

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



Complete the following information. Include required attachments in separate numbered tabs.

1.0 Provide Firm Information:

Date Submitted: _____
 Company Name: _____
 Street Address: _____
 City: _____
 State: _____
 Zip Code: _____
 If different from above
 Mailing Address: _____
 City: _____
 State: _____
 Zip Code: _____

Authorized Representative: _____
 Title: _____
 Telephone Number: _____
 E-mail Address: _____

- 1.1 Year organization was established: _____
- 1.2 Years organization has been in business in NE under present name: _____
- 1.3 All other or former names under which your organization has operated:

- 1.4 Parent Company, if applicable: _____
- 1.5 Affiliates, divisions and subsidiaries, if applicable: _____

2.0 Type of Firm.

Please check the appropriate box to identify the nature of your firm.

- Corporation
- Partnership
- Other
- Individual

- 2.1 Provide an organization chart for your firm. (*Attachment A*)
- 2.2 Corporations: provide a copy of the most recent Annual Report
 Date of incorporation: _____
 State where firm is incorporated: _____
 County where firm is incorporated: _____
 Name of President: _____
 Name of Vice President(s): _____
 Name of Secretary: _____
 Name of Chief Financial Officer: _____

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



2.3 Partnership or individual: provide the following information.
Date firm established: _____
Name and address of individual/partners. Indicate partners and whether general (Gen'l) or limited (Ltd) partners.

<u>Name</u>	<u>Gen'l/Ltd</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.4 If not a corporation or partnership, describe organization and name principals, owners, etc.

<u>Name</u>	<u>% Ownership</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.0 Licensing & Registration

3.1 List jurisdictions in which your firm is legally qualified to do business, with class and license or registration numbers as applicable:

<u>Jurisdiction</u>	<u>Class/Trade</u>	<u>Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.2 Has your firm ever been denied a license or had a license revoked? Yes No
If "yes", provide additional details.

4.0 Organization Resources

4.1 What types of work and approximately what percentage of work is normally performed by your own labor resources on a project?

<u>Trade</u>	<u>% of Work</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.2 What pre-construction services do you typically provide through in-house resources on a project? _____

4.3 What pre-construction services do you typically provide through consultants and

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



subcontractors? _____

4.4 What estimating and scheduling software systems would you propose to use on this projects?

4.4.1 Estimating: _____

4.4.2 Scheduling: _____

4.5 How many project managers, estimators, superintendents, engineers, foremen, etc. do you currently employ, by category?

Category/Job Title Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.6 Number of employees (all disciplines) in the past 3 years:

Highest: _____ Lowest: _____

4.7 Attach resumes (*Attachment B*) of pre-construction services managers and construction project managers and superintendents who would be proposed for this project. For Project Manager and Superintendent include how long employee has been with your firm and project reference contact information for past five years projects.

4.8 On a separate sheet (*Attachment C*), list two subcontractors your firm has used for each of the following on multiple projects completed in the past three years, giving the (1) subcontractor's name, address and phone number, (2) project name, and (3) subcontract amount: Earthwork, Foundations, Flatwork, Structural Steel, Masonry, Studs/ Drywall, Plumbing, HVAC, Electrical.

5.0 Insurance Coverage. On a separate sheet (*Attachment D*), provide evidence of your firm's insurance coverage, limits of liability and Nebraska workers' compensation multiplier, and identify (1) name of underwriter, (2) underwriter's D&B rating, and (3) name, address and telephone number of agent.

6.0 Bonding, Surety & Claims Information. On a separate sheet (*Attachment E*), provide evidence of your firm's bonding capacity, current total value of bonded projects, and current premium rate (% of contract) for Performance and Labor & Materials Payment bonds.

6.1 Bonding Company Information:

Name of bonding company _____
 Bests Rating _____
 Bests Financial Rating _____
 Name and address of bonding company agent _____
 Bonding Capacity: Maximum Bonding Value \$ _____
 Current Value of bonded Projects \$ _____

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



6.2 Has your bonding company ever been required to perform or complete work under a bid bond, labor and material payment bond, or performance bond issued on your firm's behalf? Yes No If "yes", state the project(s), date, owner and reason.

6.3 Has your firm ever failed to complete a contract? Yes No (If "yes", attach details.)

6.4 Are any judgments, claims, arbitration proceedings or lawsuits pending or outstanding against your firm or its officers? Yes No (If "yes", attach details.)

6.5 Has your firm filed any lawsuits or requested arbitration regarding a construction contract within the past five years? Yes No (If "yes", attach details.)

6.6 Has your firm under another or previous name declined to accept a contract awarded, or failed to complete a contract awarded? Yes No (If "yes", attach details.)

