SECTION 00 45 17 – SUBCONTRACTOR PREQUALIFICATION

PART 1 - GENERAL

1.1 RELATED DOCUMENTS (Not Applicable)

1.2 SUMMARY (Not Applicable)

1.3 DEFINITIONS (Not Applicable)

1.4 SUBCONTRACTOR PREQUALIFICATION
   A. FORM: University of Colorado Denver | Anschutz Medical Campus “Subcontractor’s Statement of Experience.”
   B. A copy of the above noted document is attached to the end of this section.

1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 45 17
Facilities Management

SUBCONTRACTOR’S STATEMENT OF EXPERIENCE

Project Name: ____________________________
Project # ________________________________

Project Manager: _______________________  Phone: _______________________
                                             Email: _______________________
Architect/Engineer: ______________________

• This is a project specific qualification form. Subcontractor must fill this out on each project.
INDEX OF DOCUMENTS

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UNIVERSITY OF COLORADO DENVER  |  ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR’S QUALIFICATION STATEMENT

INFORMATION FORM

STATEMENT OF ________________________
(Subcontractor)

ADDRESS __________________________
(Street or PO Box) (City) (State) (Zip)

TELEPHONE/FAX NO. ____________ ____________
(telephone) (fax)

DATE OF EXPERIENCE STATEMENT ________________

PRINCIPLE OWNER/OFFICER ________________________
(Names(s) and Official Title(s))

Please indicate below if your company qualifies as one of the following:

Minority Business Enterprise (MBE) YES __ NO ___
Justification: ________________________________
______________________________
______________________________

Woman-Owned Business Enterprise (WBE) YES __ NO ___
Justification: ________________________________
______________________________
______________________________

Small Business Enterprise (SBE) YES __ NO ___
Justification: ________________________________
______________________________
______________________________

Disadvantaged Business Enterprise (DBE) YES __ NO ___
Justification: ________________________________
______________________________
______________________________
TYPES OF WORK

(1) If you are a General Contractor interested in bidding on all types of construction, mark “All Classes of Construction” only.

(2) If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

<table>
<thead>
<tr>
<th>TYPES OF WORK</th>
<th>MARK WITH (X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Classes of Construction</td>
<td></td>
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<tr>
<td>2. General</td>
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<tr>
<td>3. Mechanical</td>
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<td>4. Electrical</td>
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<tr>
<td>5. Excavating and Grading</td>
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<td>6. Concrete</td>
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<td>7. Structural Steel</td>
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<td>8. Steel and Miscellaneous Iron</td>
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<td>9. Painting and Decorating</td>
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<tr>
<td>10. Laboratory Equipment</td>
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<tr>
<td>11. Elevator Installation</td>
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<td>12. Plumbing</td>
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<tr>
<td>13. Heating and Ventilating</td>
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<td>14. Air Conditioning</td>
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<td>15. Boiler and Equipment</td>
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<tr>
<td>16. Environmental (Describe)</td>
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<td>17. Other (Describe)</td>
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<td>18. Other (Describe)</td>
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<td>19. Other (Describe)</td>
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<td>20. Other (Describe)</td>
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</table>
IDENTIFICATION

(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LEGAL NAME ________________________________

PRINCIPAL OFFICE ________________________________________________________________

(Street or PO Box) (City) (State) (Zip)

_____ A Corporation ____ A Copartnership _____ An Individual __ Combination

GENERAL INFORMATION

A. Are you licensed as a contractor? Yes ( ) No ( )

Licensed in the name of Location License No.

______________________________

______________________________

B. How many years has your organization been in business as a contractor under your present business name? ________________

C. How many years experience in ________________ construction work has your organization had? (Type)

(a) As a prime contractor? ________________ (b) As a subcontractor?

D. Have you or your organization, or any officer or partner thereof, failed to complete a contract? ______

If so, give details ________________________________

______________________________

E. If you have a controlling interest in any firms presently qualified with the University, show names thereof:

______________________________

F. We normally perform ___% of the work with our own forces.

List trades: ________________________________

______________________________

Where qualification is based on a combination of several organizations, show the experience and equipment of the combined organizations.
G. Has your firm been involved in any litigation in the past five (5) years? Yes ( ) No ( )
   If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).

H. Are there any activities or interests of officers, principle stockholders, or employees of
   your firm or other factors which would place your firm and the University of Colorado
   Denver in a position of “Conflict of Interests”?
   Yes ( ) No ( ) If yes, or in doubt, explain.

I. Has your firm ever been involved in any bankruptcy action as a bankrupt?
   Yes ( ) No ( ) If yes, explain.
PERSONNEL OF ORGANIZATION

1. Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years.

   __________________________________________
   __________________________________________
   __________________________________________

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

<table>
<thead>
<tr>
<th>Individual’s Name</th>
<th>Present Position or Office in Your Organization</th>
<th>Years of Construction Experience</th>
<th>Magnitudes and Type of Work</th>
<th>In What Capacity</th>
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</table>
PROJECT EXPERIENCE

Show the projects your organization has completed during the last five years in the following tabulation:

<table>
<thead>
<tr>
<th>Year Completed</th>
<th>Project</th>
<th>Type of Work (See Page 2)</th>
<th>Location</th>
<th>Contract Value</th>
<th>Contracting Authority</th>
<th>In what Capacity</th>
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</table>
WORK CURRENTLY UNDER CONTRACT

<table>
<thead>
<tr>
<th>Expected Completion Date</th>
<th>Project</th>
<th>Type of Work (See Page 1)</th>
<th>Location</th>
<th>Contract Value</th>
<th>Contracting Authority</th>
<th>Architect or Engineer</th>
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</table>
SURETIES

List the Surety Companies that have bonded your work for the past five (5) years:

<table>
<thead>
<tr>
<th>Name of Surety and Name and Address of Agent</th>
<th>Project and Location</th>
<th>Period of Bond From</th>
<th>Period of Bond To</th>
<th>General Comments</th>
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</table>
CORPORATION / CO-PARTNERSHIP

CORPORATION:
(If a corporation, answer this:)

When Incorporated ____________________________
In What State ________________________________
President’s Name _____________________________
Vice President’s Name _________________________
Secretary’s Name _____________________________
Treasurer’s Name _____________________________

CO-PARTNERSHIP:
(If a co-partnership, answer this:)

Date of Organization __________________________
State whether partnership is general, limited, or association

Name and address of each partner:
____________________________________________
(name)  (name)
____________________________________________
(address) (address)
____________________________________________
____________________________________________

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH MEMBER OF SUCH COMBINATION.
AFFIDAVIT FOR CORPORATION

_________________________________________ certifies and says: That he is  

(Name of officer)  

_______________ of the _________________ (Official capacity)  

corporation submitting this statement of experience: that he/she has read the same, and  

that the same is true of his/her own knowledge: that the statement is for the purpose of  

inducing the University of Colorado Denver to supply the submittor with plans and  

specifications, and that any vendor, or other agency therein named is hereby authorized  

to supply the University of Colorado Denver with any information necessary to verify the  

statement: and that furthermore, should this statement at any time cease to properly and  

truly represent his/her condition in any substantial respect, it will refrain from further  

bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at ___, _____, State of _______  

(date) (city) (county)  

NOTE: Use full corporate name and attach corporate seal here. ___________________  

(Officer must sign here)  

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.
AFFIDAVIT FOR CO-PARTNERSHIP

_________________________ certifies and says: That he/she is a partner of
(Name of partner)

the partnership of ____________________: That said partnership
(Name of Firm)

submitted this statement of experience: that he/she has read the same, and that the
same is true of his/her own knowledge: that the statement is for the purpose of inducing
the University of Colorado Denver to supply the submittor with plans and specifications,
and that any vendor, or other agency therein named is hereby authorized to supply the
University of Colorado Denver with any information necessary to verify the statement:
and that furthermore, should this statement at any time cease to properly and truly
represent the condition of said firm in any substantial respect, it will refrain from further
bidding on University work until they shall have submitted a revised and corrected
statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on ______ at ____, ______, State of ______
(date) (city) (county)

The foregoing statement and affidavit are hereby offered.

_________________________ (Member of Firm must sign here)

_________________________ (Title)

_________________________ (Name of Firm)

(REmaining members of Firm sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.
AFFIDAVIT FOR INDIVIDUAL

doing business

(Name of individual)  (Name of Firm)
certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submittor with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at ____., ______, State of ______
(date) (city) (county)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect. ______________________
(Applicant must sign here)
QUALIFICATION

The University of Colorado Denver will qualify or disqualify a Subcontractor on the basis of:

(1) The information contained in this statement and
(2) Past contract experience with the University.

NOTIFICATION

The University of Colorado Denver will, in writing, notify Contractors of their qualification or disqualification.