**PROJECT TITLE**REQUEST FOR PROPOSAL FOR CONSTRUCTION # XXX*For the convenience of the contractors, an electronic version of this RFP may be issued for your use. Any changes to the document’s questions or language that differs from the wording as issued in the Project Manual dated* ***xx/xxxx*** *other than to fill in answers for the questions asked, will constitute a non-responsive proposal.*  **STATEMENT OF QUALIFICATIONS FOR GENERAL CONTRACTORS  
Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
1. OFFEROR INFORMATIONName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Principal Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) Corporation (\_\_) Partnership (\_\_) Sole Proprietorship (\_\_) Joint Venture (\_\_) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many years has your organization been in business as a Contractor? \_\_\_\_\_\_\_\_\_\_\_\_
2. How many years has your organization been in business under its present business name?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Under what other or former names has your organization operated?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. LICENSING

1. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. License Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is the firm’s contractor’s license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

(\_\_) Yes - free of suspension or revocation (\_\_) No – Attached explanation

1. Does your firm hold all applicable Business licenses required by State of New Mexico?

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**g.** Is your firm free from formal debarment from public works, federal, state or local public works jurisdictions? (\_\_) Yes (\_\_) No (Attach explanation)

# 3. EXPERIENCE

1. Has your firm completed one (1) or more educational facility project(s) of similar complexity totaling **50,000 square feet** **or more since 2016**, as the proposed project? Complete **Attachment A** for five (5) maximum projects listed:

(\_\_) Yes Number of Projects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

Project 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project 4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project 5 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State the average annual amount of construction work performed during the past five years:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.
2. List the categories of work that your organization normally performs with its own forces.

# 4. KEY PERSONNEL EXPERIENCE

**Please note that more consideration will be given to those meeting or exceeding the required qualifications below:**

1. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)
   1. At least ten (10) years’ experience in the construction industry?

(\_\_) Yes Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience on at least one (1) construction type as identified in 3. EXPERIENCE item a

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience as a Project Manager on one (1) or more construction projects totaling **30,000 square feet or more**?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

1. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)
   1. At least ten (10) years’ experience in the construction industry?

(\_\_) Yes Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience on at least one (1) construction type as identified in 3a?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience as a Project Foreman/Superintendent on one (1) or more construction projects totaling **30,000** square feet or more?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

1. Does your Safety Program Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)
   1. At least five (5) years’ experience in a safety management role?

(\_\_) Yes Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience on at least one (1) construction type as identified in 3a?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

1. Does your Quality Assurance/Quality Control (QA/QC) Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)
   1. At least five (5) years’ experience in a safety management role?

(\_\_) Yes Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience on at least one (1) construction type as identified in 3a?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years with your firm: \_\_\_\_\_

Present Position/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in position: \_\_\_\_\_

List other project(s) this person has had a similar role for the past five (5) years:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your QA/QC a Principal or Officer of the firm? (\_\_) Yes (\_\_) No

1. Please include an Organizational Chart (**Attachment C**) of the Management Team that will be assigned to this project. Identify relationships, duties and responsibilities and key roles of each individual.

# 5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

1. Resources: Total number of current employees: Project Managers \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Estimators | \_\_\_\_\_\_\_\_\_\_ |
| Superintendents | \_\_\_\_\_\_\_\_\_\_ |
| Foremen | \_\_\_\_\_\_\_\_\_\_ |
| Tradesmen | \_\_\_\_\_\_\_\_\_\_ |
| Administration | \_\_\_\_\_\_\_\_\_\_ |
| Other | \_\_\_\_\_\_\_\_\_\_ |

1. Does your firm have the immediate capacity to perform the work required for this project:

(\_\_) Yes (\_\_) No

1. Please list all projects currently under contract totaling over **20,000** square feet with scheduled completion dates (**Attachment D**)

(\_\_) See Attachment D (\_\_) None

# 6. SURETY

1. Firm’s current surety company:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this surety be used for the construction contract for this project?

(\_\_) Yes (\_\_) No (attach explanation)

Contact Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years utilizing this surety: \_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aggregate Total of current surety in force: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the surety company to be used on this project licensed to do business in the State of New Mexico?

(\_\_) Yes (\_\_) No (attach explanation)

1. Is your firm free of having any construction contracts taken over by a surety for completion in the past five (5) years?

