KALAMAZOO COUNTY
RESPONSIBLE BIDDER PROGRAM QUALIFICATION FORM

NOTICE TO BIDDERS

The Kalamazoo County Purchasing Department (Owner) is currently accepting Qualification forms from any and all individuals or firms interested in bidding upon construction projects for the County Of Kalamazoo. This program provides a method and manner, determined to be desirable by the Owner for the processing and evaluation of the capacity and qualifications of prospective contractors to perform as the General Contractor/Subcontractor or Professional for any project. This Qualification program is intended to assure the integrity, responsibility and competence of bidders.

Contractors/Professionals proposing to bid on construction projects of $50,000 and above, shall be required to establish proof of their capacity, competence, and responsibility, as provided herein, before being permitted to bid on the work. Contractors/Professionals who submit information to the Owner for evaluation shall have a continuing obligation and duty to supplement, and/or otherwise update, any information, which ceases to be accurate between the time submitted and the time a determination is made on the qualification of the Contractor/Professional. A Contractor/Professional shall be disqualified if it submits incorrect or fraudulent information.

Based upon the information provided by the Contractor/Professional, the Owner shall make a determination as to the qualifications of the Contractor/Professional submitting the application. The Owner's decision shall be communicated to the Contractor/Professional and shall be final. Any Contractor/Professional denied qualification status shall not be entitled to submit a bid on the project for which qualification was sought. The County reserves the right to accept or reject any or all bids on any project.

QUALIFICATION FORM FOR CONSTRUCTION AND PROFESSIONAL FIRMS

Instructions: Complete all portions of this form and return to the Owner. A completed qualification form must be on file. You must complete all sections of this Qualification Form in order to be evaluated.

Qualification will be good for 1 year from date of approval. Contractor must maintain qualification status during any and all projects awarded by the County.

OWNER:
Kalamazoo County Purchasing Department, 201 W. Kalamazoo Avenue, Kalamazoo, MI 49007

Contractor Affidavit:

I _____, _____, _____,

Name Title Date

being duly sworn, deposes and says that the information provided herein is true and correct, and substantially complete so as not to be misleading. I also agree that if any incorrect or misleading information is provided herein it is grounds for disqualification, at the sole election of the Owner.

_____

Witness

_____

Notary

_____

My Commission Expires

SECTION 1 - GENERAL INFORMATION

Firm: _____

President: _____

Address:_____

_____

_____

Phone: _____

Fax: _____

E-mail_____

Contact: _____

Federal ID#:_____

Former Company Name: _____

State Business Tax ID#:_____

Type of firm: Corporation _____ - Partnership _____ - Sole Proprietorship _____

Years in business under current name: _____

Years performing work specialty: _____

1.1 Identify, by name and business address, all organizations that are affiliates or subsidiaries of your organization, and state their relationship to your organization. Attach separate sheets of paper as needed to this section.

1.2 Identify, by name and business address, any other organization and any individual (other than officers, partners and managers of your organization) that control or influence bidding by your organization**.** Attach separate sheets of paper as needed to this section.

1.3 Identify all individuals and organizations by name and business address that holds a financial interest in your organization of ten percent or more. Attach separate sheets of paper as needed to this section.

1.4 Is your organization or any of its parent or subsidiary organizations currently indebted to the State of Michigan or Federal Government? **Y____ N____**
If yes, attach an explanation describing the nature and amount of the debt, lien, judgment, fee; the dates of any notices from the State, or Federal government; and any written agreement or payment plan with the State of Michigan or a Federal agency for its disposition.

SECTION 2 – BONDING AND LIABILITY INSURANCE:

2.1 Can your firm provide both L&M and Performance Bonds, if applicable to your profession? **Y____ N____ N/A____**

2.2 Can your firm provide Commercial General Liability insurance, at a minimum, at least one million dollars per occurrence? **Y____ N____**

2.3 For Professional Services, can your firm provide Errors and Omissions at least one million dollars per occurrence? **Y____ N____ N/A_____**

Bonding Company: _____

Bonding Agent: _____

Bonding Agent's Phone: _____

Address:_____

_____

Total Bonding Capacity: $ _____ **(attach letter from Bonding Company)**

Single Project Bond Limit: $ _____

Work Currently Bonded: $ _____

Bonding Companies Best Rating: _____ (Bonding Company's rating must be "B+" or better for firm to constitute a qualified bidder).

2.4 Has any commercial surety ever refused to furnish a performance or payment bond for your firm? **Y____ N____** If yes, explain.

Note to Qualification Applicants: You will not be considered for qualification unless you respond "Yes" to Questions #2.1 and #2.2, and fully complete all parts of Question #2.3.

