

STATE OF DELAWARE



DEPARTMENT OF TRANSPORTATION

DESIGN-BUILD PROJECT

for

Claymont Regional Transportation Center

State Contract # T201651201

New Castle County

REQUEST FOR QUALIFICATIONS

APPENDIX B

FORMS



**APPENDIX B
STATEMENT OF QUALIFICATIONS
FORMS**

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FORM A - ADDENDA ACKNOWLEDGMENT

Submitter (Team) Name: _____

Addendum Number:		Dated:	

The undersigned acknowledges receipt and incorporation of the above addenda to the RFQ.

Signature

Date

Printed Name

Title



FORM B - SUBMITTER'S ORGANIZATION INFORMATION

SUBMITTER			
Name of Entity: _____			
Address: _____			

Contact Name: _____ Title: _____			
Telephone: _____ Facsimile: _____ E-mail: _____			
LOCAL/REGIONAL CONTACT (if different from above)			
Name: _____			
Address: _____			

Telephone: _____ Facsimile: _____ E-mail: _____			
NAME(S) OF SUBMITTER ENTITY(IES)			
Company Name	Address and Telephone and Facsimile Numbers	State of Inc.	Lead Principal Part. (include percent) Yes No
Principal Participant(s)			
Lead Engineer			
Lead Architect			
Other Firm(s)			



FORM C - PRINCIPAL PARTICIPANTS AND DESIGN CERTIFICATION

Name of Submitter: _____

Complete a separate Form C for each Principal Participant, Lead Engineer and Lead Architect

1. Has the firm¹ ever failed to complete any work it agreed to perform or had a contract terminated because it was in default? If yes, describe.

2. Has the firm* or any officer thereof been indicted or convicted of bid or other contract related crimes or violations or any felony or misdemeanor related to performance under a contract? If yes, describe.

3. Has the firm* ever sought protection under any provision of any bankruptcy act? If yes, describe.

4. Has the firm* ever been debarred or suspended from performing work for the federal government or any state or local government? If yes, describe.

(Must be signed by an officer of the firm)

Firm Name: _____

Name of Officer: _____

Title: _____

Signature: _____

¹ (Note: *"Firm" includes any Affiliate, including a parent company or subsidiary companies.)



FORM D - PAST PROJECT DESCRIPTION

Name of Submitter: _____

Name of Firm: _____	
Project Role: _____	<input type="checkbox"/> Principal Participant <input type="checkbox"/> Lead Engineer
Other (Describe): _____	<input type="checkbox"/> Lead Architect
Years of Experience: Commercial Office Buildings: _____ Transit Projects: _____	
Project Name, Location, Description, and Nature of Work for which the Firm was responsible:	
Describe Site Conditions:	(Use additional sheets as necessary to describe project and site conditions)
List any awards, citations, and/or commendations received for the project:	
Name of Client (Owner/Agency or Contractor): _____	
Address: _____	
Contact Name: _____	Telephone number: _____
Owner's Project or Contract No.: _____	Facsimile number: _____
Original Contract Value (US\$): _____	Final Contract Value (US\$): _____
Percent of Total Work Performed by Firm: _____	Commencement Date: _____
Planned Completion Date: _____	Actual Completion Date: _____
Amount of Claims: _____	Any Litigation? Yes <input type="checkbox"/> No <input type="checkbox"/>



FORM F - PAST PERFORMANCE

(Page 1 of 2)

(Form Required for Principal Participant, Lead Engineer, Lead Architect or subcontractors performing 15% or more of the design or construction)

Name of Submitter: _____

Firm Name: _____

Awards, Citations and/or Commendations

Name of Award, etc.	Year Rec.	Project & Location	Nature of Work Cited

Litigation, Claims, Dispute Proceedings and Arbitration

Project/Issue	Owner/Agency Initiated Action	Resolution/Outcome	Action Unresolved or Outstanding?	Current Owner Contact Name, Phone & Fax Nos.



