



**RFQ # 338-2015 - STATE CERTIFIED GENERAL CONTRACTORS & BUILDING CONTRACTORS
ANNUAL PREQUALIFICATION FOR CONSTRUCTION SERVICES**

**THIS PAGE MUST BE COMPLETED AND RETURNED AS THE COVER SHEET WITH
YOUR APPLICATION!**

Delivery Location: Department of Construction
Leon County Schools
3420 W. Tharpe St., Suite 100
Tallahassee, FL 32303
Attention: Director of Construction

Date Application Submitted: _____

Applicant Business Name: _____
Mailing Address: _____
City, State, Zip Code: _____

Federal Employer ID
Number or SS Number: _____

Telephone Number: _____
Fax Number: _____
Applicant E-mail address _____

Acknowledged: _____
(Signature)

Date: _____

Print Name: _____

Print Title: _____

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Section 1 - General Information

Submitted by <Firm>: _____

Name of Authorized Officer: _____

Address: _____

Principal Office: _____

(Select One Below)

Corporation__ Partnership__ Individual__ Joint Venture__ Other(specify)

Maximum single project amount your firm is requesting prequalification certification under this submission:

Enter Dollar Amount: \$ _____

Maximum aggregate amount your firm is requesting prequalification certification under this submission:

Enter Dollar Amount: \$ _____

(Note: The maximum project amount your firm is requesting prequalification certification for must be consistent with your organization's experience, financial resources, references, and surety underwriting. (Please review Part IV, paragraph 10 herein)

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Section 2 – Organization

Enter Firm Name: _____

1. The number of years organization has been in business as a certified contractor? _____

2. The number of years organization has been in business under its present name? _____

3. Under what other or former names has your business operated as a contractor?
(List names, if none, then write none)

4. If your organization is a corporation as indicated above, answer the following:

- a. Date of incorporation (MM/DD/YY): _____
- b. State of incorporation: _____
- c. President's name: _____
- d. Vice President's name: _____
- e. Secretary's name: _____
- f. Treasurer's name: _____

5. If your organization is a partnership as indicated above, answer the following:

- a. Date of organization (MM/DD/YY) : _____
- b. Partnership type (if applicable): _____
- c. Name(s) of general partner(s): _____

6. If your organization is individually owned as indicated above, answer the following:

- a. Date of organization (MM/DD/YY): _____
- b. Name of Owner: _____

7. If your organization is other than those listed above, describe it and name the principals:

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Section 3- Licensing

Enter Firm's Name: _____

a. Florida certified general or building contractor license number: _____

(Attach a copy of your current license to this document. Place all applicable licenses in this section)

a. Date current certification license was issued (MM/DD/YY): _____

b. Date current certification license expires (MM/DD/YY): _____

b. List Florida jurisdiction where the business occupational license is held: _____

(Attach a copy of your current license to this document. Place all applicable licenses in this section)

a. Date current occupational license was issued (MM/DD/YY) : _____

c. Other trade categories in which your organization is certified in Florida to do business, and indicate license numbers *(if applicable)*.

(Attach a copy of your current license to this document. Place all applicable licenses in this section)

	<u>Trade Category</u>	<u>License Number</u>	<u>Date Issued</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

d. List jurisdiction(s) in which your organization's partnership or trade name is filed.

a. <Enter Jurisdiction(s)> _____

b. <Enter Jurisdiction(s)> _____

c. <Enter Jurisdiction(s)> _____

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Section 4 – Experience

Firm’s Name: _____

- a. List the categories of work that your organization normally performs with its own forces.
 - a. <Enter category(s)> _____
 - b. <Enter category(s)> _____
 - c. <Enter category(s)> _____

Claims and Suits. (If the answer to any of the questions below is YES, please attach an additional sheet describing specific details.)

- a. Has your organization ever failed to complete any work awarded to it?
No ___ Yes ___
- b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?
No ___ Yes ___
- c. Has your organization filed any lawsuits or requested arbitration with regard to any contracts within the last five years?
No ___ Yes ___
- d. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete any contract?
No ___ Yes ___
- e. Have any complaints been filed to, or has disciplinary action been taken by, either pending or within the last five (5) years by the Florida Department of Business and Professional Regulation against the state license of your organization or any of its officers?
No ___ Yes ___
- d. On a separate sheet, list major construction projects your organization has currently under contract and those completed within the last five (5) years, giving the name of the project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces, percent complete and scheduled completion date (if in progress). Of particular importance, the contractor MUST identify all educational facility projects.
<Attach separate sheet>
- e. State total amount of construction contract work currently in progress and under contract:
\$x,xxx,xxx.00 \$ _____
- f. On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.
<Attach separate sheet>

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Section 5 – References, Bonding, & Insurance (Attach additional sheets if necessary)

Enter Firm’s Name:

1. COMPLETE THIS ITEM (PARA 1)

Included in these instructions is a “Performance Reference Survey” form to be completed by no less than four of the references indicated above (Section 4, Para.3). First time applicant organizations will ensure that the four firms chosen as a reference will complete the form and scan as a PDF via email to Sandra Davis, Contract Administrator at: davissy@leonschools.net.

