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:
   
   Design Build  
   General Construction  
   Mechanical  
   Electrical  
   Plumbing  
   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. #:

   Officers
   Name   Years in Position
   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:

   Name   Phone #   Years as G.P.

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. Identify four projects from those identified in 1 and 2 above which illustrate your organization’s experience relevant to work in 24 hours a day/7 days a week occupied student and patient facilities and inpatient healthcare facilities. Specifically, bring attention to your firm’s experience with infection control requirements, medical gas systems, NFPA 99, and High-performance HVAC and electrical systems.
**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. Safety: Provide your firm’s overall safety record including lost time accidents on recent projects. Describe safety related programs that the firm employs, addressing specifically how your firm would carry out its safety functions as the prime Contractor.

5. Staffing: Describe how your firm would staff projects resulting from this procurement and identify key personnel that would be dedicated to the management of this contract. The submittal must include a description of the duties and responsibilities of all key personnel and an organizational chart indicating the firm’s depth of trade specific resources, reporting structure and functional relationships between the team members.

6. 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 and/or trade certifications, 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.

7. BIM / Design Experience: Describe your firm’s available technical resources to support the creation, use and maintenance of a Building Information Model in Revit. Highlight any design/build experience or specific design capabilities the firm may have.

**STAFF TRAINING PROGRAM**

Describe the type of training and/or qualifications that the Firm provides for personnel engaged in healthcare projects including the following:

1. A narrative which describes the Firm’s training program (or proposed training if no program currently exists) for personnel engaged in healthcare projects. This may be either in-house developed or third party training. Identify key project personnel who have received this training and the frequency of refresher training or continuing education requirements, if applicable.

2. A narrative which describes any training or orientation that the firm provides for Subcontractors working in the healthcare environment. Include a description of who is required to have training and the frequency of refresher training, if applicable.
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

2. Surety Statement

3. Additional information, if any, provided under Sections III, IV, V

4. Additional information provided under Section VI