



# **RANDALL COMMUNITY WATER DISTRICT: REGIONAL WATER TRANSMISSION LINE**

## Request for Qualifications: Design-Build Services

**PREPARED BY:**

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Brookings, South Dakota

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## PROCUREMENT PROCESS INTRODUCTION

The procurement process for Design-Build Services will be conducted as two-step selection process. Step-one is Request for Qualifications (RFQ) advertisement and from RFQ the owner will receive Statements of Qualifications (SOQ) from Proposers. SOQ submittals will be reviewed based on evaluation criteria and a “short list” of potential design-builders will be selected. The selected short list Proposers will then receive notification and solicited into step-two Request for Proposal (RFP). The step-two RFP will require substantial technical, price, and schedule proposal commitments which are all significant factors toward the value-based selection criteria for the preferred design-builder. The primary elements of the two-step procurement process are the following:

1. Owner issues Request for Qualifications, on qualification-based selection (QBS) principles.
2. Proposer submits Statement of Qualifications in response to the RFQ.
3. Based on review and evaluation criteria, Owner establishes selected short list of Proposers.
4. Owner issues RFP to the short list Proposers.
  - a. Anticipated RFP selection criteria includes: design concept, management approach, project schedule, key personnel, and proposed technical solutions.
5. Short list Proposers submit Proposals in response to RFP.
6. Interviews (if desired by Owner) and negotiations with Proposers.
7. Owner selects the preferred design-builder based on established criteria and initiates contract development.
8. Entry into an appropriate design-build contract.

### Procurement Process Schedule

|                                |  |
|--------------------------------|--|
| JULY 12–AUGUST 15, 2024:       | Request for Qualifications                         |
| AUGUST 16–AUGUST 23, 2024:     | SOQ review by Owner, short list determination      |
| AUGUST 26–SEPTEMBER 27, 2024:  | Request for Proposal                               |
| SEPTEMBER 30–OCTOBER 11, 2024: | Proposal review by Owner                           |
| OCTOBER 14, 2024:              | Preferred Proposer Selection, contract negotiation |
| NOVEMBER 11, 2024:             | Finalize Contract                                  |



**RCWD: REGIONAL WATER TRANSMISSION LINE  
REQUEST FOR QUALIFICATIONS  
Design Build Services**

**TABLE OF CONTENTS**

**ARTICLE 1— GENERAL INFORMATION .....4**

**ARTICLE 2— PROPOSER’S STATEMENT OF QUALIFICATIONS ..... 7**

**ARTICLE 3— CONCEPTUAL APPROACH TO PROJECT.....9**

**ARTICLE 4— SUBMITTAL AND EVALUATION OF STATEMENTS OF QUALIFICATIONS.....9**

**ARTICLE 5— CLARIFICATIONS AND ADDENDA TO THE RFQ ..... 11**

**ARTICLE 6— TERMS AND CONDITIONS..... 11**

**ARTICLE 7— AWARD ..... 11**

**ARTICLE 8— GENERAL INFORMATION ..... 12**

**ARTICLE 9— LICENSING..... 13**

**ARTICLE 10— DIVERSE BUSINESS CERTIFICATIONS ..... 13**

**ARTICLE 11— SAFETY ..... 14**

**ARTICLE 12— FINANCIAL ..... 14**

**ARTICLE 13— SURETY INFORMATION..... 15**

**ARTICLE 14— INSURANCE ..... 15**

**ARTICLE 15— EXPERIENCE..... 16**

**ARTICLE 16— REQUIRED ATTACHMENTS ..... 16**



## REQUEST FOR QUALIFICATIONS RCWD: REGIONAL WATER TRANSMISSION LINE

### ARTICLE 1—GENERAL INFORMATION

#### 1.1 *Definitions*

A. Terms used in this Request for Qualifications (RFQ) have the meanings indicated below:

1. **RFQ Documents:** The Advertisement or Invitation, Request for Qualifications, and any forms, Project information, budget information, proposed Contract Documents, or other documents issued with or incorporated by the RFQ.
2. **Proposer:** An entity that submits a Statement of Qualifications to Owner.
3. **Statement of Qualifications:** The document submitted by a Proposer in response to the RFQ, including any completed forms, attachments, and exhibits.
4. **The Project:** Designer of Record engineering, Construction Administration and Quality Control, and total Construction Execution of all associated components necessary to complete design and construction of the regional water transmission line project.
5. **Leadership Team:** The core group of individuals tasked with delivering the project, including Owner personnel, Owner's representative(s), Owner's Quality Assurance, and representative(s) from the Funding Agency.

B. In addition to terms specifically defined, terms with initial capital letters in the RFQ include references to identified articles and paragraphs, and the titles of other documents or forms.

#### 1.2 *Project Description*

A. **Summary**

1. Randall Community Water District (RCWD) is a regional domestic water supplier providing treated Missouri River water to municipalities and rural users in southeastern South Dakota. RCWD is organized as a water user district under South Dakota law. RCWD serves customers primarily in Charles Mix and Douglas counties with additional customers in Aurora, Brule, Bon Homme, Davison and Hutchinson counties. RCWD also provides bulk treated water to two rural water systems, Aurora-Brule Rural Water System (ABRWS) and Davison Rural Water System (DRWS).

