

STATEMENT OF PROPONENT'S QUALIFICATIONS

This Statement is to accompany bids submitted for the following project: **DESIGN BUILD SERVICES FOR WATER SUPPLY TUNNEL SYSTEM CONNECTION TO CHATTAHOOCHEE WATER TREATMENT PLANT.** Proponents must meet the minimum qualification criteria set forth under items **5, 7, 8, 9, 10, 11, and 12** 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 at least three (3) previously completed or current water main installation projects which are similar in scope and complexity to this project (minimum of \$5M in value and 48-inch mains) 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.)

- a. The Proponent has been in business for a minimum of ten (10) years.
- b. Proponent is experienced and performs large water and sewer utility and infrastructure projects, consistent with the industry description as described US Census Bureau NAICS Code 23711 "Water and Sewer Line and Related Structures Construction" and is capable of the following:
 - Large Pumping Station Construction
 - Large process mechanical pumps, pipes, valving
 - Mass concrete construction (may have been done in conjunction with pump stations, treatment plants, sediment basins and other plant hydraulic structures, concrete dams, etc.)
 - Deep excavations and engineered shoring systems.

- Dewatering and water control in deep excavations
 - Large meter and valve vault construction
 - Electrical equipment up to 4160 volt, and large ductbank and electrical vault construction.
 - Instrumentation and SCADA work
 - Major rock excavation via blasting and/or other methods
- c. Three water main projects in the last 10 years which must have exceeded \$5 million in value with 48-inch diameter piping; and are consistent with NAICS Industry Code 23711.
- d. Proponent shall include with the submitted bid package a written qualifications document not to exceed ten (10) pages in length that demonstrates the Proponent's qualifications meeting the requirements listed above.
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. Proponent's Required Corporate Experience Information:
- a. Provide name, address and telephone number of Proponent's corporate headquarters, parent/holding company, relevant regional office(s) and subsidiaries, if any.
 - b. Provide name, title, and biographical summary of all corporate officers.
 - c. Provide a statement that Proponent has operated under the current corporate name for the last ten (10) years, or a statement listing each previous corporate name used.
 - d. Provide a statement of bonding capacity, bonding company, insurance agent contact persons, and telephone numbers. Include a statement that the proposed bonding company is listed in the latest issue of U.S. Treasury Circular 570.

- e. Provide a statement that Proponent has never failed to complete a project. If this is not the case, explain.
 - f. Provide a statement that Proponent has not been involved in liquidated damages in the past five years or served the Owner with a claim for additional compensation prepared by an attorney or a claims consultant, excluding routine change order requests. If this is not the case, explain.
 - g. Provide a statement indicating whether Proponent has or has not been involved in litigation as a plaintiff against an Owner or Engineering Firm in the past five years. If Proponent has, explain.
 - h. List all other projects currently under contract, the current contract amounts, and scheduled completion dates.
 - i. Provide a photocopy of current Georgia Utility Contractor and Georgia General Contractor licenses.
8. Provide resumes showing the Proponent's proposed Project Manager and Project Superintendent have the proper experience and qualifications for this project.
- a. Project Manager must have successfully managed the following work within the last ten years in the United States of America: Construction of not less than three projects consistent with NAICS Industry Code 23711 of similar size and complexity as this project (minimum size 48-inch pipe installation), with a minimum construction value of \$5 million for each project.
 - b. Project Superintendent must have successfully managed the following work within the last ten years in the United States of America: Construction of not less than three projects consistent with NAICS Industry Code 23711 of similar size and complexity as this project (minimum size 48-inch pipe installation), with a minimum construction value of \$5 million for each project.
9. The Contractor must have an established Safety Program that as a minimum includes those items as listed on the attachment entitled "*CONTRACTOR SAFETY RECORD FORM*".
10. The Contractor's Workman's Compensation Ratings (EMR-Experience Modification Rate) must not exceed an average of 1.0 over the last three (3) years.
- a. Contractor's Workman's Compensation Ratings (EMR-Experience Modification Rate) _____

11. The Contractor's OSHA Incidence Rates must not exceed the Industry Standard published by the U.S. Department of Labor(2002) (i.e.-Recordable Incidence Rates of 6.2 and Loss Time Incidence Rates of 2.4 per OSHA definition and calculation) for the last three (3) years.
- a. Contractor's Recordable Incidence Rates _____
 - b. Contractor's Lost Time Incidence Rates _____
12. "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 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."
- a. Fatalities during the last five years where Contractor was cited by OSHA for "Willful" Violation _____
 - b. Fatalities during the last five years where the proposed Project Manager was cited by OSHA for "Willful" Violation.

The previous statements and attachments are true, correct, and complete to the best of my knowledge.

Date: _____

Firm Name: _____

By: _____

Title: _____

Sworn to and subscribed before me

this ____ day of _____, 202_.

Notary Public

STATEMENT OF PROPONENT'S QUALIFICATIONS
COMPANY PROJECT EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Contractor's Project Superintendent	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Capacity (mgd)	
Type of pumps/Capacity per pump	
Type of Screens/Capacity per Screen	
Type/size of flow measurement.	
Type/Size of Suction and Discharge Piping	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Percentage of Labor completed by Prime	
Was Project Completed on Time?	
Liquidated damages	
Description of Major Project Components	

STATEMENT OF PROPONENT'S QUALIFICATIONS
PROJECT MANAGER EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Project Manager Name	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Capacity (mgd)	
Type of pumps/Capacity per pump	
Type of Screens/Capacity per Screen	
Type/size of flow measurement.	
Type/Size of Suction and Discharge Piping	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Percentage of Labor completed by Prime	
Was Project Completed on Time?	
Liquidated damages	
Description of Major Project Components	

STATEMENT OF PROPONENT'S QUALIFICATIONS
PROJECT SUPERINTENDENT'S PROJECT EXPERIENCE
 (Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Project Superintendent Name	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Capacity (mgd)	
Type of pumps/Capacity per pump	
Type of Screens/Capacity per Screen	
Type/size of flow measurement.	
Type/Size of Suction and Discharge Piping	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Percentage of Labor completed by Prime	
Was Project Completed on Time?	
Liquidated damages	
Description of Major Project Components	

STATEMENT OF PROPONENT'S QUALIFICATIONS
KEY STAFF PROJECT EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Key Staff Name	
Key Staff Role	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Capacity (mgd)	
Type of pumps/Capacity per pump	
Type of Screens/Capacity per Screen	
Type/size of flow measurement.	
Type/Size of Suction and Discharge Piping	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Percentage of Labor completed by Prime	
Was Project Completed on Time?	
Liquidated damages	
Description of Major Project Components	

STATEMENT OF PROPONENT'S QUALIFICATIONS
KEY STAFF PROJECT EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Key Staff Name	
Key Staff Role	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Capacity (mgd)	
Type of pumps/Capacity per pump	
Type of Screens/Capacity per Screen	
Type/size of flow measurement.	
Type/Size of Suction and Discharge Piping	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
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STATEMENT OF PROPONENT'S QUALIFICATIONS
KEY STAFF PROJECT EXPERIENCE

(Complete Form Only For Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Key Staff Name	
Key Staff Role	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Capacity (mgd)	
Type of pumps/Capacity per pump	
Type of Screens/Capacity per Screen	
Type/size of flow measurement.	
Type/Size of Suction and Discharge Piping	
Initial Contract Amount	\$
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Project Duration	Date Started: Date Completed: Time Extensions:
Percentage of Labor completed by Prime	
Was Project Completed on Time?	
Liquidated damages	
Description of Major Project Components	

I. General Information

Name of Firm:	
Business Address:	
Telephone:	Fax:
Prepared by/Title:	Date prepared:

II. Experience Modification Rates

- A. List your firm's Workers Compensation Experience Modification Rates (EMR) for the last completed three years.

