

INVITATION TO CONTRACTORS
TO PREQUALIFY TO OFFER PROPOSALS

UConn Health is accepting Prequalification Applications limited to the following project: Pharmacy Renovations USP800 Regulations Compliance Project Number 19-005

Completed Applications shall be accepted in electronic format via email only until **2:00 PM**, on **July 9, 2019**. Applications received after the time and date specified shall be rejected. Pre-Qualification Applications are available on-line at: http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=113 Applicants must be pre-qualified by the Department of Administrative Services (DAS), for the Classification **GENERAL BUILDING CONSTRUCTION (GROUP C)** to participate in this Prequalification Application.

Email rood@uchc.edu to request electronic versions of all application forms

Project Description:

Construct two (2) new hazardous material unpacking/storage rooms and one (1) non-sterile HD compounding room as required by USP 800 to support the sterile compounding operations for the Pharmacies located on the 2nd floor of the UConn Health (UCH) Clinic (C)/Main Building and the 4th floor of the Outpatient Pavilion, located at 263 Farmington Avenue in Farmington, CT located at the UConn Health (UCH) campus in Farmington, CT.

The project milestone schedule is:

Bidding: July 29, 2019 – August 16, 2019

Construction start: September 9, 2019

Construction complete: Phase I- November 29, 2019

Phase II – January 31, 2020

If prequalified, a bidding requirement prerequisite will be that the awarded Contractor must self-perform a minimum of ten percent (10%) of their submitted bid amount. Also in the bidding of most deferred maintenance, major renovation, and new construction projects, contractors are advised that they must utilize Small Business Enterprises (SBE) and Minority Business Enterprises (MBE) certified by the State of Connecticut DAS Supplier Diversity Program, to meet the goal of 30% of contract value to SBE's, and, of that amount, one-third (10% of the total award) or more must be awarded to SBE's who are also MBE's The Contractor will responsible for ensuring that they and the SBE's they have selected are eligible subcontractors, and that they meet State requirements.

The anticipated construction value is approximately \$ 1,000,000.

Contractor Qualifications:

The Contractors pre-qualified to submit bids on this project must demonstrate, through past experience, their ability to successfully complete projects of a similar nature (3 examples within the past 7 years). That is, projects involving the construction of pharmacy clean rooms in occupied pharmacy setting.

The Contractor and substantial Subcontractors shall be subject to the Department of Administrative Services (DAS) building construction and prequalification statutes. The contractor's experience must demonstrate the ability to complete similar projects with a value of approximately \$1,000,000 and also have bonding capacity of \$1,000,000.

A Contractor's financial statements are also reviewed. In evaluating submitted financials, UConn Health takes into account several different factors including company size, revenue stream, and other metrics computed using your audited financial statements. These ratios are then compared to standards based on project timing and estimated value. A Contractor should have a minimum of \$2,375,000 annual sales for this project. UConn Health will utilize this sales standard as one of the factors in determining if an applicant meets the financial requirements for this project.

Introduction to the Application:

UConn Health has successfully applied the concept of Pre-Qualification for a number of projects valued between \$500,000.00 to \$70,000,000.00. Certain factors warrant special attention.

1. Audited Financial Statement

- a. For Projects with a value less than \$10,000,000: Most recent Audited Financial Statements are preferred, which must include the Independent Auditors Report; Balance Sheets; Income Statements; Cash Flow Statements; and Notes to the Financial Statements. These statements cannot be older than 15 months as of the date of the application. In addition you must supply Interim financial statements including Balance Sheets; Income Statements; Cash Flow Statements; and Notes to the Interim Financial Statements, if any. These statements must be provided for consideration and should be no older than 6 months as of the date of application. If Audited statements are not completed by the company, statements reviewed by an independent public accountant may be accepted for review and evaluation (these must include the independent accountants report, balance sheets, income statements, cash flow statements and notes to the financial statements.)
- b. In evaluating submitted financials, UConn Health takes into account several different factors including company size, revenue stream, and other metrics computed using your audited financial statements. These ratios are then compared to standards based on project timing and estimated value. The results from these metrics are considered during the application evaluation process.

2. Project Team Experience

The level of experience and qualifications of the Applicants project team is a significant evaluation component of this Application (Re. 1.04). Particular attention must be paid to those questions regarding the individuals proposed to work on the project. UConn Health recognizes that a firm's allocation and commitment of personnel may change prior to a project being awarded. Therefore, if, after pre-qualification, the firm determines that it is necessary to propose a substitute for any individual named, such a request will be considered only upon a demonstration that the proposed team member has at least equivalent experience and qualifications of the individual sought to be replaced, and that the Applicant otherwise meets the requirements of section 1.04, to the satisfaction of UConn Health.

3. Relevant Project Experience & References

Three attachments (A, B, C) are provided to document your experience to us. Attachment A is critical as it directly relates your experience with the particular project for which we are pre-qualifying. Attachment B provides us with an overview of your current work commitments. Attachment C provides us with information as to your overall project capability and experience. Attachment D is provided to document your project and trade references. Attachment E provides us with information regarding the qualifications of your proposed project team.