(\_\_) Yes (\_\_) No (attach explanation)

1. Has your firm used other surety companies since 2001? (\_\_) Yes (list) (\_\_) No

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Surety Company | Contact |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Surety Company | Contact |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Surety Company | Contact |

1. Is your firm able to obtain bonding in the amount required for the completion of this project? Provide a notarized declaration from the surety identified above, stating the amount of bonding capacity available to your firm for this project at **Attachment E**.

(\_\_) Yes (\_\_) No (attach explanation)

# 7. SAFETY

1. Does your firm have a written safety program compliant with current State regulations? Provide one (1) copy of your firm’s written safety program at **Attachment F**.

(\_\_) Yes (\_\_) No (attach explanation)

1. Provide a list of key safety personnel, including the designated safety manager who will be assigned to this project, and list specific duties.

|  |  |
| --- | --- |
| Name and Title | Specific Duties |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and Title | Specific Duties |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and Title | Specific Duties |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Specific Duties

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the Experience Modification Rate for the past five (5) years:

\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /

1. Provide the Recordable Incident Rate for the past calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

(\_\_) Yes (\_\_) No (attach explanation)

# 8. INSURANCE & CLAIMS HISTORY

1. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?

(\_\_) Yes (\_\_) No (attach explanation)

1. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?

(\_\_) Yes (\_\_) No (attach explanation)

1. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at $1 Million per occurrence and $1 Million in the aggregate?

(\_\_) Yes (\_\_) No (attach explanation)

1. Please provide a notarized declaration from an insurance carrier stating that the firm is able to obtain insurance in the limits stated as **Attachment G**.

# 9. QUALITY ASSURANCE – ATTACHMENT H

a. Does your firm have a written Quality Assurance Program?

(\_\_) Yes (\_\_) No

Provide one (1) copy of the written Assurance Program for **Attachment H**

# 10. PROJECT SCHEDULING

1. Does your firm use computerized scheduling? (\_\_) Yes (\_\_) No
2. If YES, which programs and versions are used? Please list:
3. Has the firm been involved with a construction project within the past five (5) years, where the schedule was not met? (\_\_) Yes (\_\_) No
4. If YES, please indicate the project (refer to **Attachment A**)

**i.** Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Delay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ii.** Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Delay**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **iii.** Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Delay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the firm been assessed liquidated damages due to scheduling for any project in the past five (5) years? (Refer to **Attachment A**) (\_\_) Yes (\_\_) No

If YES, please list projects

* 1. Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 11. LABOR CODE VIOLATIONS

1. Has your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects? Refer to **Attachment I** (\_\_) Yes (\_\_) No
2. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?

(\_\_) Yes (\_\_) No (explain)

# 12. JUDGEMENTS, BREACH OF CONTRACT, PROTESTS, MEDIATIONS AND ARBITRATIONS

1. List any judgments against the firm during the past 5 years; use **Attachment J**
2. List any breach of contract other than for cause
3. If applicable, list any formal bid protests and the outcome, whether denied or upheld
4. List all mediations/arbitrations in the last 5 years. Who initiated? What was the outcome?

**THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION SUBMITTED WITH THIS FORM IS TRUE AND CORRECT**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME AND TITLE FIRM NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE ADDRESS OF FIRM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS CITY/STATE/ZIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER FAX NUMBER**

**END OF GENERAL CONTRACTOR STATEMENT OF QUALIFICATIONS**

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

**REFERENCE: 3.a. EXPERIENCE**

**COMPLETE ONE FORM FOR EACH PROJECT LISTED (MAXIMUM 5)**

## PROJECT DESCRIPTION

|  |  |
| --- | --- |
| Project Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DESIGN PROFESSIONAL** | Contact Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gross Building Area (Sq. Ft.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (\_\_) New (\_\_) Addition (\_\_) Renovation |
| Project Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Original Contract Amt.: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Original No. of Days to Complete: \_\_\_\_\_\_\_\_ |
| Final Contract Amount | Final Contract Days to Complete: |
| With all Change Orders: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | with all Time Extensions: \_\_\_\_\_\_\_\_ |

## PROJECT EXECUTION

Were Liquidated Damages assessed on this Project? (\_\_) No (\_\_) Yes Days \_\_\_\_ $ \_\_\_\_\_\_\_\_\_

