**Medical Center On-Demand Construction Program**

**RFP # 20-105**

**University of Virginia**

**Charlottesville, VA**

**SOQ Due Date: July 22, 2021**

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)

Website:

Telephone #: ( )

Fax #: ( )

Contact Person:

Contact Person’s Phone #: ( )

Contact Person’s E-mail:

State Contractor's License #:

State Corporation Commission (SCC) Identification #:

Designated Employee Registered with Virginia Board for Contractors:

Provide the name and title, direct phone number (including extension), pager number, cell phone number, and direct e-mail address of the highest ranking individual within the organization that will have oversight responsibility for the organization's involvement with the Project (if not the designated contact person above):

If different from the location provided above, provide the organization's local or regional office information (including physical address, mailing address, phone number, fax number, and main e-mail address or web site address) to be used in delivering the requested services to be provided on the Project:

Provide the number of years that the organization has been providing services similar to those requested by this RFQ, including a delineation of this information for both the headquarters location and the local or regional office (as appropriate) that will be used in delivering the requested services on the Project:

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 / Contact Info 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:

 8. Department of Small Business and Supplier Diversity (DSBSD) Certifications:

 Check all that apply:

 Micro Business DSBSD Certification #:

 Small Business DSBSD Certification #:

 Small Woman-Owned Business DSBSD Certification #:

 Small Minority-Owned Business DSBSD Certification #:

 Service Disabled Veteran-Owned Business DSBSD Certification #:

**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. On any project, has your organization ever been party to:

1. An issuance of a formal stormwater notice of violation? Yes \_\_\_ No \_\_\_
2. An issuance of a formal solid waste notice of violation? Yes \_\_\_ No \_\_\_

4. Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization? Yes \_\_\_ No \_\_\_

 5. 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 \_\_\_

 6. Has your organization **finally completed a project** more than ninety (90) days after achieving Substantial Completion on two (2) or more projects in the last three (3) years, for reasons within the contractor’s control? Documented delay of delivery of material necessary to perform remaining work or seasonal conditions that bear on performing the work or operating specific equipment or building systems shall be considered in litigation. Yes \_\_\_ No \_\_\_

 7. Has your organization **received more than two (2) cure notices** on a single project in the past two (2) years and/or more than one (1) cure notice on five (5) separate projects in the past five (5) years? Yes \_\_\_ No \_\_\_

 8. Has your organization **had repeated instances** on a project of **installation and workmanship deviations which exceed the tolerances of the standards referenced** in the contract documents? Documentation of such instances shall be the written reports and records of the Owner’s representatives on the project.  Yes \_\_\_ No \_\_\_

**VI. Experience**

If your organization has multiple offices, provide the following information for the office that would handle the Project 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 A/E'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 phone numbers for the A/E’s and Owner’s representatives.

3. Identify at least three (3) projects in the last ten (10) years that are most relevant or similar in program and size to the Project(s) for which you are seeking prequalification and provide:

Project Name:

 Address:

 Final or Current Contract Amount:

 Size (i.e. gross square feet, height, or stories plus sub-surface levels):

 Description (i.e. function of building and component building systems):

Owner's Name:

 Address:

 Phone #:

 Contact:

A/E's Name:

 Address:

 Phone #:

 Contact:

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:

1. Title (i.e. Principal, Project Manager, Superintendent, etc.).
2. Number of years of experience in the construction industry.
3. Summary of education, including the name(s) of the institution(s) from which the individual graduated and the year(s) of graduation.
4. 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.
5. List of any professional / trade organization affiliations and associations in which the individual actively participates.
6. 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 A/E’s contact person for each that can be contacted to obtain an assessment of the individual’s competencies and capabilities for this Project.

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

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

 Project Name:

 Address:

 Owner’s Name:

 Address:

 Phone #:

 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 (SOQ) and attachments hereto is complete, true and correct as of the date of this Statement.

(Name of entity signing this SOQ)

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. Response to the University of Virginia's Advertised Qualification Criteria

2. Surety Statement

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

4. Additional information provided under Section VI