Attachments A, B, C, D and E descriptions follow:

- a. Attachment A is for the purpose of describing all projects which meet the project specific Prequalification criteria for which this Application is being submitted. Please do not substitute for this format, but do feel free to make as many blank copies as you need for this Attachment in order to supply the necessary information for all projects you wish UConn Health to consider. The project information requested must be filled out on the Attachment A, but additional relevant information, specific project marketing sheets for example, may be included with this attachment submission. A minimum of three projects must be submitted.
- b. Attachment B is for the purpose of describing all current projects and any instances in which you anticipate being awarded the project. Please feel free to substitute your own format; just be sure to label each page and note that it is Attachment B.
- c. Attachment C is for the purpose of describing all your projects over the past five years. Please feel free to substitute your own format; just be sure to label each page and note that it is Attachment C.

- d. Attachment D is used to document Project, Trade and Bank references. Please provide a minimum of 3 Project owner references and 2 trade references. Please do not substitute format.
 - e. Attachment E is used to document the experience of key members of your organization.
4. Information relative to a contractor's bonding status requires written authentication by the contractor's bonding agent.
 5. Failure to answer questions or leaving spaces blank may result in UConn Health's refusal to pre-qualify the Applicant.
 6. Late responses will be rejected.
 7. Each Pre-Qualification procedure is based on the specific requirements of an individual project. Please carefully review and respond to the UConn Health Contractor Prequalification Profile questions as stated in this Application.

Notice to and Instructions for Contractor Statement of Qualifications:

1. General

1.01 PRE-QUALIFICATION FOR SERVICES:

Prospective Contractors, who wish to receive consideration for pre-qualification to submit proposals for the work of the projects, shall submit to UConn Health a completed Prequalification Application which shall be used to evaluate the qualifications of Applicant Contractors. Only pre-qualified contractors shall be permitted to submit proposals on specific projects.

"Applicant", as used in these documents, shall include the actual legal entity or entities submitting and executing this Application for Pre-Qualification.

The Applicant must provide to the satisfaction of UConn Health responses to the following questions and questionnaires contained within this Prequalification Application.

1.02 PRE-QUALIFICATION DOCUMENTS:

Pre-qualification Documents include the Introduction to the Application, the Notice and Instructions for Prequalification Qualification (the "Instructions"), and the Prequalification Application and accompanying documents (the "Application").

1.03 PRE-QUALIFICATION PROCEDURES:

Form of Application: The Application shall be submitted using the Contractor Prequalification Profile (CPP) and attachments.

The Contractor Prequalification Profile (CPP) shall be completed, signed and submitted by a duly authorized representative of the contractor. Use the Contractor's Prequalification Profile (MS Excel file) to provide electronic answers.

Electronic Submission of Applications:

- **Submit one (1) indexed and signed original in PDF format**
- **Submit one (1) unprotected and completed Contractor Prequalification Profile (CPP) in MS Excel format (file supplied) to UConn Health. Information will be copied into a comparison model.**

Submit electronic responses only to email address: rood@uchc.edu. Completed Applications will be accepted until 2:00 PM, on July 9, 2019. Applications received after the time and date specified shall be rejected.

Please format and compile your response using the index supplied in the order below:

1. Contractor Prequalification Profile (CPP)
2. Attachment A (CPP 3.1)
3. Attachment B (CPP 3.2)
4. Attachment C (CPP 3.3)
5. Attachment D (CPP 3.4)
6. Attachment E (CPP 3.5)
7. Financial Statement (CPP 3.6)
8. Bonding Company Letter (CPP 3.7)
9. CT License, Registration or Certificate (CPP 3.8)
10. DAS Prequalification Certificates (CPP 3.9)
11. NCCI (CPP 3.10)
12. Liability Certificates (3.11)
13. Certificate of Legal Existence (3.12)
14. Legal (CPP 4)
15. Quality Assurance/Quality Control/Code Compliance (CPP 4.21)
16. Health and Safety Plan (CPP 4.23)
17. Other

UConn Health expressly reserves the following rights:

- a. to reject any and all Applications and to waive any informalities, irregularities or technical defects in the Application if it is deemed to be in the best interest of UConn Health.
- b. to rescind any prior pre-qualification; and to find any Applicant or Contractor to be non-responsible or non-qualified with respect to a specific project, notwithstanding the fact that it may have previously been pre-qualified pursuant to the pre-qualification process;
- c. to solicit, receive and/or utilize information from any persons or entities identified in the Application as references, or from persons or entities having knowledge of the Applicant's experience, abilities, past performance, integrity, financial status or any other item referenced in the pre-qualification documents.

The Applicant must completely, fully and fairly respond to all questions and requests for information contained in the Application. UConn Health reserves the right to request the applicant to provide, or to obtain from any source it deems appropriate, additional information to obtain a fuller explanation of any response. If the Applicant believes it is necessary or appropriate to explain, in the Application, the circumstances surrounding any response, it shall have the right to do so, even if the question responded to does not specifically call for an explanation.

Any failure by an Applicant to completely, fully or fairly respond to any of the questions in the Application, or to otherwise provide any information or documentation requested by UConn Health in the pre-qualification process, to the satisfaction of UConn Health, shall constitute grounds for a refusal to pre-qualify the Applicant and/or grounds for the revocation of any pre-qualification.

The making of any false, deceptive, fraudulent, or intentionally misleading or inaccurate statements or representations in the Application shall constitute grounds for a refusal to pre-qualify the Applicant and/or grounds for the revocation of any pre-qualification.