Percentage of Work Subcontracted: \_\_\_\_\_\_\_\_\_\_\_\_% Contract Type (\_\_) Competitive Bid Lump Sum

(\_\_) Negotiated Lump Sum

Major Subcontractors: (\_\_) Guaranteed Maximum Price

(\_\_) Other (Describe)

Mechanical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electrical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plumbing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roofing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CUSTOMER SATISFACTION**

How was this measured? (\_\_) Customer Survey (\_\_) Attached (\_\_) Yes (\_\_) No (\_\_) Other (Describe)

# REFERENCE: 4 a., b, c, d RESUMES

ATTACH ONE (1) PAGE RESUMES OF THE PROPOSED

PROJECT MANAGER

PROJECT SUPERINTENDENT

SAFETY PROGRAM MANAGER

OTHER KEY PERSONNEL (OPTIONAL)

# 1. EDUCATION

High School, College, Trade Schools, Trade Seminars, Trade/Management Specialized Courses, Etc.

# 2. RELATED EXPERIENCE

Related experience should include the following:

**a.** Position Title

1. Duties and Responsibilities
2. Major accomplishments
3. Number of personnel supervised

# 3. PROJECT EXPERIENCE

Identify project experience requested in the Statement at 4.a. (2) (3), 4.b. (2) (3), and 4.c. (2). Include the project Title and Location.

1. **Other information that demonstrates the individual’s strengths for this project.**
2. **Project Professionals and Project Owner Reference may be included.**

# REFERENCE: 4.e. ORGANIZATIONAL CHART OF PROJECT MANAGEMENT TEAM

Chart should include the

|  |  |
| --- | --- |
| FIRM  POSITION  NAME | |
|  |  |

Entire

Project Team

Subcontractor Key

Personnel

And Supervision

FIRM

POSITION

NAME

FIRM

POSITION

NAME

1. Indicate the relationship between PM/Supt. of the Subcontractors and the General Contractor’s PM/SUPT.
2. Indicate the relationship of the Safety Manager of the Subcontractors and General Contractor, and the relationship of the Safety Manager with others on the job site.
3. Indicate the relationship between the QA/QC Manager with other personnel on the job site.

# REFERENCE: 5.c. PROJECTS CURRENTLY UNDER CONTRACT

**START DATE:**

**PROJECTED COMPLETION DATE:**

**PROJECT TITLE AND LOCATION:**

# ATTACHMENT E

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

**REFERENCE: 6.d. NOTARIZED DECLARATION OF SURETY**

**DOCUMENTATION FROM SURETY**

# ATTACHMENT F

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

## REFERENCE: 7.a. COPY OF FIRM’S WRITTEN SAFETY PLAN

SUBMIT ONLY ONE (1) COPY OF SAFETY PLAN WITH SUBMITTAL PACKET

Include Work Loss Incidents and History

**ATTACHMENT G**

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

**REFERENCE: 8.d. LETTER FROM INSURANCE CARRIER**

DOCUMENTATION OF INSURABILITY

# ATTACHMENT H

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

**REFERENCE: 9.b. WRITTEN QUALITY ASSURANCE PROGRAM**

SUBMIT ONLY ONE (1) COPY WITH SUBMITTAL PACKET

# ATTACHMENT I

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

## REFERENCE: 11.a. AFFIDAVIT OF NON-VIOLATION OF LABOR CODES

**Name of Firm:**

**Address:**

**Project**

**Reference: (Name of Owner & Project) Request for Proposal #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affidavit of Non-violation of Labor Codes**

**To: The Board of Education**

**School District**

**The undersigned officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby states that**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has, during the past five (5) years, been free of any determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**NOTARY**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signed or attested before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ATTACHMENT J

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

## REFERENCE: 12.a.b.c. JUDGMENTS, BREACH OF CONTRACT, PROTESTS

1. **List any judgments against the firm during the past 5 years.**
2. **List any breach of contract other than for cause.**
3. **If applicable, list any formal bid protests and the outcome, whether denied or upheld.**
4. **List all mediations/arbitrations in the last 5 years. Who initiated?**

**What was the outcome?**

**PROJECT TITLE**

REQUEST FOR PROPOSAL FOR CONSTRUCTION # XXX

*For the convenience of the contractors, an electronic version of this RFP is issued for your use. Any changes to the document’s questions or language that differs from the wording as issued in the Project Manual dated 01/2020 other than to fill in answers for the questions asked, will constitute a non-responsive proposal.*

**STATEMENT OF QUALIFICATIONS FOR SUBCONTRACTORS**

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 1. OFFEROR INFORMATION

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Firm:

(\_\_) Corporation (\_\_) Partnership (\_\_) Sole Proprietorship (\_\_) Joint Venture

(\_\_) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year Firm was established: \_\_\_\_\_\_\_\_\_\_\_\_
2. Parent Company (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. All former names during the past 10 years your organization has operated?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2. LICENSING

Provide your team’s New Mexico contractor’s license, which is current and in good standing with the State of New Mexico Construction Industries Division (CID).

1. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. License Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Is the firm’s contractor’s license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

(\_\_) Yes - free of suspension or revocation (\_\_) No – Attach explanation

### 3. EXPERIENCE

1. Has your firm completed one (1) or more educational facility project of similar complexity and of **50,000** square feet or more since **2016**, as the proposed project? Complete **Attachment A** for three (3) maximum projects listed:

(\_\_) Yes Number of Projects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

Project 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide copies of Performance Evaluation Reports prepared in connection with projects described in Para.

3a above.

1. State the average annual amount of construction work performed during the past five years: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.

### 4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications below:

1. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)
   1. At least ten (10) years’ experience in the construction industry?

(\_\_) Yes Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience on at least one (1) construction type as identified in 3a.

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience as a Project Manager on one (1) or more construction projects totaling **30,000** square feet or more?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

1. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)
   1. At least ten (10) years’ experience in the construction industry?

(\_\_) Yes Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience on at least one (1) construction type as identified in 3a?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

* 1. Experience as a Project Foreman/Superintendent on one (1) or more construction projects totaling **30,000** square feet or more?

(\_\_) Yes Number of Projects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) No

1. Does your Firm have a Quality Assurance/Quality Control (QA/QC) Manager? (\_\_) Yes (\_\_) No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years with your firm: \_\_\_\_\_

Present Position/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in position: \_\_\_\_\_ List other project(s) this person has had a similar role for the past five (5) years:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your QA/QC a Principal or Officer of the firm? (\_\_) Yes (\_\_) No

### 5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

1. Resources

(1) Total number of current employees: Project Managers \_\_\_\_\_\_\_\_\_\_ Estimator’s \_\_\_\_\_\_\_\_\_\_ Foremen \_\_\_\_\_\_\_\_\_\_ Tradesmen \_\_\_\_\_\_\_\_\_\_

Administration \_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_

1. Please list all projects currently under contract at square footage listed in 3a. with scheduled completion dates (**Attachment C**)

(\_\_) See Attachment C (\_\_) None

### 6. SAFETY

1. Does your firm have a written safety program compliant with current State regulations? Provide one (1) copy of your firm’s written safety program at **Attachment D**.

(\_\_) Yes (\_\_) No (attach explanation)

1. Provide your Experience Modification Rate for the past five (5) years:

\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ /

1. Provide the Recordable Incident Rate for the past calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

(\_\_) Yes (\_\_) No (attach explanation)

### 7. INSURANCE & CLAIMS HISTORY

1. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party? (\_\_) Yes (\_\_) No (attach explanation)
2. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?

(\_\_) Yes (\_\_) No (attach explanation)

1. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at $1 Million per occurrence and $1 Million in the aggregate? (\_\_) Yes (\_\_) No (attach explanation)

### 8. QUALITY ASSURANCE

**a.** Does your firm have a written Quality Assurance Program? (\_\_) Yes (\_\_) No

Note: If you have a Quality Assurance Program, please provide one (1) copy of the written Assurance Program for **Attachment E**

### 9. LABOR CODE VIOLATIONS

1. **Has** your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects?

Refer to **Attachment F** (\_\_) Yes (\_\_) No

1. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?