This project's end facility will provide water from RCWD's Platte Treatment Plant and supply additional bulk water to existing customers as well as providing a redundant supply of water to City of Mitchell. The Project originates from RCWD's Platte Storage Farm south of Platte, SD, and routes north and east to an end location on the south side of Mitchell, SD. Project includes the installation of approximately 72 miles of HDPE transmission waterline along with ALL supporting components such as booster station(s), elevated and ground storage tank(s), meter stations, PRV station(s), and other appurtenances to enable RCWD to deliver the contractually required flow and pressure to each participant.



Funding for The Project is allocated from SD Department of Agriculture & Natural Resources (SDDANR). Funding is a combination of SDDANR State Revolving Funds (SRF) Loan and American Rescue Plan Act (ARPA) programs. The Project is divided into two phases based on established funding packages:

Phase 1: Design and installation of approximately 37 miles of HDPE waterline and appurtenant facilities between the Platte Storage Farm and the existing Transtank #1 (Stickney Elevated Tank near Stickney, SD). It is anticipated Phase 1 will include booster stations to maintain downstream pressures and flow, and storage tanks to provide surge relief and operational consistency.

Phase 2: Design and installation of approximately 35 miles of HDPE waterline and appurtenant facilities between Transtank #1 (Stickney Elevated Tank) and the City of Mitchell's ground storage reservoir at the intersection of Highway 37 and 256th Street. Phase 2 also includes connections to user participants. It is anticipated that Phase 2 may include booster station(s) and storage tank(s).

## B. Scope of Services

1. Design-Build Services shall include ALL the following:
  - a. Designer of Record, all design engineering
  - b. Construction Administration and Quality Control
  - c. Construction Execution

Complete specifications and requirements of Design-Build Services will be defined by RFP.

2. Design-Build Services will be responsible for total coordination with RCWD, Leadership Team, project user participants, all local landowners, R.O.W. agencies, and all other agencies as necessary to design, administer, and execute The Project.
3. Design-Build Services shall comply and achieve all obligations of all state and federal laws and regulations, particularly as specified by funding agency, SDDANR, for compliance to SRF and ARPA programs. Complete program specifications and obligations will be defined by RFP.
4. Design-Build Services DOES NOT include the following and are considered Owner furnished project development works and are completed based on an established, preferred route:
  - a. Engineering Feasibility Study
  - b. Landowner Easement and Agreements
  - c. R.O.W. Easement and Agreements; State, County, and Township
  - d. Utility Notifications
  - e. Environmental Clearances and Permitting
  - f. Legal, Topographic, and Utility Survey
  - g. Geotechnical Investigation; generic and informational purposes ONLY
  - h. Owner Procured Material; HDPE Pipe Material ONLY
  - i. Technical Specification Parameters

5. Design-Build Services will be required to conform to provided RCWD technical and system specification requirements as well as other preliminary design parameters to



maintain system uniformity. Complete technical and specification requirements to be incorporated in the work will be defined by RFP.

### C. Owner's Objectives

1. Budget for Design-Build Services will be defined by RFP. It is the owner's intent that the budget will be a known guaranteed maximum price and design-builder will be obligated to propose and execute the greatest value project for the maximum budget that achieves the goals and parameters of The Project.
  - a. RFQ discloses an advanced magnitude notice of the approximate value of The Project. The value of work to be executed by Design-Build Services is most nearly \$45,000,000 to \$60,000,000. This approximate value does not include the owner's furnished material per Section 1.2.B.4.h.
2. User Participant Parameters will be defined by RFP. It is the Owner's objective to meet all obligations of the user participant agreements.
3. Timeline expectations for The Project will be defined by RFP and Proposer's formulated timelines will be evaluated as a value component during the RFP process.
4. Quality and efficiency of the final project are objectives that will be valued based on quality, operational, and maintenance efficiency characteristics to be delivered by Proposers.
5. Coordination and collaboration between design, construction, administration, participants, and the Owner's objectives all intensively impact timeline and cost complexity of The Project. Therefore, the combination of ALL factors constitute authority that it is in the best interest of RCWD to enter a contract for Design-Build Services. Obligation of coordination and collaboration of the Design-Builder and the Leadership Team will be required to complete all work.

### 1.3 *Obtaining and Using RFQ Documents*

- A. The official issuing location of RFQ Documents, and all other Design-Build procurement process documents, is the RCWD website, specifically web page: [www.rcwd.org/regionalwaterproject](http://www.rcwd.org/regionalwaterproject). Documents are accessible at a no cost basis in PDF file format.
- B. Proposers must use complete sets of RFQ Documents in preparing the SOQ. Neither Owner nor Owner's Consultant (if any) assumes any responsibility for errors or misinterpretations resulting from the use of incomplete sets of RFQ Documents.
- C. Copies of RFQ Documents available on the above terms are only for the purpose of obtaining Statements of Qualifications and do not confer a license or grant to Proposers for any other use.

### 1.4 *Proposer's Responsibilities*

- A. It is the responsibility of each Proposer before submitting a Statement of Qualifications to:
  1. Examine and carefully study the RFQ Documents and any data and reference items identified in the RFQ Documents.



2. Visit the Site during the mandatory Pre-Proposal Site Visit, conduct a thorough, alert visual examination of the Site and adjacent areas, and become familiar with the general, local, and Site conditions that may affect cost, progress, and performance of the Work.
3. Promptly notify Owner of all conflicts, errors, ambiguities, or discrepancies that Proposer has discovered in the RFQ Documents.