In this application whenever the words “you”, “your firm”, “your organization”, etc. appear, if the entity is a joint venture, the responses to any such question shall include responses on behalf of each joint venture partner. Each such response shall identify, by initials or otherwise,

the joint venture partner to whom it pertains.

Evaluation: Applicants and their Applications will be evaluated in conjunction with the objective criteria referred to herein, on the basis of the information provided in the individual Applications, as well as any information obtained in follow up to same from references, persons or other sources identified in the Application, or otherwise obtained by or known to UConn Health.

Notification: All Applicants will be notified of their standings as soon as practical after determination by phone, fax, or email.

Reconsideration: In the event that an Applicant is not found to be pre-qualified, it may, within three (3) business days of the date of oral, faxed or electronic notice, of the determination, request in writing (which must be received by UConn Health within those three (3) business days) that UConn Health reconsider its Application, and it may submit with such request any additional evidence bearing on its qualifications. No request and supporting data received after that date shall be given consideration. UConn Health shall again consider the matter and may either adhere to or modify its previous decision. UConn Health shall give prompt notice to the Applicant of the action taken.

Authorization: The submission of a completed Application by an Applicant shall constitute an express authorization by the Applicant to UConn Health to obtain all information it deems pertinent with respect to the financial worth and assets and liabilities of the Applicant, as well as its experience, abilities, past performance, integrity or any other item referenced in the pre-qualification documents from banks or other financial institutions, sureties, dealers in materials, equipment or supplies, any person identified in the Application as references, or any other persons having business transactions with the Applicant, and shall expressly authorize all such financial institutions or other persons or entities to furnish any such information requested from them by UConn Health. The Applicant, by submission of a completed Application, also acknowledges that any information provided to or obtained by UConn Health in the Pre-Qualification process, whether related to financial matters as noted in this Paragraph or otherwise, may be subject to disclosure under the Connecticut Freedom of Information Act; provided, however, that if the Applicant indicates that certain financial documentation, as required by Question 5.1 (and its sub-parts), is submitted in confidence, by specifically and clearly marking and identifying said documentation as CONFIDENTIAL, UConn Health will endeavor to keep said data confidential to the extent permitted by law.

1.04 OBJECTIVE CRITERIA FOR EVALUATING QUALIFICATIONS OF APPLICANTS

Each Applicant shall demonstrate, to the satisfaction of UConn Health, that it is able to post surety bonds satisfactory for the project and required by the contract and that it possesses the financial, managerial and technical ability, and the integrity necessary to faithfully and efficiently perform the work, without conflict of interest. UConn Health shall evaluate whether the Applicant is qualified based upon the Applicant's experience with similar projects, the nature of UConn Health's experience, if any, with the Applicant on prior or ongoing UConn Health projects, and upon the above-stated and following objective criteria:

PREVIOUS EXPERIENCE

The Applicant must show or be able to demonstrate to the satisfaction of UConn Health that it possesses the ability and capacity to successfully complete the project through the satisfactory past performance of work of a similar nature, size, scope, and comparable dollar value to that of the subject work/projects.

The Applicant shall demonstrate to the satisfaction of UConn Health that it has maintained a satisfactory level of performance on such similar work continuously over a 5-year period preceding the date of the Application. If the Applicant is unable to do so, it must include in the Application any and all information demonstrating its ability and capacity to perform the work.

The Applicant shall be able to furnish references from owners, architects, or engineers indicating that it has satisfactorily and timely completed work similar to the project being bid. If delays occurred, evidence explaining and exonerating the Applicant shall also be provided.

The Applicant shall be able to demonstrate expertise in the various types of major trades or work required on the work/projects listed by example of successfully completed similar projects.

All Contractors must possess, at the time the Application is submitted, a valid license, registration or certification issued by the Department of Consumer Protection in accordance with Connecticut General Statutes Sec. 20-341gg if a project(s) is for a "Threshold Building" as defined in. Connecticut General Statutes Sec. 29-276b. Otherwise they are excluding themselves from that particular project(s) in their submission. If a joint venture, all joint venture partners shall be so licensed, registered or certified.

The Applicant shall demonstrate to the satisfaction of UConn Health that it has utilized on projects similar in nature, scope, and dollar value to the work/project or projects for which this Application is submitted and has currently in place the capability to implement and utilize, a Quality Assurance/Quality Control/Code Compliance program and set of procedures appropriate for the work/project or projects for which this Application is submitted.

FINANCIAL ABILITY/BONDING CAPACITY

The Applicant shall demonstrate that it has sufficient bonding capacity to perform the work in question, is bonded through a surety or sureties possessing a history of responsibility, financial stability and resources satisfactory to UConn Health, and is able to post surety bonds which may be required by any contract for which it intends to submit a bid.

The Applicant shall demonstrate, through the materials submitted in its Application, that it possesses sufficient financial resources and stability, and is otherwise financially responsible and able to satisfactorily perform and complete the work for which it intends to submit a bid.

MANAGERIAL ABILITY

The Applicant shall have on its payroll, or must be able to prove that it customarily employs managerial and supervisory personnel of the type qualified to perform the kind of work which may be called for on any project for which it intends to submit a proposal.