(\_\_) Yes (\_\_) No (explain)

**THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION SUBMITTED WITH THIS FORM IS TRUE AND CORRECT.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title Firm Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Address of Firm**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address City/State/Zip**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number Fax Number**

**END OF SUBCONTRACTOR STATEMENT OF QUALIFICATIONS**

## REFERENCE: 3.a. EXPERIENCE ON SIMILAR PROJECTS OVER VALUATION STATED IN 3.a

COMPLETE ONE FORM FOR EACH PROJECT LISTED ON THE QUESTIONNAIRE (MAXIMUM 3)

### PROJECT DESCRIPTION

Project Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name and

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Building Area (Sq. Ft.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) New (\_\_) Addition (\_\_) Renovation

Original Contract Amt.: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date/Percentage Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESIGN PROFESSIONAL**

Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### GENERAL CONTRACTOR

Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CUSTOMER SATISFACTION

How was this measured? (\_\_) Customer Survey (\_\_) Attached (\_\_) Yes (\_\_) No (\_\_) Other (Describe)

## REFERENCE: 4 a, b, c, d RESUMES

ATTACH ONE (1) PAGE RESUMES OF THE PROPOSED

1. **PROJECT MANAGER**
2. **PROJECT FOREMAN/SUPERINTENDENT**
3. **OTHER KEY PERSONNEL *(OPTIONAL)***
4. **EDUCATION**

High School, College, Trade Schools, Trade Seminars, Trade/Management Specialized Courses, Etc.

1. **RELATED EXPERIENCE**

Related experience should include the following:

* 1. Position Title
  2. Duties and Responsibilities
  3. Major accomplishments
  4. Number of personnel supervised

1. **PROJECT EXPERIENCE**

Identify project experience requested in the Statement at 4.a. (2) (3), 4.b. (2) (3), and 4.c. (2). Include the project Title and Location.

1. **Other information that demonstrates the individual’s strengths for this project.**
2. **Project Professionals and Project Owner Reference may be included.**

RFP NO

**REFERENCE:**

# 5.b. PROJECTS CURRENTLY UNDER CONTRACT

START PROJECTED

PROJECT TITLE AND LOCATION DATE COMPLETION

RFP NO.

# REFERENCE: 7.a. COPY OF FIRM’S WRITTEN SAFETY PLAN

SUBMIT ONLY **ONE (1) COPY** OF SAFETY PLAN WITH SUBMITTAL PACKET

Include Work Loss Incidents & History

RFP NO.

# REFERENCE: 9.b. WRITTEN QUALITY ASSURANCE PROGRAM

SUBMIT ONLY **ONE (1)** **COPY** WITH SUBMITTAL PACKET

RFP NO.

## REFERENCE: 11.B. AFFIDAVIT OF NON-VIOLATION OF LABOR CODES

Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project

Reference: (Name of Owner & Project) Request for Proposal #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affidavit of Non-violation of Labor Codes

To: The Board of Education

(School District)

The undersigned officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby states that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has, during the past five (5) years, been free of any determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

NOTARY

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signed or attested before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RFP NO.**

**COMBINED**

**LIST OF SUBCONTRACTORS**

**and**

**ASSIGNMENT OF ANTITRUST CLAIMS**

**by**

**CONTRACTOR, SUBCONTRACTORS,**

**SUBSUBCONTRACTORS, and SUPPLIERS**

**EXAMPLE TRADES AND SUPPLIERS:** SITE WORK, CONCRETE, MASONRY, FRAMING, LUMBER,

STEEL, STEEL FABRICATION, ROOFING, EXTERIOR INSULATION AND FINISH, DRYWALL, DOORS,

GLASS AND GLAZING, PLASTER, PAINTING, CARPET, RESILIENT, CONVEYING SYSTEMS, HVAC,

CONTROLS, PLUMBING, SHEET METAL, ELECTRICAL

1. Subcontractor Listing shall be included with Cost Proposal as a condition of the Proposal and be fully complete with regards to all Subcontractors providing services valued at $5,000.00 or more, or one-half of one percent of the architect's or engineer's estimate of the total project cost, not including alternates, whichever is greater pursuant to Section 13-4-34, NMSA 1978.

Listing Threshold for this Project: $XXX

* 1. Subcontractor Listing shall be expanded after Proposal award, and before Contract, to include major Suppliers and, each entity listed shall be signed by individual empowered to obligate Supplier, Subcontractor, or Sub-Subcontractor.
  2. Subcontractor Listing shall also be expanded after Proposal award by apparent low Offeror if awarded, and before Contract, to include the Department of Workforce Solutions labor enforcement fund registration number. See the Department of Workforce Solutions web site at [www.dws.state.nm.us](http://www.dws.state.nm.us/) under “Public Works” for registration form, listings and information.

