QUALIFICATIONS STATEMENT

1. General Information
   1. Provide contact information for the Business:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Name of Business: | |  | | | |
| Corporate Office | | | | | |
| Name: |  | | | Phone number: |  |
| Title: |  | | | Email address: |  |
| Business address of corporate office: | | |  | | |
|  | | |
|  | | |
| Local Office | | | | | |
| Name: |  | | | Phone number: |  |
| Title: |  | | | Email address: |  |
| Business address of local office: | | |  | | |
|  | | |
|  | | |

* 1. Provide information on the Business Type:

|  |  |
| --- | --- |
| Type Business: | General Contractor  Construction Trade  Service |
| Describe Business Specialty: | |
| Is this Business authorized to operate in Oregon?  Yes  No | |
| Is the Business local to Coos County? | |
| Website Address: | |
|  | |

* 1. Provide information on the Business’s organizational structure:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Form of Business: | | Sole Proprietorship  Partnership  Corporation | | | | |
| Limited Liability Company  Joint Venture comprised of the following companies: | | | | | | |
|  | 1. | | | | | |
|  | 2. | | | | | |
|  | 3. | | | | | |
| Provide a separate Qualification Statement for each Joint Venturer. | | | | | | |
| Date Business was formed: | | |  | State in which Business was formed: | |  |
| Is this Business authorized to operate in Oregon? | | | | | Yes  No | |

1. Preference Candidate
   1. Provide information regarding qualifications as Tribal Member Owned Business or Indian Owned Business.

(1) In the acquisition of goods and services, preference up to 5% above or below the bid price shall be afforded to Indian Owned Businesses that have the ability to provide the necessary quality and quantity of goods or services within required time frame(s).

(2) In the acquisition of goods and services, preference up to 10% above or below the bid price shall be afforded to Coquille Tribal Member-Owned Businesses that have the ability to provide the necessary quality and quantity of goods or services within the required time frame(s).

|  |
| --- |
| Coquille Tribal Member Owned Business  Yes  No |
| Indian Owned Business  Yes  No |
| Tribal Members Employed  No Tribal Members Currently Employed: |
| 1. |
| 2. |
| 3. |
| Average number of current full-time employees: |

* 1. Provide information regarding Business’s Diverse Business Certification, if any. Provide evidence of current certification.

|  |  |  |  |
| --- | --- | --- | --- |
| Certification | | Certifying Agency | Certification Date |
| Tribal Member Owned Business | |  |  |
| Disadvantaged Business Enterprise | |  |  |
| Minority Business Enterprise | |  |  |
| Woman-Owned Business Enterprise | |  |  |
| Small Business Enterprise | |  |  |
| Disabled Business Enterprise | |  |  |
| Veteran-Owned Business Enterprise | |  |  |
| Other |  |  |  |
| None | | | |

1. Licensing
   1. Provide information regarding licensure for Business:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of License: |  | | |
| Licensing Agency: |  | | |
| License No: |  | Expiration Date: |  |
| Name of License: |  | | |
| Licensing Agency: |  | | |
| License No: |  | Expiration Date: |  |

1. Financial (FOR GENERAL CONTRACTORS ONLY)
   1. Provide information regarding the Business’s financial stability. Provide the most recent audited financial statement, and if such audited financial statement is not current, also provide the most current financial statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Institution: |  | | | | |
| Business Address: | |  | | | |
|  | | | |
|  | | | |
| Contact: | | | Phone number: |  |
|  | | | Email address: |  |

1. Surety Information (FOR GENERAL CONTRACTORS ONLY)
   1. Provide information regarding the surety company that will issue required bonds on behalf of the Business, including but not limited to performance and payment bonds.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surety Name: | |  | | | | | |
| Surety is a corporation organized and existing under the laws of the state of: | | | | | | |  |
| Is surety authorized to provide surety bonds in the Project location? | | | | | | Yes  No | |
| Is surety listed in “Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies” published in Department Circular 570 (as amended) by the Bureau of the Fiscal Service, U.S. Department of the Treasury?  Yes  No | | | | | | | |
| Mailing Address  (principal place of business): | | |  | | | | |
|  | | | | |
|  | | | | |
| Physical Address  (principal place of business): | | |  | | | | |
|  | | | | |
|  | | | | |
| Phone (main): |  | | | Phone (claims): |  | | |

1. Insurance (FOR GENERAL CONTRACTORS ONLY)
   1. Provide information regarding Business’s insurance company(s), including but not limited to its Commercial General Liability carrier. Provide information for each provider.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of insurance provider, and type of policy (CLE, auto, etc.): | | | |  | | |
| Insurance Provider | | | Type of Policy (Coverage Provided) | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| Are providers licensed or authorized to issue policies in the Project location? | | | | | | Yes  No |
| Does provider have an A.M. Best Rating of A‑VII or better? | | | | | | Yes  No |
| Mailing Address  (principal place of business): | |  | | | | |
|  | | | | |
|  | | | | |
| Physical Address  (principal place of business): | |  | | | | |
|  | | | | |
|  | | | | |
| Phone (main): |  | | Phone (claims): | |  | |

1. Construction Experience (FOR GENERAL CONTRACTORS ONLY)
   1. Provide information that will identify the overall size and capacity of the Business.

|  |  |
| --- | --- |
| # Projects of similar size and complexity in last five years: |  |
| Estimate of revenue for the current year: |  |
| Estimate of revenue for the previous year: |  |

* 1. Provide information regarding the Business’s previous contracting experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Years of experience with projects like the proposed project: | | | | |
| As a general contractor: |  | As a sub-contractor: |  |  |
| Has Business, or a predecessor in interest, or an affiliate ~~identified in Paragraph 1.03:~~ | | | | |
| Been disqualified as a bidder by any local, state, or federal agency within the last 5 years?  Yes  No | | | | |
| Been barred from contracting by any local, state, or federal agency within the last 5 years?  Yes  No | | | | |
| Been a party to any currently pending litigation or arbitration?  Yes  No | | | | |
| Provide full details in a separate attachment if the response to any of these questions is Yes. | | | | |

* 1. List all projects currently under contract in Schedule A and provide indicated information.
  2. List a minimum of three projects completed in the last 5 years in Schedule B and provide indicated information to demonstrate the Business’s experience with projects similar in type and cost of construction.
  3. In Schedule C, provide information on key individuals whom Business intends to assign to the Project. Provide resumes for those individuals included in Schedule C. Key individuals include the Project Manager, Project Superintendent, Quality Manager, and Safety Manager. Resumes may be provided for Business’s key leaders as well.

1. Required Attachments (FOR GENERAL CONTRACTORS ONLY)
   1. Provide the following information with the Statement of Qualifications:
      1. Schedule A (Current Projects) as required by Paragraph 7.03.
      2. Schedule B (Previous Experience with Similar Projects) as required by Paragraph 7.04.
      3. Schedule C (Key Individuals) and resumes for the key individuals listed, as required by Paragraph 7.05.
      4. Additional items as pertinent.

This Statement of Qualifications is offered by:

|  |  |
| --- | --- |
| Business: |  |
|  | *(typed or printed name of organization)* |
| By: |  |
| *(individual’s signature)* |
| Name: |  |
| *(typed or printed)* |
| Title: |  |
| *(typed or printed)* |
| Date: |  |
| *(date signed)* |
| *(If Business is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.)* | |
|  | |
| Attest: |  |
| *(individual’s signature)* |
| Name: |  |
| *(typed or printed)* |
| Title: |  |
|  | *(typed or printed)* |
| Address for giving notices: | |
|  |  |
|  |  |
|  |  |
| Designated Representative: | |
| Name: |  |
| *(typed or printed)* |
| Title: |  |
| *(typed or printed)* |
| Address: | |
|  |  |
|  |  |
|  |  |
| Phone: |  |
| Email: |  |

**Schedule A—Current Projects**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization |  | | | | | | | | | | |
| Project Owner |  | | | | Project Name | |  | | | | |
| General Description of Project | |  | | | | | | | | | |
| Project Cost |  | | | | Date Project Completed | | |  | | | |
| Key Project Personnel | Project Manager | | | Project Superintendent | | Safety Manager | | | | | Quality Control Manager |
| Name |  | | |  | |  | | | | |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | | | |
|  | Name | | Title/Position | | Organization | | | | Telephone | Email | |
| Owner |  | |  | |  | | | |  |  | |
| Designer |  | |  | |  | | | |  |  | |
| Construction Manager |  | |  | |  | | | |  |  | |
|  | | | | | | | | | | | |
| Project Owner |  | | | | Project Name | |  | | | | |
| General Description of Project | |  | | | | | | | | | |
| Project Cost |  | | | | Date Project Completed | | |  | | | |
| Key Project Personnel | Project Manager | | | Project Superintendent | | Safety Manager | | | | | Quality Control Manager |
| Name |  | | |  | |  | | | | |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | | | |
|  | Name | | Title/Position | | Organization | | | | Telephone | Email | |
| Owner |  | |  | |  | | | |  |  | |
| Designer |  | |  | |  | | | |  |  | |
| Construction Manager |  | |  | |  | | | |  |  | |
|  | | | | | | | | | | | |
| Project Owner |  | | | | Project Name | |  | | | | |
| General Description of Project | |  | | | | | | | | | |
| Project Cost |  | | | | Date Project Completed | | |  | | | |
| Key Project Personnel | Project Manager | | | Project Superintendent | | Safety Manager | | | | | Quality Control Manager |
| Name |  | | |  | |  | | | | |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | | | |
|  | Name | | Title/Position | | Organization | | | | Telephone | Email | |
| Owner |  | |  | |  | | | |  |  | |
| Designer |  | |  | |  | | | |  |  | |
| Construction Manager |  | |  | |  | | | |  |  | |

**Schedule B—Previous Experience with Similar Projects**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization |  | | | | | | | | | | |
| Project Owner |  | | | | Project Name | |  | | | | |
| General Description of Project | |  | | | | | | | | | |
| Project Cost |  | | | | Date Project Completed | | |  | | | |
| Key Project Personnel | Project Manager | | | Project Superintendent | | Safety Manager | | | | | Quality Control Manager |
| Name |  | | |  | |  | | | | |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | | | |
|  | Name | | Title/Position | | Organization | | | | Telephone | Email | |
| Owner |  | |  | |  | | | |  |  | |
| Designer |  | |  | |  | | | |  |  | |
| Construction Manager |  | |  | |  | | | |  |  | |
|  | | | | | | | | | | | |
| Project Owner |  | | | | Project Name | |  | | | | |
| General Description of Project | |  | | | | | | | | | |
| Project Cost |  | | | | Date Project Completed | | |  | | | |
| Key Project Personnel | Project Manager | | | Project Superintendent | | Safety Manager | | | | | Quality Control Manager |
| Name |  | | |  | |  | | | | |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | | | |
|  | Name | | Title/Position | | Organization | | | | Telephone | Email | |
| Owner |  | |  | |  | | | |  |  | |
| Designer |  | |  | |  | | | |  |  | |
| Construction Manager |  | |  | |  | | | |  |  | |
|  | | | | | | | | | | | |
| Project Owner |  | | | | Project Name | |  | | | | |
| General Description of Project | |  | | | | | | | | | |
| Project Cost |  | | | | Date Project Completed | | |  | | | |
| Key Project Personnel | Project Manager | | | Project Superintendent | | Safety Manager | | | | | Quality Control Manager |
| Name |  | | |  | |  | | | | |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | | | | | | | |
|  | Name | | Title/Position | | Organization | | | | Telephone | Email | |
| Owner |  | |  | |  | | | |  |  | |
| Designer |  | |  | |  | | | |  |  | |
| Construction Manager |  | |  | |  | | | |  |  | |

**Schedule C—Key Individuals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Manager** | | | | | |
| Name of individual | | |  | | |
| Years of experience as project manager | | |  | | |
| Years of experience with this organization | | |  | | |
| Number of similar projects as project manager | | |  | | |
| Current Project Assignments | | | Percent of time used for this project | | Estimated project completion date |
|  | | |  | |  |
|  | | |  | |  |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) | | | | | |
| Name | |  | Name | |  |
| Title/Position | |  | Title/Position | |  |
| Organization | |  | Organization | |  |
| Telephone | |  | Telephone | |  |
| Email | |  | Email | |  |
| Project | |  | Project | |  |
| **Project Superintendent** | | | | | |
| Name of individual | | |  | | |
| Years of experience as project superintendent | | |  | | |
| Years of experience with this organization | | |  | | |
| Number of similar projects as project superintendent | | |  | | |
| Current Project Assignments | | | Estimated project completion date | | |
|  | | |  | | |
|  | | |  | | |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) | | | | | |
| Name |  | | Name |  | |
| Title/Position |  | | Title/Position |  | |
| Organization |  | | Organization |  | |
| Telephone |  | | Telephone |  | |
| Email |  | | Email |  | |
| Project |  | | Project |  | |
| Candidate’s role on project |  | | Candidate’s role on project |  | |
| **Safety Manager** | | | | | |
| Name of individual | | |  | | |
| Years of experience as Safety Manager | | |  | | |
| Years of experience with this organization | | |  | | |
| **Quality Control Manager** | | | | | |
| Name of individual | | |  | | |
| Years of experience as Quality Control Manager | | |  | | |
| Years of experience with this organization | | |  | | |