**General Contractor**

**Bidder’s Qualification Statement**

**DAS ⚫ Construction Services ⚫ Office of Legal Affairs, Policy, and Procurement**

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| **Instructions:**   * All Bidders are **required** to **upload this form to BizNet**, properly completed, ***prior*** **to the date and time of the Bid Opening**. * Failure of a Bidder to answer any question or provide required information ***shall*** be grounds for the awarding authority to disqualify and reject the bid, pursuant to Connecticut General Statutes §4b-92. * If a question or request for information does not pertain to your organization in any way, use the symbol “NA” (Not Applicable). * Attach additional information on 8 ½” x 11” sheets with your letterhead as necessary and reference specific section and subsection numbers. * **NOTE:** The Department reserves the right to request any additional or supplemental information necessary to complete its evaluation of a Bidder’s qualification. |

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| **1.0** | **Project Information:** | | |  |
|  | **1.1** | **DAS/CS Project Number:** |  |  |
|  |  |  |  |  |
|  | **1.2** | **Project Name:** |  |  |
|  |  |  |  |  |
|  | **1.3** | **Project Location:** |  |  |
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| **2.0** | **Projects with Construction Costs Estimated To Be Greater than $500,000:** | | | | | | | |  |
|  | * Select the applicable **Class of Work** as stated in the **00 11 16 Invitation to Bid**. * Select **YES** if your Firm has the applicablethe **DAS Prequalification Certificate** and **Update (Bid) Statement** or **NO** if it does not. * If **YES**, upload the applicable **DAS Prequalification Certificate** and **Update (Bid) Statement** to BizNet ***prior*** to the date and time of the Bid Opening. | | | | | | | |  |
|  |  | **Not Applicable - Construction Costs Less than $500,000** | | | | | | |  |
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|  |  | **Class of Work:** | |  | **Does your Firm have the applicable DAS Prequalification Certificate and Update (Bid) Statement?** | | | |  |
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|  | **2.1** |  | **General Building Construction (Group A):** |  | **YES** |  | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **2.2** |  | **General Building Construction (Group B):** |  | **YES** |  | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **2.3** |  | **General Building Construction (Group C):** |  | **YES** |  | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **2.4** |  | **General Trades (Interior Work Only):** |  | **YES** |  | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **2.5** |  | **CPS Projects ONLY:** Insert Class of Work |  | **YES** |  | **NO** |  |  |
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| **3.0** | **Firm’s Present Legal Name:** (the *complete* **legal name** *exactly* as it appears with the **Secretary of State registry**. The appropriate **title** must be used throughout the documents, for example: General Partner, Member, Manager, Sole Member, etc.) | |  |
|  | **Name:** |  |  |
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| **4.0** | How many years has your Firm been in business under its **Present** **Legal Name**? | | |  |
|  | **Years:** |  |  |  |
|  |  |  |  |  |

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| **5.0** | How many years has your Firmbeen in business as a General Contractor? | | |  |
|  | **Years:** |  |  |  |
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| **6.0** | Indicate **all** other **names** by which your Firmhas been known and the **length of time** known by each name: | | | | |  |
|  | **6.1** |  |  |  |  |  |
| *Years* | *Months* |
|  |  |  |  |  |  |  |
|  | **6.2** |  |  |  |  |  |
| *Years* | *Months* |
|  |  |  |  |  |  |  |
|  | **6.3** |  |  |  |  |  |
| *Years* | *Months* |
|  |  |  |  |  |  |  |