FORM F - PAST PERFORMANCE

(Page 2 of 2)

Liquidated Damages

Project Name	Cause of Delay(s)	Amount Assessed	Describe Outstanding Damage Claims by Any Owner	Current Owner Contact Name, Phone & Fax Nos.

Termination for Cause

Project Name	Describe Reason for Termination	Dollar Amount Involved	Current Owner Contact Name, Phone & Fax Nos.

Disciplinary Action

Project Name	Describe Action Taken	Current Owner Contact Name, Phone & Fax Nos.



FORM G - SAFETY QUESTIONNAIRE

(Page 1 of 2)

Name of Submitter: _____

Firm Name: _____

1. Provide the following information for the last three years:

Table with 4 columns: Item, 2012, 2013, 2014. Rows include Employee hours worked, Number of lost workday cases, Number of restricted workday cases, Number of cases with medical attention only, and Number of fatalities.

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Table with 6 columns: Position, No, Yes, Monthly, Quarterly, Annually. Multiple rows for reporting positions.

3. Do you hold site meetings for supervisors? Yes _____ No _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____ Less often, as needed _____

4. Do you conduct Project Safety Inspections? Yes _____ No _____

By Whom? _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____

5. Does the firm have a written Safety Program? Yes _____ No _____



FORM G - SAFETY QUESTIONNAIRE

(Page 2 of 2)

Name of Submitter: _____

Firm Name: _____

6. Does the firm have an Orientation Program for new hires?

Yes _____ No _____ If yes, what safety items are included?

7. Does the firm have a program for newly hired or promoted foremen?

Yes _____ No _____ If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

8. Does the firm hold safety meetings which extend to the laborer level?

Yes _____ No _____

How often? Daily ____ Weekly ____ Bi-Weekly ____ Less often, as needed ____

9. For Proposer only, indicate the safety record on the last Project to which the indicated key personnel were assigned:

Key Personnel	Total hours worked by all employees on Project	Number of lost workday cases on Project	Number of restricted workday cases on Project	No. of cases with medical attention only on Project	No. of fatalities on Project
Construction Project Manager					
Construction Superintendent					



FORM H - BACKLOG INFORMATION

Name of Submitter: _____

Company Name	Number of Contracts in Force	Total Contract Value (US\$ Millions)	Value of Work Remaining by CY (US\$ Millions)			
			2015	2016	2017	2018
Principal Participant(s)						
Lead Engineer						
Lead Architect						
Others						



FORM I - PAST REVENUE

Name of Submitter: _____

Proposer Entities/Firm Name	Total Revenue by Year (\$US in Millions)		
	2015	2016	2017
Principal Participant(s)			
Lead Engineer			
Lead Architect			
Others			



FORM J – CERTIFICATION REGARDING DEBARMENT

**CERTIFICATION OF PRIMARY PARTICIPANT REGARDING DEBARMENT,
SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third party contract), _____ certifies to the best of its knowledge and belief, that it and its principals:

- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- 2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
- 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or Local) terminated for cause or default.

If the primary participant (applicant for an FTA grant or cooperative agreement, or potential third party contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third party contract), _____ certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Sections 3801 et seq., are applicable thereto.

Signature of the Bidder or Offeror’s Authorized Official

Name and Title of the Bidder or Offeror’s Authorized Official

Date



FORM K - CERTIFICATION OF RESTRICTIONS ON LOBBYING

The Bidder or Offeror certifies, to the best of its knowledge and belief, that:

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Federal department or agency, a Member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a Member of the U.S. Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification thereof.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions (as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)).

3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

THE BIDDER OR OFFEROR, _____, CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF EACH STATEMENT OF ITS CERTIFICATION AND DISCLOSURE, IF ANY. IN ADDITION, THE BIDDER OR OFFEROR UNDERSTANDS AND AGREES THAT THE PROVISIONS OF 31 U.S.C. §§ 3801 ET SEQ. APPLY TO THIS CERTIFICATION AND DISCLOSURE, IF ANY.

Signature of the Bidder or Offeror's Authorized Official

Name and Title of the Bidder or Offeror's Authorized Official

Date