SECTION 3 – FINANCIAL

Bank Reference (Name):_____

Bank Address: _____

_____

Bank Contact Name: _____

Bank Contact Phone Number: _____

Work in Place Last Year: _____

Average Annual Sales Last 3 Years:_____

Value of Work Now Under Contract: $_____

List the last three (3) projects the firm has worked on, including dates, clients, approximate dollar value, and size. Documentation from these previous projects should include but not be limited to, all costs relating to the bidder's timeliness, performance, quality of work, extension requests, contractual fines and penalties imposed (including proof of such fines and penalties), liens filed, history of claims for extra work and any contract defaults with an explanation of the reason for the default and how the default was resolved.

For each of these Projects include:

1) Project name_____
   Owner_____
   Contract amount_____
   Contact person_____
   Phone number_____

2) Project name_____
   Owner_____
   Contract amount_____
   Contact person_____
   Phone number_____

3) Project name_____
   Owner_____
   Contract amount_____
   Contact person_____
   Phone number_____

SECTION 4 - MISCELLANEOUS QUESTIONS

4.1 Has Firm ever failed to complete a contract or any work awarded to it? **Y____ N____**

4.2 Has Firm ever been involved in bankruptcy or re-organization? **Y____ N____**

4.3 Are there any judgments, claims, arbitration proceedings, mediations or suits pending or outstanding against the Firm or any of its officers? **Y____ N____**

4.4 Have there been any judgments, claims, arbitration proceedings, mediations or suits filed and/or asserted against the firm or any of its officers within the last five years? **Y____ N____**

4.5 Has the firm ever had a contract terminated by a Project Owner or Contractor for cause? **Y____ N____**

4.6 Has the Firm filed any lawsuits or requested arbitration with regard to any construction contract within the last five years? **Y____ N____**

4.7 Has this Firm, within the last five years, been denied qualification for any Project or by any Project Owner, or been found to be non responsive to perform, or bid on, any project? **Y____ N____**

4.8 Does this firm provide workers' compensation insurance benefits to its employees? **Y____ N_____**

(If answer is yes to any of the above please describe on a separate sheet attached to this section, except 4.8)

SECTION 5 – STAFFING

5.1 Staff Employed: Office Staff _____Field Staff _____ Total Staff Employed _____

Project Managers_____ Project Engineers_____ Project Superintendents_____

% of Work Completed by own Forces: _____

Is Firm in compliance with all EEO requirements? **Y____ N____**

5.2 Is Firm in compliance with Kalamazoo County's non-discrimination policy ?
Y____ N____

5.3 Is Firm in compliance with all the requirements of the Americans with Disabilities Act?
Y____ N____

5.4 Is Firm in compliance with all the Rules and Regulations of the Immigration and Naturalization Service? Y____ N____

5.5 Is Firm in compliance with all pertinent state laws regarding licensing and registration?
Y____ N____

Note: You must respond "Yes" to Questions #5.2 - #5.5 to be considered for qualification status.

5. 6 Does the firm maintain, participate in, and contribute to a bona fide apprenticeship training program approved by the United States Department of Labor, if apprentices are used on the job site? Y____ N____

If the Firm answers "yes" to Question 5.6, please provide a short description of the program.

5.7 Does the firm maintain, participate in, and have a membership with/in any trade association or organization involved with training and safety classes? Y____ N____

If the Firm answers "yes" to Question 5.7., please provide a short description of the program.

5.8 Will the firm confirm that all sub-contractors, employees and other individuals working on the construction project will maintain current applicable licenses with the Michigan Bureau of Construction Codes and Fire Safety and as may otherwise be required by law for all licensed occupations and professions? Y____ N____

5.9 Will the firm verify that no illegal non-US citizens will work on the project nor will the fraudulent use of the federal government's H2B visa program for immigrant construction workers be allowed? Y____ N____

5.10 Will the firm conduct criminal records check for each employee the bidder proposes to use on the construction site? Y____ N____

5.11 The ratio of masters or journeypersons to apprentices proposed to be used on the construction project job site.

5.12 NOTE: IF THE FIRM IS SELECTED FOR POST-BID INTERVIEW, THE FIRM WILL, AT A MINIMUM, BE REQUIRED TO PRESENT THE FOLLOWING:

A. A statement of determination on the number of Kalamazoo County residents the Firm expects to employ on the project (including sub-contractors); and,

B. Assurances that the firm has complied with all Bid requirements including, but not limited to, worker's compensation insurance coverage, general liability insurance coverage, and property damage insurance coverage; and,

C. A statement of whether the firm provides health insurance and/or retirement benefits to its employees, and is willing to provide proof of such programs if requested.

