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*Project Name*

for  
Tuskegee University  
in  
Tuskegee, Alabama

## **CRITERIA FOR PREQUALIFICATION OF CONTRACTORS**

The purpose of having criteria is to set a measure by which contractors shall be judged to be prequalified. This is a set of criteria that shall be added to or taken away from depending on the construction job being bid.

The below are the criteria that shall be used to prequalify bidders for this project. Failure to submit all and complete answers will be grounds for Tuskegee University to not qualify said contractor. All answers shall be in the order below. **DO NOT** write on this form. Use as many pages to submit as needed. The term "Organization" is meant to include any related organization(s) as defined by the IRS. A score of **75% of total available points** is required to be pre-qualified. This form shall be returned with your answers.

### **Prerequisites (0 pts)**

**All of the following prerequisite items must be satisfied in order for the applicant organization to be considered prequalified.**

1. Bidders must be licensed under terms of existing State laws. License classification must correspond to bid package for which prequalification is requested.
2. In case of a joint venture of two or more Contractors, the amount for the bid shall be within the maximum bid limitations as set by the State Licensing Board for General Contractors of at least one of the partners to the joint venture.
3. If the bidder is a corporation organized in a state other than Alabama, it shall furnish a certificate from the Alabama Secretary of State showing that it is qualified to transact business in Alabama and shall be registered with Alabama Department of Revenue.

### **Company Information (Maximum 12 pts)**

**The intent of this section is to obtain the general information for the applicant organization. Points will be awarded based on the completeness of this section.**

1. List organization information including Company Name, Mailing Address, Street Address, City, State, Zip, Telephone Number, and Fax Number.
2. Provide Federal Identification Number. Attach copy of W-9 form.
3. Provide State Contractor License Number. Attach copy of license.
4. Indicate formal organization structure (Corporation, Partnership, Individual, Joint Venture, or Other) and the State and date it was organized as such.
5. List special programs (SB, HZSB, SDB, WOSB, VOSB, SDVOSB, Other, None) of which your organization is a member. Attach copy of certificate for each.
6. List names and titles for organization Officers, Owners, and/or Partners. Include resumes' for each.
7. If a subsidiary of another company, provide name and address of parent company.
8. Provide length of time your organization has been in business under its current name and length of time under other previous name(s).
9. Indicate method of organization operation (Closed Shop, Open Shop, Merit Shop).
10. List work categories in which your organization is legally qualified to do business. Indicate which your organization normally performs with its own work force. You must qualify for each of these if the Owner requires prequalification for such trade.
11. List number of current full-time employees, project managers, superintendents, and estimators.

### **Bonding, Financial, and Insurance Information (Maximum 40 pts)**

**The intent of this section is to determine the overall financial strength of the applicant organization. Points will be awarded based on the completeness of this section and the reviewer's evaluation of the effect the information provided could potentially have on the organization's ability to perform on this project.**

12. List Surety Company information including Company Name, Street Address, Phone number, and Agent Name.
  13. Provide Surety Company Best's Financial Strength Rating and Best's Financial Size Category. Must be "A-VII" or higher.
  14. Provide bond premium rate(s).
  15. List Bank information including Bank Name, Address, City, State, Zip, Account Executive Name, Telephone Number, Types of Accounts, and Line of Credit Amount(s).
  16. Provide copy of your latest audited, reviewed, or compiled Financial Statement (Income Statement and Balance Sheet) that includes current assets, total assets, current liabilities, long term liabilities, equity, revenue, gross profit, and net income. Audited or Reviewed statements are preferred. Statements must be current and prepared according to GAAP. Statements will be reviewed for proper liquidity and no serious liabilities.
  17. Provide total volume of sales and/or work performed for each of the previous five years.
  18. Has your organization or any current officer of your organization, if not a corporation, filed bankruptcy under Chapter(s) 7, 11, or 13 as defined by the IRS? If yes, please give pertinent details.
  19. List Insurance Company information including Agency Name, Address, City, State, Zip, and Telephone Number.
  20. Provide Insurance Company Best's Financial Strength Rating and Best's Financial Size Category. Must be "A-VII" or higher.
  21. List any coverage that has been cancelled by an Insurance company in the past five (5) years and the reason for such cancellation.
  22. Attach a copy of your standard Certificate of Insurance (ACORD form) indicating policy coverages and limits.
- \*\*\*Note – All subcontractors will be required to be bonded on this project\*\*\*

### **Litigation and Claims (Maximum 10 pts)**

**The intent of this section is to determine the extent to which any pending litigation or claims involving the applicant organization could adversely affect this project. Points will be awarded based on the completeness of this section and the reviewer's evaluation of the affect that such claims and litigation could potentially have on the organization's ability to perform on this project.**

23. Are you or any officers, stockholders, key members, or any related companies presently involved in any litigation or disputes, or any judgments pending or rendered? If yes, please give pertinent details and outcomes(s).
24. Has your organization within the past five (5) years filed any lawsuits or requested arbitration or mediation proceedings in regard to any of its construction contracts? If yes, please give pertinent details and outcomes(s).
25. Is your organization currently and directly involved in a lawsuit, arbitration, or alternative dispute resolution proceedings with the City of Tuskegee?