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| **7.0** | This Firm’s **Certification** with the CT Secretary of State: | | | | | | |  |
|  | **Check Box** | | **Type of Business Entity:** | | | **Certification**  **Year** |  |  |
|  |  | | **Corporation** | | |  |  |  |
|  |  | | **Partnership** | | |  |  |  |
|  |  | | **Sole Proprietorship** | | |  |  |  |
|  |  | | **Limited Liability Company (LLC)** | | |  |  |  |
|  |  | | **Other:** |  |  |  |  |  |
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| **8.0** | Attach resumes of all **supervisory personnel**, such as **Principals, Project Managers, and Superintendents**, who will be directly involved with the project on which you are now a bidder. Indicate their construction related training, certifications and licenses and the number of years of actual construction experience. Indicate the number of years of this actual construction experience which were in a Supervisory capacity. | |  |
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| **9.0** | | **Named Subcontractor – Bidder Intends to Self-Perform:** | | | | | | | | |  |
|  | | Check **YES** or **NO** for each “Named Subcontractor” **Class of Work** which your firm intends to perform with its own employees for this Contract; see **Section 2.7** of **Section 00 41 00 Bid Proposal Form.**  **NOTE**: For Projects with Construction Costs estimated to be greater than $500,000, complete **Section 00 45 17 Named Subcontractor Bidder's Qualification Statement** for each **Named Subcontractor Class of Work** checked **YES** and submit within ten (10) calendar days ***after*** receipt of the “Set-Aside Contractor Schedule Request” from DAS/CS Office of Legal Affairs, Policy, and Procurement. | | | | | | | | |  |
|  | |  | | **Not Applicable – No Named Subcontractors &/or Not Self-Performing** | | | | | | |  |
|  | |  | | | | | | | | |  |
|  |  | | **Named Subcontractor Class of Work** | | |  | **Does your Firm intend to self-perform this Named Subcontractor**  **Class of Work?** | | | |  |
|  |  | |  | |  |  |  |  |  |  |  |
|  | **9.1** | | **Electrical:** | | |  | **YES** |  | **NO** |  |  |
|  |  | |  | |  |  |  |  |  |  |  |
|  | **9.2** | | **HVAC:** | | |  | **YES** |  | **NO** |  |  |
|  |  | |  | |  |  |  |  |  |  |  |
|  | **9.3** | | **Masonry:** | | |  | **YES** |  | **NO** |  |  |
|  |  | |  | |  |  |  |  |  |  |  |
|  | **9.4** | | **Plumbing:** | | |  | **YES** |  | **NO** |  |  |
|  |  | |  | |  |  |  |  |  |  |  |
|  | **9.5** | | **Environmental Remediation:** | | |  | **YES** |  | **NO** |  |  |
|  |  | |  | |  |  |  |  |  |  |  |
|  | **9.6** | | **Hazardous Materials Abatement:** | | |  | **YES** |  | **NO** |  |  |
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| **10.0** | **Named Subcontractor - Class of Work Greater than $500,000 and Self-Performing:** | | | | | | | |  |
|  | * Select the applicable **Named Subcontractor Class of Work** which your firm intends to perform with its own employees for this Contract. * Select **YES** if your Firm has the applicablethe **DAS Prequalification Certificate** and **Update (Bid) Statement** or **NO** if it does not. * If **YES**, submit the applicable **DAS Prequalification Certificate** and **Update (Bid) Statement** within ten (10) calendar days ***after*** receipt of the “Set-Aside Contractor Schedule Request” from DAS/CS Office of Legal Affairs, Policy, and Procurement. | | | | | | | |  |
|  |  | **Not Applicable – No Class of Work Greater $500,000 &/or Not Self-Performing** | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | **Named Subcontractor Class of Work Greater Than $500,000** | |  | **Does your Firm have the applicable DAS Prequalification Certificate and Update (Bid) Statement?** | | | |  |
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|  | **10.1** |  | **Electrical:** |  | **YES** |  | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **10.2** |  | **HVAC:** |  | **YES** |  | **NO** |  |  |
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|  | **10.3** |  | **Masonry:** |  | **YES** |  | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **10.4** |  | **Plumbing:** |  | **YES** |  | **NO** |  |  |
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| **11.0** | | **List all** construction projects your Firm has completed in the **past five (5) years.**  Provide **all** of the information listed below. DAS/CS *may* reject a bid as **non-responsive** if the bidder does not make **all** required pre-award submittals within the designated time period. Attach additional sheets as necessary **using the following format**:  **IMPORTANT NOTE:** **Two (2)** of the construction projects completed in the past five (5) years shall be (1) single project contracts that have reached substantial completion, not aggregate projects; (2) of commercial and/or institutional construction work (this includes compliance with general requirements); (3) within the Cost Estimate Range stated in Section 00 11 16 Invitation to Bid for this project; and (4) of the size and complexity of this Project. Failure to identify to ***two*** such projects ***shall*** result in rejection of the bid. | | | | |  |
|  | **11.1** | | **Project Title:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.2** | | **Project Location:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.3** | | **Construction Start Date:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.4** | | **Construction Finish Date:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.5** | | **Describe the Scope of Work your Firm performed:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.6** | | **Original Contract Amount:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.7** | | **Final Contract Amount:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.8** | | **Original Contract Duration** (Calendar Days)**:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.9** | | **Final Contract Duration** (Calendar Days)**:** |  | | |  |
|  |  | |  |  | | |  |
|  | **11.10** | | **Owner:** |  | | |  |
|  |  | |  |  |  |  |  |
|  | **11.11** | | **Owner’s Representative:** |  |  |  |  |
|  |  | |  | *(Name)* |  | *(Phone Number)* |  |
|  | **11.12** | | **Design Firm:** |  | | |  |
|  |  | |  |  |  |  |  |
|  | **11.13** | | **Design Firm’s Representative:** |  |  |  |  |
|  |  | |  | *(Name)* |  | *(Phone Number)* |  |

