

Emily Couric Clinical Cancer Center 4<sup>th</sup> Floor Fit Out project  
RFP # 16-118  
University of Virginia  
Charlottesville, VA  
SOQ Due Date: August 1, 2017

# UNIVERSITY OF VIRGINIA

## STANDARD FORM

### FOR

## CONTRACTOR'S

# STATEMENT OF QUALIFICATIONS

Contractor's Name: \_\_\_\_\_

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# CONTRACTOR'S STATEMENT OF QUALIFICATIONS

## I. General Information

1. Type of work you wish to qualify for:

Construction Manager  
General Construction  
Mechanical  
Electrical  
Plumbing  
Sitework  
Specialty  
Other

Specify:

2. Contractor's Name:

Mailing Address:

Street Address: (If not the same as mailing address)

Web site:

Telephone Number: ( )

Fax Number: ( )

Contact Person:

Contact Person's Phone Number: ( )

Contact Person's Email:

State Contractor's License Number:

State Corporation Commission (SCC) Identification Number:

Designated Employee Registered with the Virginia Board for Contractors:

Identify SWaM status (Small, Women-owned, & Minority-owned) Please Check One

Small ( ) Women-owned ( ) Minority-owned ( ) Not Applicable ( )

3. Check type of organization:

Corporation \_\_\_\_ Partnership \_\_\_\_  
Individual \_\_\_\_ Joint Venture \_\_\_\_  
Other (describe) \_\_\_\_\_

If the Proposal is being made by a legal joint venture, the response must include the information required within this section of the HECO-16 for both organizations that constitute the joint venture and a copy of the joint venture agreement must be attached.

4. If a corporation -

State of Incorporation:

Date of Incorporation:

Federal I.D. #:

<u>Officers</u>	<u>Name</u>	<u>Years in Position</u>
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Chief Executive Officer:

Chief Financial Officer:

President:

Vice President:

Secretary:

Treasurer:

Are you a Subchapter S Corporation? Yes \_\_\_\_ No \_\_\_\_

5. If a partnership -

Date organized:

Type of partnership:

List of General Partners:

<u>Name</u>	<u>Phone #</u>	<u>Years as G.P.</u>
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6. If individually owned -

Years in Business:

7. Have you ever operated under another name? Yes \_\_\_ No \_\_\_

If yes -

Other name:

Number of years in business under this name:

State license number under this name:

## **II. Bonding**

**Provide a letter from your surety company** listing your organization's current single Project and total Projects bonding capacity, including such information for the local or regional office that will be used in delivering the services to be provided on the Project (if the local or regional office is separately bonded); attach this letter to the Form HECO-16.

1. Bonding Company's name:

Address:

Representative (Attorney-in-fact):

2. Is the Bonding Company listed on the United States Department of the Treasury list of acceptable surety corporations?

Yes \_\_\_ No \_\_\_

3. Is the Bonding Company licensed to transact surety business in the Commonwealth of Virginia?

Yes \_\_\_ No \_\_\_

4. Describe the capacity the organization has to meet the project schedule and demands. Include an analysis of current workload.

## **III. Judgments**

In the last ten years, has your organization, or any officer, director, partner or owner, had judgments entered against it or them for the breach of contracts for construction?

Yes \_\_\_ No \_\_\_

If yes, on a separate attachment, state the person or entity against whom the judgment was entered, give the location and date of the judgment, describe the project involved, and explain the circumstances relating to the judgment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

#### IV. Convictions and Debarment

If you answer yes to any of the following, on a separate attachment, state the person or entity against whom the conviction or debarment was entered, give the location and date of the conviction or debarment, describe the project involved, and explain the circumstances relating to the conviction or debarment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. In the last ten years, has your organization or any officer, director, partner, owner, project manager, procurement manager or chief financial officer of your organization:
  - a. ever been fined or adjudicated of having failed to abate a citation for building code violations by a court or local building code appeals board?  
Yes \_\_\_ No \_\_\_
  - b. ever been found guilty on charges relating to conflicts of interest?  
Yes \_\_\_ No \_\_\_
  - c. ever been convicted on criminal charges relating to contracting, construction, bidding, bid rigging or bribery?  
Yes \_\_\_ No \_\_\_
  - d. ever been convicted: (i) under Va. Code Section 2.2-4367 et seq. (Ethics in Public Contracting); (ii) under Va. Code Section 18.2-498.1 et seq. (Va. Governmental Frauds Act); (iii) under Va. Code Section 59.1-68.6 et seq. (Conspiracy to Rig Bids); (iv) of a criminal violation of Va. Code Section 40.1-49.4 (enforcement of occupational safety and health standards); or (v) of violating any substantially similar federal law or law of another state?  
Yes \_\_\_ No \_\_\_
  - e. ever been convicted on charges relating to employment of illegal aliens on construction projects?  
Yes \_\_\_ No \_\_\_
2.
  - a. Is your organization or any officer, director, partner or owner currently debarred or enjoined from doing federal, state or local government work for any reason?  
Yes \_\_\_ No \_\_\_
  - b. Has your organization or any officer, director, partner or owner ever been debarred or enjoined from doing federal, state or local government work for any reason?  
Yes \_\_\_ No \_\_\_

