City of Wilsonville Engineering Department 29799 SW Town Center Loop E Wilsonville, Oregon 97070



Revised: 03/12/19

STATEMENT OF QUALIFICATION APPLICATION

(503) 682-4960

Statement of	
	Contractor's Registered Company Name)
Address to which all correspondence	e should be mailed:
Physical Address	
PO Box	
City State	Zip Code
Phone No. (Area Code)	
Fax No. (Area Code)	
Date Application Prepared	
This Statement of Qualifications is s	ubmitted for the following project(s):
5th Street to Kinsman Road Exte	ension, CIP 4196
Statement of Qualifications Due Date	e and Time: April 3, 2019
	At or before 2:00 pm (local time)

INSTRUCTIONS

INTRODUCTORY STATEMENT:

In accordance with the statutes of the State of Oregon, every public contracting agency contemplating receiving bids for and awarding any contract for a public improvement may require any prospective bidder (*herein refer to as applicant*) to submit a full and complete statement concerning their equipment and experience in constructing public improvements.

The application and questionnaire forms, which are bound herewith, comply with the requirements of public contracting rules and must be used in determining the qualifications of applicants and in assigning limits as to the size and kinds of projects for which the applicant may submit bids.

The applicant should use care and integrity in preparing this information. The public contracting agency may make independent inquiries concerning the contractors past performance and/or capabilities.

Manner of Preparing and Filling in Forms:

This application shall include information for only the specific single business organization or entity which is applying for qualification and which would be the signatory on a contract with the public contracting agency.

All answers and other entries on the forms, except signatures, should be filled in with a key board or printed. To make this possible, the forms may be taken apart by removing the staples by which they are bound. It shall be the responsibility of the applicant to return all pages whether applicable or not. Failure to do so may be grounds for rejection. The forms are available in electronic format from the City of Wilsonville. All pages whether applicable or not must be submitted in hard copy. No electronic submissions will be accepted.

All answers and entries shall be specific and complete in detail.

The qualification application shall be signed by the applicant and sworn to as the form indicates. The signatory of the statement guarantees the truth and accuracy of all statements and of all answers to questions.

An original signed application must accompany the qualification application. (Xerox or fax signatures will not be accepted)

Use of Attachments:

Schedules, reports and other forms of qualification statements may be used as attachments to the prescribed form, provided that the information contained therein specifically includes the information required by this form.

Requests for Further Information

For general information regarding this qualification statement application, refer to the Request for Qualifications packet, General Instructions section. All requests for additional information and clarifications shall be made directly to the City's primary contact person, Mr. Steve R. Adams, P.E. In Mr. Adams absence, respondents may contact the City's alternate contact person, Ms. Patty Nelson, P.E..

Please answer	each section	n and \mathfrak{q}	uestion in	the ap	plication.

SECTION 1 – CONSTRUCTION FIRM(S)

1.1 Brief description of the General Contractor's firm.

1.2 Brief description of the proposed sub-contractors (if any).

SECTION 2 -MANAGEMENT AND CONSTRUCTION EXPERIENCE

2.1 Fill in the classes of work you wish to bid on. Classes of work include, but are not limited to, work listed in parenthesis.

For Each Class of Work.

- A Enter the maximum dollar amount of work you are capable of performing.
- B Enter the maximum dollar amount of work you are qualified to undertake in other states.
- C Enter the state(s) qualified for the amount shown in column 'B'.
- D Enter the number of years of experience in this class of work.

Class	A. Max Dollar Amount	B. Qualified Dollar Amount	C. State(s) Experience	D. Years Experience
Earthwork, general and rock excavation (non-blasting)				
Demolition, blasting and related excavation				
Asphalt Paving (HMAC, slurry, and oiling				
Portland Cement Conc. Paving				
Misc. Roadway (curb, walks, driveway, fences, screening)				
Misc. Roadway Safety (guardrail, barrier, impact attenuator)				
Permanent Markings (painted, durable, markers, and delineators)				
Permanent Signing (post, bases, retro-reflective signs)				