#### 1.5 *Preferred Timeline & Area of Access*

- A. Preferred expectations of project delivery are as follows:
  1. July to November 2024: Design-Builder Procurement and Contract Agreement
  2. December 2024 to June 2027: Design and Construction Execution
- B. Additional timeline and access expectations, limitations, and specifications will be defined by RFP. Short list Proposers will be required to submit execution timelines, of which will be a value-based selection criterion of the RFP process.

#### 1.6 *Performance Criteria*

- A. The Design-Builder installing the project will take care of all property directly or indirectly impacted by The Project to not negatively impact landowner's land, crop, livestock, trees, or homes.
- B. A one (1) year warranty shall be guaranteed on all waterline, appurtenant facilities, backfilling, and all other work conducted from the point of substantial completion of the entire project unless otherwise specified.
- C. It is anticipated that The Project will require the Design-Builder to complete work within predetermined funding limitations. These limitations will be defined by RFP.

#### 1.7 *Proposer's Access & Mandatory Pre-Proposal Site Visit*

- A. Owner shall provide each Proposer access to the Site on July 25, 2024, at 10AM CST during a mandatory Pre-Proposal Site Visit.
- B. Registration for the mandatory Site visit is required and shall be coordinated by emailing [RCWDCoordination@Pinptcorp.com](mailto:RCWDCoordination@Pinptcorp.com) by July 22, 2024, at 5PM CST. Upon registering, Site Visit event information will be provided.

### **ARTICLE 2—PROPOSER'S STATEMENT OF QUALIFICATIONS**

#### 2.1 *Statement of Qualifications*

- A. Cover Letter (required, 2 pages maximum)
  1. To provide official acknowledgement of the submittal; to whom, for what.
  2. To provide official acknowledgement of the submitter; who is Proposing.
  3. To provide official acknowledgement of any confidentiality and/or proprietary requirements associated with the submittal.
  4. To provide official receipt and acknowledgement of all addenda as related to RFQ.



- a. Addenda acknowledgement must include the listing of each addendum by number, title, and issue date.
  - b. Addenda acknowledgement must also include a statement of receipt and inclusion into submittal.
- B. Introduction (required, 5 pages maximum)
1. Designation of Proposer
    - a. The entity or entities that create the Design-Build Services Proposer shall be clearly defined. Proposer may be a single firm, a joint venture firm or partnership, or other comprised team of firms with a formal teaming agreement.
    - b. Include all primary participants that will be involved in the execution of Scope of Services. A primary participant shall be defined as any agent performing leadership and/or major work component(s) for a scope of service.
    - c. All other described SOQ submittal requirements of the Proposer shall pertain to the entire group of entities and primary participants, as described by this Introduction and applicable to the Proposer.
  2. Designation of Proposed Engineer and other Designer of Record Professionals
    - a. The individuals or entities that will be providing Designer of Record for any Scope of Services and/or the anticipated components shall be identified. Firm profiles and resumes may be provided as attachment(s).
  3. Designation of Construction Professionals
    - a. The individuals or entities that will be providing Construction Administration, Quality Control, Project Management, and Construction Execution for any Scope of Services and/or anticipated components shall be identified. Firm profiles and resumes may be provided as attachment(s).
- C. Qualifications Statement Form (required)
1. Each Proposer shall submit a Qualifications Statement Form, as shown in Appendix A.
  2. Qualifications Statement Form shall be completed as best practically possible to fully represent the entire Proposer and its participating entities, as structured and presented within SOQ Introduction.
  3. Referral to “Business” or “Business’s” within the Statement Form shall pertain to the entire Proposer and its participating entities.
  4. Appendix A will be provided in additional WORD “.docx” format for Proposer’s use. This will be available as an official document via website and for the purpose Proposer may better add, subtract, and modify tables for data entry to best capture all pertinent information required.
  5. It is preferred that ALL ENTRY into the Qualification Statement Form and supplemental Schedule Forms be completed in *a contrasting font style and/or color* to increase readability and create contrast from the populated heading texts.
- D. Narrative (optional, 10 pages maximum)
1. To demonstrate its qualifications to perform the Scope of Services, each Proposer may submit an open Narrative, containing evidence of the following: qualifications, design and construction experience, design-build experience, ability to perform the work, areas of expertise or specialty, project management strategy, teaming experience, risk management strategy, organizational chart or strategy, current commitments,





equipment and workforce resources, training and certifications, administrative capacities, safety records and program, etc.

2. Optional Narrative shall ONLY be used to provide additional information and detail beyond what is provided by Qualifications Statement Form.

E. Additional Information

1. Owner reserves the right to seek additional pertinent information regarding a Proposer's qualifications at any time during the procurement process. No requirement in this RFQ will prejudice the right of Owner to seek additional pertinent information regarding qualifications.

F. Disqualification

1. Owner may disqualify Proposer from participation for Proposer's failure to submit required information within the schedule and delivery deadline.

### ARTICLE 3—CONCEPTUAL APPROACH TO PROJECT

3.1 *Conceptual Supplement (required, 4 pages maximum)*

- A. As a supplement to Statement of Qualifications, the Proposer shall submit a statement demonstrating the understanding of the Owner's Objectives and the technical challenges anticipated during design and construction. Conceptual Supplement shall also set forth Proposer's planned approach toward the technical aspects of the Project.

