
Project Name

for
Tuskegee University
in
Tuskegee, Alabama

CRITERIA FOR PREQUALIFICATION OF CONTRACTORS

The purpose of having criteria is to set a measure by which contractors shall be judged to be prequalified. This is a set of criteria that shall be added to or taken away from depending on the construction job being bid.

The below are the criteria that shall be used to prequalify bidders for this project. Failure to submit all and complete answers will be grounds for Tuskegee University not to qualify said contractor. All answers shall be in the order below. DO NOT write on this form. Use as many pages to submit as needed. The term "Organization" is meant to include any related organization as defined by the IRS. A score of 75% of total available points is required to be prequalified. This form shall be returned with your answers.

Prerequisites (0 pts)

All of the following prerequisite items must be satisfied in order for the applicant organization to be considered prequalified.

1. Bidders must be licensed under terms of existing State laws. License classification must correspond to bid package for which prequalification is requested.
2. In case of a joint venture of two or more Contractors, the amount for the bid shall be within the maximum bid limitations as set by the State Licensing Board for General Contractors of at least one of the partners to the joint venture.
3. If the bidder is a corporation organized in a state other than Alabama, it shall furnish certificate from the Alabama Secretary of State showing that it is qualified to transact business in Alabama and shall be registered with Alabama Department of Revenue.

Company Information (Maximum 12 pts)

The intent of this section is to obtain the general information for the applicant organization. Points will be awarded based on the completeness of this section.

1. List organization information including Company Name, Mailing Address, Street Address, City, State, Zip, Telephone Number, and Fax Number.
2. Provide Federal Identification Number. Attach copy of Form.
3. Provide State Contractor License Number. Attach copy of license.
4. Indicate formal organization structure (Corporation, Partnership, Individual, Joint Venture, or Other) and the State and date it was organized as such.
5. List special programs (SB, HZSB, SDB, WOSB, VOSB, SDVOSB, Other, None) of which your organization is a member. Attach copy of certificate for each.
6. List names and titles for organization Officers, Owners, and/or Partners. Include resumes' for each.
7. If a subsidiary of another company, provide name and address of parent company.
8. Provide length of time your organization has been in business under its current name and length of time under other previous name(s).
9. Indicate method

12.

26.

41. List your organization's Experience Modifier Rate for the previous year and provide supporting documentation. List any claims you have had since December 31 previous year. (EMR equal to or less than .80 = 10 pts; between .81-1.0 = 7 pts; greater than 1.0 = 0 pts.)
42. Provide copy of latest OSHA 300 Log indicating Total Recordable Injuries and Illnesses, Man-Hours worked, Incident Rate and Number of Lost Time Accidents.

Scheduling and Quality Control Program (QAQC) (Maximum 20 pts)

The intent of this section is to determine the applicant organization's competency with regard to Scheduling and Quality Control. Points will be awarded based on the reviewer's evaluation of the effect that the information provided could potentially have on the organization's ability to perform on this project.

43. Provide a description of your written program for Scheduling. Applicant should define means or methods utilized when scheduling projects (i.e. outsourcing), describe means for schedule recovery, and provide any examples of projects where schedule adversities were overcome.
44. Provide a description of your written program for Quality Control/Assurance. Demonstrate how existing program benefits the project's durability and appearance; and how it aids in supervisory personnel's ability to comply with contract requirements (i.e. plans and specifications).

ATTACHMENT "A"

CURRENT EXPERIENCE SUMMARY

PROJECT NAME: _____

OWNER: _____
OWNER'S ADDRESS: _____

OWNER CONTACT: _____
OWNER TELEPHONE No _____
ARCHITECT: _____
ARCHITECT'S ADDRESS: _____

ARCHITECT CONTACT: _____
ARCHITECT TELEPHONE #: _____
CONTRACT BID AMOUNT: _____
CONTRACT START DATE: _____
CONTRACT END DATE: _____
CONTRACT TIME _____ DAYS
PERCENTAGE OF WORK TO BE PERFORMED BY OWN FORCES: _____ %
DESCRIPTION OF WORK PERFORMED:

ATTACHMENT "B"

RELEVANT EXPERIENCE SUMMARY

PROJECT NAME: _____

OWNER: _____

OWNER'S ADDRESS: _____

OWNER CONTACT: _____

OWNER TELEPHONE No _____

ARCHITECT: _____

ARCHITECT'S ADDRESS: _____

ARCHITECT CONTACT: _____

ARCHITECT TELEPHONE #: _____

CONTRACT BID AMOUNT: _____

COMPLETED CONTRACT AMOUNT: _____

CONTRACT START DATE: _____ END DATE: _____

CONTRACT TIME INCLUDING CHANGE ORDERS: _____ DAYS

CONTRACT TIME USED: _____ DAYS

COMPLETION DATE: _____

PERCENTAGE OF WORK PERFORMED BY OWN FORCES: _____%

DESCRIPTION OF WORK PERFORMED:
