

*CENTRAL WEBER SEWER IMPROVEMENT  
DISTRICT APPLICATION FOR INDUSTRIAL PARK  
LIFT STATION REHABILITATION*

APPLICATION FOR BIDDER PREQUALIFICATION  
INDUSTRIAL PARK LIFT STATION REHABILITATION

JULY 2022

CENTRAL WEBER SEWER  
IMPROVEMENT DISTRICT

2618 W PIONEER ROAD, OGDEN  
UTAH 84404

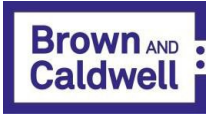
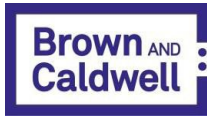


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## REQUEST FOR PREQUALIFICATION APPLICATIONS INDUSTRIAL PARK LIFT STATION REHABILITATION

### INVITATION AND INSTRUCTIONS

Notice is hereby given that the Central Weber Sewer Improvement District (CWSID or District) has determined that all contractors providing construction services in regard to the Industrial Park Lift Station Rehabilitation project must be prequalified prior to bidding. It is mandatory that all contractors submit a complete and fully executed *Application for Bidder Prequalification* (Application), provide all pre-approved materials requested herein, and be approved by CWSID to be on the Qualified Contractors list for this Industrial Park Lift Station Rehabilitation Project. Bids will not be accepted from contractors that have not prequalified.

Completed and fully executed applications for all interested contractors, not included in the list above, must be received at the office of the District no later than 3:00 p.m. on August 3, 2022. Applicants must submit digital PDF versions of prequalification packages to:

Elton DeSouza, P.E.  
e-mail: [edesouza@brwncald.com](mailto:edesouza@brwncald.com)  
Brown and Caldwell

### GENERAL

The purpose of this prequalification process is to identify contractors deemed to be qualified and capable of completing the Industrial Park Lift Station Rehabilitation Project which includes the replacement of submersible pumps, wet well rehabilitation/coating, miscellaneous pipe and fitting installation, installation of meter and valve vault, installation of concrete generator pad, miscellaneous electrical and Instrumentation & Control (I&C) upgrades. CWSID intends to prequalify only contractors who meet the requirements stated herein, who will then be listed as Qualified Contractors in bidding documents and have the right to submit or be included on bids. CWSID reserves the right to prequalify contractors who best meet the requirements of this Request for Prequalification and the needs of the District.

The prequalification will only be valid for the Industrial Park Lift Station Rehabilitation Project. Prequalification of a contractor does not guarantee that work will be awarded to the contractor. The sole responsibility for selecting prequalified contractors will be made by the District and their decision will be final.

### PROJECT DESCRIPTION

The Industrial Park Lift Station is located on Hemmingway St. (2350 North) just west of the intersection of Rulon White Blvd. and Hemmingway St.

Major work items included in the project follow:

- Temporary bypass pumping
- Removal and Replacement of pumps, rails, and appurtenances
- Removal and Replacement of piping and valves within the wet well
- Wet well interior concrete rehabilitation and subsequent coating
- Installation of a concrete generator pad
- Installation of buried concrete vault to house force main discharge fittings/valves and magnetic flow meter/transmitter
- Installation of force main piping, valves, and appurtenances
- Installation of magnetic flow meter/transmitter
- Miscellaneous electrical upgrades
- Replace existing remote terminal unit (RTU)
- Add pump protection relays into existing local control panel (LCP)



- Add additional I/O wiring between LCP and RTU
- Miscellaneous site restoration

***Contractor shall demonstrate experience with ALL items listed above (mechanical, electrical and I&C) either on their own or by teaming with a subcontractor.***

**CONTRACTORS**

Contractors must be eligible to perform work in the State of Utah and hold an active and in good standing E100 – General Engineering Contractor license at the time of Bid. Licensing information is available through the Utah Division of Occupational and Professional Licensing (DOPL), <http://dopl.utah.gov/licensing/contracting.html>.

**ESTIMATED SCHEDULE**

The anticipated project schedule is summarized below (subject to change):

<u>Date</u>	<u>Milestone</u>
August 3, 2022	Prequalification submittals due
August 17, 2022	Selection and Notification of prequalified contractors
September 8, 2022	Advertise for Bids
October 6, 2022	Bids Due
October 18, 2022	Award construction contract

**PREQUALIFICATION INSTRUCTIONS AND REQUIREMENTS**

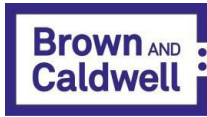
Bids will be accepted from Prequalified Contractors. Any contractor, regardless of their qualifications, which have not been prequalified, will be precluded from bidding on this project.

CWSID reserves the right to modify or cancel the prequalification application process or to reject any and all responses and applications, or parts thereof, and to waive any technicalities or minor informalities if it determines, in its sole discretion, that such cancellation or rejection is in the public’s best interest.

While it is the intent of the prequalification application process to assist CWSID in determining bidder responsibility prior to bid and to aid the District in selecting the lowest cost qualified bidder, neither the fact of prequalification nor any prequalification rating will preclude the District from a post-bid consideration and award of contract to any bidder for any reason it deems is in its best interest.

Applications shall be completed in their entirety. Responses to the application must be typed or neatly printed. The application may be completed by filling in all appropriate fields. The information presented should be clear, complete, and concise. Applications and supporting documentation shall be provided in English. Any submittal failing to clearly present all of the requested information or failing to be in the requested format may be considered unresponsive and rejected. If an item is “not applicable,” please annotate with “N/A.” All submitted attachments shall be identified with the name of the Applicant. If an Applicant fails to provide requested information, attachments, or explanations, the District shall base the determination of qualification on the available information or may find the applicant not to be qualified. The District reserves the right to request additional information at any time in the prequalification process. Modification of any portion of the application after the submittal deadline may be cause for rejection of the application.

The applicant must complete and submit an electronic (PDF) copy of the complete and fully executed application via e-mail to the contact person indicated. The requested information and application forms shall be compiled or scanned into a single PDF file format. Files shall be bookmarked to match the number and description of the Application and must include all associated forms and attachments, which together comprise the “Application for Bidder Prequalification.” A printed hardcopy is not required.



The application PDF file shall be clearly labeled with the applicant's name and "CWSID Industrial Park Lift Station Rehabilitation Project".

#### **APPROVAL PROCESS AND EVALUATION CRITERIA**

To be eligible for prequalification and deemed by CWSID as prequalified to perform work on the Rehabilitation Project, a contractor must submit all information as requested herein. A Selection Committee comprised of District personnel with technical support from the District's Engineer (Brown and Caldwell) shall review the submitted information relative to this prequalification application process. To prequalify, Applicant Prequalification Packages shall include the Application for Bidder Prequalification (Appendix A). The organization of the submittal shall follow the Application (Appendix A) as follows:

- Section I Contractor (Applicant) Questionnaire (Items 1 through 4)
- Section II Organization History (Item 5)
- Section III Financial Data (Items 6-8)
- Section IV Disputes, Claims, Criminal Matters, and Related Civil Suits (Items 9 & 10)
- Section V Health and Safety (Items 11 & 12)
- Section VI Superintendent Candidates (Items 13 & 14)
- Section VII Contractor Project Experience (Item 15 & 16)
- Section VIII Application Certification (Item 17)

Each Section shall be clearly identified in the submittal.

#### Sections I

The Contractor (Applicant) performing installation (Section I) shall complete and sign the attached Questionnaires. The sections include basic information questions about the applicant. Applicants must verify that they meet the essential requirements listed in Section I, Item 4 for the Contractor.

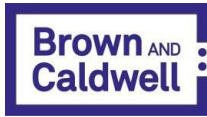
#### Sections II through V

Sections II through V include questions about the applicant's record of performance and integrity. In evaluating the applicant's qualifications, CWSID shall review the applicant's record of performance, financial soundness, commitment on projects to accommodate change and disruption to the work, commitment to construction safety, and integrity, all of which indicate an ability to successfully complete the Project at the lowest possible cost to the District.

#### Sections VI and VII

Sections VI and VII include questions about superintendent candidates and recently completed (public or private) construction projects similar in size, nature, and complexity. CWSID will interview references for the owners, engineering design firms, resident project representatives, and other references of completed projects. The reference interview questions are included in Appendix C. The District reserves the right to contact any party it deems appropriate and by submitting a response to this application, the applicant releases CWSID (and its appointed agents) and any references from all liability concerning this exchange of information. Listed reference contacts will be contacted as described in Appendix C. In evaluating the responsibility of the applicant for prequalification, CWSID shall review the applicant's commitment to meeting scheduled completion dates, commitment to working with the various parties involved in construction, and if the applicant possesses a sufficient number of experienced qualified personnel at its management and supervisory levels, all of which indicate an ability to successfully complete the project at the lowest possible cost to CWSID.

The Contractor's Superintendent, who shall be assigned full time to the project, shall have five (5) years of experience supervising/coordinating lift station rehabilitation projects of similar scope. The Applicant shall name no more than two (2) possible candidates that will serve in this position. For each candidate, fill out Form A (Appendix B) and Form B (Appendix B) as described in Section VI and include resumes of companies the candidate has been affiliated with in the last five (5) years. Candidates shall be available for Industrial Park Lift



Station Rehabilitation Project. CWSID reserves the right to approve or reject any superintendent candidates proposed in this prequalification application. The District also reserves the right to approve or reject any superintendent substitutions proposed after prequalification.

The Contractor's firm shall have a minimum of five (5) years of experience completing similar work related to the rehabilitation of lift stations. The applicants shall provide supporting documentation of successful completion of these projects utilizing their own forces. Documentation shall include, at a minimum, the project name, date, location, pump station size (gpd), client reference, and current contact information. Provide documentation on the attached Form A (Appendix B) and Form B (Appendix B) as described in Section VII.

#### Section VIII

Section VIII includes the Application Certification (Item 17). The certification must be signed by an Officer of the Company.

#### **EVALUATION OF PROPOSALS**

Prequalification of prospective contractors will be determined by the application of a pre-established rating system (Appendix D) to the information submitted by applicants. After the Source Selection Committee has completed its review and determined those qualified applicants, CWSID will notify all applicants of their prequalification status prior to bidding the project.

#### **APPLICANT INTERVIEWS AND REFERENCES**

To aid in the evaluation of the submittals, CWSID (and its engineer) may choose to interview some applicants or visit their place of business. Refusal by an applicant to participate may be considered sufficient cause to reject the application.

CWSID (and its Engineer) shall be entitled to contact each reference listed by the applicant. The applicant, by submitting the information requested, expressly agrees that any information concerning the contractor in possession of said entities and references may be made available to CWSID (and its Engineer). Information requested, but not supplied by said entities and references or a negative reference, may be grounds for rejection of an applicant's submittal.