1. **PROJECT NAME**:

**REQUEST FOR PROPOSAL NUMBER**: xx-xxx:

The undersigned agrees that any and all claims which the firm may have or may inure to it for overcharges resulting from antitrust violations as to goods, services, and materials purchased in connection with the above-referenced project are hereby assigned to the Owner, but only to the extent that such overcharges are passed on to the Owner. It is agreed that the firm retains all rights to any such antitrust claims to the extent of any overcharges not passed on to the District, including the right to any treble damages attributable thereto.

RFP NO

Albuquerque Public Schools

# Subcontractor Listing

And Assignment of Anti-Trust Claims

***\*SIGNATURE REQUIRED UPON NOTICE OF INTENT TO AWARD***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF WORK** | **ENTITY NAME** | **CITY & STATE** | **Labor Enforcement**  **Fund Registration #**  **(if over $60,000)** | **SIGNATURE \*** |
| SITE WORK |  |  |  |  |
| CONCRETE |  |  |  |  |
| MASONRY |  |  |  |  |
| FRAMING |  |  |  |  |
| STEEL ERECTION |  |  |  |  |
| ROOFING |  |  |  |  |
| INSULATION |  |  |  |  |
| DRYWALL |  |  |  |  |
| GLAZING |  |  |  |  |
| PLASTER |  |  |  |  |
| FLOORING |  |  |  |  |
| PAINTING |  |  |  |  |
| FURNISHINGS |  |  |  |  |
| ELEVATOR |  |  |  |  |
| HVAC |  |  |  |  |
| CONTROLS |  |  |  |  |
| PLUMBING |  |  |  |  |
| ELECTRICAL |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

RFP NO. Albuquerque Public Schools

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF WORK** | **ENTITY NAME** | **CITY & STATE** | **Labor Enforcement**  **Fund Registration #**  **(if over $60,000)** | **SIGNATURE \*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Date of Proposal:

New Mexico State Contractor's License No.

License Classifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Contractor's Preference Certificate No.

Veteran Resident Contractor Preference Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent of preference qualified for: \_\_\_\_\_\_\_\_\_(10%).

NOTE: Attach a copy of the valid certificate and documentation to validate percent preference.

NM DOL (Workforce Solutions) Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor's New Mexico Gross Receipts Tax No.

Contractor's Federal Employee Identification No.

**FD+C Project No. XXX**

## Project Name: XXXX

Proposal of (company name): ————————————————————

(Hereinafter called the "Offeror") organized and existing under the laws of the State of New Mexico, doing business as a Corporation, Partnership or Individual. (Circle correct one).

To: Board of Education

Albuquerque Municipal School District Number 12

Bernalillo and Sandoval Counties, New Mexico (hereinafter called "APS") for:

The construction of APS XXXXXX

The undersigned, as an authorized representative for the Offeror named above, in compliance with the Request for Proposals for the construction of a PROJECT NAME AND NUMBER HERE, having examined the drawings and specifications, with related documents, and having examined the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project, including the availability of labor, materials and supplies, hereby proposes to furnish all labor, materials and supplies, and to construct the project in accordance with the contract documents at the bids stated below. These bids are to cover all expenses incurred in performing the work required under the contract documents, of which this proposal is a part.

The undersigned Offeror's representative also acknowledges receipt of the following Addenda:

Addendum No: \_, dated , Addendum No: \_, dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No: \_\_\_, dated \_, Addendum No: \_, dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is required for state reporting purposes only and will not be used in evaluating or awarding the contract. Is project material offered grown, produced or wholly manufactured in New Mexico? \_\_\_\_\_\_\_ (Yes/No) (Percentage; reference V-B-5 of the RFP)

Page 1 of 3

**BASE BID**: The Offeror agrees to perform all work for the PROJECT NAME HERE, as described in the Project Manual and as shown on the Drawings for the following Base Bid. Also provide Bid Lot amounts, amounts if requested.

(Amounts to be shown in both words and figures. In case of a discrepancy, the amount shown in words will govern, **please print**.) **All sums will exclude NM Gross Receipts Tax**.

The Work to be performed under this Contract shall be commenced not later than ten (10) consecutive days after the date of written Notice to Proceed, and that Substantial Completion shall be achieved not later than XXX calendar days after the date of written Notice to Proceed, except as hereafter extended by valid written Change Order by the Owner, for Base Bid, and Bid Lots.