The Applicant shall demonstrate, through the information submitted in its Application, that it possesses the managerial resources, capability and commitment necessary for and satisfactory to UConn Health for the proper performance of the work for which it intends to bid.

The Contractor shall demonstrate, through the information submitted in its Qualification Statement, that they have a Quality Assurance/Quality Control Plan that possesses the managerial commitment necessary for and satisfactory to the UConn Health for the proper performance of the work for which it intends to bid.

The Contractor shall demonstrate, through the information submitted , that they have their own Health and Safety Plan that possesses the managerial commitment necessary for and satisfactory to the UConn Health for the proper performance of the work for which it intends to bid.

If the Contractor's workers compensation experience modification rating is in excess of 1.00, the Contractor shall demonstrate to the satisfaction of the UConn Health with their submission, a letter detailing the reasons why your rating is in excess and what managerial commitment your firm is taking to reduce its rating as necessary for and satisfactory to the UConn Health for the proper performance of the work for which it intends to bid.

TECHNICAL ABILITY

The Applicant or its principals shall have adequate physical facilities in which and from which the work can be performed.

The Applicant shall demonstrate, through the information submitted in its Application, that it possesses the technical capacity, resources,

capability, and commitment necessary for and satisfactory to UConn Health for the proper performance of the work for which it intends to bid.

INTEGRITY

The Applicant shall have a record of harmonious, cooperative, non-adversarial and honest relationships with Owners, including UConn Health and the State of Connecticut if the Applicant has performed work on prior UConn Health or State projects, as well as with Architects, Engineers, Consultants, Subcontractors and Suppliers on prior State projects or other projects.

The Applicant shall demonstrate that it has not been cited for three or more willful or serious violations of any OSHA, or of any standard, order or regulations promulgated pursuant to such act, during the 5-year period preceding any bid which may be submitted, which violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or the Occupational Safety and Health Act of 1970 and which were not abated within the time fixed by the citation; which citations have not been set aside following appeal to the appropriate agency or court having jurisdiction.

The Applicant shall not have received one or more criminal convictions related to the injury or death of any employee in the 5-year period preceding any bid which may be submitted.

The Applicant shall not have appeared on any list published by the Connecticut State Labor Department of persons or firms that have been found in violation of the National Labor Relations Act, 29 U.S.C. 151 et. seq., by the National Labor Relations Board and by a final decision rendered by a federal court or that have been found in contempt of court by a final decision of a federal court for failure to correct a violation of said National Labor Relations Act on three or more occasions involving different violations during the five preceding calendar years, if the first day of July following publication of said list has occurred less than three years prior to the award of any contract to the Applicant.

The Applicant, or any entity in which the Applicant has an interest, shall not have appeared on any list published by the Connecticut State Labor Commissioner pursuant to Connecticut General Statutes Section 31-53a(a) of persons or firms whom he or she has found to have disregarded their obligations under Connecticut General Statutes. Sec. 31-53 and 31-76c to employees and subcontractors on public works projects or to have been barred from federal government contracts in accordance with the provisions of the Davis Bacon Act, 40 U.S.C. 276a-2, if said list has been published less than three (3) years prior to the award of any contract to the Applicant.

The Applicant shall demonstrate that it and its subcontractors on its previous projects have a satisfactory record of compliance with the provisions of Part III of Chapter 557 and Chapter 558; (Connecticut General Statutes Sections 31-52 through 31-57e and 31-58 through 31-76l respectively) during the five calendar years immediately preceding this Application.

The Applicant shall demonstrate that it has a satisfactory record of compliance with Connecticut General Statutes Sections 1-79 through 1-101, pertaining to Codes of Ethics for Public Officials and Lobbyists, including but not limited to Section 1-84, listing prohibited activities including the giving of "gifts", as defined therein, to public officials and employees during the five years immediately preceding this Application.

The Applicant or its principals shall not have been convicted of, nor entered any plea of guilty, or nolo contendere, or otherwise have been found civilly liable for any criminal offense or civil action involving embezzlement; forgery; bribery; falsification or destruction of records; receipt of stolen property; collusion, antitrust, conspiracy or other offenses arising out of the submission of bids or proposals on public works projects or contracts.

The Applicant shall not be the subject of any order in effect which has been issued by the Commission of Human Rights and Opportunities, pursuant to Connecticut General Statutes 46a-56 or any regulation, prohibiting any contracting agency of the State of Connecticut from entering into contracts with the Applicant. The Applicant shall also not be listed in any current list compiled by the Commission of contractors whom it has found to be in non-compliance with anti-discrimination or contract compliance statutes, nor shall the Applicant be the subject of any unabated or unexpired Notice of Non-Compliance issued by the Commissioner.

The Applicant shall demonstrate, through the information submitted in its Application, that, by its past and present actions and conduct, and that of its principals and principal employees, it possess the integrity necessary for and satisfactory to UConn Health for the proper performance of the work for which it intends to bid.

CONFLICT OF INTEREST

The Applicant shall disclose and identify to UConn Health, with its Application, any relationships which may constitute a potential conflict of interest with Procurement, Contracts, Facilities Development & Operations or any other UConn Health organizations or departments; or any architect, engineer, consultant, or designer of the proposed projects for the purpose of determining whether a conflict of interest exists. All such disclosures require acceptance/approval action on the part of UConn Health, which shall determine whether an impermissible conflict exists.