Year	Experience Modification Rate (EMR)

III. OSHA Incidence Rates

- A. List your firm's Occupational Safety Health Administration (OSHA) incidence rates for the last completed three years.

Year	Total Recordable Incidents	Total Hours Worked	OSHA Incidence Rate*

* Use your OSHA Form No. 200 and the formula:

$$(\text{Total Incidents} \times 200,000 \text{ hours}) \div (\text{Number of hours worked}) = \text{Incidence Rate}$$

III. OSHA Incidence Rates (cont'd)

B. Provide your incidence rates over the last three years for the following categories:

Category	Incidence Rate by Year*		
	Year _____	Year _____	Year _____
Fatalities			
Injuries and Illnesses with Lost Work Days			
Injuries and Illnesses with Restricted Work Days			

* Use your OSHA Form No. 200 and the formula:

$$(\text{Total Incidents} \times 200,000 \text{ hours}) \div (\text{Number of hours worked}) = \text{Incidence Rate}$$

C. Does your firm have any upheld OSHA citations in the past five years?

Yes No (If yes, attach explanation)

IV. Safety Program Information

A. Do you have a written safety program?

Yes No (If yes, attach outline)

B. Which of the following does your safety program contain:

1. Does your company require health and safety training of its subcontractors?

Yes No

2. Is documentation of health and safety training required?

Yes No

3. Do you have a Hazard Communication Program (29 CFR 1910.1200, CCR Title 8 Section 5194)?

Yes No

4. Do you have a Confined Space Entry and Rescue Program (29 CFR 1910.146, CCR Title 8 Section 5156-5159)?

Yes No (If yes, attach explanation)

5. Do you have a "Hot Work" permit program (29 CFR 1910.146, CCR Title 8 5156-5159)?

Yes No (If yes, attach explanation)

IV. Safety Program Information (cont'd)

B. Which of the following does your safety program contain (cont'd):

6. Do you have a "Lock-Out/Tag-Out" program (29 CFR 1910.417)?

Yes No (If yes, attach explanation)

C. Do you have an Equipment Maintenance Program for the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Miscellaneous construction tools and equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Ladders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Scaffolds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Heavy Equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Vehicles? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

D. Do you have a new employee safety orientation program?

Yes No

1. If yes, does it include instruction in the following:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| (a) Company Safety Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Company Safety Rules | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Safety Meeting Attendance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Company Safety Record | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Hazard Recognition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Hazard Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Injury Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (h) Non-Injury Accident Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (i) Personal Protective Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (j) Respiratory Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (k) Fire Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (l) Housekeeping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (m) Toxic Substance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (n) Electrical Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (o) Fall Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (p) First-Aid/CPR | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (q) Driving Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (r) Hearing Conservation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (s) Lock-Out/Tag-Out | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (t) Bloodborne Pathogens | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (u) Asbestos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) Confined Spaces | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (w) Hazard Communication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IV. Safety Program Information (cont'd)

E. Do you conduct safety meetings for your employees? Yes No

1. If yes, how often:

Daily Weekly Bi-weekly Monthly As Needed

F. Do you conduct health and safety audits of work in progress?

Yes No

1. If yes, who conducts the audits?

2. How often are the audits conducted?

G. Do you notify all employees of accidents and precautions related to accidents and near misses?

Yes No

1. If yes, how is this notification accomplished?

- (a) Safety meetings Yes No
- (b) Post notification in office Yes No
- (c) Post notification at the site where the incident occurred Yes No
- (d) Other _____

H. Is safety a criteria in evaluating the performance of:

- 1. Employees Yes No
- 2. Supervisors Yes No
- 3. Management Yes No

I. Does your firm hold "tailgate" safety meetings? Yes No

1. If yes, how often:

Daily Weekly Bi-weekly Monthly As Needed

J. Does your company have a drug and alcohol testing policy?

Yes No

K. Does your company require that subcontractors participate in a drug surveillance/testing program?

Yes No

L. Does your company have a method of disseminating safety information?

Yes No