6.7 Has your firm ever had a contract terminated? Yes No (If "yes", attach details.)

6.8 Have any charges been filed against your firm with a state office of Contract Compliance, the Equal Opportunity Commission, a state Civil Rights Commission, or a similar entity responsible for anti-discrimination regulation or enforcement? Yes No (If "yes", attach details.)

7.0 Financial Statement. Attach a financial statement, preferably an audited statement, including your firm's latest balance sheet and income statement showing the following items: (*Attachment F*).

- Current Assets, Net Fixed Assets, Other Assets, Current Liabilities, Other Liabilities
- Name of firm preparing financial statement and date prepared.
- Explain any difference between firm for which financial statement was prepared and firm listed in section 2.0 of this statement (e.g., parent, subsidiary, joint venture, etc.)
- Bank References; name and contact information.

- Trade and/ or Vendor References; name and contact information

7.1 Within the last five years has your current firm or any predecessor organization been involved as a party in any bankruptcy, litigation or arbitration proceedings? Yes No If your response to the previous question was "yes", please attach a separate sheet with explanation.

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



7.2

8.0 Violations. Within the past two (2) years has your firm or predecessor firm received a Notice of Violation and/or Non-compliance notice from any Local Municipality, State or Federal agency? Yes No If your response to the previous question was "yes", please attach a separate sheet with explanation.

9.0 Project History, Experience & Current Work:

9.1 On a separate page list all the projects your firm has completed in the past five years or currently has in progress stating the name of the owner and telephone number, name of project, **brief** project description, the name of the architect and telephone number, location of project, original contract amount, current contract amount, percentage of completion, and scheduled completion date. (*Attachment G*)

9.2 On a separate page (*Attachment H*), list K-12 educational facility addition/remodel projects, 1 page per project, for which your firm currently is or has completed with in the past 5 years provided services, either pre-construction services (e.g., estimating, scheduling, constructability review) and/or construction services to an Owner giving the

9.2.1 project name,

9.2.2 school district, with contact name, title, and phone number

9.2.3 architect, with contact name, title, and phone number

9.2.4 contract amount and type (fixed price, cost plus fee, GMP, etc.)

9.2.5 pre-construction services provided, start date of services, contract value of pre-construction services

9.2.6 construction services, planned and actual start and completion dates for construction, original contract value and final contract value

10.0 Stormwater Management. Provide a list of individuals in your company who have received training in Stormwater Management Planning. Attach a copy of the certificate for each individual. (*Attachment I*)

11.0 Safety Program. Does your firm have a company wide safety program?

Yes No

11.1 Is a copy of the safety program available to the District for examination?

Yes No

11.2 Attach a sample site-specific safety plan. (*Attachment J*)

11.3 What is your current experience modification rate (EMR) for Worker's Compensation? _____

12.0 Benefit & Retirement Program. Does your firm provide a bona fide health benefit & retirement plan for your employees? Yes No

What percentage of your current employees is covered by your plan? _____

Is a copy of your health benefit and retirement plan available to the District for examination? Yes No

13.0 Criminal Background and Drug Testing:

13.1 Does your firm have a pre-hire criminal background program? Yes No

13.2 Does your firm have a pre-hire drug-testing program? Yes No

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



13.3 Does your firm require that subcontractors working on your project have a pre-hire drug-testing program? Yes No

13.4 Does your firm have a policy to insure a drug free work place? Yes No

13.5 If requested, is a copy of the procedure to enforce this policy available to the District for examination? Yes No

14.0 **Economic Inclusion Program:** Provide a sample economic inclusion program (SBE/DBE) that your firm has implemented on a past project providing the initial goals and the final percentages of work attributable to SBE and/or DBE. (*Attachment K*)

15.0 Public Record

Responses to this Request for Qualifications become the exclusive property of the District. At such time as candidate firms are pre-qualified, all the submitted Statements of Qualifications become a matter of public record and shall be regarded as such. Exceptions will be Balance Sheets and any other elements in a proposal which are considered confidential and are so marked as "TRADE SECRETS", "CONFIDENTIAL", or "PROPRIETARY". The District shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked if disclosure is deemed to be required by law or by an order of the Court. Firms which indiscriminately exempt all or most of their submittal from disclosure without reasonable justification may be disqualified.

**2014 OPS BOND PROGRAM
CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATIONS FORM**



I hereby certify that the information provided in this statement is true and correct.

_____ By _____ Title
Print Name

Date

State of Nebraska

County of _____

The foregoing statement was acknowledged before me this _____ day of _____, 20_____

by _____ as

of _____

My commission expires

Witness by hand and official seal _____

Notary

Address