1.05 PRE-QUALIFIED CLASIFICATION LIST

Applicants/Contractors are required to be prequalified for the DAS contractor classification listed on page 1 of the application. Applicants who have not yet been pre-qualified by DAS, but are conditionally pre-qualified by UConn Health, shall have up to three (3) business days from the date on the notification letter from UConn Health, to become pre-qualified by DAS, or forfeit their right to offer a Proposal.

Recognizing conditions change over the course of a year, each pre-qualified Applicant when responding to a proposal shall be required to submit any and all changes which have occurred since their acceptance as one of the selected pre-qualified firms.

On certain projects, if UConn Health deems it to be in its best interests, UConn Health reserves the right to limit the number of pre-qualified Contractors from whom proposals will be solicited.

UConn Health, at its sole discretion, may invite one or more previously Pre-Qualified firms to participate in being considered for a future project(s) by submitting a response to a notification from the UConn Health Procurement Department inviting them to supply specific information updating the Applicant's most recent Application.

UConn Health reserves the right to refuse to pre-qualify any Contractor for a particular project notwithstanding the fact that they may have been pre-qualified for a previous project(s).

1.06 QUESTIONS AND INTERPRETATIONS

Applicants having questions regarding the Pre-Qualification Documents should promptly notify UConn Health in writing. If they are received by seven (7) or more calendar days before the date set for the receipt of Applications they will be given consideration. UConn Health shall render any interpretations or clarifications in a form and manner which it deems appropriate, given the nature and circumstances of the question involved. UConn Health will not be responsible for any interpretations or instructions other than those issued in written form.

PREQUALIFICATION
CONTRACTOR PREQUALIFICATION PROFILE

Project Title: Pharmacy Renovations USP800 Regulations Compliance
Project: 19-005

1. COMPANY INFORMATION		Type of Response Required		
1.1 Name of Firm		Text		
1.2 Street Address		Text		
1.3 City, State, Zip Code		Text		
1.4 Primary Firm Contact for this Project		Text		
1.5 Phone Number		Text		
1.6 Fax Number		Text		
1.7 Email Address		Text		
1.8 Have you been Pre-qualified by (DAS) for the classification(s) listed in the Invitation to Pre-Qualify for this specific project?		Dropdown List Selection		
2. COMPANY HISTORY		Type of Response Required		
2.1 How many years has your organization been in business as a Contractor?		Text		
2.2 How many years has your organization been in business under its present business name?		Text		
2.3 Under what other or former names has your organization operated?		Text		
2.4 Please indicate if you are certified as one of the following: MBE/WBE/DBE/SET ASIDE		Text		
2.5 If you are a MBE, WBE, DBE or Set Aside please indicate which governmental body certified you.		Text		
2.6 Please indicate the State in which you are incorporated/formed, if not CT, are you currently authorized to do business in CT? Date of authorization?		Text		
2.7 If the Applicant is a Joint Venture identify the nature & percentage of the work of this project for which each joint venture partner will be primarily responsible.		Text		
2.8 Please attach a copy, executed if available, of your joint venture agreement pursuant to which you propose to perform work on this project.		Dropdown List Selection		
2.9 State the % of your work and the dollar value which is in CT.		Year	Percent	Dollar Amount
		2018		
		2017		
		2016		
3. REQUIRED DOCUMENTS		Type of Response Required		
3.1 Complete and ATTACH Attachment A: Projects (Current or Past (Within 5-7 yrs)) Best Portraying Your Qualifications for this project		Dropdown List Selection		
3.2 Complete and ATTACH Attachment B: Current Projects And Where Noted Projects You Anticipate Being Awarded		Dropdown List Selection		
3.3 Complete and ATTACH Attachment C: All Past Projects		Dropdown List Selection		
3.4 Complete and ATTACH Attachment D: Applicant References		Dropdown List Selection		
3.5 Complete and ATTACH Attachment E: Potential Project Team		Dropdown List Selection		
3.6 ATTACH Firms Financial Statement -These statements cannot be older than 15 months as of the date of the application. Must Include: Independent Auditors Report, Balance Sheets, Income Statements Cash Flow Statements, Notes to the Financial Statements		Dropdown List Selection		
3.7 ATTACH A letter from your Bonding Company or its representative confirming items 7.1-7.6 of the Bonding information Section		Dropdown List Selection		

PREQUALIFICATION

CONTRACTOR PREQUALIFICATION PROFILE

Project Title: Pharmacy Renovations USP800 Regulations Compliance
Project: 19-005