### ARTICLE 4—SUBMITTAL AND EVALUATION OF STATEMENTS OF QUALIFICATIONS

4.1 *Statement of Qualifications Submittal Instructions*

- A. Seven (7) hard copies and an electronic version on a flash drive (PDF format) of the entire Statement of Qualifications submittal shall be delivered to **Randall Community Water District's Office, 445 E Main St, Lake Andes, SD 57356** by August 15, 2024, by 3:00 PM CST.
- B. Acceptable means of submittal are hand delivery or via postal service.
- C. The submittal shall be organized and delivered in a sealed manilla envelope or similar package, clear of unnecessary writings or markings. Package shall clearly state the Project, Subject, and Proposer in writing on the exterior of the package, similar as shown:

TO: RCWD, Regional Water Project  
 FOR: Statement of Qualifications for Design-Build Services  
 PROPOSER: ABCXYZ

4.2 *Owner's Evaluation Process*

A. Evaluation Board

1. RCWD will provide an ad hoc design-build evaluation board to be composed of members who, collectively, have experience in engineering, construction, public acquisition, and RCWD operations. Members shall be appointed from highly qualified employees, Board members of RCWD, and private practitioners of engineering or construction.



2. No submittal from any Proposer shall be eligible for review or selection through this procurement process if its principals or employees are participating as members of RCWD's evaluation board. This applies to any of Proposer's participating entities or primary participants.

#### B. Evaluation Categories and Selection Weight

1. Proposer's Team Experience: 40 of 100 scoring
  - a. Project Work Experience (40%)
  - b. Design-Build Delivery Experience (40%)
  - c. Specialized Experiences and Technical Competence (20%)
2. Capability to Perform: 25 of 100 scoring
  - a. Administrative Components (40%)
  - b. Resources (30%)
  - c. Risk and Controls (30%)
3. Conceptual Supplement: 25 of 100 scoring
  - a. Understanding of Owner's Objectives (50%)
  - b. Challenges and Planned Approach (50%)
4. Other factors: 10 of 100 scoring
  - a. Scope Area and Proximity Familiarity (100%)

#### 4.3 Selection Process

- A. The selection process shall consist of a two-step selection as outlined in the Procurement Process Introduction.

#### 4.4 Notification to Proposers

- A. Proposers will be notified on approximately August 26, 2024, if they have been selected as short list Proposer and will receive RFP.
- B. The selected short list Proposers will be publicly published at the official document issuing location, RCWD webpage [www.rcwd.org/regionalwaterproject](http://www.rcwd.org/regionalwaterproject).

#### 4.5 Evaluation and Selection Process

- A. Owner reserves the right to reject or disregard any Statement of Qualifications, in whole or in part, based on Owner's sole discretion. The evaluation and selection process entails the exercise of judgment and subjective analysis and decision-making. By submitting a Statement of Qualifications, Proposer waives any right to protest or object to the evaluation or selection process as identified by the RCWD Design-Build Procurement Policy or Owner's administration or conduct of the process.

#### 4.6 Cost of Proposal Preparation

- A. All costs associated with any response to this RFQ, including the development of Qualification Statements and participation in the selection process, are the sole responsibility of the respondent Proposer.

#### 4.7 Proprietary Information

- A. The proposal of the Proposer may become public information. Proprietary information may be protected under limited circumstances such as client lists and non-public



financial statements. An entire proposal may not be marked as proprietary. Proposers must clearly identify in the Cover Letter and mark in the body of the submittal any specific proprietary information they are requesting to be protected. Proposals may be reviewed and evaluated by any person in accordance with RCWD's Design-Build Procurement Policy.

## ARTICLE 5—CLARIFICATIONS AND ADDENDA TO THE RFQ

### 5.1 *Inquiries, Suggestions, or Requests*

- A. All questions about the meaning or intent of the RFQ Documents are to be submitted by email and directed ONLY to [RCWDCoordination@Pinptcorp.com](mailto:RCWDCoordination@Pinptcorp.com). Interpretations or clarifications considered necessary by Owner in response to such questions will be issued by Addenda and officially published to the project website. Questions as related to the RFQ received AFTER Wednesday July 31, 2024 may not be answered. Only questions answered by formal written Addenda will be binding. Oral and other interpretations or clarifications will be without legal effect.

Addenda may be issued to clarify, correct, or change the RFQ Documents as deemed advisable by Owner. All addenda will be posted by August 7, 2024, on the project website: [www.rcwd.org/regionalwaterproject](http://www.rcwd.org/regionalwaterproject).

- B. The SOQ shall contain an acknowledgment of receipt of all Addenda. See “Cover Letter”.
  1. Failure to acknowledge addenda may disqualify Proposer.

## ARTICLE 6—TERMS AND CONDITIONS

### 6.1 *State of South Dakota and Federal Standard Terms and Conditions*

- A. Within the Agreement for Services between RCWD and the successful Proposer, the Proposer will be required to abide by the State of South Dakota and Federal standard terms and conditions including, but not limited to, BABAA, Davis-Bacon, EEO, Certification of Debarment, and PL 115-232. Each respondent should include a statement in their proposal indicating their company's willingness to abide by those conditions.

### 6.2 *Certification of Prohibited Foreign Contacts*

- A. Respondents are required to certify in writing that they are not a prohibited entity per SDCL 5-18A-50, et. seq. or federal acquisition regulations.