2. Bank References (List bank Name, Contact, Address, Phone No.):

Name of Bank: _____
Agent Name: _____
Address: _____
Phone: _____

3. Surety References: (Provide evidence that the applicant has financial resources to start up and follow through on projects and to respond to damages in case of default as shown by written verification of bonding capacity equal to or exceeding the amount requesting to be prequalified to bid on. The written verification must clearly identify and be submitted by, a licensed surety company rated excellent “A” or better in the current A.M. Best Guide and qualified to do business within the State of Florida).

Name of Surety: _____
Agent Name: _____
Address: _____
Phone: _____
Surety’s Financial Size: _____
Surety’s A.M. Best identification number: _____

a. Is the surety company rated excellent, “A”, or better in the current A.M. Best Guide and qualified to do business within the State of Florida?

Yes No

b. Single project amount surety consents to underwrite as indicated on the attached surety letter: \$<Enter Amount> \$ _____

c. Total amount of projects the firm may have under contract the surety consents to underwrite as indicated on the attached surety letter: \$<Enter Amount> \$ _____

In the absence of such written verification, the board may require the contractor to submit any audited financial information necessary to evaluate the contractor’s financial ability to perform the project and to respond to damages in the event of default.

4. Attach a copy of a certificate(s) of insurance confirming current worker’s compensation coverage, general liability, auto and property damage insurance as required by law. Specific limits and requirements will be outlined in individual project manuals for each project.

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SECTION 6 – FINANCIAL INFORMATION

THE INFORMATION IN THIS SECTION IS NOT REQUIRED FOR FIRMS HOLDING A CURRENT VALID PREQUALIFICATION CERTIFICATE.

THE INFORMATION IN THIS SECTION IS NOT REQUIRED FOR FIRMS PROVIDING WRITTEN VERIFICATION OF FINANCIAL RESOURCES SUBMITTED BY A LICENSED SURETY COMPANY.

Enter Firm's Name: _____

1. Financial Statement: If written verification from a licensed surety company is not available provide the following;

- a. **Attach an audited financial statement**, current within the past twelve (12) months, which includes a balance sheet, statement of operations, and current assets (e.g. cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses), net fixed and other assets, current liabilities (e.g. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes), and any other liabilities (e.g. capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).
- b. The financial information shall be submitted as part of the application, but in separately marked envelope entitled "Contractor Financial Information." Attach an additional copy of the cover sheet to this envelope.
- c. The contractor, in submitting this financial information acknowledges that the information may be determined to be a public record and subject to disclosure as governed by applicable Florida Law. The contractor agrees, by submitting this application, to hold harmless the Board from any claims or liability associated with the public disclosure or dissemination of this financial information, whether such disclosure is required by law or inadvertent in nature.

2. Preparing firm

- a. Firm Name: _____
<Address, City, State, Zip> _____
- b. Surety's Financial Size: _____
- c. Surety's A.M. Best identification number: _____
- d. Agent Name: _____
<Address, City, State, Zip> _____
- e. Date Financial Statement prepared: _____

3. Is the attached financial statement for the applicant organization in the same as the organization named in Section 1 above? Yes ____ No ____

- a. If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent-subsidiary).
<Enter Explanation>
- b. Will the organization whose financial statement is attached, act as guarantor of the contract for construction? Yes ____ No ____

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SECTION 7 – SIGNATURE

Enter Firm's Name _____

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Dated the _____ day of _____, 20____.

Name of Organization: _____

By: (*Print Name*): _____ Title: _____

Signature: _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, as _____ of
(name) (title)

(firm)

(Affix Notary Stamp or Seal)

Notary Public, State of Florida
Print Name: _____
Commission Number: _____
My Commission Expires: _____

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SECTION 8 – CHECKLIST

Enter Firm's Name _____

- _____ Cover Sheet
- _____ Section 1 - General Information
- _____ Section 2 - Organization
- _____ Section 3 - Licensing
 - _____ Florida certified general or building contractors license
 - _____ Business occupational license
 - _____ Other trade category licenses
- _____ Section 4 - Experience
 - _____ Claims and suits explanation (if applicable)
 - _____ List of major construction projects within 5 years
 - _____ List of key individuals
 - _____ (Construction experience and current obligations)
- _____ Section 5 - References, Bonding, & Insurance
 - _____ Surety Letter
 - _____ Certificates of Insurance
 - _____ Workers Compensation
 - _____ General Liability
 - _____ Auto & Property Damage
- _____ Section 6 - Financial Information
- _____ Section 7 - Signature (original signature & notarized)
- _____ Section 8 – Attachments
 - _____ Public entity crime statement affidavit
- _____ Section 9 - (if applicable) Provide a separately marked and sealed envelope titled;
"SECTION 9 - CONTRACTOR FINANCIAL INFORMATION"
(Include an additional copy of cover sheet on sealed envelope)