSHA (Federal or state) cited and assessed penalties against your business for any violations of its safety or health regulations in the past five (5) years?

**[ ]** Yes **[ ]** No If “Yes,” attach a signed explanation describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.

1. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project?

**PART III – PROPOSED PROJECT PERSONNEL**

List at least three (3) projects in the last ten (10) years of similar or comparable scope, one of those within the past five (5) years, for each of the following personnel proposed for this project:

* + 1. **PROJECT MANAGER**

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Architect/Engineer |       |
| Type of Project |       |
| Total Value of Construction |       |

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Architect/Engineer |       |
| Type of Project |       |
| Total Value of Construction |       |

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Architect/Engineer |       |
| Type of Project |       |
| Total Value of Construction |       |

* + 1. **SUPERINTENDENT**

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Architect/Engineer |       |
| Type of Project |       |
| Total Value of Construction |       |

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Architect/Engineer |       |
| Type of Project |       |
| Total Value of Construction |       |

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Architect/Engineer |       |
| Type of Project |       |
| Total Value of Construction |       |

**PART IV – PAST PERFORMANCE/RECENT CONSTRUCTION PROJECTS COMPLETED**

Contractor shall provide information about at least three (3) construction projects of similar size and/or comparable scope within the last ten (10) years, one of those within the past five (5) years, that they have completed. The projects shall be sufficiently comparable so that the agency may conclude that the contractor is familiar with and capable of handling the project(s) described herein. References must be current and verifiable.

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Owner’s Contact Name & Phone |       |
| Architect/Engineer |       |
| A/E Contact Name & Phone |       |
| Type of Project |       |
| Total Value of Construction |       |
| Construction Manager Name & Phone |       |
| Original Scheduled Completion Date |       |
| Time Extensions Granted (days) |       |
| Actual Date of Completion |       |

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Owner’s Contact Name & Phone |       |
| Architect/Engineer |       |
| A/E Contact Name & Phone |       |
| Type of Project |       |
| Total Value of Construction |       |
| Construction Manager Name & Phone |       |
| Original Scheduled Completion Date |       |
| Time Extensions Granted (days) |       |
| Actual Date of Completion |       |

|  |  |
| --- | --- |
| Project Name |       |
| Project Number |       |
| Project Location |       |
| Owner’s Name |       |
| Owner’s Contact Name & Phone |       |
| Architect/Engineer |       |
| A/E Contact Name & Phone |       |
| Type of Project |       |
| Total Value of Construction |       |
| Construction Manager Name & Phone |       |
| Original Scheduled Completion Date |       |
| Time Extensions Granted (days) |       |
| Actual Date of Completion |       |

**PART V - CONTRACTOR’S CERTIFICATION**

I, the undersigned, certify and declare that I have read all the foregoing answers to this Questionnaire and know their contents. The matters stated in the Questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of South Carolina, that the foregoing is correct.

**BY: DATE:**

***(Print Name)***

**Title:**

**SIGNATURE:**

Attachments, if any, associated with Part II of this Questionnaire: