# Part Two: Forms / Schedules

# Section I: Application for General Contractors Statement of Qualifications (SOQ) Form

**Note: See *Sections III and VII of Part One, the SOQ for this Project,* for instructions on completing this *Statement of Qualifications and accompanying Schedules A through K.***

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| **Project Name:** |  |
| **SOQ Number:** |  |
| **Owner:** |  |
| **General Contractor Name:** |  |
| **General Contractor  Mailing Address:** |  |
| **General Contractor  Street Address:** |  |
| **Telephone Number:** |  |
| **Facsimile Number:** |  |
| **Contact Person/Title:** |  |

**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE A – BUSINESS OWNERS:** Interested General Contractor **MUST** provide the following information and attach a copy of the resume for each business owner of the firm in accordance with Section D: Criteria for Prequalification.

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| **NAME** | **TITLE** | **ROLE/JOB RESPONSIBILITIES/**  **SCOPE OF WORK** | **# OF YEARS**  **W/FIRM** | **EDUCATION/EXPERIENCE** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE B – MANAGEMENT PERSONNEL:** Interested General Contractors **MUST** provide the following information and attach a copy of the resume for each and every person who will have any direct or indirect management responsibility for the Project, including but not limited to, project executives, project managers, project superintendents, etc. in accordance with Section D: Criteria for Prequalification

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| **NAME** | **TITLE** | **ROLE/JOB RESPONSIBILITIES/**  **SCOPE OF WORK** | **# OF YEARS**  **W/FIRM** | **EDUCATION/EXPERIENCE** | **Representative List of COMPLETED PROJECTS** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE C Part1 - SIMILAR PROJECT EXPERIENCE:** Interested General Contractor **MUST** list all similar projects your firm has completed during the last eight (8) years. For the purpose of this *SOQ* “similar projects” shall be as defined in Section D: Criteria for Prequalification

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| --- | --- | --- | --- | --- |
| **PROJECT NAME & LOCATION** | **PROJECT OWNER** | **PROJECT DESCRIPTION AND SPECIFIC SCOPE** | **ORIGINAL AND FINAL CONTRACT AMOUNT AND EXPLANATION** | **YEAR COMPLETED (YYYY)** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE C Part 2 - SIMILAR PROJECT EXPERIENCE:** Interested General Contractor **MUST** list all all institutional or commercial projects completed within the past five (5) years. For the purpose of this *SOQ* “similar projects” shall be as defined in Section D: Criteria for Prequalification

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| **PROJECT NAME & LOCATION** | **PROJECT OWNER** | **PROJECT DESCRIPTION AND SPECIFIC SCOPE** | **ORIGINAL AND FINAL CONTRACT AMOUNT AND EXPLANATION** | **YEAR COMPLETED (YYYY)** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE C Part 3 - SIMILAR PROJECT EXPERIENCE:** Interested General Contractor **MUST** list For older projects, the above construction contract values may be presented in 2020 dollars, escalated with the U.S. Department of Labor inflation calculator at <http://www.bls.gov/data/inflation_calculator.htm> For the purpose of this *SOQ* “similar projects” shall be as defined in Section D: Criteria for Prequalification

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| **PROJECT NAME & LOCATION** | **PROJECT OWNER** | **PROJECT DESCRIPTION AND SPECIFIC SCOPE** | **ORIGINAL AND FINAL CONTRACT AMOUNT AND EXPLANATION** | **YEAR COMPLETED (YYYY)** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE D - TERMINATIONS:** Interested General Contractors are required to list each and every project on which it was terminated or failed to complete the project as set forth in *Section* D: Criteria for Prequalification

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| **PROJECT NAME & LOCATION** | **SCOPE OF WORK PERFORMED** | **CONTRACTED WITH** | **START & END DATES** | **ESTIMATED CONTRACT**  **AMOUNT** | **% COMPLETE** | **REASON FOR TERMINATION** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE E - LEGAL PROCEEDINGS:** Interested General Contractors are required to list each and every legal proceeding, administrative proceeding or arbitration currently pending and each and every legal proceeding, administrative proceeding and arbitration concluded adversely against it within the past five (5) years as set forth in *Section* *D: Criteria for Prequalification*.

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| **PROJECT NAME & LOCATION** | **PROJECT OWNER** | **DESCRIPTION OF LEGAL PROCEEDING (include caption of case, parties, location of proceeding, description of the dispute or enforcement action and status and/or outcome)** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE F – SAFETY RECORD:** Interested General Contractors are required to provide the three (3) three year history of its workers’ compensation experience modifier and attached documentation from its insurance carrier supporting the ratings reported herein as set forth in *Section D: Criteria for Prequalification.*

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| **YEAR** | **WORKERS’ COMPENSATION**  **EXPERIENCE MODIFIER** | **COMMENTS** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE G – MBE/WBE and WORKFORCE COMPLIANCE RECORDS:** Interested General Contractors are required to list every project completed within the time frame set forth in *D: Criteria for Prequalification.*, that had contractual MBE/WBE participation goals or minority and women workforce goals. For the actual participation or workforce inclusion amounts listed, you must attach documentation from the owner supporting the amount reported. In addition, if the goals were not met, then you must explain why and indicate whether any sanctions or penalties were imposed.

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| **PROJECT NAME, LOCATION & RIBGHE** | **CONTRACT VALUE** | **MBE GOAL %** | **ACTUAL MBE PARTICI-PATION** | **WBE GOAL**  **%** | **ACTUAL WBE PARTICI-PATION** | **WORK FORCE GOALS (%)** | **ACTUAL WORK FORCE INCLUSION** | **IF GOALS NOT MET EXPLAIN WHY** | **SANCTION OR PENALTY AMOUNT** |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE H - PROJECT REFERENCES:** Interested General Contractors are required to list references for prior work your firm has performed as set forth in *Section D: Criteria for Prequalification.*

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| --- | --- | --- | --- | --- | --- | --- |
| **PROJECT TITLE** |  | **COMPANY NAME CONTACT PERSON/ADDRESS TELEPHONE# FAX#** | **CONTACT PERSON/ ADDRESS** | **TELEPHONE #** | **FAX #** | **EMAIL** |
|  | **Owner:** |  |  |  |  |  |
| **Designer:** |  |  |  |  |  |
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**SCHEDULE I - PUBLIC PROJECT RECORD:** – Interested General Contractors are required to list all completed public buildings during the past five (5) years in accordance with Section *D: Criteria for Prequalification*. (You may attach additional pages if necessary.)

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| **PROJECT INFORMATION** | **CONTACT INFORMATION**  **Provide business and contact name, address, telephone and fax** |
| **PROJECT NAME:**  **CONTRACT VALUE:**  **SCOPE:**  **START DATE:**  **FINISH DATE:** | **AGENCY:**  **DESIGNER:** |
| **PROJECT NAME:**  **CONTRACT VALUE:**  **SCOPE:**  **START DATE:**  **FINISH DATE:** | **AGENCY:**  **DESIGNER:** |
| **PROJECT NAME:**  **CONTRACT VALUE:**  **SCOPE:**  **START DATE:**  **FINISH DATE:** | **AGENCY:**  **DESIGNER:** |

**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE J. - CREDIT REFERENCES:** Interested General Contractors are required to list a minimum of five (5) credit references from banks, suppliers and/or vendors as set forth in *Section D: Criteria for Prequalification.*

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| --- | --- | --- | --- | --- |
| **CHECK ONE** | **COMPANY NAME** | **CONTACT PERSON/ADDRESS** | **TELEPHONE**  **#** | **FAX**  **#** |
| □ **BANK**  □ **SUPPLIER**  □ **VENDOR** |  |  |  |  |
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**GC Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULE K – REVENUE UNDER CONTRACT:** – Interested General Contractors are required to list revenue under contract for next three (3) fiscal years in accordance with Section *D: Criteria for Prequalification*

Firm’s fiscal year runs \_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| **YEAR** | **REVENUE UNDER CONTRACT ($)** |
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# RFQ RESPONSE CHECKLIST - GC RFQ Form

**NOTE: LATE APPLICATIONS FOR PREQUALIFICATION WILL NOT BE CONSIDERED. THEREFORE, BEFORE SUBMITTING A RESPONSE TO THIS *RFQ*, PLEASE REVIEW THE FOLLOWING:**

Did you complete the entire *SOQ* Form (*GC RFQ Form*) and acknowledge receipt of addenda to this RFQ?

Did you fully complete *Schedules A through K?*

Did you attach the resumes of owners and management personnel identified in your responses to *Schedule A* and *Schedule B*?

Did you attach the required documentation from your insurance company supporting the workers’ compensation modifier history you reported in *Schedule F*?

Did you attach the required documentation supporting the MBE/WBE and Workforce Compliance record you reported in *Schedule G*?

Do you have the current contact information for all of the references you reported in *Schedule H*, *Schedule I* and *Schedule J*?

Did you attach an audited financial statement as required in *Section 3*(a) of *Part Two*, *GC RFQ Form*?

Did you attach a commitment letter from surety for payment and performance bonds as required in *Section 4(a)* of *Part Two*, *GC RFQ Form*?

Did you attach evidence of being licensed and registered as a general contractor within the State of Rhode Island *Section 4(b)* of *Part Two*, *GC RFQ Form*?

Did you include the original, all required copies and the CD of your entire *SOQ*

application package?

Did you address the *SOQ* envelope correctly (i.e. to reference the Project and other required information set forth herein)?

Did you review all of the Execution Requirements before signing the *SOQ*

application form?

Is the person who signed the SOQ application form authorized to do so and did his or her correct and current contact information?