Should the Contractor neglect, refuse, or otherwise fail to complete the Work within the time specified, the

Contractor agrees to pay to the Owner in partial consideration for the award of this Contract the amount of One Thousand Five Hundred Dollars ($1,500.00) per consecutive day, not as a penalty, but as liquidated damages for such breach of the Contract.

The price basis for this RFP is the bid proposed for the Base Bid, subject to the availability of funds. APS may award one or more Bid Lots at the sole discretion of APS, subject to availability of funds.

**BASE BID:**

(1) Base Bid:

**Total Base Bid Lump Sum:**

**Dollars, ($**

**)**

### BID LOTS

(2) none

**Total Bid Lot No. 1 Lump Sum:**

**Dollars, ($**  **)**

### ALLOWANCES

(3) none

**Total Allowance No. 1 Lump Sum:**

**Dollars, ($**  **)**

Page 2 of 3

The Offeror understands that the contract will be awarded in accordance with the provisions of the Request for Proposals and that the Owner reserves the right to reject any or all proposals and to waive any technical irregularities.

The Offeror agrees that this bid will be good and may not be withdrawn for a period of forty- five (45) calendar days after the scheduled closing time for receiving bid proposals.

Upon receipt of written notice of acceptance of this Bid, Offeror will execute the final contract and deliver surety bonds as required by the Request for Proposals within seven calendar days.

The PROPOSAL SECURITY attached in the sum of 5% of the amount proposed is:

)

Dollars, ($

And will become the property of the Owner in the event the contract and bonds are not executed within the time set forth herein, as liquidated damages for the delay and additional expenses to the Owner caused thereby.

Respectfully Submitted,

By :( Authorized Signature) Date:

By :( Same Name, Printed or Typed) Address:

Title:

Company:

Phone:

Zip:

Fax:

Email:

(

Affix Corporate Seal if proposal is by Corporation)

Page 3 of 3

### APPENDIX E

**BOND REVIEW AND APPROVAL FORM**

|  |  |
| --- | --- |
| THIS FORM MUST  ATTACHED TO BOND | BE |

REVIEW AND APPROVAL:

This Bond has been executed by a Surety named in the current list of "companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies," as published in Circular 570 (amended) by the Audit Staff Bureau of Accounts, United States Treasury Department.

APPROVED:

Date:

Owner's Representative or Governing Authority

Page 1 of 1

RFP NO. APPENDIX F

|  |
| --- |
| THIS FORM MUST BE  USED BY SURETY |

## AGENT'S AFFIDAVIT

(To be filled in by Agent.)

STATE OF )

) ss.

COUNTY OF )

that he/she is the duly appointed agent for and is licensed in the State of New Mexico.

Deponent further states that a certain bond given to indemnify the State of New Mexico in connection with the construction of

, being first duly sworn, deposes and says

dated the

day of

,2012 executed by

Contractor, as principal, and,

as surety, signed by this

Deponent; and Deponent further states that said bond was written, signed, and delivered by him/her; that the premium on the same has been or will be collected by him/her; and that the full commission thereon has been or will be retained by him/her.

Subscribed and sworn to before me this

day of

, 2011,

Notary Public

My Commission expires:

AGENT'S ADDRESS:

Telephone:

RFP NO. APPENDIX G

### *CAMPAIGN CONTRIBUTION DISCLOSURE FORM*

Pursuant to Chapter 81, Laws of 2006, any prospective contractor seeking to enter into a contract with any state agency or local public body must file this form with that state agency or local public body. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars ($250) over the two year period.

THIS FORM MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

“**Applicable public official**” means a person elected to an office or a person appointed to

complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

“**Campaign Contribution**” means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official’s behalf for the purpose of electing the official to either statewide or local office. “Campaign Contribution” includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“**Contract**” means any agreement for the procurement of items of tangible personal property, services, professional services, or construction.

“**Family member**” means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

“**Pendency of the procurement proces**s” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

“**Person**” means any corporation, partnership, individual, joint venture, association or any other private legal entity.

“**Prospective contractor**” means a person who is subject to the competitive sealed

Page 1 of 2

RFP NO. APPENDIX G

proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a small purchase contract.