SECTION 6 – INSURANCE

Experience Modification Rating for past 3 Years: YEAR 1_____ YEAR 2 _____ YEAR 3_____

Agency's Name: _____

Insurance Carrier _____

Agency's Address: _____

_____

Contact's Name: _____

Contact's Phone: _____

Note: An applicant whose three year EMR average rating exceeds 1.0 will not be considered for qualification status. Your three year EMR average must be 1.0 or below to be considered for qualification status.

SECTION 7 – SAFETY

7.1 Does your Firm have a written Safety Program? Y____ N____

7.2 Does your Firm have a Drug Testing Program? Y____ N____

Note: Applicants must respond "Yes" to Questions #7.1 - #7.2 in order to be considered for qualification status.

7.3 In the Previous 5 years has your firm ever been:

A. Debarred by any federal, state, or local government agency?
Y____ N____

B. Been cited by MIOSHA or OSHA for not being in compliance with MIOSHA or OSHA regulations, rules, or practices?
Y____ N____

7.4 Does your firm have a dedicated Safety Administrator on staff? **Y____ N____**

Attach Log and Summary of Occupational Injuries and Illnesses as Required by the U.S. Dept. of Labor for the Past 12 Months (MIOSHA Form No. 200 or most current version)

MIOSHA Recordable Incident Rate (Current Year): _____

MIOSHA Lost Days Away Incident Rate (Current Year): _____

7.5 If not already disclosed in response to Questions 7.3, disclose any violations of any state, federal or local laws, including OSHA violations, violation of any state or federal prevailing wage laws, worker's compensation or unemployment compensation laws, rules or regulations, issued to or against the bidder within the past five years. Disclosure must include administrative penalties, fines and/or any payment of any type made to a state or federal agency in response to a safety investigation, inquiry or complaint.

7.6 Will Firm provide documentation of any on-going MIOSHA-approved safety-training program for employees used on the proposed job site and any contractor performing work on or around electrical equipment shall implement a NFPA 70E training program as required by OSHA, to prevent workplace injuries and fatalities due to shock, electrocution, arc flash, and arc blast? Y____ N____

SECTION 8 - DBE STATUS

Is your firm a certified DBE? **Y____ N____**

Geographic Area of Firm's Operation and Class:

State	M-DBE	W-DBE	DS-DBE	Certified By
_____	**Y____ N____**	**Y____ N____**	**Y____ N____**	_____
_____	**Y____ N____**	**Y____ N____**	**Y____ N____**	_____
_____	**Y____ N____**	**Y____ N____**	**Y____ N____**	_____
_____	**Y____ N____**	**Y____ N____**	**Y____ N____**	_____

PLEASE ATTACH COPY OF CERTIFICATIONS TO THIS SECTION.

M-DBE = CERTIFIED MINORITY OWNED DISADVANTAGED BUSINESS ENTERPRISE

W-DBE = CERTIFIED WOMEN OWNED DISADVANTAGED BUSINESS ENTERPRISE

DS-DBE = CERTIFIED DISABLED OWNED DISADVANTAGED BUSINESS ENTERPRISE

SECTION 9 - PROJECT EXPERIENCE (Please attach additional sheets to this section if necessary)

9.1 List all projects presently under construction.
Project & Location, Architect, Contract Type with Contract Amount, Date Completed, References, and Contacts with Phone Numbers.

9.2 On a separate sheet attached to this section, list the construction experience and present commitments of the key individuals in your organization.

9.3 On a separate sheet attached to this section, list the categories of work that your organization normally performs with its own forces.

Please check below category/categories for which your firm is seeking Qualification:

_____	A	Engineering/Architect/Survey
_____	B	Construction Manager/General Contractor
_____	C	Consultant
_____	D	Bldg Structure/Repair/Remodeling/Painting
_____	E	Electrical
_____	F	Plumbing
_____	G	H.V.A.C.
_____	H	Site Grading/Excavation
_____	I	Concrete Curb & Gutter/Sidewalk/Street Paving
_____	J	Bit Paving
_____	K	Watermain/StormSewer/SanitarySewer
_____	L	Dewatering/Well Drilling/Well Abandonment
_____	M	Sodding/Seeding/Mowing/Landscaping/Clearing
_____	N	Demolition/Hazmat/Refuse Disposal/Recycling/UGSTR
_____	O	No specific category

9.4 NOTE: IF THE FIRM IS SELECTED FOR POST-BID INTERVIEW, THE FIRM WILL, AT A MINIMUM, BE REQUIRED TO PRESENT:

Evidence of experience with construction techniques, trade standards, quality workmanship, project scheduling, cost control, management of projects of comparable size/complexity, and building codes by documenting the bidder's ability and capacity to perform the project. The bidder must identify those portions of the project it reasonably believes will be sub-contracted in the names of the sub-contractors.