This Statement is to accompany bids submitted for the following project: <u>ANNUAL CONTRACT FOR MAJOR MECHANICAL REPAIRS AND SERVICES</u>. Proponents must meet the minimum qualification criteria set forth under items 5, 7, 8, 9, 10 and 11 of this section, must provide the organization chart as set forth under item 6 of this section and must complete the project experience forms for qualifying projects to be deemed a "Responsible and Responsive Proponent".

| 1. | NAME OF PROPONENT: | |
|----|------------------------------------|--|
| 2. | BUSINESS ADDRESS: | |
| | | |
| 3. | TELEPHONE NUMBER: | |
| 4. | OFFICIAL REPRESENTATIVE AND TITLE: | |
| | | |

- 5. Using the forms provided in this Section, list previously completed or current projects which are similar in scope and complexity to this project which were completed or assigned to your firm or joint venture, including: Name of project, location of project, owner's name, address and phone number, description of work performed, initial contract amount, final contract amount, start date, scheduled completion date and actual completion date. (If a joint venture, list separately for each joint venture partner.) Limit to 5.
 - a. Proponent shall have successfully completed at least one (1) contracts involving Mechanical services. Projects shall have occurred within the last five (5) years, providing installation, corrective and preventative maintenance, repair and replacement on major process and facility equipment, including but not limited to placing, installing, maintaining, erecting or connecting any mechanical fixtures/equipment, HVAC equipment process & facility equipment, plumbing appliances, controls, compressed/ combustible/ flammable gas piping, motors, air balancing and fixtures, steelwork, concrete and masonry construction and repair, demolition, underground construction or any part thereof.
- 6. Provide the following information for the organization proposed for this project:
 - a. Organizational chart.
 - b. Indicate the participation by the various members in the organization, as shown on the organizational chart; in the management; and in the division of

work (If a joint venture, indicate percent of man hours and percent of project cost to be performed by each joint venture member).

- 7. Using the forms provided in this Section, provide information for key project personnel, Overall Project Manager, Lead Mechanical Supervisor, Project Coordinator / Project Schedule; and Billing Specialist.
 - a. Project Manager must have a minimum of five (5) years' experience within the last five (5) years, including but not included to the managing of placing, installing, maintenance, erecting or connecting any mechanical fixtures/ equipment, HVAC equipment, process & facility equipment, plumbing, appliances, controls, compressed / combustible/ flammable gas piping, motors, air balancing and fixtures, steelwork, concrete and masonry construction and repair demolition underground construction or any part thereof. Minimum completion of at least two (2) contracts within the last five (5) years of similar contract performance at municipal organizations that provide water and wastewater services. These projects are to also demonstrate and document experience with installation of fiber optic and instrumentation systems. Four (4) references from current similar project clients or for similar projects completed within the last five (5) years are to be provided. Preference will be given to proposed staff that have directly worked on projects used for references.
 - b. Lead Mechanical Supervisor must have a minimum of five (5) years' experience within the last five (5) years, including but not limited to placing, installing, maintaining, erecting or connecting any mechanical fixtures/ equipment, HVAC equipment, process & facility equipment, plumbing, appliances, controls, compressed / combustible/ flammable gas piping, motors, air balancing and fixtures, steelwork, concrete and masonry construction and repair demolition underground construction or any part thereof. Minimum completion of at least two (2) contracts within the last five (5) years of similar contract performance at municipal organizations that provide water and wastewater services. Two (2) references from current similar project clients or projects completed within the last two (2) years are to be provided. Preference will be given to proposed staff that have directly worked on projects used for project references.
 - c. Project Coordinator/ Project Scheduler must have a minimum of two (2) years' experience within the last five (5) years, including but not limited to placing, installing, maintaining, erecting or connecting any mechanical fixtures/ equipment, HVAC equipment, process & facility equipment, plumbing, appliances, controls, compressed / combustible/ flammable gas piping, motors, air balancing and fixtures, steelwork, concrete and masonry construction and

repair demolition underground construction or any part thereof. The Project Coordinator/Project Scheduler must have minimum of three (3) years' experience in organizing, implementing, and maintaining a scheduling management system. Minimum completion of at least two (2) contracts within the last five (5) years of similar contract performance at municipal organizations that provide water and wastewater services. Two (2) references from current similar project clients or projects completed within the last two (2) years are to be provided. Preference will be given to proposed staff that have directly worked on projects used for project references.

- d. Billing Specialist must a minimum of three (3) years' experience in collecting, posting and managing account payments. Minimum completion of at least two (2) contracts within the last five (5) years of similar contract performance at municipal organizations that provide water and wastewater services. Two (2) references from current similar project clients or projects completed within the last two (2) years are to be provided. Preference will be given to proposed staff that have directly worked on projects used for project references
- 8. The Proponent must have an established Safety Program that as a minimum includes those items as listed on the attachment entitled "SAFETY RECORD FORM".
- 9. The Proponent's Team Members OSHA Incidence Rates must not exceed an average of 1.0 over the last three (3) years (provided for each team member).

| a. | Contractor's Workman's Compensation Ratings (EMR-Experience |
|----|---|
| | Modification Rate) |

- 10. The Proponent's Team Members OSHA Incidence Rates must not exceed the Industry Standard published by the U.S. Department of Labor (2013) for the last three (3) years for heavily civil construction water and sewer utilities, NAICS code 23711(i.e.-Recordable Incidence Rates of 3.6 and Loss Time Incidence Rates of 1.3; and Injuries and Inness with Job Transfer or Restricted Work Days must not exceed 0.9 per OSHA definition and calculation) for the last three (3) years.
 - a. Total Recordable Case Rates_____
 - b. Injuries and Illness with Lost Work Days_____
 - c. Injuries and Illness with Job Transfer or Restricted Work Days
- 11. "If there have been any fatalities during the last five (5) years on any projects performed by the Contractor or on any work performed under the direct supervision of a proposed Project Manager and the Contractor or proposed Project Manager was cited by OSHA for "Willful", in performing the work in which the fatality occurred, the Contractor will be disqualified based on the City's review. The Contractor may

a.

also be disqualified in the event that a Recordable Incident occurred due to the same condition that existed when a previous fatality occurred and resulted in an OSHA citation or failure to implement a corrective action plan."

Fatalities during the last five (5) years where Contractor was cited by

| | | OSHA for "Willful" Violation |
|-------------------|---|--|
| | b. | Fatalities during the last five (5) years where the proposed Project Manager was cited by OSHA for "Willful" Violation. |
| 12. | water t perform the was requirer the Prop | have been any incidents during that last five (5) years on any wastewater or reatment facility projects performed by the Proponent or on any work led under the direct sup0ervsion of a proposed Project Manager that resulted stewater or water treatment facility failing to meet NPDES Discharge Permit ments due to the actions of the Proponent or Project Manager of failure of ponent or Project manager to perform work on schedule, the Proponent will ualified based on the City's review. |
| | previous (nowledg | s statements and attachments are true, correct, and complete to the best of ge. |
| Date |): | |
| Firm | Name: | |
| Ву: _ | | |
| Title | : | |
| Swo | rn to and | d subscribed before me |
| this _. | da <u>y</u> | y of , 2020. |
| Nota | ıry Public | |

STATEMENT OF PROPONENT'S QUALIFICATIONS COMPANY PROJECT EXPERIENCE

| Project Name | |
|----------------------------------|------------------|
| Project Type & Design | |
| Project Location | |
| Contractor's Project Manager | |
| Key Personnel's Role | |
| Owners Representative & Phone | |
| Number | |
| Design Engineer Representative | |
| Name & Phone Number | |
| Relevant Project Experience from | |
| Project | |
| Initial Contract Amount | \$ |
| Final Contract Amount | \$ |
| Reason Cost increase, if any | |
| Project Duration | Date Started: |
| | Date Completed: |
| | Time Extensions: |
| Was Project Completed on Time? | |
| If not Completed on Time, Why? | |
| Description of Major Project | |
| Components | |
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STATEMENT OF PROPONENT'S QUALIFICATIONS PROJECT MANAGER EXPERIENCE