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| **12.0** | **References:** | |  |
| Furnish references from **architects, engineers or owners** indicating that your Firm has satisfactorily completed in a timely manner contract work for projects within the cost estimate range, size and complexity of this project. Provide explanations where delays have occurred. This information should cover work done over the past five years. | |  |
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| **13.0** | **Construction Scheduler:** | | |  |
| **For Projects greater than $5 Million:**  Submit the **name, resume and references** of the **Construction Scheduler** in accordance with the requirements called for in Section **01 32 16.13 Critical Path Method Schedules** of the General Requirements. | | |  |
|  |  | Not Applicable – Project Less Than $5 Million | |  |
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| **14.0** | List and explain if your Firm has ever failed to complete a contract or if any officer or partner of your Firm has ever been an officer or partner of another organization that failed to complete a contract. Indicate below the circumstances leading to the project failure and the name of the company which provided the bonding for the failed contract(s): | | |  |
|  |  | Not Applicable | |  |
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| **15.0** | List and explain if your Firm has ever had a contract terminated, indicating the circumstances leading to the project termination of contract(s): | | |  |
|  |  | Not Applicable | |  |
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| **16.0** | List and explain all legal or administrative proceedings against your Firm or any officers, principals, partners, members, or employees of the organization currently pending or concluded adversely within the last five years, and any judicial or administrative sanctions that are still in effect against such organization, and any of its officers, principals, partners, members, or employees. (Exclude Occupational Safety and Health Act [OSHA] violations which are called for elsewhere in this statement). Add attachments as necessary. | | | |
|  |  | Not Applicable | |  |
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| **17.0** | List and explain any disbarments or suspensions that have been imposed on your Firm in the past five years or that were still in effect during the five year period or that are still in effect. Such list must include disbarments and suspensions of officers, principals, partners, members, and employees of your Firm: | | | |
|  |  | Not Applicable | |  |
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| **18.0** | List and explain any other reason(s) that precludes your Firm or any officer, principal, partner, member, or employees thereof from bidding on a contract in Connecticut or any other jurisdiction: | | | |
|  |  | Not Applicable | |  |
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| **19.0** | List and explain all willful or serious violations your Firm has had of any OSHA or of any standard, order or regulation promulgated pursuant to such act, during the three year period preceding the bid, provided such violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or Occupational Safety and Health Act of 1970. Indicate whether these were abated within the time fixed by the citation or whether the citation was appealed. If appealed what is the status or disposition. Add attachments as necessary. | | | |
|  |  | Not Applicable | |  |
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| **20.0** | List and explain any criminal convictions your Firm has had related to the injury or death of any employee in the three-year period preceding the bid: Add attachments as necessary. | | | |
|  |  | Not Applicable | |  |
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| **21.0** | List and explain any changes in your Firm’s financial condition or business organization, which might affect your Firm’s ability to successfully complete this contract: | | | |
|  |  | Not Applicable | |  |
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| **22.0** | ***NEW:*** List and explain if your Firm has ever failed to submit an Affirmative Action Plan to the Commission on Human Rights and Opportunities (CHRO). Indicate below the circumstances leading to the failure to submit the Affirmative Action Plan to CHRO: | | | |
|  |  | Not Applicable | |  |
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| **23.0** | ***NEW:*** List and explain if your Firm’s Affirmative Action Plan has ever been disapproved by CHRO or determined to be noncompliant. Indicate below the circumstances leading to the disapproval or finding of noncompliance of your Affirmative Action Plan by CHRO: | | | |
|  |  | Not Applicable | |  |
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| **24. Signature** | | | | | | | | | |
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| **Dated at** |  | | | | | | | |  |
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| **Signed this** |  | **day of** | |  | **,** | **20** |  | |  |
|  | | |  | | | | | |  |
| **Name of** **Firm:** |  | | | | | | | |  |
|  |  | | | | | | | |  |
| **Firm Address:** |  | | | | | | | |  |
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| **Signature:** |  | | | | | | | |  |
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| **Print or Type Name:** |  | | | | | | | |  |
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| **25. Notary Statement** | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | | | |  |
| **Mr./Mrs./Ms.** | | |  | | | | | | | | | **being duly sworn** | | | | | |  |
|  | | | | | | | | | | | | | | | | | |  |
| **deposes and says that he/she is the** | | | | | |  | | | | | | | | | | | **of** |  |
|  | | | | | | *(Position or Title)* | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | **, and that the answers to the foregoing** | | | | | | | | |  |
|  | | *(Firm Name)* | | | | | | |  | | | | | | | | |  |
| **questions and all statements therein contained are true and correct.** | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |  |
| **Subscribed and sworn before me this** | | | | | | |  | **day of** | | |  | | | | **, 20** |  | |  |
|  | | | |  | | | | | |  | | | | | | | |  |
| **Notary Public** | | | |  | | | | | | | | | | | | | |  |
|  | | | |  | | | | | |  | | | | | | | |  |
| **My Commission Expires** | | | | |  | | | | | | | | **, 20** |  | | | |  |
|  | | | | |  | | | | | | | |  |  | | | |  |

**End of Section**

**00 45 14 General Contractor Bidder's Qualification Statement**