#### **CONFIDENTIALITY**

Each Application for Bidder Prequalification must be signed by an individual who has the legal authority to bind the applicant on whose behalf that person is signing. If any information provided by the applicant is inaccurate,



the applicant must immediately notify CWSID and provide updated, accurate information in writing and under penalty of disqualification prior to the date and time set for the close of the prequalification process.

Applicants must clearly indicate any information they wish to remain confidential in the Application for Bidder Prequalification such as financial statements. All information marked confidential will be kept confidential to the extent permitted by law. If, in the opinion of CWSID's legal counsel, CWSID is nonetheless compelled to disclose any portion of such information to anyone or else stand liable for contempt or suffer censure or penalty, CWSID may disclose such information without liability. Applicants will not be notified of any open records requests prior to the release of such information.

#### **QUALIFICATION PARTICIPATION REIMBURSEMENT**

CWSID (and its Engineer) shall not be responsible for any direct or indirect cost incurred by applicants because of participation in this prequalification process. Each applicant shall bear its own expense in connection with the preparation and submission of materials and the provision of any supplemental information requested. CWSID (and its engineer) shall have no liability for cost incurred by applicants in connection with the review and evaluation of prequalification materials and any findings and determinations made thereafter. All materials and information submitted during the prequalification process will become the property of CWSID and will not be returned to the Applicant.

#### **APPEAL PROCESS**

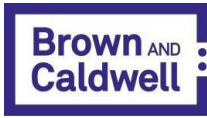
There is no appeal for applications that have been determined to be not qualified as a result of incompleteness, lateness, or falsification of information. The closing time for submission of prequalification packages will not be changed to accommodate supplementation of incomplete or late submissions.

#### **ADDENDA AND INTERPRETATIONS**

All requests for interpretation of the Application for Bidder Prequalification must via e-mail to Brown and Caldwell. Questions will not be answered during phone conversations. Such requests should be addressed to:

Elton DeSouza, P.E.  
Brown and Caldwell  
edesouza@brwnald.com

To be given consideration, **such requests must be received by no later than 7 days prior to the due date of this Prequalification Application.** Any and all such interpretations and any supplemental instructions or changes will be in the form of written addenda which, if issued, will be sent to all prospective applicants at the addresses furnished for such purposes, not later than 4 days prior to the date and time fixed for submittal of the application. Acknowledgement of receipt of addenda must be included on the Applicant Certification.



**APPENDIX A - APPLICATION FOR BIDDER PREQUALIFICATION**

**SECTION I: CONTRACTOR (APPLICANT) QUESTIONNAIRE**

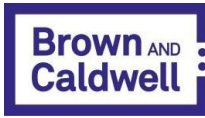
**Item 1. Basic Company Information**

Company Name (as it appears on license):	Phone (incl. area code):	Fax (incl. area code):
Applicant's License Number(s), Utah Construction Contractors Board (CCB) Number and Classification: Required for Legal Business Name, Assumed Business Name, Corporations, LLCs, LLPs, and LPs. Required prior to contract execution.		
Business Address (Street, City, State, Zip):		
Mailing Address (if different: Street, City, State, Zip):		
Number of Years in Business:		
Name of Parent Company (if applicable):		
Applicant Name and Title (Print Contractor Representative's Name & Title):		
Applicant Contact Information (Telephone, Fax, Email):		
Submittal Date:	Signature: (sign and print)	

**Item 2. Type of Business Organization**

Type of Business Organization (check one):	
<input type="checkbox"/> Corporation	State of Incorporation:
List Names of Officers	President:
	Vice President:
	Treasurer:
	Secretary:
<input type="checkbox"/> Partnership (Specify Type)	<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Proprietorship	Name of Owner:





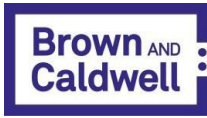
**SECTION I: CONTRACTOR (APPLICANT) QUESTIONNAIRE**

**Item 3. Socio-Economic Status**

Indicate the Socio Economic Status of the Applicant Company	
<i>Check All that Apply</i>	<i>List and attach Applicable State Certificates and supporting documentation:</i>
<input type="checkbox"/> Large Business	
<input type="checkbox"/> Small Business	
<input type="checkbox"/> Small Disadvantaged (Minority) Business	
<input type="checkbox"/> Women Owned Small Business	
<input type="checkbox"/> Other (please specify)	

**Item 4. Essential Requirements for Qualification**

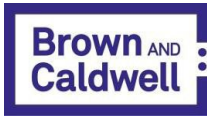
Applicant will be considered "not qualified" if the answer to question 1 is "no." Applicant will be considered "not qualified" if the answer to questions 2 through 5 is "yes," unless as indicated with letter of explanation.	
1. Applicant has attached a statement or letter from an admitted surety insurer, which states that Applicant's current available bonding capacity is sufficient for the project for which it seeks qualification. Surety insurer must have a financial strength rating of "A" and financial strength category of "X", at a minimum. (Attach statement or letter from surety.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the last five (5) years, have any of the Applicant's current owners, officers, or partners, had their Contractor's license revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the last five (5) years, has the Applicant had an average Experience Modification Rate (EMR) greater than 1.2? If the Applicants EMR is greater than 1.2, attach a letter explaining why. Letters should clearly describe construction activities resulting in higher EMR and demonstrate health and safety records for rehabilitation activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the last five (5) years, has the Applicant's, owners, officers, or partners, been "defaulted", "terminated", or "canceled" by an Owner (for poor performance, contract default, or other than for convenience of the project Owner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the last five (5) years, have any of the Applicant's current owners, officers, or partners, been convicted of a crime involving the bidding, awarding, or performance of a contract on a government (local, state or federal) construction project?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**SECTION II: ORGANIZATION HISTORY**