| Project Name | |
|----------------------------------|------------------|
| Project Type & Design | |
| Project Location | |
| Contractor's Project Manager | |
| Key Personnel's Role | |
| Owners Representative & Phone | |
| Number | |
| Design Engineer Representative | |
| Name & Phone Number | |
| Relevant Project Experience from | |
| Project | |
| Initial Contract Amount | \$ |
| Final Contract Amount | \$ |
| Reason Cost increase, if any | |
| Project Duration | Date Started: |
| | |
| | Date Completed: |
| | Time Extensions: |
| Was Project Completed on Time? | |

STATEMENT OF PROPONENT'S QUALIFICATIONS LEAD MECHANICAL SUPERVISOR'S PROJECT EXPERIENCE (Complete Form Only for Projects That Meet Minimum Criteria)

| Project Name | |
|----------------------------------|-----------------|
| Project Type & Design | |
| Project Location | |
| Contractor's Project Manager | |
| Key Personnel's Role | |
| Owners Representative & Phone | |
| Number | |
| Design Engineer Representative | |
| Name & Phone Number | |
| Relevant Project Experience from | |
| Project | |
| Initial Contract Amount | \$ |
| Final Contract Amount | \$ |
| Reason Cost increase, if any | |
| | |
| Project Duration | Date Started: |
| | Date Completed: |
| Project Duration | |
| | Date Completed: |
| Project Duration | Date Completed: |

STATEMENT OF PROPONENT'S QUALIFICATIONS PROJECT COORDINATOR'S / PROJECT SCHEDULER'S PROJECT EXPERIENCE

| Project Name | |
|----------------------------------|------------------|
| Project Type & Design | |
| Project Location | |
| Contractor's Project Manager | |
| Key Personnel's Role | |
| Owners Representative & Phone | |
| Number | |
| Design Engineer Representative | |
| Name & Phone Number | |
| Relevant Project Experience from | |
| Project | |
| Initial Contract Amount | \$ |
| Final Contract Amount | \$ |
| Reason Cost increase, if any | |
| Project Duration | Date Started: |
| | Date Completed: |
| | Time Extensions: |
| Was Project Completed on Time? | |
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STATEMENT OF PROPONENT'S QUALIFICATIONS BILLING SPECIALIST'S PROJECT EXPERIENCE

| Project Name | |
|----------------------------------|------------------|
| Project Type & Design | |
| Project Location | |
| Contractor's Project Manager | |
| Key Personnel's Role | |
| Owners Representative & Phone | |
| Number | |
| Design Engineer Representative | |
| Name & Phone Number | |
| Relevant Project Experience from | |
| Project | |
| Initial Contract Amount | \$ |
| Final Contract Amount | \$ |
| Reason Cost increase, if any | |
| Project Duration | Date Started: |
| | Date Completed: |
| | Time Extensions: |
| Was Project Completed on Time? | |
| If not Completed on Time, Why? | |
| Description of Major Project | |
| Components | |
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STATEMENT OF PROPONENT'S QUALIFICATIONS KEY STAFF PROJECT EXPERIENCE

| Project Name | |
|----------------------------------|-----------------|
| Project Type & Design | |
| Project Location | |
| Contractor's Project Manager | |
| Key Personnel's Role | |
| Owners Representative & Phone | |
| Number | |
| Design Engineer Representative | |
| Name & Phone Number | |
| Relevant Project Experience from | |
| Project | |
| Initial Contract Amount | \$ |
| Final Contract Amount | \$ |
| Reason Cost increase, if any | |
| Drainet Duration | Date Started: |
| Project Duration | |
| Project Duration | Date Completed: |
| , | |
| Was Project Completed on Time? | Date Completed: |
| , | Date Completed: |