

GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS FORM

*TO BE COMPLETED BY OFFERORS IN RESPONSE TO THE RFQ AND THE QUALIFICATION
CRITERIA PROVIDED THEREIN*

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GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

I. General Information

1. Submitted to (agency): Norfolk Airport Authority

Address: 2200 Norview Avenue
Norfolk, VA 23518

2. Name of Project (if applicable): ORF Garage D

Project Code Number (if applicable): 2019-04-30D

3. Type of work you wish to qualify for:

General Contractor – Construction Services

4. Contractor's Name:

Mailing Address:

Street Address: (If not the same as mailing address)

Web site:

Telephone Number: ()

Facsimile Number: ()

Contact Person:

Contact Person's Phone Number: ()

State Contractor's License Number:

Designated Employee Registered with the Virginia Board for Contractors:

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

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

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

5. Check type of organization:

Corporation ___ Partnership ___
Individual ___ Joint Venture ___
Other (describe) _____

If the Proposal is being made by a legal joint venture, the response must include the information required within this section of the CO16 for both organizations that constitute the joint venture and a copy of the joint venture agreement must be attached.

6. If a corporation -

State of Incorporation:

Date of Incorporation:

Federal I.D. #:

<u>Position</u>	<u>Officers</u>	<u>Name / Contact Info</u>	<u>Years in</u>
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Chief Executive Officer:

Chief Financial Officer:

President:

Vice President:

Secretary:

Treasurer:

Office Manager of local office that will have primary responsibility for delivering this project:

Are you a Subchapter S Corporation? Yes ___ No ___

7. If a partnership -

Date organized:

Type of partnership:

List of General Partners:

Name

Phone #

Years as G.P.

8. If individually owned -

Years in Business:

9. Have you ever operated under another name? Yes ___ No ___

If yes -

Other name:

Number of years in business under this name:

State license number under this name:

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

Check all that apply:

Micro Business _____ DSBSD Certification No.: _____

Small Business _____ DSBSD Certification No.: _____

Small Woman Owned Business _____ DSBSD Certification No.: _____

Small Minority Owned Business _____ DSBSD Certification No.: _____

Service Disabled Veteran Owned Business _____ DSBSD Certification No.: _____

II. Bonding

Provide a letter from your surety company listing your organization's current single Project and total Projects bonding capacity, including such information for the local or regional office that will be used in delivering the services to be provided on the Project (if the local or regional office is separately bonded); attach this letter to the Statement of Qualifications Form. For projects that are applying for bonding under the Self-Bonding Program, contact Owner for submission requirements.

1. Bonding Company's name:

Address:

Representative (Attorney-in-fact):

2. Is the Bonding Company listed on the United States Department of the Treasury list of acceptable surety corporations?

Yes ___ No ___

3. Is the Bonding Company licensed to transact surety business in the Commonwealth of Virginia?

Yes ___ No ___

4. Describe the capacity the organization has to meet the project schedule and demands. Include an analysis of current workload.

III. Experience

If your organization has multiple offices, provide the following information for the office that would handle projects under this prequalification. If that office has limited history, list its experience first.

1. Attach a list of all projects, giving project name, location, size, dollar value, original schedule, completed schedule for each that your organization has **completed** in the last ten years.
2. Attach a list of your organization's projects in **progress**, if any, at the time of this statement. At a minimum, provide project names and addresses, contract amounts, percentages complete and contact names and numbers for the architects and owners.
3. Identify three projects from those identified in 1 and 2 above which are most relevant or similar to the project(s) for which you are seeking prequalification; these projects are designated as your "Firm's Representative Projects" and will also be included on Attachment 3, Crosswalk of Firm and Key Personnel Experience.

Firm Representative Project 1.

Project Name:

Project Address:

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Provide additional project data as required in the Attachment 3, Crosswalk of Firm and Key Personnel Experience. Provide explanations for any cost or schedule growth greater than 10%.

Describe key lessons learned:

Firm Representative Project 2.

Project Name:

Project Address:

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Provide additional project data as required in the Attachment 3, Crosswalk of Firm and Key Personnel Experience. Provide explanations for any cost or schedule growth greater than 10%.

Describe key lessons learned:

Firm Representative Project 3.

Project Name:

Project Address:

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

Provide additional project data as required in the Attachment 3, Crosswalk of Firm and Key Personnel Experience. Provide explanations for any cost or schedule growth greater than 10%.

Describe key lessons learned:

4. Staffing: Describe how your firm would staff this project. The Proposal must include a description of the duties and responsibilities of all key Project team members and an organizational chart indicating the title or function of each individual and the reporting structure and functional relationships between the team members.

5. Personnel experience: For all designated key personnel (i.e.: project manager, superintendent, etc.), describe the background and experience that would qualify him or her to serve successfully on this project. For all key personnel to be assigned to this project, provide as an attachment a resume which includes:
 - a. Title (Principal, Project Manager, Superintendent, etc.).
 - b. Number of years of experience in the construction industry.
 - c. Summary of education, including the name(s) of the institution(s) from which the individual graduated and the year(s) of graduation.
 - d. Listing of professional registrations, including registration numbers and dates that the respective registrations were first obtained, per state, along with any certifications relevant to the individual's proposed function on this project.
 - e. List of any professional / trade organization affiliations and associations in which the individual actively participates.
 - f. Identification of at least three (3) similar or comparable projects on which each proposed key personnel have served in that capacity or positions of similar or comparable responsibility within the last ten years, including at least one of those within the last five years. For these 3 projects, if the project is NOT a "Firm Representative Project" for which this information was previously provided above, then provide the names, addresses, and phone numbers of the Owner's and Architect's contact person for each that can be contacted to obtain an assessment of the individual's competencies and capabilities for the project.

Project Name:

Project Address:

Owner's Name:

Address:

Phone Number:

Contact:

Architect's Name:

Address:

Phone Number:

Contact:

For all designated key personnel, also provide project-specific information by completing Attachment 3, Crosswalk of Firm and Key Personnel Experience. This data includes the

percentage of each key individual's time which will be committed to the project (i.e.: 100%, 80%, etc.)

6. Provide additional attachments, as required, in response to any additional agency-specified prequalification criteria provided in the RFQ.

IV. Judgments

In the last ten years, has your organization, or any officer, director, partner or owner, had judgments entered against it or them for the breach of contracts for construction?

Yes ___ No ___

If yes, on a separate attachment, state the person or entity against whom the judgment was entered, give the location and date of the judgment, describe the project involved, and explain the circumstances relating to the judgment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

VI. Compliance

If you answer yes to any of the following, on a separate attachment give the date of the termination order, or payment, describe the project involved, and explain the circumstances relating to same, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. Has your organization:
 - a. ever been terminated on a contract for cause?
Yes ___ No ___
 - b. within the last five years, made payment of actual and/or liquidated damages for failure to complete a project by the contracted date?
Yes ___ No ___
2. Has your organization, in the last three years, received a final order for willful and/or repeated violation(s) for failure to abate issued by the United States Occupational Safety and Health Administration or by the Virginia Department of Labor and Industry or any other government agency?
Yes ___ No ___
3. Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization?
Yes ___ No ___
4. Has your organization been **more than thirty (30) days late, without good cause**, in achieving the contracted substantial completion date where there was no liquidated damages provision on more than two (2) projects in the last three (3) years?
Yes ___ No ___

5. Has your organization **finally completed a project** more than ninety (90) days after achieving substantial completion on two (2) or more projects in the last three (3) years, for reasons within the contractor's control? Documented delay of delivery of material necessary to perform remaining work or seasonal conditions that bear on performing the work or operating specific equipment or building systems shall be considered in litigation.
Yes ___ No ___
6. Has your organization **received more than two (2) cure notices** on a single project in the past two (2) years and/or more than one (1) cure notice on five (5) separate projects in the past five (5) years?
Yes ___ No ___
7. Has your organization **had repeated instances** on a project of **installation and workmanship deviations which exceed the tolerances of the standards referenced** in the contract documents? Documentation of such instances shall be the written reports and records of the Owner's representatives on the project.
Yes ___ No ___

V. Convictions and Debarment

If you answer yes to any of the following, on a separate attachment, state the person or entity against whom the conviction or debarment was entered, give the location and date of the conviction or debarment, describe the project involved, and explain the circumstances relating to the conviction or debarment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. In the last ten years, has your organization or any officer, director, partner, owner, project manager, procurement manager or chief financial officer of your organization:
 - a. ever been fined or adjudicated of having failed to abate a citation for building code violations by a court or local building code appeals board?
Yes ___ No ___
 - b. ever been found guilty on charges relating to conflicts of interest?
Yes ___ No ___
 - c. ever been convicted on criminal charges relating to contracting, construction, bidding, bid rigging or bribery?
Yes ___ No ___
 - d. ever been convicted: (i) under Va. Code Section 2.2-4367 et seq. (Ethics in Public Contracting); (ii) under Va. Code Section 18.2-498.1 et seq. (Va. Governmental Frauds Act); (iii) under Va. Code Section 59.1-68.6 et seq. (Conspiracy to Rig Bids); (iv) of a criminal violation of Va. Code Section 40.1-49.4 (enforcement of occupational safety and health standards); or (v) of violating any substantially similar federal law or law of another state?
Yes ___ No ___
 - e. ever been convicted on charges relating to employment of illegal aliens on construction projects?
Yes ___ No ___
2. a. Is your organization or any officer, director, partner or owner currently debarred or enjoined from doing federal, state or local government work for any reason?
Yes ___ No ___

- b. Has your organization or any officer, director, partner or owner ever been debarred or enjoined from doing federal, state or local government work for any reason?
Yes ___ No ___

VII. Signatures

The undersigned certifies under oath that the information contained in this Statement of Qualifications and attachments hereto is complete, true and correct as of the date of this Statement.

(Name of entity signing this Statement of Qualifications)

By: Name of Signer (print) _____

(Signature in ink)

Title: _____

Date: _____

Notary

State of: _____

County/City of: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public Signature

My commission expires: _____

Notary Seal:

Attachments (to be provided):

- As applicable:
For Standard Bonding: Surety Statement of Bonding Eligibility
For Self-Bonding Program: Contact agency for submission requirements.
- Additional information, if any, provided under Statement of Qualifications Sections III, IV, V
- Information required under Statement of Qualifications Section VI (i.e.: project listings, organizational chart, key personnel resumes, completed Crosswalk of Firm and Key Personnel Experience (excel file can be accessed at https://dgs.virginia.gov/globalassets/business-units/bcom/documents/forms/dgs-30-172_04-15_co-16-crosswalk-of-firm-and-key-personnel-experience.xlsx), etc.)
- Completed SCC form