### 6.3 *Questions Concerning RFQ / No Contact Provision*

- A. Respondents are hereby notified not to contact any member of the Evaluation Board, or any member of the project participants, except as provided herein regarding this proposal until such time as a contract has been awarded. All inquiries pertaining to this RFQ should be directed in writing to [RCWDCoordination@Pinptcorp.com](mailto:RCWDCoordination@Pinptcorp.com). Failure to abide by this condition of the RFQ may be cause for the rejection of the SOQ or Proposal.

## ARTICLE 7—AWARD

- 7.1 *Selection and award will occur as described in the Procurement Process Introduction and by the RCWD Design-Build Procurement Policy.*



**APPENDIX A**  
**QUALIFICATIONS STATEMENT FORM**

**ARTICLE 8—GENERAL INFORMATION**

8.1 *Provide contact information for the Business:*

|                                   |  |                |  |
|-----------------------------------|--|----------------|--|
| Legal Name of Business:           |  |                |  |
| Corporate Office                  |  |                |  |
| Name:                             |  | Phone number:  |  |
| Title:                            |  | Email address: |  |
| Address of Corporate Office:      |  |                |  |
|                                   |  |                |  |
|                                   |  |                |  |
| Local Office                      |  |                |  |
| Name:                             |  | Phone number:  |  |
| Title:                            |  | Email address: |  |
| Business address of local office: |  |                |  |
|                                   |  |                |  |
|                                   |  |                |  |

8.2 *Provide information on the Business's organizational structure:*

|   |  |   |  |
|---|--|---|--|
| Form of Business:   | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |   |  |
| <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture comprised of the following companies: |  |   |  |
| 1.  |  |   |  |
| 2.  |  |   |  |
| 3.  |  |   |  |
| Provide a separate Qualification Statement for each Joint Venturer.   |  |   |  |
| Date Business was formed:   |  | State in which Business was formed:   |  |
| Is this Business authorized to operate in the Project location?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending |  |

8.3 *Identify all businesses that own Business in whole or in part (25% or greater), or that are wholly or partly (25% or greater) owned by Business:*

|                   |  |              |  |
|-------------------|--|--------------|--|
| Name of business: |  | Affiliation: |  |
| Address:          |  |              |  |



|                   |  |              |  |
|-------------------|--|--------------|--|
| Name of business: |  | Affiliation: |  |
| Address:          |  |              |  |
| Name of business: |  | Affiliation: |  |
| Address:          |  |              |  |

8.4 Provide information regarding the Business’s officers, partners, and limits of authority.

|                               |  |                     |    |
|-------------------------------|--|---------------------|----|
| Name:                         |  | Title:              |    |
| Authorized to sign contracts: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of Authority: | \$ |
| Name:                         |  | Title:              |    |
| Authorized to sign contracts: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of Authority: | \$ |
| Name:                         |  | Title:              |    |
| Authorized to sign contracts: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit of Authority: | \$ |
| Name:                         |  | Title:              |    |

**ARTICLE 9—LICENSING**

9.1 Provide information regarding licensure for Business:

|                   |  |                  |  |
|-------------------|--|------------------|--|
| Name of License:  |  |                  |  |
| Licensing Agency: |  |                  |  |
| License No:       |  | Expiration Date: |  |
| Name of License:  |  |                  |  |
| Licensing Agency: |  |                  |  |
| License No:       |  | Expiration Date: |  |

**ARTICLE 10—DIVERSE BUSINESS CERTIFICATIONS**

10.1 Provide information regarding Business’s Diverse Business Certification, if any. Provide evidence of current certification.

| Certification  | Certifying Agency | Certification Date |
|--|-------------------|--------------------|
| <input type="checkbox"/> Disadvantaged Business Enterprise       |                   |                    |
| <input type="checkbox"/> Minority Business Enterprise            |                   |                    |
| <input type="checkbox"/> Woman-Owned Business Enterprise         |                   |                    |
| <input type="checkbox"/> Small Business Enterprise               |                   |                    |
| <input type="checkbox"/> Disabled Business Enterprise            |                   |                    |
| <input type="checkbox"/> Veteran-Owned Business Enterprise       |                   |                    |
| <input type="checkbox"/> Service-Disabled Veteran-Owned Business |                   |                    |



|   |  |  |
|---|--|--|
| <input type="checkbox"/> HUBZone Business (Historically Underutilized) Business |  |  |
| <input type="checkbox"/> Other  |  |  |
| <input type="checkbox"/> None   |  |  |

**ARTICLE 11—SAFETY**

11.1 Provide information regarding Business’s safety organization and safety performance.

|                                    |                |            |
|------------------------------------|----------------|------------|
| Name of Business’s Safety Officer: |                |            |
| Safety Certifications              |                |            |
| Certification Name                 | Issuing Agency | Expiration |
|                                    |                |            |
|                                    |                |            |

11.2 Provide Worker’s Compensation Insurance Experience Modification Rate (EMR), Total Recordable Frequency Rate (TRFR) for incidents, and Total Number of Recorded Manhours (MH) for the last 3 years and the EMR, TRFR, and MH history for the last 3 years of any proposed Subcontractor(s) that will provide Work valued at 10% or more of the Contract Price. Provide documentation of the EMR history for Business and Subcontractor(s).