### **Past/Relevant Experience (Maximum 50 pts)**

**The intent of this section is to ascertain the applicant organization's experience in general and with projects of similar size and scope. Points will be awarded based on the completeness of this section and the reviewer's evaluation of the effect that the information provided could potentially have on the organization's ability to perform on this project.**

26. List your major construction projects (minimum of five) completed in the last five (5) years. Include Project Name, Location, Contract Amount, Owner Name, Architect Name, Bid/Negotiated, and Bonded/Unbonded for each.
27. List all relevant projects (minimum of three) your organization has completed within the past five (5) years that are of similar size, type and scope to this project. Include Project Name, Location, Contract Amount, Owner Name, Architect Name, Bid/Negotiated, and Bonded/Unbonded for each.
28. Has your organization ever failed to complete any work awarded to it? If yes, please give pertinent details and outcome(s).
29. Has any officer in your organization with the past five (5) years ever been an officer of an organization that failed to complete a construction contract? If yes, please give pertinent details and outcome(s).
30. List proposed Project Manager and Superintendent. Attach resume' for each.
31. List five (5) Trade (credit) references with whom your organization has done business in the past five (5) years. Include Company Name, Contact Name, Address, and Telephone Number.
32. List your organization's experience working on sites with highly restricted access.

### **Current Capacity and Ability to Complete this Project (Maximum 20 pts)**

**The intent of this section is to verify that applicant organization will not be over-extended with regard to resources such as staffing and bonding capacity. The reviewer will evaluate the information provided in conjunction with the anticipated contract value, contract start date, contract completion date and possible resource needs of the project. The information will also be utilized to complete reference checks. Points will be assigned based on the reviewer's evaluation of the effect that the information provided could potentially have on the organization's ability to perform on this project.**

33. List all your major construction projects currently in progress (mimum of five). Include Project Name, Location, Contract Amount, Percent Complete, Owner Name, Architect for each.
34. Give total amount of work currently in progress.
35. Give total amount of work currently under contract.
36. Provide dollar amount of bonded work on hand and percent of bonded work to total work.
37. Provide your bonding capacity per project and in the aggregate.
38. Provide evidence from Surety Company of adequate available bonding capacity for this project.

### **Drug and Safety Programs (Maximum 20 pts)**

**The intent of this section is to determine the thoroughness and effectiveness of the applicant organization's established corporate policies and procedures regarding drugs and safety. Points will be assigned based on the reviewer's evaluation of the effect that the information provided could potentially have on the organization's ability to perform on this project.**

39. Provide a description of your written programs for Drug and Criminal Background Checks.
40. Provide a description of your written program for Safety.

41. List your organization's Experience Modifier Rate for the previous year and provide supporting documentation. List any claims you have had since December 31<sup>st</sup> of the previous year. (EMR equal to or less than .80 = 10 pts; between .81 – 1.0 = 7 pts; greater than 1.0 = 0 pts.)
42. Provide copy of latest OSHA 300 Log indicating Total Recordable Injuries and Illnesses, Man-Hours worked, Incident Rate and Number of Lost Time Accidents.

### **Scheduling and Quality Control Program (QAQC) (Maximum 20 pts)**

**The intent of this section is to determine the applicant organization's competency with regard to Scheduling and Quality Control. Points will be awarded based on the reviewer's evaluation of the effect that the information provided could potentially have on the organization's ability to perform on this project.**

43. Provide a description of your written program for Scheduling. Applicant should define means or methods utilized when scheduling projects (i.e. outsourced, in-house), describe means for schedule recovery, and provide any examples of projects where schedule adversities were overcome.
44. Provide a description of your written program for Quality Control/Assurance. Demonstrate how existing program benefits the project's durability and appearance; and how it aids in supervisory personnel's ability to comply with contract requirements (i.e. plans and specifications).

**ATTACHMENT "A"**

**CURRENT EXPERIENCE SUMMARY**

PROJECT NAME: \_\_\_\_\_

\_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OWNER CONTACT: \_\_\_\_\_

OWNER TELEPHONE No: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_

ARCHITECT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ARCHITECT CONTACT: \_\_\_\_\_

ARCHITECT TELEPHONE #: \_\_\_\_\_

CONTRACT BID AMOUNT: \_\_\_\_\_

CONTRACT START DATE: \_\_\_\_\_

CONTRACT END DATE: \_\_\_\_\_

CONTRACT TIME: \_\_\_\_\_ DAYS

PERCENTAGE OF WORK TO BE PERFORMED BY OWN FORCES: \_\_\_\_\_%

DESCRIPTION OF WORK PERFORMED:

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**ATTACHMENT "B"**

**RELEVANT EXPERIENCE SUMMARY**

PROJECT NAME: \_\_\_\_\_

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

OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

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

OWNER CONTACT: \_\_\_\_\_

OWNER TELEPHONE No: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_

ARCHITECT'S ADDRESS: \_\_\_\_\_

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

ARCHITECT CONTACT: \_\_\_\_\_

ARCHITECT TELEPHONE #: \_\_\_\_\_

CONTRACT BID AMOUNT: \_\_\_\_\_

COMPLETED CONTRACT AMOUNT: \_\_\_\_\_

CONTRACT START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CONTRACT TIME INCLUDING CHANGE ORDERS: \_\_\_\_\_ DAYS

CONTRACT TIME USED: \_\_\_\_\_ DAYS

COMPLETION DATE: \_\_\_\_\_

PERCENTAGE OF WORK PERFORMED BY OWN FORCES: \_\_\_\_\_%

DESCRIPTION OF WORK PERFORMED:

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