**Item 5. Applicant's Organizational History**

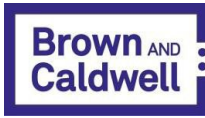
<p><b>1. License Number History</b> Years in business in Utah as a contractor under present business name and license number:</p>		
<p>List all Utah construction license number E-100, and expiration date of the Utah contractor license held by the Applicant</p>		
License Number	Classification	Expiration Date
<p><b>2. QA/QC</b> Does the Applicant have a written quality assurance/quality control program?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," provide a copy of the Applicant's QA/QC program on CD or Thumb drive.</p>		
<p><b>3a. Debarment / Disqualification History</b> In the last five years, has the Applicant, or any firm with which any of your company's owners, officers, or partners were associated, been debarred, disqualified, removed, or otherwise prevented from <u>bidding</u> on any government agency or public works project for any reason (e.g., denied prequalification)? <i>Note: "Associated with" refers to another construction firm in which an owner, partner, or officer of your firm held a similar position.</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," explain on a separate signed page. State whether the firm involved was the firm applying for pre-qualification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project, and the basis for the action.</p>		
<p><b>3b. In the last five years has the Applicant or any firm with which any of your company's owners, officers or partners were associated, been debarred, disqualified, removed or otherwise prevented from <u>completing</u> any government agency or public works project for any reason?</b> <i>NOTE: "Associated with" refers to another construction firm in which an owner, partner or officer of your firm held a similar position.</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," explain on a separate signed page. State whether the firm involved was the firm applying for pre-qualification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project, and the basis for the action.</p>		
<p><b>3c. In the last five years, has the Applicant been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," explain on a separate signed page. Identify the year of the event, the owner, the project, and the basis for the finding by the public agency.</p>		
<p><b>4. Suspension of Contractor's License</b> In the last five years, has any Utah CCB license held by the Applicant, or any of your company's owners, officers or partners, been suspended?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," please explain on a separate signed sheet.</p>		
<p><b>5. Default History</b> In the last five years, has any surety company made any payments on the Applicant's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on the Applicant's behalf, in connection with a construction project, either public or private?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If "Yes," explain on a separate signed page the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution, and the amount, if any, at which the claim was resolved.</p>		



**SECTION III: FINANCIAL DATA**

**Item 6. Applicant's Bonding Coverage**

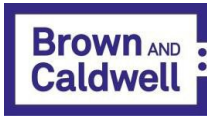
Indicate Coverage(s) and Coverage Limits (\$)			
Bonding Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
<b>Bonding Company Name</b> (as it appears on license):		<b>Phone</b> (incl. area code):	<b>Fax</b> (incl. area code):
<b>Business Address</b> (Street, City, State, Zip):			
<b>Mailing Address</b> (if different: Street, City, State, Zip):			
<b>Point of Contact</b> (Name and Title):		<b>Phone</b> (incl. area code):	<b>Fax</b> (incl. area code):



**SECTION III: FINANCIAL DATA**

**Item 7. Applicant's Financial Background**

<p><b>1. Financial Listing:</b> Are you listed with Dun &amp; Bradstreet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide account number _____ and rating _____</p>																							
<p><b>2. Bankruptcy Proceedings</b> Is the Applicant currently in bankruptcy proceedings or has the Applicant filed for bankruptcy at any time during the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to a current proceeding, please attach a copy of the bankruptcy petition, showing the case number, the date on which the petition was filed, and resolution if available. If "Yes" to a past filing, please attach a copy of the bankruptcy petition, showing the case number and the date on which the petition was filed, and a copy of the Bankruptcy Court's discharge order, or of any other document that ended the case, if no discharge order was issued.</p>																							
<p><b>3. Current Loan Status</b> Is the Applicant currently in default on a loan agreement or financing agreement with a bank, financial institution, or other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify the loan, including name of financial institution, loan number, and name and phone number of contact; specify details, circumstances, and prospects for resolution.</p>																							
<p><b>4. Bonding</b> In the last five years, has the Applicant been required to pay a premium of more than 1.50% for a performance and payment bond on any project(s) on which the Applicant worked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please complete the table below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Project</th> <th style="width: 20%;">Date(s)</th> <th style="width: 20%;">Percentage (if &gt;1%)</th> <th style="width: 30%;">Explanation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Project	Date(s)	Percentage (if >1%)	Explanation																
Project	Date(s)	Percentage (if >1%)	Explanation																				
<p><b>5. Bond Coverage</b> In the last five years, has the Applicant been denied bond coverage by a surety company, or has there been a period of time when the Applicant had no bond in place during a public construction project when one was required*? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide details on a separate signed sheet indicating the date when the Applicant was denied coverage and the name of the company or companies which denied coverage, or the period during which the Applicant had no bond in place but a bond was required.  *If the Applicant was a party to a Joint Venture (JV) for a public construction project and the JV provided sufficient bond coverage, then the Applicant will be considered covered.</p>																							
<p><b>6. State Prevailing Wage Compliance</b> Has there been any occasion during the last five years in which the Applicant was required to pay back wages or penalties for the Applicant's failure to comply with the state's prevailing wage laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach a separate signed page or pages, describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed, the number of employees who were initially underpaid, and the amount of back wages and penalties that the Applicant was required to pay.</p>																							
<p><b>7. Federal Prevailing Wage Compliance</b> In the last five years, has there been any occasion in which the Applicant has been penalized or required to pay back wages for failure to comply with the <b>federal</b> Davis-Bacon prevailing wage requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach a separate signed page or pages describing the nature of the violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed, the number of employees who were initially underpaid, the amount of back wages the Applicant was required to pay, and the amount of any penalty paid.</p>																							



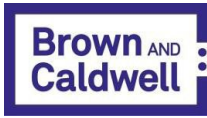
**Item 8. Applicant's Financial Background Cont.**

**1. Default History**

In the last five years, has any surety company made any payments on the Applicant's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on the Applicant's behalf, in connection with a construction project, either public or private?