3.8 ATTACH State of CT license(s), registration/certificate(s) applicable to this prequalification application	Dropdown List Selection	
3.9 ATTACH DAS prequalification certification(s)	Dropdown List Selection	
3.10 ATTACH National Council on Compensation Insurance (NCCI) Experience Modification Sheet (if the EMR is in excess of 1.00, provide a letter detailing the reasons why your rating is in excess and state what managerial commitment your firm is taking to reduce its rating).	Dropdown List Selection	
3.11 ATTACH General Liability, Automotive and CT Workers Compensation Insurance Certificate	Dropdown List Selection	
3.12 ATTACH Certificate of Legal Existence issued by the Connecticut Secretary of State Commercial Recording Division (CONCORD)	Dropdown List Selection	
3.13 ATTACH Quality Assurance/Quality Control Plan	Dropdown List Selection	
3.15 ATTACH Health and Safety Plan	Dropdown List Selection	
4.LEGAL	Type of Response Required	
4.1 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)		
4.2 Has your organization ever failed to complete any work awarded to it?	Dropdown List Selection	
4.3 Within the past 5 years has your firm or any part of your firm; ever been barred, suspended, disqualified?	Dropdown List Selection	
4.4 In the past 5 years have you been defaulted, terminated, or had any liquidated damages or other contractual penalties for failure to timely or properly perform a contract?	Dropdown List Selection	
4.5 State whether within the past 5 years you have been declared to be a non-responsible bidder or proposer on any public work project and identify the project and date of the findings.	Text	
4.6 Has your firm, or any part of your firm, any owner, or partial owner of your firm, or any person in any way associated with or employed by your firm ever:		
4.6.1 had a conviction/plea of guilty/nolo contendere for a criminal offense obtaining or attempting to obtain a public/or private contract/subcontract or in the performance a contract/subcontract?	Dropdown List Selection	
4.6.2 had a conviction/plea of guilty/nolo contendere under state or federal law for embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property?	Dropdown List Selection	
4.6.3 had a conviction/plea of guilty/nolo contendere under state/federal antitrust, collusion/conspiracy statutes arising out of the submission of bids/proposals?	Dropdown List Selection	
4.6.4 been cited for noncompliance on a public project to indicate lack of responsibility as a contractor, include: deliberate failure, w/o good cause to perform in accordance w/specifications/time limits provided in a contract?	Dropdown List Selection	
4.6.5 w/in 5 years compiled a record of failure to perform/unsatisfactory performance unless such failure was caused by acts beyond your control?	Dropdown List Selection	
4.6.6 on a public project/contract, been cited for any other cause the awarding authority determined to be so serious as to affect responsibility as a contractor, include: disqualification by governmental entity, financial loss to the state or having caused a serious delay/inability of state officials to carry out their duties?	Dropdown List Selection	

PREQUALIFICATION

CONTRACTOR PREQUALIFICATION PROFILE

Project Title: Pharmacy Renovations USP800 Regulations Compliance
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4.7 Are there any civil or criminal judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?	Text	
4.8 Where applicable, list all litigation/arbitration proceedings including out of court settlements within the past five (5) years including all pending cases	Text	
4.9 List any OSHA citations within the past five (5) years under present business name or any past business name	Text	
4.10 Have you appeared on any list of persons or firms that have been found to have been in violation of the National Labor Relations Act.	Text	
4.10.1 If the answer to the preceding question is "yes" state the date of publication of such list by the Connecticut State Labor Department.	Text	
4.11 Identify instances w/in five years the Labor Department has found you to have disregarded/violated CGS 31-53 and 31-76c (payment of prevailing wages) or in which you have been barred from Federal government contracts in accordance with the provisions of the Davis Beacon Act, 40 U.S. C. 276a-2.	Text	
4.12 Identify any instances other than those described in response to Question 4.11 in which any complaint has been made of any provision of Part III of Chapter 557 (CGS 31-52 through 31-57e, prevailing wage, etc) and Chapter 558 (CGS 31-58 through 31-761, minimum wage,etc) during the five years immediately preceding this Application.	Text	
4.13 If required can you provide a written statement of the policy and procedures you would implement on this project for wage rates and payment of wages compliance	Dropdown List Selection	
4.14 State whether you have ever been cited or penalized for failure to comply w/affirmative action, non-discrimination, or other human rights requirements?	Dropdown List Selection	
4.15 Been the subject of any order in effect which has been issued by the Connecticut Commission of Human Rights and Opportunities, pursuant to Connecticut General Statute's Section 46a-56 or any regulation, prohibiting any contracting agency of the State of Connecticut from entering into contracts with the Applicant.	Dropdown List Selection	
4.16 Been named on a current list compiled by the Connecticut Commission of Human Rights and Opportunities whom it has found to be in non-compliance with anti-discrimination or contract compliance statutes, or been the subject of any unabated or unexpired Notice of Non-Compliance issued by the Commissioner, pursuant to Connecticut General Statute's Section 46a-56?	Dropdown List Selection	
4.17 Have you been found by CT DPW/other State Agency to be in violation of the subcontractor listing requirements/or other provisions of CGS 4b-95?	Dropdown List Selection	
4.18 Been issued, by the Connecticut Commission of Human Rights and Opportunities, pursuant to Connecticut General Statute's Section 46a-56 or any regulation, or a comparable agency of any other state pursuant to a statute or regulation of that state, any order as a result of non-compliance with statutory affirmative action or non-discrimination requirements/statutes.	Dropdown List Selection	
4.19 Have you been cited for a civil/criminal court proceeding alleging a violation of the provisions of CGS Sections 31-52 or 31-52a regarding providing preference to CT citizens/residents in the construction of public buildings/works?	Dropdown List Selection	
4.20 If so provide details concerning the date, circumstances and disposition of any such citation or court proceeding.	Text	
4.21 Has your organization filed any law suits or requested arbitration w/regard to construction contracts w/in the last five years?	Dropdown List Selection	