“**Representative of a prospective contractor**” means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

DISCLOSURE OF CONTRIBUTIONS:

Contribution Made By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Prospective Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicable Public Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Contribution(s) Made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount(s) of Contribution(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Contribution(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Contribution(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The above fields are unlimited in size)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (position)

**--OR—**

#### **NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY**

**DOLLARS ($250) WERE MADE** to an applicable public official by me, a family member or representative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (Position)

**CONFLICT OF INTEREST AND DEBARMENT/SUSPENSION CERTIFICATION FORM**

#### CONFLICT OF INTEREST – APPENDIX H

As utilized herein, the term “Vendor” shall mean that entity submitting a proposal to Albuquerque Public Schools in response to the above referenced request for proposals.

**The authorized Person, Firm and/or Corporation states that to the best of his/her belief and knowledge:** No employee or board member of Albuquerque Public Schools (or close relative), with the exception of the person(s) identified below, has a direct or indirect financial interest in the Vendor or in the proposed transaction. Vendor neither employs, nor is negotiating to employ, any Albuquerque Public Schools employee, board member or close relative, with the exception of the person(s) identified below. Vendor did not participate, directly or indirectly, in the preparation of specifications upon which the quote or offer is made. If the Vendor is a New Mexico State Legislator or if a New Mexico State Legislator holds a controlling interest in Vendor, please identify the legislator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List below the name(s) of any Albuquerque Public Schools employee, board member or close relative who now or within the preceding 12 months (1) works for the Vendor; (2) has an ownership interest in the Vendor (other than as an owner of less than 1% of Vendor’s stock, if Vendor is a publicly traded corporation); (3) is a partner, officer, director, trustee or consultant to the Vendor; (4) has received grant, travel, honoraria or other similar support from Vendor; or (5) has a right to receive royalties from the vendor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *DEBARMENT/SUSPENSION STATUS*

The Vendor certifies that it is not suspended, debarred or ineligible from entering into contracts with the Federal Government, or any State agency or local public body, or in receipt of a notice or proposed debarment from any Federal or State agency or local public body. The vendor agrees to provide immediate notice to Albuquerque Public School’s Purchasing Department in the event of being suspended, debarred or declared ineligible by any department or agency of the Federal government, or any agency of local public body of the State of New Mexico, or upon receipt of a notice of proposed debarment that is received after the submission of the quote or offer but prior to the award of the purchase order or contract.

Page 1 of 2 Albuquerque Public Schools 7/6/2012 version rev 12/19/16 RFP NO.

### CERTIFICATION

The undersigned hereby certifies that he/she has read the above CONFLICT OF INTEREST and DEBARMENT/SUSPENSION Status requirements and that he/she understands and will comply with these requirements. The undersigned further certifies that they have the authority to certify compliance for the vendor named **and that the information contained in this document is true and accurate to the best of their knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Person Signing (typed or printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Company (typed or printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:

Page 2 of 2 Albuquerque Public Schools 7/6/2012 version rev 12/19/16 RFP NO.

### LISTING FORM 00 4334 – APPENDIX I

**For Submission of**

**SUBCONTRACTOR**

**QUALIFICATIONS QUESTIONNAIRE**

**THRESHOLD: $50,000 OR 5% OF ESTIMATE WHICHEVER IS GREATER**

**DP/AE ESTIMATE OF TOTAL PROJECT COST: $**

**QUALIFICATION THRESHOLD FOR THIS PROJECT: $**

1. The using agency has the right and requires that the contractor provide subcontractor qualifications from the subcontractors listed below, at whatever tier and regardless of the value of the subcontract.
2. Also, Per NMAC 1.4.8.12 D. (2): Subcontractor qualification questionnaires shall be required for all subcontractors identified in the Technical Proposal pursuant to the subcontractor listing requirements 1.4.8.13 NMAC, where the value of the subcontract is fifty thousand ($50,000) or five percent (5%) of the estimate, whichever is greater.

This Subcontractor Questionnaire Listing Form shall be included in the Technical Proposal, in **TAB 3.**

**Note:** This form must be completed and submitted by the deadline for proposal submission. The offeror has the option to submit the original and required copies of the Subcontractor Qualifications Questionnaires up to 24 hours after the date and time of the proposal submission.

|  |  |
| --- | --- |
| **SUBCONTRACTOR** | **ENTITY NAME** |
| HVAC |  |
| Electrical |  |
| Concrete |  |
| Plumbing |  |
| Masonry |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Albuquerque Public Schools 7/6/2012 version rev 12/19/16