- Yes       No

If "Yes", explain on a separate signed page the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution, and the amount, if any, at which the claim was resolved.



**SECTION IV: DISPUTES, CLAIMS, CRIMINAL MATTERS, AND RELATED CIVIL SUITS**

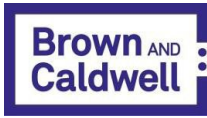
**Item 9. Applicant's Insurance Coverage**

Indicate Coverage(s) In Place and Coverage Limits (\$)			
Insurance Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Workmen's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Statutory:
Employer's Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Commercial General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Automobile Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Umbrella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Pollution Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
Other (Specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$:

**Item 10. Applicant's Claims and Disputes**

<p><b>1. Claims Against Applicant*</b></p> <p>In the last five years, has any claim <b>against</b> the Applicant concerning the Applicant's work on a construction project been <b>filed in court or preceded to binding arbitration</b>?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If "Yes," on separate signed sheets of paper identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed, and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).</p>		
<p><b>2. Claims Made By Applicant*</b></p> <p>In the last five years, has the Applicant made any claim against a project owner concerning work on a project or payment for a contract and <b>filed that claim in court or preceded to binding arbitration</b>?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If "Yes," on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed, and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).</p>		
<p><b>3. Insurance</b></p> <p>In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for the Applicant?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If "Yes," explain on a separate signed page. Name the insurance carrier, the form of insurance, and the year of the refusal.</p>		
<p><b>4. Environmental Compliance</b></p> <p>In the last five years, has the EPA or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either the Applicant or the owner of a project on which the Applicant was the contractor?</p> <p>Note: If the Applicant has filed an appeal of a citation and the Appeals Board has not yet ruled on the appeal, or if there is a court appeal pending, the Applicant need not include information about the citation.</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If "Yes," attach a separate signed page describing each citation.</p>		

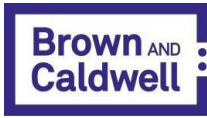
\* The first two questions refer only to disputes between your firm and the owner of a project. You do not need to include information about disputes between your firm and a supplier, another contractor, or a subcontractor. You do not need to include information about "pass-through" disputes in which the actual dispute is between a subcontractor and a project owner.



**SECTION V: HEALTH AND SAFETY**

**Item 11. Applicant's Safety Background**

<p><b>1. Workers Compensation Experience Modification Rate (EMR)</b> List your Experience Modification Rate (EMR) for the past three years:</p> <p>Year _____</p> <p>EMR _____</p>	<p>3 Year Avg. _____</p> <p>If the Applicant's EMR for any of these three years is or was 1.00 or higher the Applicant may attach a letter of explanation (optional).</p>
<p><b>2. Bureau of Labor Statistics (BLS) Log and Summary of Occupational Injuries and Illnesses (OSHA No.300 and 300A)</b> Attach the 3 most recent (full year) OSHA 300 and 300A Logs. Employee names may be redacted for privacy.</p>	
<p><b>3. Federal or State OSHA Citations</b> In the past five years, has the Applicant received any citations from the Federal Occupational Safety and Health Administration (OSHA) or Utah OSHA program? <i>NOTE: If the Applicant has filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on the appeal, the Applicant need not include information about it.</i></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      If "Yes," attach copies of citations or a signed citation summary including: date, location, description of violation(s), type of violation (e.g., willful, repeat, serious, <i>de minimus</i>, other, etc.), penalties – initial/final, abatement date, and any remarks. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.</p>	
<p><b>4. Health and Safety Program (Explain all "No" answers below):</b></p> <p>Does the Applicant have <u>written</u> health and safety (H&amp;S) program/procedures? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," attach a copy of the H&amp;S Program.</i></p> <p>Does the Applicant have a health and safety <u>training</u> program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," attach a copy of the training program.</i></p> <p>Does the Applicant conduct safety meetings during the course of a project? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Note frequency: _____</p>	

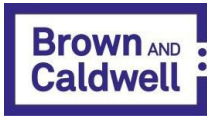


**SECTION V: HEALTH AND SAFETY**

**Item 12. Applicant's Written Health and Safety Program/Procedures**

If you have a written safety program, which of the following items are covered?		
a.	Hazard Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Injury & Illness Prevention Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Emergency Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Fire Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Excavation Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Lock Out/Tag Out	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Confined Space	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Hot Work Permitting	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Electrical Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Medical Services & First Aid/CPR Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Use of Personal Protective Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Scaffolding	<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Respirator Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Rigging and Crane Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
o.	Hearing Conservation	<input type="checkbox"/> Yes <input type="checkbox"/> No
p.	Bloodborne Pathogen	<input type="checkbox"/> Yes <input type="checkbox"/> No
q.	Occupational Exposure to Hazardous Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No
r.	Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
s.	Ladder Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No

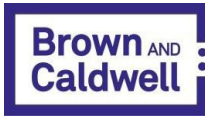




**SECTION VI: SUPERINTENDENT CANDIDATES**

**Item 13. Project Superintendent Candidate (1)**

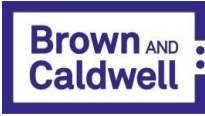
The Project Superintendent must have performed in the role and have the minimum project experience as described below:	
<b>Superintendent</b> (Print Name & Title):	
<b>Contact Information</b> (Telephone, Fax, Email):	
<b>Submittal Date:</b>	<b>Signature</b> (sign and print):
<p><b>1. Project Superintendent Experience</b></p> <p>a. Has successfully supervised at least five (5) recent lift station rehabilitation projects of similar scope, including replacement of pumps, electrical and I&amp;C upgrades, and wet well coating? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b. Has successfully supervised the replacement of submersible pumps on at least five (5) recent projects? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>c. Has successfully supervised the installation of electrical and I&amp;C upgrades on at least five (5) recent projects? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If the answer is "No" to any of the questions, provide an explanation and a detailed response to each question a, b, and c.</p>	
<p><b>2. Resume Provided?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Provide Candidate resume. Include the names, addresses of companies he/she has been affiliated with in the last five (5) years. List the name, qualifications (including any applicable training and certifications), and background of the proposed Project Superintendent for this project. Certify that he/she will be available for the entire project duration.</p> <p>On the resume, in addition to the project experience required above, list any additional projects most similar in nature and complexity, in size, type, and duration for which the proposed Project Superintendent has supervised or directed construction in the last five years.</p>	
<p>I (we) hereby certify that _____ (CompanyName) and _____ (Superintendent Name) satisfy the Superintendent minimum requirements stated herein, and shall not at any time after submission of the bid, or during the course of the Work, dispute, complain, or assert that there was any misunderstanding in regard to the qualifications to perform the Work, and that the qualifications must be met through the course of the Work.</p>	
<p>_____</p> <p>Applicant Name</p>	<p>_____</p> <p>Superintendent Name</p>
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Superintendent Signature</p>
<p><b>3. References</b></p> <p>Submit five (5) Form A's (Appendix B), one for each of the projects identified for item 1a above. Submit one (1) Form B (Appendix B) for representative projects, including projects identified for item 1a above. Clearly identify which projects include submersible pump replacement (1b) and electrical and I&amp;C upgrades (1c). The same project can be listed for both major components (1b and 1c). The references will be notified and scored as described in Appendices C and D.</p>	



**SECTION VI: SUPERINTENDENT CANDIDATES**

**Item 14. Project Superintendent Candidate (2)**

The Project Superintendent must have performed in the role and have the minimum project experience as described below:	
<b>Superintendent</b> (Print Name & Title):	
<b>Contact Information</b> (Telephone, Fax, Email):	
<b>Submittal Date:</b>	<b>Signature</b> (sign and print):
<p><b>1. Project Superintendent Experience</b></p> <p>a. Has successfully supervised at least five (5) recent lift station rehabilitation projects of similar scope, including replacement of pumps, electrical and I&amp;C upgrades, and wet well coating? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b. Has successfully supervised the replacement of submersible pumps on at least five (5) recent projects? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>c. Has successfully supervised the installation of electrical and I&amp;C upgrades on at least five (5) recent projects? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If the answer is "No" to any of the questions, provide an explanation and a detailed response to each question a, b, and c.</p>	
<p><b>2. Resume Provided?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Provide Candidate resume. Include the names, addresses of companies he/she has been affiliated with in the last five (5) years. List the name, qualifications (including any applicable training and certifications), and background of the proposed Project Superintendent for this project. Certify that he/she will be available for the entire project duration.</p> <p>On the resume, in addition to the project experience required above, list any additional projects most similar in nature and complexity, in size, type, and duration for which the proposed Project Superintendent has supervised or directed construction in the last five years.</p>	
<p>I (we) hereby certify that _____ (CompanyName) and _____ (Superintendent Name) satisfy the Superintendent minimum requirements stated herein, and shall not at any time after submission of the bid, or during the course of the Work, dispute, complain, or assert that there was any misunderstanding in regard to the qualifications to perform the Work, and that the qualifications must be met through the course of the Work.</p>	
<p>_____</p> <p>Applicant Name</p>	<p>_____</p> <p>Superintendent Name</p>
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Superintendent Signature</p>
<p><b>3. References</b></p> <p>Submit five (5) Form A's (Appendix B), one for each of the projects identified for item 1a above. Submit one (1) Form B (Appendix B) for representative projects, including projects identified for item 1a above. Clearly identify which projects include submersible pump replacement (1b) and electrical and I&amp;C upgrades (1c). The same project can be listed for both major components (1b and 1c). The references will be notified and scored as described in Appendices C and D.</p>	



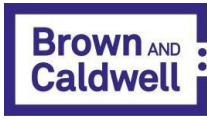
**SECTION VII: CONTRACTOR PROJECT EXPERIENCE**

**Item 15. Contractor (Applicant) Project Experience**

The Applicant's Contracting firm shall have the minimum project experience as described below:	
<b>1. Applicant Project Experience</b>	
1a. Has successfully completed at least five (5) recent lift station rehabilitation projects of similar scope, including replacement of pumps, electrical and I&C upgrades, and wet well coating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Has successfully completed the replacement of submersible pumps on at least five (5) recent projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c. Has successfully completed the installation of electrical and I&C upgrades on at least five (5) recent projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answering "No" to question 1a, 1b, and/or 1c carry a pass/fail potential for the application. If no, please provide a summary of successful installations and years of experience for review.	
<b>2. References</b>	
Submit five (5) Form A's (Appendix B), one for each of the projects identified for item 1a above. Submit one (1) Form B (Appendix B) for representative projects, including projects identified for item 1a above. Clearly identify which projects include submersible pump replacement (1b) and electrical and I&C upgrades (1c). The same project can be listed for both major components (1b and 1c). The references will be notified and scored as described in Appendices C and D. Contractor shall indicate which project component (mechanical, electrical and I&C) was completed by their staff or by subcontractor. If by subcontractor, list subcontractor company name.	

**Item 16. Contractor (Applicant) Project Experience with District**

List Projects Completed for the District Within Last 5 Years.	
PROJECT NAME:	DATE COMPLETED:
PROJECT TYPE:	COMPLETED ON TIME?:
CONTRACT VALUE:	CHANGE ORDERS, \$ OF CONTRACT:
PROJECT NAME:	DATE COMPLETED:
PROJECT TYPE:	COMPLETED ON TIME?:
CONTRACT VALUE:	CHANGE ORDERS, \$ OF CONTRACT:
PROJECT NAME:	DATE COMPLETED:
PROJECT TYPE:	COMPLETED ON TIME?:
CONTRACT VALUE:	CHANGE ORDERS, \$ OF CONTRACT:
PROJECT NAME:	DATE COMPLETED:
PROJECT TYPE:	COMPLETED ON TIME?:
CONTRACT VALUE:	CHANGE ORDERS, \$ OF CONTRACT:
PROJECT NAME:	DATE COMPLETED:
PROJECT TYPE:	COMPLETED ON TIME?:
CONTRACT VALUE:	CHANGE ORDERS, \$ OF CONTRACT:



**SECTION VIII: APPLICATION CERTIFICATION**

**Item 17. Certification Form**

**Applicant Certification – To Be Signed by an Officer of the Company (Applicant)**

By signing below, I certify that to the best of my knowledge:

1. The contents of the Application for Bidder Prequalification (including all submitted attachments and other documentation) are true and correct, and that any false, deceptive, or fraudulent statements on the Application or at a hearing will result in the denial of prequalification.
2. To the best of my knowledge neither the Applicant nor its agents, affiliates, partners, employees, officers, directors, or other associates of any kind, have colluded with any individual or entity on behalf of the Applicant, or themselves, to produce an unfair advantage over others or to gain favoritism in the award of any contract resulting from this Application for Bidder Prequalification.
3. By responding to and submitting this Application for Bidder Prequalification, the Applicant agrees to indemnify and hold harmless all parties to this Application, including, but not limited to, the Owner, Engineer, and Resident Project Representative for any conceivable damages arising thereafter; and affirms that no compensation is expected as a result of the preparation of said response.
4. Applicant agrees that should there be any change at any time in debarment status, financial condition, corporate structure, or personnel that affects the Applicant's qualification status up to and including bid closing, the Applicant will give written notice of such change to CWSID at least ten business days prior to bid closing and it is understood that such notice may change the eligibility of the Applicant to submit the bid. Failure to notify the District of any material change in the Applicant's qualification status may constitute grounds for rescinding a "qualified to bid" rating or for rejection of a bid.
5. Applicant has examined and carefully studied the Application for Bidder Prequalification and the following Addenda, receipt of which is hereby acknowledged (list Addenda by Addendum Number and Date):

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_  
 Addendum No. \_\_\_\_\_ Date \_\_\_\_\_  
 Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

6. Applicant agrees to use the proposed personnel submitted in the Application for the duration of this project.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

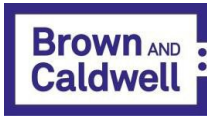
Signature: \_\_\_\_\_ Phone (incl. area code): \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year 2016.

*Notary Seal  
or  
Stamp*

\_\_\_\_\_  
Original Notary Public Signature

My commission expires: \_\_\_\_\_



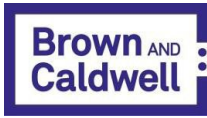
APPENDIX B – FORMS

**FORM A – REFERENCE (page 1 of 2)**

In this form, enter information about references for the Contractor or the Superintendent Candidate(s), with a separate form for each reference. Names, references, phone numbers, and e-mail addresses must be current and verified by the Applicant. References that do not contain current names and contact information will be ignored.

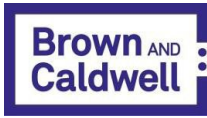
CWSID reserves the right to contact any party it deems appropriate. By submitting a response to this Application, the Applicant releases CWSID and any references from all liability concerning this exchange of information.

<b>Reference for:</b> <input type="checkbox"/> <b>Contractor</b> or <input type="checkbox"/> <b>Superintendent Candidate, Name:</b>		
<b>Project Name:</b>	<b>Location</b> (City, State):	
<b>Owner Name and Contact Person</b> (Owner's Project Manager):	<b>Phone</b> (incl. area code):	<b>E-mail Address:</b>
<b>Owner's Physical Location</b> (City, State):		
<b>Engineering Design Firm and Contact Person</b> (Project Manager):	<b>Phone</b> (incl. area code):	<b>E-mail Address:</b>
<b>Engineering Design Firm Physical Location</b> (City, State):		
<b>General (Prime) Contractor Project Manager or Superintendent</b> (if applicable):	<b>Phone</b> (incl. area code):	<b>E-mail Address:</b>
<b>General (Prime) Contractor Physical Location</b> (City, State):		