PREQUALIFICATION

CONTRACTOR PREQUALIFICATION PROFILE

Project Title: Pharmacy Renovations USP800 Regulations Compliance		
Project: 19-005		
4.22 List all bid or proposal protests you have engaged in over the past five years and the results	Text	
4.23 W/in the last five years, has any officer/principal of your organization ever been an officer/principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)	Text	
4.24 Describe the Quality Assurance/Quality Control/Code Compliance ("QA/QC/CC") Program and Procedures which your firm typically uses on the type of project or projects for which this application for prequalification is submitted. (Attach a copy)	Text	
4.25 State whether on the project/projects this application is being submitted you intend to use the QA/QC/CC program & procedures described. If no, describe any differences.	Text	
4.26 Describe the Health and Safety Plan and Procedures which your firm typically uses on the type of project or projects for which this application for prequalification is submitted. (Attach a copy)	Text	
4.27 State whether on the project/projects this application is being submitted you intend to use the Health and Safety plan & procedures described. If no, describe any differences.	Text	
5. INTEGRITY	Type of Response Required	
5.1 Disclose and identify any relationship and/or potential conflicts of interest which the Applicant may have with Procurement, Contracts, Campus Planning, Design and Construction, etc...If a potential conflict exists attach a full disclosure of said conflict	Dropdown List Selection	
5.2 During the past five (5) years, does the Applicant have a satisfactory record of compliance with Connecticut General Statute's Sections 1-79 through 1-101, pertaining to Codes of Ethics for Public Officials and Lobbyists, including but not limited to Section 1-84, listing prohibited activities including the giving of "gifts", as defined therein, to public officials and employees?	Dropdown List Selection	
5.3 Identify any instances during the five calendar years immediately preceding the current date in which any complaint has been made to, or any investigation or inquiry has been conducted by the State of Connecticut Ethics Commission.	Text	
6. FINANCIAL	Type of Response Required	
6.1 Is the attached financial statement for the organization named on page one? (Yes/No)	Dropdown List Selection	
6.2 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).	Text	
6.3 Will the organization whose financial statement is attached act as guarantor of the contract for construction? (Yes/No)	Dropdown List Selection	
6.3.1 If No, Please explain	Text	
6.4 Provide a statement detailing any financial interest in any other construction business, including any financial interest of 25% or more, which any officer, principal or key employee of the firm have in the Contractor or other construction business. (Attach Statement or NA)	Dropdown List Selection	
6.5 Has your firm or any part of your firm, affiliate, etc ever been involved in any bankruptcy proceedings?	Text	
6.5.1 Chapter 11: (Yes/No)	Dropdown List Selection	
6.5.2 Chapter 7: (Yes/No)	Dropdown List Selection	

**PREQUALIFICATION
CONTRACTOR PREQUALIFICATION PROFILE**

Project Title: Pharmacy Renovations USP800 Regulations Compliance		
Project: 19-005		
6.5.3 Provide court location, caption and docket number of such bankruptcy proceedings & a statement explaining the circumstances resulting in the filing. (Attach or NA)	Text	
7. BONDING INFORMATION	Type of Response Required	
7.1 What is the most current rating the A.M. Best Company has assigned your bonding company?	Text	
7.2 Total bonding capacity as of the first working day of this month, state in dollars, not as a range:	Text	
7.3 Total bonding committed as of the first working day of this month, state in dollars not as a range:	Text	
7.4 Maximum bonding permitted by your Bonding Company for a single project for your firm, state in dollars not as a range:	Text	
7.5 Provide a listing of your anticipated completion of current bonded work to indicate when additional capacity will be available	Text	
7.6 Does your bonding company hold a Cert of Authority as an acceptable Surety/Reinsuring Company acceptable to the US Department of Treasury?	Dropdown List Selection	
7.7 What is the maximum single amount Bond limitation established by the US Department of Treasury for your Bonding Company?	Text	
7.8 Has any surety which issued a performance bond on your behalf ever completed work in its own name or financed such completion on your behalf?	Dropdown List Selection	
8. Insurance	Type of Response Required	
8.1 Have you ever performed work on a project on which an Owner Controlled Insurance Program (O.C.I.P.) was in effect?	Dropdown List Selection	
8.2 If yes, please identify the project(s), date of completion, owner, and the company/firm administering the insurance program.	Text	
8.3 State here your Workers Compensation Experience Modification:	Text	
9. SIGNATURE	Type of Response Required	
9.1 The undersigned authorized company representative hereby applies and consents to the terms and conditions for this prequalification application	Dropdown List Selection	
9.2 Print Name:	Text	
9.3 Title:	Text	
9.4 Signature:	Signature	

ATTACHMENT A: PROJECTS (CURRENT OR PAST (WITHIN 5-7 YRS)) BEST PORTRAYING YOUR QUALIFICATIONS FOR THIS APPLICATION'S PROJECT

NO SUBSTITUTION OF FORMAT - MINIMUM OF 3 PROJECTS

- 1. **Applicant Name:** _____
- 2. **Project Name:** _____
- 3. **Project Location:** _____
- 4. **Project Role (i.e. CM, GC, Subcontractor):** _____

Provide a detailed project description narrative which specifically addresses the Scope of this Prequalification Application. Failure to provide this information may lead to Application rejection.

