**Notice of Request for Qualifications RFQ No. P21/10043L**

**Construction Services**

**Project: Renovation and Expansion West Campus Buildings H, J & D Center of Excellence for Allied Health**

**Required Submittal Forms**

**Statement of Qualifications (SOQ) Forms**

**Required RFQ Submittal Forms**

**Offer Form**

TO: Pima County Community College

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Undersigned hereby agrees this Statement of Qualifications is submitted in good faith and may not be withdrawn.

The undersigned, understands participation in the second phase of this solicitation processes is required, if SOQ is shortlisted during phase one.

The undersigned will participate in a solicitation process for the Delivery Method Construction Manager at Risk.

The second phase solicitation will contain a sample contract, standard terms and conditions and further documents to govern the *relationship* by and between the College and Contractor.

Contractor may be granted the opportunity to enter into negotiations with the College to provide the required service in compliance with all terms, scope of work, conditions, specifications, and amendments in the solicitation.

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Certification Form**

In response to RFQ No. P21/10043L Title: General Contractor/CM@R Services this Statement of Qualifications is submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Company Name)

□ a corporation organized and existing under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

□ a partnership, registered in the State of \_\_\_\_\_\_\_\_\_\_\_\_, and consisting of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;**

□ an individual trading as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax Id No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, as a duly authorized officer, hereby agrees to be bound by the content of this Proposal/SOQ and agrees to comply with the terms, conditions and provisions of the referenced RFQ and any addenda thereto in the event of an award. Exceptions are to be noted as stated in the RFQ. The proposal/SOQ will remain in effect for a period of ninety (90) calendar days as of the Due Date for SOQs to the RFQ.

The undersigned understands that the College reserves the right to reject any or all Proposals/SOQs or to waive any formality or technicality, as determined by the College in its sole discretion, in any Proposal/SOQ in the interest of the College.

The undersigned hereby acknowledges receipt of the following Addenda, if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Addendum No. | Date:  |  | Addendum No. | Date: |
|  |  |  |  |  |
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The undersigned hereby certifies that this Statement of Qualifications is genuine and not a sham or collusive, nor made in the interest or behalf of any person not herein named, and that the undersigned has not directly or indirectly induced or solicited any other Offeror to put in a sham proposal/SOQ, or any other person or entity to refrain from submitting proposals, and that the Offeror has not in any manner sought by collusion to secure for itself an advantage over any other Offeror.

The undersigned further certifies that your firm (check the appropriate areas):

□ women-owned business; □ minority-owned business; □ labor surplus area firm

□ does ***or*** □ does not meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102). If it does, please “CHECK” one of the following:

□ small business; □ veteran-owned small business; □ service-disabled veteran-owned small business;

□ HUB Zone small business; □ small disadvantaged business; or □ women-owned small business.

The undersigned further certifies that as a duly authorized officer, he or she is authorized to negotiate in good faith on behalf of this firm for purposes of this RFQ.

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Confidential and/or Proprietary Declaration Form**

|  |  |
| --- | --- |
| **Company Name** |  |

In the event the Offeror elects to include in its SOQ any information deemed "proprietary" or "protected," it will clearly mark the information as to any proprietary/confidential claim.  Indicate in the space below specific reference to the requirement, specification including the page number, paragraph, and sentence and section number that which is deemed confidential or proprietary by the Respondent.

The College discourages the submission of such information and undertakes to provide no more than reasonable efforts to protect the proprietary nature of such information.  The College, as a public entity subject to Arizona public records law, cannot and does not warrant that proprietary information will not be disclosed.

The College will have the right to use any and all information included in the SOQs submitted unless the information is expressly restricted by the Offeror.

If the SOQ contains **NO** confidential/proprietary information, a statement to that effect must be provided.

**\_\_\_\_\_\_\_\_ (initial)** Contractor certifies this SOQ contains NO confidential and/or proprietary information.

***Confidential/Proprietary Information****. Contractor as indicated in the space below certifies the following pages, sections, paragraphs contain confidential and/or proprietary information****. If additional space is required, provide information on a separate page and submit as an attachment to this form.***

|  |
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| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Mandatory Certifications Form**

|  |  |
| --- | --- |
| **Company Name** |  |

**A. Conflict of Interest Certification**

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_(*initial*)** The Offeror certifies that to the best of his/her knowledge there is **NO** officer or employee of College who has, or whose relative has, a substantial interest in any contract resulting from this Statement of Qualifications. |
|  |
| **\_\_\_\_\_\_\_\_\_(*initial*)** The names of all public officers or employees of College who have, or whose relative has, a substantial interest in any contract resulting from this Statement of Qualifications, and the nature of the substantial interest, are included below or as an attachment to this certification form. |
| First, Last Names  | Title |
|  |  |
|  |  |

**B. Boycott of Israel Certification**

As required by the Arizona Revised Statutes § 35-393.01, College is prohibited from awarding a contract to any Contractor for delivery of services, supplies, information technology or construction unless the contract includes a written certification that the Contractor is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of Israel.

A breach of the forgoing warranty certification will be deemed a material breach of the resulting contract. In addition to the legal rights and remedies available to College under the law. In the event of such breach, College will have the right to terminate the resulting agreement with the Offeror.

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| --- |
| **\_\_\_\_\_\_\_\_\_(*initial*)** Accordingly, the Offeror by initialing certifies Offeror is not currently engaged in boycott of Israel, and will not for the duration of the resulting contract with College under this RFP engage in a boycott of Israel.  |

**C. Worker Eligibility Verification**

As required by the Arizona Revised Statues § 41-4401, College is prohibited from awarding a contract to any Contractor who fails, or whose subcontracts/subrecipients fail, to comply with A.R.S § 23-214 governing the employee verification requirements through the federal e-Verify program.

|  |
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| **\_\_\_\_\_\_\_\_\_(*initial*)** Accordingly, by initialing certifies that Offeror (1) complies fully with all applicable federal immigration laws and regulations that relate to its employees; that it will, as applicable or required under A.R.S § 23-214, verify, through the e-Verify program as jointly administered by the U.S. Department of Homeland Security and Social Security Administration or any of its successor programs, the employment eligibility of each employee hired to work on the resulting agreement with College; and (2) that it will, as applicable or required under A.R.S § 23-214, require its subcontractor and subrecipients to provide the same warranties to the Offeror.A breach of the forgoing warranty certification will be deemed a material breach of the resulting contract. In addition to the legal rights and remedies available to College under the law. In the event of such breach, College will have the right to terminate the resulting agreement with the Offeror. Upon request, the College will have the right to inspect the papers of each Contractor, subcontractor or any employee of either who performs work hereunder for the purposes of ensuring that the Contractor or subcontractor is in compliance with the warranty certification set forth herein. |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Appendix Form**

|  |  |
| --- | --- |
| **Company Name** |  |

In each space provided below, provide a detailed answer or indicate Not Applicable (N/A). If additional space is needed, answers may be provided on a separate document and be attached to this form.

* 1. **Litigation:** Details of any litigation your company or any of its subsidiaries or affiliates has had in the past five (5) years related to the performance of services provided by your firm.

|  |
| --- |
|  |

* 1. **Canceled, debarred, suspended:** If a firm has had any previous contracts canceled or is currently debarred, suspended, or proposed for debarment by any government entity, the current status must be documented in this section.

|  |
| --- |
|  |

* 1. **Prior Use:** If any customer has stopped using the product(s) or service(s) you are proposing, provide details including customer name, date when product was installed, date when product was discontinued (usage) and reason for discontinuation, including contact details of the customer.

|  |
| --- |
|  |

* 1. **Cooperative:** If the firm intends to use any cooperative, for the purposes of this SOQ, the firm must submit a copy of the Cooperative Contract.
	2. **Subcontract, third party agreement**, or the like to perform under their SOQ:, the firm must supply the name, address, qualifications and criteria used by the firm for selection of any third party, and the intended services to be performed. **The services provided under the Scope of Work proposed, in part or in whole, shall not be subcontracted without prior written permission of the College.**

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Non-collusion Affidavit**

**(must be completed by contractor)**

**STATE OF: )**

**)**

**COUNTY OF: )ss**

**)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Individual)

being first duly sworn upon oath deposes and says:

That he/she is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title)

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Company, Firm, or Corporation)

that, pursuant to Subsection 112(c) of Title 23, United States Code and Title 44, Chapter 10, Article 1, and Title 34, Chapter 2, Article 4 of the Arizona Revised Statutes, he certifies that neither he nor anyone associated with the company, firm, or corporation mentioned above has, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of full competitive bidding in connection with the associated project:

Subscribed and sworn to before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 2021. (Signature)

 If by a Corporation (Seal)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

**Statement of Qualifications (SOQ) Forms**

**Instructions:**

Each firm will be limited in the total number of pages submitted as part of their Statement of Qualifications (SOQ) packet.

Due to the offeror's time and cost in preparing this document, along with the challenge of thoroughly reading and evaluating these documents, the College will limit the total number of content pages to (single sided using minimum 11 point font). **A "page" is limited to one side of an 8-1/2 by 11 inch sheet of paper**:

Documents that will not be considered in this total number of content pages will be resumes, financial statements, letters from financial/insurance institutions, cover page, index, offer acceptance form, insurance certificates, non-collusion affidavit, and tab pages.

The tab pages will be used to reference each section and can be used for pictures or art work. Appendices may be attached as back up information; 254 & 255 forms are **not** required.

The College has attempted to streamline the amount of required information as noted on each Form. Firms are strongly encouraged to present their offers in strict accordance with the noted outline.

**The SOQ must adhere to the order and response length indicated per each Criteria Response.**

**Note: Additional copies of forms may be made as necessary to provide a complete response.**

**Copies of forms in Word format are available for download from the webpage under the heading for this solicitation.**

**(1) Firm’s Qualifications and Experience Form**

This evaluation criteria is twenty (20) points maximum. (This form should not exceed (1) one page)

|  |  |
| --- | --- |
| **Company Name** |  |

* + 1. How many years has this business been in existence under its present ownership? \_\_\_\_\_\_\_\_\_\_\_\_
		2. What was the total amount of Construction Manager at Risk (CM@R) Project-related/Prime General Contractor work your firm has completed in the following calendar years?

2020: Number of contracts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total contract values$: \_\_\_\_\_\_\_\_\_\_\_\_\_

2019: Number of contracts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total contract values$: \_\_\_\_\_\_\_\_\_\_\_\_\_

2018: Number of contracts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total contract values$: \_\_\_\_\_\_\_\_\_\_\_\_\_

2017: Number of contracts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total contract values$: \_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. By dollar value, approximately what percentage of work is:

Educational \_\_\_\_ %, Commercial \_\_\_\_ % Government \_\_\_\_\_ %

* + 1. List the licenses held by the firm issued by the Arizona Registrar of Contractors:

License Number \_\_\_\_\_\_\_\_\_\_\_ License Classification \_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_

License Number \_\_\_\_\_\_\_\_\_\_\_ License Classification \_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_

License Number \_\_\_\_\_\_\_\_\_\_\_ License Classification \_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_

License Number \_\_\_\_\_\_\_\_\_\_\_ License Classification \_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_

License Number \_\_\_\_\_\_\_\_\_\_\_ License Classification \_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_

* + 1. **Historical Preservation**: Describe the firm’s qualifications and experience constructing and renovating historical preservation sites. (Response should not exceed one (1) page. Attach response to this form, title response: E. Historical Preservation)
		2. **Estimating Complex Phased Projects**: Describe the firm’s qualification and experience with estimating large-scale, complex projects constructed in multiple, substantial phases. (Response should not exceed one (1) page. Attach response to this form, title response F. Estimating, Complex Phased Projects.)
		3. **LEED.** Describe the firm’s experience and list projects with LEED Certifications (Response should not exceed one (1) page. Attach response to this form, title response G. LEED).
		4. **Unique Attributes**: Describe why the firm is especially qualified to perform the requested services. Include any unique qualifications, experience, equipment and/or resources of the firm that would be highly beneficial to this project. (Response should not exceed two (2) pages. Attach response to this form, title response H. Unique Attributes).

**(2) Project Team’s Qualifications and Experience Form**

This evaluation criteria is twenty (20) points maximum. This form should not exceed three (3) pages.

|  |  |
| --- | --- |
| **Company Name** |  |

**Instructions:** This form should be completed for each key personnel involved in the performance of this contract. Answer all questions in the space provided. . A separate resume (maximum two (2 pages) may be included and attached as an additional page to this form. The resume is to be used to supply relevant information pertaining to the performance of this contract and is to be supplemental to the information below and is not to be used to replace this form.

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| --- | --- |
| **Company Name** |  |

1. Provide a listing of the proposed Project Team that will be directly involved in this contract.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Employee Working Title** | **Licenses/Certifications** | **Project Title/Role** |
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1. Provide and attach to this form an organizational chart including key members assigned to this Project Team. Organizational chart should not exceed two (2) pages.
2. In the order listed above, describe the proposed Project Teams assignments and lines of authority and communication for this Project. (Attach response to this form. Response should not exceed three (3) pages.)
3. Attach to this form, a resume for each Project Team Member.

**(3) Past Representative Projects Form**

This evaluation criteria is twenty (20) points maximum. This form should not exceed two (2) pages.

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| --- | --- |
| **Company Name** |  |

**Instructions**: Provide at least four Owner/User references on projects listed in Section 1 and/or significant projects listed in Section 2. **Only** provide references for projects listed in Sections 1 and/or 2. References will be checked for short-listed firms. Provide in the formt below **all** of the following information for **each** reference:

|  |  |
| --- | --- |
| Project Name/Description |  |
| Delivery Method (JOC, CMAR, DBB) |  |
| Agency/Owner |  |
| Agency/Owner Contact Information: Name, Phone, Email |  |
| Start Date - Completion Date |  |
| Original Contract Cost: | $ |
| Final Construction Cost: | $ |
| Design/Engineering Firm(s)  |  |
| Construction Manager Name, Contact Information |  |
| CM Project Manager |  |
| Names of Project Team Members identified in Form 2. |  |

|  |  |
| --- | --- |
| Project Name/Description |  |
| Delivery Method (JOC, CMAR, DBB) |  |
| Agency/Owner |  |
| Agency/Owner Contact Information: Name, Phone, Email |  |
| Start Date - Completion Date |  |
| Original Contract Cost: | $ |
| Final Construction Cost: | $ |
| Design/Engineering Firm(s)  |  |
| Construction Manager Name, Contact Information |  |
| CM Project Manager |  |
| Names of Project Team Members identified in Form 2. |  |

**(4) Understanding of the Scope of Work Form**

This evaluation criteria is twenty (20) points maximum. This form should not exceed three (3) pages.

|  |  |
| --- | --- |
| **Company Name** |  |

1. What benefits will the team bring to the project during the Pre-Construction Phase?
2. What benefits will the team bring to the project during the Construction Phase?
3. Identify the person/group that will be responsible for cost estimating, creating and maintaining the Cost

Estimate/Model throughout the Project? What methods and resources are used to develop the Cost Estimate/Model and how do you propose to reconcile the costs when there are discrepancies with the design professional’s cost estimate?

 **(5) Management of the Scope of Work and Project Schedule Form**

This evaluation criteria is twenty (20) points maximum. (This form should not exceed four (4) pages)

|  |  |
| --- | --- |
| **Company Name** |  |

1. Process: Describe on-going processes, such as TQM, used by the firm to improve its level of service.

Describe your Quality Control and Quality Management. Summarize your approach to quality control and quality assurance during construction administration.

1. Schedule: Provide your schedule control and compliance process. Summarize your firm’s schedule control process to be used in order to meet the identified schedule during design and during construction administration. Provide information on your data management, including RFI, ASI and submittal reviews.
2. Budget: Budget method and cost control. Define how change orders and other potential additional cost during the construction phase will be avoided and controlled.

1. Documents: Describe the methods used by the firm to check the quality and completeness of the firm's construction documents, such as coordination checklists and coordination review meetings.