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STANDARD FORM

FOR

CONTRACTOR’S   
STATEMENT OF QUALIFICATIONS



**Mechanical and Plumbing On-Demand Program**

RFP # 22-107

Charlottesville, VA

SOQ Due Date: August 2, 2023

Contractor’s Name: [Company Name]

Table of Contents

[I. General Information 1](#_Toc129617844)

[II. Bonding 3](#_Toc129617845)

[III. Judgements 4](#_Toc129617846)

[IV. Convictions and Debarment 4](#_Toc129617847)

[V. Compliance 5](#_Toc129617848)

[VI. Experience 6](#_Toc129617849)

[VII. Small Business Participation on Previous Projects 10](#_Toc129617850)

[VIII. Signatures 12](#_Toc129617851)

[Attachments: 13](#_Toc129617852)

# General Information

* 1. Type of work you wish to qualify for:
     + - 1. Construction Manager  Plumbing
         2. General Construction  Sitework
         3. Mechanical  Specialty
         4. Electrical  Other
  2. Organizational Information
     1. Contractor's Name:
     2. Mailing Address:
     3. Street Address:   
        *(If not the same as mailing address)*
     4. Website:
     5. Phone #:
     6. Fax #:
     7. Contact Person:
     8. Contact Phone #:
     9. Contact Email:
     10. State Contractor's License #:
     11. State Corporation Commission (SCC) Identification #:
     12. Designated Employee Registered with Virginia Board for Contractors:
     14. Provide the name, title, direct phone number (including extension), pager number, cell phone number, and direct email 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).

     17. 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 email address or web site address) to be used in delivering the requested services to be provided on the Project.

     20. 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:
     + - 1. Corporation  Partnership
         2. Individual  Joint Venture\*
         3. Other
     1. \* 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:
     1. State of Incorporation: Date of Incorporation:
     2. Federal Identification #:
        + 1. Officers:

|  |  |  |  |
| --- | --- | --- | --- |
| ROLE | NAME | PHONE # | YEARS IN POSITION |
| Chief Executive Officer |  |  |  |
| Chief Financial Officer |  |  |  |
| President |  |  |  |
| Vice President |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |

* + 1. Are you a Subchapter S Corporation?  Yes  No
  1. If a partnership:
     1. Date Organized:
     2. Type of Partnership:
        + 1. General Partners:

|  |  |  |
| --- | --- | --- |
| NAME | PHONE # | YEARS AS PARTNER |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. If Individually Owned:
     1. Years in Business:
  2. Has this organization ever operated under another name?  Yes  No
     + - 1. If yes:

Other name:

Number of years in business under this name:

State license number under this name:

* 1. Department of Small Business and Supplier Diversity (DSBSD) Certifications:
     + - 1. Check all that apply:
         2. Micro Business DSBSD Certification #:
         3. Small Business DSBSD Certification #:
         4. Small Woman-Owned Business DSBSD Certification #:
         5. Small Minority-Owned Business DSBSD Certification #:
         6. Service-Disabled Veteran-Owned DSBSD Certification #:

# 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 Information:
     + - 1. Name:
         2. Address:
         3. 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?
     1. Yes  No
  4. Describe your organization’s capacity to meet the Project schedule and demands. Include an analysis of current workload.

# Judgements

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?

* + - * 1. Yes  No
    1. 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.

# 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:
     + 1. 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
       2. Ever been found guilty on charges relating to conflicts of interest?  Yes  No
       3. Ever been convicted on criminal charges relating to contracting, construction, bidding, bid rigging or bribery?  Yes  No
       4. 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
       5. Ever been convicted on charges relating to employment of illegal aliens on construction projects?  Yes  No
  2. 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
  3. 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?
     1. Yes  No

# 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:
     + 1. Ever been terminated on a contract for cause?  Yes  No
       2. 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. Within the last five years, has your organization been involved with a project that was issued:
     + 1. A formal stormwater notice of violation (NOV)?  Yes  No
       2. A formal solid waste notice of violation (NOV)?  Yes  No
     1. Limit response to NOVs issued within the mid-Atlantic region.
  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?
     + - 1. Yes  No
     1. 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.
  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?
     + - 1. Yes  No
     1. Documentation of such instances shall be the written reports and records of the Owner’s representatives on the project.

# 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, 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.

## Project 1

Project Name:

* + 1. Project Address:
    2. Final or Current Contract Amount: $
    3. Size (i.e. gross square feet, height, or stories plus sub-surface levels):
    5. Description (i.e. function of building and component building systems):

Owner's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

A/E's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

Additional Information:

## Project 2

Project Name:

* + 1. Project Address:
    2. Final or Current Contract Amount: $
    3. Size (i.e. gross square feet, height, or stories plus sub-surface levels):
    5. Description (i.e. function of building and component building systems):

Owner's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

A/E's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

Additional Information:

## Project 3

Project Name:

* + 1. Project Address:
    2. Final or Current Contract Amount: $
    3. Size (i.e. gross square feet, height, or stories plus sub-surface levels):
    5. Description (i.e. function of building and component building systems):

Owner's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

A/E's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

Additional Information:

* 1. Staffing: Attach a description 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.
  2. 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.

# Small Business Participation on Previous Projects

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

## Project 1

Project Name:

* + 1. Project Address:

Owner's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

Small Business Participation Percentage Proposed: Achieved:

## Project 2

Project Name:

* + 1. Project Address:

Owner's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

Small Business Participation Percentage Proposed: Achieved:

## Project 3

Project Name:

* + 1. Project Address:

Owner's Name:

* + 1. Address:
    2. Phone #:
    3. Contact:

Small Business Participation Percentage Proposed: Achieved:

# 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.

* + - * 1. [Company Name]

(Name of entity signing this SOQ)

**By:** Name of Signer:

(Print)



(Signature)

Title:

Date:

**NOTARY**

* + 1. State of:
    2. County/City of:
    3. Subscribed and sworn to before me this day of ,



(Notary Public Signature)

My commission expires:

Notary Seal:



# Attachments:

(to be provided)

* 1. Response to the advertised Qualification Criteria
  2. Surety statement
  3. Additional information, if any, provided under Sections III, IV, V
  4. Additional information provided under Section VI