City of Wilsonville **Engineering Department** Traffic Signals/Illumination Temporary traffic control (all temporary traffic control items including flaggers, signage, and pilot cars) Sanitary Sewer Construction **Storm Sewer Construction** Water Line Construction Landscaping (roadside seeding, lawns, shrubs, trees, irrigation systems, topsoil) Other (list specific class) 2.2 Indicate the anticipated major sub-contractors for this project and the class of work. Name of Contractor and Class or Type of Work

2.3 List ten major projects applicant has undertaken in the last five years. (List most recent projects first)

1.	Name of Project
	Owner & Contact
	Address
	Phone Number_
	Project Work Description
	Project Location
	Contract Amount Amount +Over/-Under Contract
	Explain
	Start/Completion Date (mm/yy) Completed on Time (Y/N)
	Project Construction Supervisor
	Architect/Engineering Firm & Contact
	Address
	Phone Number
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project
2.	Name of Project
	Owner & Contact
	Address_
	Phone Number_
	Project Work Description
	Project Location
	Contract Amount Amount +Over/-Under Contract
	Explain
	Start/Completion Date (mm/yy) Completed on Time (Y/N)

	Project Construction Supervisor
	Architect/Engineering Firm & Contact
	Address
	Phone Number_
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project
3.	Name of Project
	Owner & Contact
	Address
	Phone Number_
	Project Work Description
	Project Location
	Contract Amount Amount +Over/-Under Contract
	Explain
	Start/Completion Date (mm/yy) Completed on Time (Y/N)
	Project Construction Supervisor
	Architect/Engineering Firm & Contact
	Address
	Phone Number
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project
4.	Name of Project
	Owner & Contact
	Address
	Phone Number
	Project Work Description
	Project Location

	Contract Amount Amount +Over	/-Under Contract
	Explain	
	2p	
	Start/Completion Date (mm/yy)	Completed on Time (Y/N)
	Project Construction Supervisor	
	Architect/Engineering Firm & Contact	
	Address	
	Phone Number	
	Indicate whether: Prime Contractor (P), Sub-contractor (S	
5.	5. Name of Project	
	Owner & Contact	
	Address_	
	Phone Number	
	Project Work Description	
	Project Location	
	Contract Amount Amount +Over	
	Explain	
	Start/Completion Date (mm/yy)	Completed on Time (Y/N)
	Project Construction Supervisor	
	Architect/Engineering Firm & Contact	
	Address	
	Phone Number	
	Indicate whether: Prime Contractor (P), Sub-contractor (S	
6.	6. Name of Project	
	Owner & Contact	

	Address
	Phone Number
	Project Work Description
	Project Location
	Contract Amount Amount +Over/-Under Contract
	Explain
	Start/Completion Date (mm/yy) Completed on Time (Y/N)
	Project Construction Supervisor
	Architect/Engineering Firm & Contact
	Address
	Phone Number
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project
7	Name of Duciest
7.	Name of Project
	Owner & Contact
	Address
	Phone Number Project Work Description
	Troject work Description
	Project Location
	Contract Amount Amount +Over/-Under Contract
	Explain
	Start/Completion Data (mm/yw) Completed on Time (V/N)
	Start/Completion Date (mm/yy) Completed on Time (Y/N)
	Project Construction Supervisor Arabitoot/Engineering Firm & Contact
	Architect/Engineering Firm & Contact
	Address
	Phone Number_

. 11a	me of Project						
Ov	wner & Contact						
Pro	oject Work Description						
Pro	oject Location						
Co	ontract Amount	Amount +Over/-Under Contract					
Ex	plain						
Sta	art/Completion Date (mm/yy)	Completed on Time (Y/N)					
Pro	oject Construction Supervisor						
Are	Architect/Engineering Firm & Contact						
	Address						
	Phone Number_						
Ind	dicate whether: Prime Contractor (P), S	Sub-contractor (S) or Joint Venture (J) on project					
Na	nme of Project						
Na Ov	nme of Project wner & Contact						
Na Ow Ad	nme of Project wner & Contact ldress						
Na Ow Ad Pho	wner & Contactldressone Number						
Na Ow Ad Pho	wner & Contactldressone Numberoject Work Description						
Na Ow Ad Pho Pro	wner & Contactldressone Numberoject Work Descriptionoject Location						