| Year    |     |      |    |     |      |    |     |      |    |
|---------|-----|------|----|-----|------|----|-----|------|----|
| Company | EMR | TRFR | MH | EMR | TRFR | MH | EMR | TRFR | MH |
|         |     |      |    |     |      |    |     |      |    |
|         |     |      |    |     |      |    |     |      |    |

**ARTICLE 12—FINANCIAL**

12.1 Provide information regarding the Business’s financial stability. Provide the most recent audited financial statement, and if such audited financial statement is not current, also provide the most current financial statement.

|   |  |                                   |
|---|--|-----------------------------------|
| Financial Institution:  |  |                                   |
| Business address:   |  |                                   |
| Date of Business’s most recent financial statement:   |  | <input type="checkbox"/> Attached |
| Date of Business’s most recent audited financial statement:   |  | <input type="checkbox"/> Attached |
| Financial indicators from the most recent financial statement   |  |                                   |
| Contractor’s Current Ratio (Current Assets ÷ Current Liabilities)   |  |                                   |
| Contractor’s Quick Ratio ((Cash and Cash Equivalents + Accounts Receivable + Short Term Investments) ÷ Current Liabilities) |  |                                   |



**ARTICLE 13—SURETY INFORMATION**

13.1 Provide information regarding the surety company that will issue required bonds on behalf of the Business, including but not limited to performance and payment bonds.

|  |  |  |  |
|--|--|--|--|
| Surety Name:   |  |  |  |
| Surety is a corporation organized and existing under the laws of the state of:   |  |  |  |
| Is surety authorized to provide surety bonds in the Project location?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is surety listed in “Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies” published in Department Circular 570 (as amended) by the Bureau of the Fiscal Service, U.S. Department of the Treasury?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Mailing Address<br>(principal place of business):  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Physical Address<br>(principal place of business):   |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Phone (main):  |  | Phone (claims):  |  |

**ARTICLE 14—INSURANCE**

14.1 Provide information regarding Business’s insurance company(s), including but not limited to its Commercial General Liability carrier. Provide information for each provider.

|   |  |  |  |
|---|--|--|--|
| Name of insurance provider, and type of policy (CLE, auto, etc.):               |  |  |  |
| Insurance Provider  |  | Type of Policy (Coverage Provided)                       |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Are providers licensed or authorized to issue policies in the Project location? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Does provider have an A.M. Best Rating of A-VII or better?                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Mailing Address<br>(principal place of business):                               |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Physical Address<br>(principal place of business):                              |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Phone (main):   |  | Phone (claims):  |  |



**ARTICLE 15—EXPERIENCE**

15.1 Provide information that will identify the overall size and capacity of the Business.

|  |  |
|--|--|
| Average number of current full-time employees: |  |
| Estimate of revenue for the current year:      |  |
| Estimate of revenue for the previous year:     |  |

15.2 Provide information regarding the Business’s previous contracting experience.

|  |  |                      |  |  |
|--|--|----------------------|--|--|
| Years of experience with projects like the proposed project:   |  |                      |  |  |
| As a firm/contractor:  |  | As a joint venturer: |  |  |
| Has Business, or a predecessor in interest, or an affiliate identified in Paragraph 1.03:  |  |                      |  |  |
| Been disqualified as a qualifier by any local, state, or federal agency within the last 5 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |  |                      |  |  |
| Been barred from contracting by any local, state, or federal agency within the last 5 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No           |  |                      |  |  |
| Been released from a bid in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                      |  |  |
| Defaulted on a project or failed to complete any contract awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |                      |  |  |
| Refused to execute or refused to provide services defined in the contract documents or in a change order? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                      |  |  |
| Been a party to any currently pending litigation or arbitration? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                      |  |  |
| Provide full details in a separate attachment if the response to any of these questions is Yes.  |  |                      |  |  |

15.3 List Business’s projects currently under contract in Schedule A that best provide information related to SOQ, experience, and supplement the evaluation criteria. Project listing may be a compilation of projects from various organizations that create the Proposer. (maximum of 8 projects)

15.4 List a minimum of five and a maximum of twelve projects completed in the last 5 years in Schedule B and provide indicated information to demonstrate the Business’s experience with projects similar in type and cost of construction. Project history and experience may be a compilation of projects from various organizations that create the Proposer. (maximum of 12 projects)

15.5 In Schedule C, provide information on key individuals whom Business intends to assign to the Project. Provide resumes for those individuals included in Schedule C. Key individuals include Engineer, Project Manager, Project Superintendent, Quality Manager, and Safety Manager. Resumes may be provided for Business’s key leaders as well.

**ARTICLE 16—REQUIRED ATTACHMENTS**

16.1 Provide the following information with the Statement of Qualifications:

- A. If Business is a Joint Venture, separate Qualifications Statements for each Joint Venturer.
- B. Diverse Business Certifications if applicable.
- C. Certification of Business’s safety performance.





- D. Financial statements as required.
- E. Attachments providing additional information.
- F. Schedule A (Current Projects) as required by Paragraph 15.3.
- G. Schedule B (Previous Experience with Similar Projects) as required by Paragraph 15.4.
- H. Schedule C (Key Individuals) and resumes for the key individuals listed, as required by Paragraph 15.5.



This Statement of Qualifications is offered by:

Business: \_\_\_\_\_  
*(typed or printed name of organization)*

By: \_\_\_\_\_  
*(individual's signature)*

Name: \_\_\_\_\_  
*(typed or printed)*

Title: \_\_\_\_\_  
*(typed or printed)*

Date: \_\_\_\_\_  
*(date signed)*

*(If Business is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.)*

Attest: \_\_\_\_\_  
*(individual's signature)*

Name: \_\_\_\_\_  
*(typed or printed)*

Title: \_\_\_\_\_  
*(typed or printed)*

Address for giving notices:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designated Representative:

Name: \_\_\_\_\_  
*(typed or printed)*

Title: \_\_\_\_\_  
*(typed or printed)*

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

Phone: \_\_\_\_\_

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

**Schedule A—Current Projects**

|   |                 |                        |                |                         |       |
|---|-----------------|------------------------|----------------|-------------------------|-------|
| Name of Organization  |                 |                        |                |                         |       |
| Project Owner   |                 |                        | Project Name   |                         |       |
| General Description of Project  |                 |                        |                |                         |       |
| Project Cost  |                 |                        | Date Project   |                         |       |
| Key Project Personnel   | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |       |
| Name  |                 |                        |                |                         |       |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |                 |                        |                |                         |       |
|   | Name            | Title/Position         | Organization   | Telephone               | Email |
| Owner   |                 |                        |                |                         |       |
| Designer  |                 |                        |                |                         |       |
| Construction Manager  |                 |                        |                |                         |       |

|   |                 |                        |                |                         |       |
|---|-----------------|------------------------|----------------|-------------------------|-------|
| Project Owner   |                 |                        | Project Name   |                         |       |
| General Description of Project  |                 |                        |                |                         |       |
| Project Cost  |                 |                        | Date Project   |                         |       |
| Key Project Personnel   | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |       |
| Name  |                 |                        |                |                         |       |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |                 |                        |                |                         |       |
|   | Name            | Title/Position         | Organization   | Telephone               | Email |
| Owner   |                 |                        |                |                         |       |
| Designer  |                 |                        |                |                         |       |
| Construction Manager  |                 |                        |                |                         |       |

|   |                 |                        |                |                         |       |
|---|-----------------|------------------------|----------------|-------------------------|-------|
| Project Owner   |                 |                        | Project Name   |                         |       |
| General Description of Project  |                 |                        |                |                         |       |
| Project Cost  |                 |                        | Date Project   |                         |       |
| Key Project Personnel   | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |       |
| Name  |                 |                        |                |                         |       |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |                 |                        |                |                         |       |
|   | Name            | Title/Position         | Organization   | Telephone               | Email |
| Owner   |                 |                        |                |                         |       |
| Designer  |                 |                        |                |                         |       |
| Construction Manager  |                 |                        |                |                         |       |

**Schedule B—Previous Experience with Similar Projects**

|   |      |                 |              |                         |       |
|---|------|-----------------|--------------|-------------------------|-------|
| Name of Organization  |      |                 |              |                         |       |
| Project Owner   |      | Project Name    |              |                         |       |
| General Description of Project  |      |                 |              |                         |       |
| Project Cost  |      | Date Project    |              |                         |       |
| Key Project Personnel   |      | Project Manager |              | Project Superintendent  |       |
| Name  |      | Safety Manager  |              | Quality Control Manager |       |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |      |                 |              |                         |       |
|   | Name | Title/Position  | Organization | Telephone               | Email |
| Owner   |      |                 |              |                         |       |
| Designer  |      |                 |              |                         |       |
| Construction Manager  |      |                 |              |                         |       |
|   |      |                 |              |                         |       |
| Project Owner   |      | Project Name    |              |                         |       |
| General Description of Project  |      |                 |              |                         |       |
| Project Cost  |      | Date Project    |              |                         |       |
| Key Project Personnel   |      | Project Manager |              | Project Superintendent  |       |
| Name  |      | Safety Manager  |              | Quality Control Manager |       |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |      |                 |              |                         |       |
|   | Name | Title/Position  | Organization | Telephone               | Email |
| Owner   |      |                 |              |                         |       |
| Designer  |      |                 |              |                         |       |
| Construction Manager  |      |                 |              |                         |       |
|   |      |                 |              |                         |       |
| Project Owner   |      | Project Name    |              |                         |       |
| General Description of Project  |      |                 |              |                         |       |
| Project Cost  |      | Date Project    |              |                         |       |
| Key Project Personnel   |      | Project Manager |              | Project Superintendent  |       |
| Name  |      | Safety Manager  |              | Quality Control Manager |       |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |      |                 |              |                         |       |
|   | Name | Title/Position  | Organization | Telephone               | Email |
| Owner   |      |                 |              |                         |       |
| Designer  |      |                 |              |                         |       |
| Construction Manager  |      |                 |              |                         |       |



**Schedule B—Previous Experience with Similar Projects**

|   |  |                 |                        |                |                         |
|---|--|-----------------|------------------------|----------------|-------------------------|
| Name of Organization  |  |                 |                        |                |                         |
| Project Owner   |  | Project Name    |                        |                |                         |
| General Description of Project  |  |                 |                        |                |                         |
| Project Cost  |  | Date Project    |                        |                |                         |
| Key Project Personnel   |  | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name  |  |                 |                        |                |                         |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |  |                 |                        |                |                         |
|   |  | Name            | Title/Position         | Organization   | Telephone               |
| Owner   |  |                 |                        |                |                         |
| Designer  |  |                 |                        |                |                         |
| Construction Manager  |  |                 |                        |                |                         |
|   |  |                 |                        |                |                         |
| Project Owner   |  | Project Name    |                        |                |                         |
| General Description of Project  |  |                 |                        |                |                         |
| Project Cost  |  | Date Project    |                        |                |                         |
| Key Project Personnel   |  | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name  |  |                 |                        |                |                         |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |  |                 |                        |                |                         |
|   |  | Name            | Title/Position         | Organization   | Telephone               |
| Owner   |  |                 |                        |                |                         |
| Designer  |  |                 |                        |                |                         |
| Construction Manager  |  |                 |                        |                |                         |
|   |  |                 |                        |                |                         |
| Project Owner   |  | Project Name    |                        |                |                         |
| General Description of Project  |  |                 |                        |                |                         |
| Project Cost  |  | Date Project    |                        |                |                         |
| Key Project Personnel   |  | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name  |  |                 |                        |                |                         |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |  |                 |                        |                |                         |
|   |  | Name            | Title/Position         | Organization   | Telephone               |
| Owner   |  |                 |                        |                |                         |
| Designer  |  |                 |                        |                |                         |
| Construction Manager  |  |                 |                        |                |                         |



### Schedule C—Key Individuals

| <b>Project Manager</b>  |  |                                       |                              |
|---|--|---------------------------------------|------------------------------|
| Name of individual  |  |                                       |                              |
| Years of experience as project manager  |  |                                       |                              |
| Years of experience with this organization  |  |                                       |                              |
| Number of similar projects as project manager   |  |                                       |                              |
| Number of similar projects in other positions   |  |                                       |                              |
| <b>Current Project Assignments</b>  |  |                                       |                              |
| Name of assignment  |  | Percent of time used for this project | Est. project completion date |
|   |  |                                       |                              |
|   |  |                                       |                              |
|   |  |                                       |                              |
| <b>Reference Contact Information (listing names indicates approval to contact named individuals as a reference)</b> |  |                                       |                              |
| Name  |  | Name                                  |                              |
| Title/Position  |  | Title/Position                        |                              |
| Organization  |  | Organization                          |                              |
| Telephone   |  | Telephone                             |                              |
| Email   |  | Email                                 |                              |
| Project   |  | Project                               |                              |
| Candidate's role on project   |  | Candidate's role on project           |                              |
| <b>Project Superintendent</b>   |  |                                       |                              |
| Name of individual  |  |                                       |                              |
| Years of experience as project superintendent   |  |                                       |                              |
| Years of experience with this organization  |  |                                       |                              |
| Number of similar projects as project superintendent  |  |                                       |                              |
| Number of similar projects in other positions   |  |                                       |                              |
| <b>Current Project Assignments</b>  |  |                                       |                              |
| Name of assignment  |  | Percent of time used for this project | Est. project completion date |
|   |  |                                       |                              |
|   |  |                                       |                              |
|   |  |                                       |                              |
| <b>Reference Contact Information (listing names indicates approval to contact named individuals as a reference)</b> |  |                                       |                              |
| Name  |  | Name                                  |                              |
| Title/Position  |  | Title/Position                        |                              |
| Organization  |  | Organization                          |                              |
| Telephone   |  | Telephone                             |                              |
| Email   |  | Email                                 |                              |
| Project   |  | Project                               |                              |
| Candidate's role on project   |  | Candidate's role on project           |                              |



| <b>Safety Manager</b>  |  |                                       |                              |
|--|--|---------------------------------------|------------------------------|
| Name of individual   |  |                                       |                              |
| Years of experience as project manager   |  |                                       |                              |
| Years of experience with this organization   |  |                                       |                              |
| Number of similar projects as project manager  |  |                                       |                              |
| Number of similar projects in other positions  |  |                                       |                              |
| Current Project Assignments  |  |                                       |                              |
| Name of assignment   |  | Percent of time used for this project | Est. project completion date |
|  |  |                                       |                              |
|  |  |                                       |                              |
|  |  |                                       |                              |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) |  |                                       |                              |
| Name   |  | Name                                  |                              |
| Title/Position   |  | Title/Position                        |                              |
| Organization   |  | Organization                          |                              |
| Telephone  |  | Telephone                             |                              |
| Email  |  | Email                                 |                              |
| Project  |  | Project                               |                              |
| Candidate's role on project  |  | Candidate's role on project           |                              |
| <b>Quality Control Manager</b>   |  |                                       |                              |
| Name of individual   |  |                                       |                              |
| Years of experience as project superintendent  |  |                                       |                              |
| Years of experience with this organization   |  |                                       |                              |
| Number of similar projects as project superintendent   |  |                                       |                              |
| Number of similar projects in other positions  |  |                                       |                              |
| Current Project Assignments  |  |                                       |                              |
| Name of assignment   |  | Percent of time used for this project | Est. project completion date |
|  |  |                                       |                              |
|  |  |                                       |                              |
|  |  |                                       |                              |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) |  |                                       |                              |
| Name   |  | Name                                  |                              |
| Title/Position   |  | Title/Position                        |                              |
| Organization   |  | Organization                          |                              |
| Telephone  |  | Telephone                             |                              |
| Email  |  | Email                                 |                              |
| Project  |  | Project                               |                              |
| Candidate's role on project  |  | Candidate's role on project           |                              |