#### V. Compliance

If you answer yes to any of the following, on a separate attachment, give the date of the termination order, or payment, describe the project involved, and explain the circumstances relating to same, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. Has your organization:
  - a. ever been terminated on a contract for cause?  
Yes \_\_\_ No \_\_\_
  - b. within the last five years, made payment of actual and/or liquidated damages for failure to complete a project by the contracted date?  
Yes \_\_\_ No \_\_\_
2. Has your organization, in the last three years, received a final order for willful and/or repeated violation(s) for failure to abate issued by the United States Occupational Safety and Health Administration or by the Virginia Department of Labor and Industry or any other government agency?  
Yes \_\_\_ No \_\_\_
3. Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization?  
Yes \_\_\_ No \_\_\_
4. Has your organization been more than thirty (30) days late, without good cause, in achieving the contracted substantial completion date where there was no liquidated damages provision on more than two (2) projects in the last three (3) years?  
Yes \_\_\_ No \_\_\_
5. Has your organization received cure notices on any project in the past five (5) years?  
Yes \_\_\_ No \_\_\_

## VI. Experience

If your organization has multiple offices, provide the following information for the office that would handle projects under this prequalification. If that office has limited history, list its experience first.

1. Attach a list of all projects, giving project name, location, size, dollar value, and completion date for each that your organization has **completed** in the last five years. Provide for each, the name, address, and phone number, for the Owner's and Architect's contact or representative.
2. Attach a list of your organization's projects in **progress**, if any, at the time of this statement. At a minimum, provide project names and addresses, contract amounts, percentages complete and contact names and numbers for the architects and owners.
3. If this statement is for a particular project, identify four projects from those identified in 1 and 2 above which are most relevant or similar to the project(s) for which you are seeking prequalification.

**Project 1.**

Project Name:

Project Address:

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Final or current Contract Amount:

Project Description, i.e., function of building and component building systems:



**Project 2.**

Project Name:

Project Address:

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Final or current Contract Amount:

Project Description, i.e., function of building and component building systems:

**Project 3.**

Project Name:

Project Address:

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Final or current Contract Amount:

Project Description, i.e., function of building and component building systems:

**Project 4.**

Project Name:

Project Address:

Size of Project such as: (gross square feet, height, or stories plus sub-surface levels, total cost)

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Final or current Contract Amount:

Project Description, i.e., function of building and component building systems:

4. Staffing: Describe how your firm would staff this project. The submittal must include a description of the duties and responsibilities of all key Project team members and an organizational chart indicating the title or function of each individual and the reporting structure and functional relationships between the team members.
5. Personnel Experience: For all designated key personnel (i.e.: project manager, superintendent, preconstruction manager, etc.), describe the background and experience that would qualify him or her to serve successfully on this project. For all key personnel to be assigned to this project, provide as an attachment a resume which includes:
  - a. Title (Principal, Project Manager, Superintendent, etc.).
  - b. Number of years of experience in the construction industry.
  - c. Summary of education, including the name(s) of the institution(s) from which the individual graduated and the year(s) of graduation.
  - d. Listing of professional registrations, including registration numbers and dates that the respective registrations were first obtained, per state, along with any certifications relevant to the individual's proposed function on this project.
  - e. List of any professional / trade organization affiliations and associations in which the individual actively participates.
  - f. Identification of at least three (3) similar or comparable projects on which each proposed key personnel have served in that capacity or positions of similar or comparable responsibility within the last ten years, including at least one of those within the last five years. Provide the names, addresses, and phone numbers of the Owner's and Architect's contact person for each that can be contacted to obtain an assessment of the individual's competencies and capabilities for the project.

**VII. Small Business Participation on Previous Projects**

For the most recent three (3) projects you have completed, provide:

Project Name:

Project Address:

Owner's Name:

Address:

Phone Number:

Contact:

Small Business Participation percentage proposed:

Small Business Participation percentage achieved:

**VIII. Signatures**

The undersigned certifies under oath that the information contained in this Statement of Qualifications and attachments hereto is complete, true and correct as of the date of this Statement.

\_\_\_\_\_  
(Name of entity signing this Statement of Qualifications)

By: Name of Signer (print) \_\_\_\_\_

\_\_\_\_\_  
(Signature in ink)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary**

State of: \_\_\_\_\_

County/City of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

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

Notary Seal:

**Attachments (to be provided):**

1. Owner's Qualification Criteria (this form)
2. **Surety Statement**
3. Additional information, if any, provided under Sections III, IV, V
4. Additional information provided under Section VI