	Project Construction Supervisor
	Architect/Engineering Firm & Contact
	Address
	Phone Number
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project
10.	Name of Project
	Owner & Contact
	Address
	Phone Number
	Project Work Description
	Project Location
	Contract Amount Amount +Over/-Under Contract
	Explain
	Start/Completion Date (mm/yy) Completed on Time (Y/N)
	Project Construction Supervisor
	Architect/Engineering Firm & Contact
	Address
	Phone Number
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project
2.4	• • • • • • • • • • • • • • • • • • • •
	As a prime contractor?: As a subcontractor?:
2.5	How many years' experience in construction work has Respondent had?
4. J	As a prime contractor?: As a subcontractor?:
	As a prime contractor: As a subcontractor:

2.6 Indicate Respondents principal contact person for this application:

	Contact				
	Address				
	Phone and Fax Num	ber			
2.7	Respondent's organ	nction experience of all on ization? Also list any ot sor influences the bidding.	her individuals o		
I	ndividual's Name	Present Position or Office	Years of Construction	Magnitude and Type of Work	In What Capacity
2.8	Indicate contractor	's licenses or registration	n numbers held a	s required by Orego	n Statutes:
	Corporation Division	n Registration No.:			
	Construction Contra	ctors Board No.:			
	Landscape Contracto	ors License No.:			
	Electrical License N	o.:			

Plumbing License No.:	
Pressure Vessel Installers License No.: _	
Other License No.:	

SECTION 3 – EQUIPMENT LIST

3.1 List plants and Equipment \underline{owned} by applicant: List only major items. Lump together small equipment and tools.

Quantity, Description and Capacity of Items	Age in Years	Condition of Equipment
Total market value of equipment: \$		_
Does applicant intend to rent equipment? If so,	, provide a gene	ral description:

SECTION 4 – FINANCIAL INFORMATION AND CAPACITY

\$
The contract(s) for which this qualification is sought require bid and performance bond(s), the applicant shall state the name of the agent and name, address, and telephone number of the scompany applicant expects to provide the bonds.
Name of Agent
Surety Company
Address
Phone Number_
Indicate the firm's form of business.
4.2 a. If an Oregon corporation, answer this:
When Incorporated
President
1 st Vice President
Secretary
Treasurer
What officers are authorized to execute contracts:
4.2 b. If a general partnership, answer this:
Date of Organization

Nan	ne and Address of Partners:
4.2	c. If a foreign (out of State) corporation, answer this:
Whe	en Incorporated
	hat state
Date	e of authorization to transact business in the State of Oregon
Has	applicant filed with the Department of Revenue forms required by ORS 279.021?
Trea	isurer
Pres	ident
1 st V	vice President
	retary
Trea	asurer
Wha	at officers are authorized to execute contracts:
	ne and address of registered agent in Oregon:
Nam	
Nan	
	d. If a limited liability company, limited liability partnership or a limited partnership

Limited liability partnership					
Limited partnership					
Have you registered with the State Corporation Division, Business Registry? Yes No					
Name and address of organizer:					
List who is authorized to execute contracts:					
4.2 e. If doing business under an assumed business name, fill out the following info					
Name of assumed business:					
Owner's name and address:					
Registration Date:Expires:					
4.2 f. If doing business as a sole proprietorship, fill out the following information:					
Individual's name liable for all obligations of business:					
If you are a sole proprietor using an assumed business name, please list names below:					
Registration Date: Expires:					
List those individuals, companies or corporations owning 10% or more of applican	nt's firm.				

4.4 List any organization, owned or controlled by the applicant, its officers, directors, partners and anyone owning at least 10% interest in the firm, or in which the applicant was or is an officer, director, partner, doing business in Oregon under another name. If none, so state.