- 5. **Project Description and Specific Scope**
(See Project Description and Contractor Qualifications)

- 6. **Owner/Architect**

	Project Owner	Project Architect
Name:	_____	_____
Address:	_____	_____
City, State, Zip	_____	_____
Phone:	_____	_____
Fax:	_____	_____
Email:	_____	_____

7. **Contract Dates**

Start:

Initial Contracted Completion (ICC):

Final Substantial Completion(FSC):

Provide an explanation If FSC is greater than 30 days of ICC:

8. **Contract Values**

Original Amount:

Final Amount:

Percentage of work performed by Own forces:

Dollar of work

performed by Own forces:

9. **Key Personnel**

List the personnel in your firm who had responsibility for the project and whether or not they are still employed by your firm

Project Manager:

Assistant Engineer/Project Manager

Superintendent:

Safety Engineer:

LEED:

Project Executive:

ATTACHEMNT B: CURRENT PROJECTS AND WHERE NOTED PROJECTS YOU ANTICIPATE BEING AWARDED

SUBSTITUTION OF FORMAT PERMITTED – MUST PROVIDE PROJECT DESCRIPTIONS & PROJECT ROLE

1.	Applicant Name:	<hr/>	
2.	Project Name:	<hr/>	
3.	Project Location:	<hr/>	
4.	Project Role (i.e. CM, GC, Subcontractor):	<hr/>	
5.	Project Description	<hr/>	
		<hr/>	
6.	Owner/Architect	Project Owner	Project Architect
	Name:	<hr/>	<hr/>
	Address:	<hr/>	<hr/>
	City, State, Zip	<hr/>	<hr/>
	Phone:	<hr/>	<hr/>
	Fax:	<hr/>	<hr/>
	Email:	<hr/>	<hr/>
7.	Contract Start Date:	<hr/>	<hr/>

SUBSTITUTION OF FORMAT PERMITTED – MUST INCLUDE PROJECT DESCRIPTIONS & PROJECT ROLE

- 1. **Applicant Name:** _____
- 2. **Project Name:** _____
- 3. **Project Location:** _____
- 4. **Project Role (i.e. CM, GC, Subcontractor):** _____
- 5. **Project Description**

6. Owner/Architect	Project Owner	Project Architect
Name:	_____	_____
Address:	_____	_____
City, State, Zip	_____	_____
Phone:	_____	_____
Fax:	_____	_____
Email:	_____	_____

- 7. **Contract Dates:** Start: _____ Finish: _____
- 8. **Original and Final Contract Amount:** Original: _____ Final: _____
Percentage/Dollar of work performed Dollar
- 9. **by Own forces:** Percent: _____ Value: _____

ATTACHMENT D: APPLICANT REFERENCES

NO SUBSTITUTION OF FORMAT - MINIMUM OF 3 PROJECT OWNER REFERENCES & 2 TRADE REFERENCES

Email Addresses Required

1. **Project Owner Reference**

1.1 Project:

1.2 Company:

1.3 Contact Name:

1.4 Address:

1.5 Phone:

1.6 Email:

2. **Project Owner Reference**

2.1 Project:

2.2 Company:

2.3 Contact Name:

2.4 Address:

2.5 Phone:

2.6 Email:

3. **Project Owner Reference**

3.1 Project:

3.2 Company:

3.3 Contact Name:

3.4 Address:

3.5 Phone:

3.6 Email:

4. Trade Reference

4.1 Company

4.2 Contact Name

4.3 Phone:

4.4 Email:

5. Trade Reference

5.1 Company

5.2 Contact Name

5.3 Phone:

5.4 Email:

6. Bank Reference

6.1 Banking Institution:

6.2 Contact Name:

6.3 Address:

6.4 Phone:

6.5 Email:

ATTACHMENT E: POTENTIAL PROJECT TEAM

NO SUBSTITUTION OF FORMAT

1. List the construction experience/present commitments of the key individuals of your organization. List the personnel w/their qualifications & resumes, of whom would most likely be assigned to the project team for this project
 - 1.1 Attach Potential Project Team List and Resumes

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

1. Contractor's Prequalification Profile (CPP)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

2. Attachment A (CPP 3.1)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

3. Attachment B (CPP 3.2)

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Project Title: Pharmacy Renovations USP800 Regulations Compliance

4. Attachment C (CPP 3.3)

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Project Title: Pharmacy Renovations USP800 Regulations Compliance

5. Attachment D (CPP 3.4)

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Project Title: Pharmacy Renovations USP800 Regulations Compliance

6. Attachment E (CPP 3.5)

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7. Financial Statement (CPP 3.6)

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Project Title: Pharmacy Renovations USP800 Regulations Compliance

8. Bonding Company Letter (CPP 3.7)

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Project Title: Pharmacy Renovations USP800 Regulations Compliance

9. CT License, Registration or Certificate (CPP 3.8)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

10. DAS Prequalification Certificates (CPP 3.9)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

11. NCCI (CPP 3.10)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

12. Liability Certificates (3.11)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

13. Certificate of Legal Existence (3.12)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

14. Legal (CPP 4)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

15. Quality Assurance/Quality Control/Code Compliance (CPP 4.21)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

16. Health and Safety Plan (CPP 4.23)

Project Number: 19-005
Project Title: Pharmacy Renovations USP800 Regulations Compliance

17. Other