

***US 20: PIONEER MOUNTAIN TO EDDYVILLE
DESIGN-BUILD PROJECT***

**REQUEST FOR QUALIFICATIONS
APPENDIX C**

**STATEMENT OF QUALIFICATION
FORMS**

APPENDIX C

FORMS

	Acknowledgement of Receipt
<u>Form B</u>	Backlog Information
<u>Form E-1</u>	Project Description
<u>Form E-2</u>	Subcontractor Information
<u>Form E-3</u>	Proposed Key Personnel Information
<u>Form L-1</u>	Proposer's Organization Information
<u>Form L-2</u>	Principal Participant and Designer Certification
<u>Form DBE</u>	Record of DBE Performance
<u>Form PP-1</u>	Past Performance
<u>Form PP-2</u>	Environmental Past Performance
<u>Form R</u>	Past Revenue
<u>Form RFQ-C</u>	Proposer's Question Request
<u>Form S</u>	Safety Questionnaire

ACKNOWLEDGMENT OF RECEIPT

**ACKNOWLEDGMENT OF RECEIPT
OF
REQUEST FOR QUALIFICATIONS, ADDENDA, AND RESPONSES TO QUESTIONS
(To be attached to Statement Of Qualifications Cover Letter)**

(Name of Proposer)

We hereby acknowledge receipt of the US 20: Pioneer Mountain to Eddyville Design-Build Project RFQ dated July 30, 2004, and subsequent Addenda and responses to questions issued by ODOT.

<u>ADDENDUM No.</u>	<u>Date Issued</u>
_____	_____
_____	_____
_____	_____

<u>Response to Questions No.</u>	<u>Date Issued</u>
_____	_____
_____	_____
_____	_____

(Signed)

(Date)

(Printed or Typed Name)

(Title)

FORM B

BACKLOG INFORMATION

Name of Proposer: _____

Company Name Proposer Entities	No. of Contracts in Force	Total Contract Value (US\$ Millions)	Value of Work Remaining by Year (US\$ Millions)		
			2004	2005	2006
Principal Participant(s)					
Designer					
Quality Control Engineer					
Other Firms					

FORM B

BACKLOG INFORMATION

Name of Proposer: _____

OUTSTANDING PROPOSAL/BID INFORMATION

Company Name	No. of Proposals / Bids Outstanding	Total Potential Value (US\$)
Principal Participant(s)		
Designer		
Quality Control Engineer		
Other Firms		

Oregon Department of Transportation

FORM E-1

PROJECT DESCRIPTION

Name of Proposer: _____

Name of Firm: _____
Project Role: _____ Principal Participant: _____ Designer: _____ Quality Control Engineer: _____ Other (Describe): _____
Years of Experience: _____ Roads/Streets: _____ Bridges/Structures: _____ Utility Relocations: _____
Project Name, Location, Description, and Nature of Work for which Company was responsible: _____ _____ _____ _____ _____ _____ _____
Describe Site Conditions: _____ _____ _____ _____ _____ _____
(Use additional sheets as necessary to describe project and site conditions)
List any awards, citations, and/or commendations received for the project: _____ _____ _____
Name of Client (Owner/Agency, Contractor, etc.): _____ Address: _____ _____ Contact Name: _____ Telephone: _____ Owner's Project or Contract No.: _____ Fax No: _____ Contract Value (US\$): _____ Final Value (US\$): _____ Percent of Total Work Performed by Company: _____ Commencement Date: _____ Planned Completion Date: _____ Actual Completion Date: _____ Amount of Claims: _____ Any Litigation? Yes _____ No _____

FORM E-3

PROPOSED KEY PERSONNEL INFORMATION

Name of Proposer: _____

Position	Name	Years of Experience	Education/ Registrations	Parent Firm Name	Reference Name, Phone & Fax numbers. (*)
Project Manager					
Design Manager					
Quality Manager					

* Provide two (2) references for Project Manager and one (1) reference for all others.

Oregon Department of Transportation

FORM L-1

PROPOSER'S ORGANIZATION INFORMATION

PROPOSER (INDIVIDUAL FIRM / JOINT VENTURE / PARTNERSHIP / LLC)				
Name of Entity:				
Address:				
Contact Name:		Title:		
Telephone No.:	Fax No.:	E-mail:		
LOCAL / REGIONAL CONTACT				
Name:				
Address:				
Telephone No.:		Fax No.:		E-mail:
NAME(S) OF PROPOSER ENTITY(IES)				
Company Name	Address/Phone and Fax Numbers	State of Incorporation:	Lead Participant	
			<u>Yes</u>	<u>No</u>
Principal Participant(s)				
Designer				
QC Engineer				
Other Firm(s)				

FORM L-2

PRINCIPAL PARTICIPANT AND DESIGNER CERTIFICATION

Complete for each Principal Participant and the Designer.

1. Has the firm* ever failed to complete any work it agreed to perform, or had a contract terminated because it was in default? If yes, describe.
2. Has the firm* or any officer thereof been indicted or convicted of bid or other contract related crimes or violations or any felony or misdemeanor related to performance under a contract within the past five years? If yes, describe.
3. Has the firm* ever sought protection under any provision of any bankruptcy act? If yes, describe.
4. Has the firm* ever been debarred or suspended from performing work for the federal government or any state or local government? If yes, describe.
5. List on a separate page up to five financial institutions with which the firm* has done the most business during the past five years and identify the individual at each institution who was in charge of the firm's accounts. Indicate the address, telephone, and fax numbers of each individual.

(Must be signed by an officer of the firm)

Firm: _____

By: _____

Title: _____

Name of Proposer: _____

* (Note: "Firm" includes any Affiliate, including parent company or subsidiary companies.)

FORM DBE

RECORD OF DBE PERFORMANCE

Name of Proposer: _____

Firm Name: _____

Role (check as applicable): Principal Participant Designer

Provide the information requested below for projects completed within the years 2001, 2002, and 2003 where the firm was the prime contractor or prime consultant. For any project where the DBE goal, if applicable, was not achieved, attach a maximum ½ page explanation.

Design Project Name	DBE Participation Goal (%), if applicable	DBE Participation Achieved (%)	Current Owner Contact (Name, Phone and Fax No.)
Construction Project Name	DBE Participation Goal (%), if applicable	DBE Participation Achieved (%)	Current Owner Contact (Name, Phone and Fax No.)

Add additional sheets if necessary.

FORM PP-1

PAST PERFORMANCE

Liquidated Damages

Project Name	Cause of Delay(s)	Amount Assessed	Describe Outstanding Damage Claims by Any Owner	Current Owner, Contact Name, Phone, & Fax Nos.

Termination for Cause

Project	Describe Reason for Termination	\$ Amount Involved	Current Owner, Contact Name, Phone, & Fax Nos.

Disciplinary Action

Project	Describe Action Taken	Current Owner Contact Name, Phone & Fax Nos.

FORM PP-2

ENVIRONMENTAL PAST PERFORMANCE

Name of Proposer: _____

Firm Name: _____

Environmental Awards and/or Commendations

Name of Award	Year Received	Project and Location	Work for Which Award Received

Environmental Citations

Name of Citations	Year Received	Project and Location	Work for Which Citation Received

Oregon Department of Transportation

FORM R

PAST REVENUE

Proposer's Name: _____

Proposer Entities/Firm Name	Total Revenue by Year (\$US in Millions)		
	2001	2002	2003
Principal Participant(s):			
Designer:			
Quality Control Engineer:			
Other Firm(s):			

Oregon Department of Transportation

FORM RFQ-C

Proposer's Question Request

Proposer's/Firm's Name: _____

RFQ Section No. or Appendix	Question	Reserved for Agency Response

Use additional sheets as necessary.

FORM S

SAFETY QUESTIONNAIRE

Proposer's Name: _____

Firm Name: _____

1. Provide the following information for the last three years:

Item	2001	2002	2003
Employee hours worked (Do not include non-work time, even though paid)			
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention only			
Number of fatalities			

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Position	No	Yes	Monthly	Quarterly	Annually

3. Do you hold site meetings for supervisors? Yes _____ No _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____ Less often, as needed _____

4. Do you conduct project safety Inspections? Yes _____ No _____

By whom? _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____

FORM S

SAFETY QUESTIONNAIRE

5. Does the firm have a written safety program? Yes _____ No _____

6. Does the firm have an orientation program for new hires?

Yes _____ No _____ If yes, what safety items are included?

7. Does the firm have a program for newly hired or promoted foremen?

Yes _____ No _____ If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

8. Does the firm hold safety meetings which extend to the laborer level?

Yes _____ No _____

How often? Daily ___ Weekly ___ Bi-Weekly ___ Less often, as needed ___

9. For Proposer only, indicate the safety record on the last project to which the indicated key personnel were assigned:

Key Person	Total hours worked by all employees on project	Number of lost workday cases on project	Number of restricted workday cases on project	Number of cases with medical attention only on project	Number of fatalities on project
Project Manager					

FORM S

SAFETY QUESTIONNAIRE

WORK ZONE SAFETY

1. Do you keep track of Work Zone Accidents? (Y/N) _____
2. If Yes, Please provide:
 1. Number of Accidents (non-alcoholic), last 3-years _____ from ___ Projects
 2. Loss of Life Number (non-alcoholic), last 3-years _____ from ___ Projects
3. Does your weekly safety meeting include lessons learned and improvements to Work Zone Safety? (Y/N) _____
 1. If Yes, provide a sample of Meeting Minutes that address Work Zone discussion. The sample should have name of project, location, and date.
4. How do your Safety Plans address Work Zone Safety?
 1. Provide sample table of contents from a transportation project.
5. What mitigation measures or improvements have been made to minimize traffic congestion and delays? (List 3)
 1. _____
 2. _____
 3. _____
6. Over the last 3-years, what five (5) top improvements have you employed to Work Zone Safety:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____