City of Wilsonville Engineering Department				
		ganization who have a fin qualified to bid in this or		or serve as
Individual's Name	Present Position or Office	Other Firm or Firms	Position in Other Firm(s)	State of Other Firm
SECTION 5 – PUBL	IC WORKS CONT	RACT EXPERIENCI	E	
(DBE)?	Yes	ate of Oregon as a Disad	vantaged Business	Enterprise

(Check one) Yes	☐ No
If yes, please explain.	
Have vou ever been debarred	I from bidding on contracts by any state, local or federal agency in
	any State Law or Federal Law?
If yes, please explain.	
Has any officer or partner of with the City of Wilsonville u (Check one) Yes	the applicant ever applied for qualification or Public Works contrainder a different name?
If yes, please explain.	
Has the applicant ever failed contract? (Check one) Yes	to complete a state, local or federal public improvement (works) No
contract?	
contract? (Check one) Yes If yes, please explain.	
contract? (Check one) Yes If yes, please explain. Has any officer or partner of	□ No
contract? (Check one) Yes If yes, please explain. Has any officer or partner of contract?	the applicant ever been found in breach of a local, state or federal
contract? (Check one) Yes If yes, please explain. Has any officer or partner of contract? (Check one) Yes If yes, please explain. Does the Respondent have an	the applicant ever been found in breach of a local, state or federal
contract? (Check one)	the applicant ever been found in breach of a local, state or federal No ny unpaid judgments and/or unadjudicated claims in excess of Content and Organization Section 47 for instructions.

SECTION 6 – AUTHORIZED EMPLOYEE

6.1 Authorized Employee Representative of the Respondent

The undersigned authorized employee shall have financial signature authority.

By submitting a Statement of Qualifications for the Project, respondents expressly represent that they have taken no exception to any term, condition, obligation or requirement of the RFQ that is not clearly and expressly stated in their SOQ.

Respondents further represent that they are an Authorized Employee Representative of the Respondent and will report immediately to the City in writing any errors, inconsistencies, ambiguities, terms which limit competition, or terms which are otherwise unlawful that they discover in the RFQ.

Print Name			
Title			
Signature			

SECTION 7 – AFFIDAVIT

AFFIDAVIT:	
STATE) OF) ss. County of)	
I,	being first sworn, state that I
am(Tit	
application or at a hearing will result in the denial of quaswearing or perjury; should there be any subsequent man project for which applicant desires to submit a bid; application designated officer to whom this application is submitted understood that such notice may change the eligibility of	terial reduction in applicant's ability to carry out any icant will give written notice of such change to the at least ten days prior to the bid opening and that it is
Original Signature	Title
Subscribed and sworn to before me this day	y of, <u>2019</u>
	Original Notary Public Signature

SUMMARY OF PREQUALIFICATION COMPARABLE PROJECT REQUIREMENTS

Project Range	Engineer's Estimate is between:		Listed projects must be at	Financial Requirement	Is BOLI Required	Contractor Selection Process
	Low	High	least*:	s	?	
A	-	5,000	N/A	N/A	No	Solicit contractor direct. No competitive bids required.
В	\$5,000	\$25,000	N/A	N/A	No	Solicit contractors direct to obtain at least 3 informal quotes.
С	\$25,000	\$75,000	N/A	N/A	Yes	Solicit contractors direct to obtain at least 3 informal quotes.
D	\$75,000	\$250,000	\$60,000	Minimum	Yes	Formal pre-qualification & competitive bids.
E	\$250,000	\$500,000	\$200,000	Minimum	Yes	Formal pre-qualification & competitive bids.
F	\$500,000	\$750,000	\$400,000	Minimum	Yes	Formal pre-qualification & competitive bids.
G	\$750,000	\$1,000,000	\$600,000	Minimum	Yes	Formal pre-qualification & competitive bids.
Н	\$1,000,000	\$1,500,000	\$800,000	Minimum	Yes	Formal pre-qualification & competitive bids.
I	\$1,500,000	\$2,500,000	\$1,200,000	Minimum	Yes	Formal pre-qualification & competitive bids.
J	\$2,500,000	\$4,500,000	\$2,000,000	Minimum	Yes	Formal pre-qualification & competitive bids.
K	\$4,500,000	\$7,500,000	\$3,600,000	Minimum	Yes	Formal pre-qualification & competitive bids.
L	\$7,500,000	Unlimited	\$6,000,000	Detailed	Yes	Formal pre-qualification & competitive bids.

Notes

Lower limit dropped to 80% of Engineer's Estimate range to allow growing businesses the opportunity to compete for larger projects.