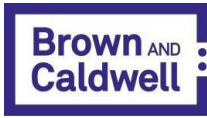
**FORM A – REFERENCE (page 2 of 2)**

<b>Description of the Project</b> (Type of pumps installed, scope of electrical and I&C upgrades, wet well coating, Other Project Factors such as MH installation, Bypass Pumping and Pumping Volume):	
<b>Description of Work Performed</b> (if prime contractor, itemize work self-performed and work subcontracted):	
<b>Duration of Project</b> (in months):	<b>Completion Date:</b>
<b>Original Contract Value:</b>  \$	<b>Final Contract Value:</b>  \$
<b>Claims or Lawsuits Filed</b> Were any claims or lawsuits filed during or as a result of this project? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed, and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).	
<b>Permitting and Code Compliance</b> Were there any permit violations or unresolved code violations which occurred during the project? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," on separate signed sheets of paper list the incidents and the resolution of the incidents and whether the Owner was fined, whether the Applicant was fined, or if a lawsuit resulted.	
<b>Subcontractors and Vendors</b> Were there any subcontractors and/or vendors to the General Contractor with commitments over 10% of the bid that were terminated or defaulted, and/or did any subcontractors and/or vendors abandon the project at any point during the project? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes," on separate signed sheets of paper list the subcontractors and/or vendors explain the problem or dispute, indicate the resolution of the dispute, and the effect on the overall project schedule and cost.	



**FORM B - LIFT STATION REHABILITATION EXPERIENCE (Page 1 of 2)**

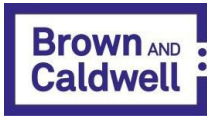
List of successful lift station rehabilitation projects. Provided additional sheets as necessary to demonstrate total required footage is met.	
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
DIAMETER (INCH) INSTALLED:	TOTAL LENGTH INSTALLED (L.F.):
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	



**FORM B - LIFT STATION REHABILITATION EXPERIENCE (Page 2 of 2)**

PROJECT NAME:	DATE COMPLETED:
OWNER NAME :	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	
PROJECT NAME:	DATE COMPLETED:
OWNER NAME:	OWNER ADDRESS:
CONTACT PERSON:	CONTACT PHONE NO:
PROJECT SCOPE:	





## APPENDIX C – REFERENCE INTERVIEW QUESTIONS

The following questions will be used to interview selected contacts from all completed projects references for all Applicants. CWSID (or its engineer) will conduct the interviews. No action on the Applicant's part is necessary. These questions are included for information only.

Listed reference contacts will be contacted by phone or e-mail during the prequalification application review period. Reference contacts that cannot be reached will not be used. Of the listed contacts, at least one contact per project must be successfully reached and interviewed in order to consider a project reference or superintendent candidate reference toward the Applicant's score.

The scoring of the responses from the Owner and its Engineer will be averaged for the overall score for each project reference. The highest possible score is 100 points for each project reference.

### Quality of Work and Resources (50 points)

1. On a scale of 1-5, with 5 being the best, did the contractor provide adequate supervision? Another way to phrase it, how would you rate the contractor's superintendent or project manager in their ability to supervise the project and work cooperatively with the Owner, Engineer, and/or RPR? If willing, please provide the name of the superintendent or project manager. (Max. 15 points, rating should be multiplied by 3)
2. On a scale of 1-5, with 5 being the best, how well did the contractor emphasize safety and manage accordingly? (Max. 10 points, rating should be multiplied by 2)
3. On a scale of 1-5, with 5 being the best, rate the quality of work overall in regard to project requirements being met with little or no rework. (Max. 25 points, rating should be multiplied by 5)

### Claims and Cooperation (20 points)

4. On a scale of 1-5, with 5 being the best, rate the contractor in his ability to provide timely reports and other paperwork, including submittals, change orders, and scheduling updates. (Max. 5 points)
5. On a scale of 1-5, with 5 being the best, rate the contractor on whether there were an unusually high number of claims or an unusual difficulty in resolving claims (5 meaning that there were virtually no contractor-initiated claims, 1 meaning that there were an unacceptable number of claims or owner had difficulty in resolving the claims). (Max. 15 points, rating should be multiplied by 3)

### Coordination and Cooperation with the Public and Other Agencies (15 points)

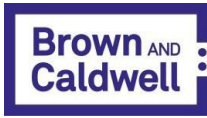
6. On a scale of 1-5, with 5 being the best, how was this contractor in his dealings with residents, motorists, impacted businesses, and the public in general, therefore minimizing the impacts on day-to-day operations during construction? (Max. 10 points, rating should be multiplied by 2)
7. On a scale of 1-5, with 5 being the best, how was this contractor in his dealings with permitting/regulatory agencies and other utilities, etc., therefore minimizing the impacts on day-to-day operations during construction? (Max. 5 points)

### Scheduling and Closeout (15 points)

8. Was the project completed on time? If the answer is "no," on a scale of 1-5, to what extent was the contractor responsible for the delay in completion, with 5 meaning the contractor was not responsible for the delay? (10 points if the answer is "Yes," if "No," rating should be multiplied by 2).
9. On a scale of 1-5, with 5 being the best, how would you rate the contractor in his project closeout ability (i.e., punch list, final clean up, final paperwork)? (Max. 5 points)

### Overall Assessment (No points)

10. On a scale of 1-100, how would you rate this contractor overall? (not scored, this question will be used as a check to reference's responses)



APPENDIX D – APPLICATION SCORING

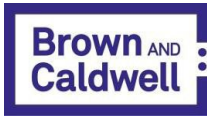
This appendix summarizes how the Application (Appendix A) will be scored. The scoring is included for information only.

**I. CONTRACTOR (APPLICANT) QUESTIONNAIRE (0 points)**

Item 4. Essential Requirements for Qualification (0 points)  
This section will not be scored; however, the Applicant can be disqualified if the answer for question 1 is “No” or the answers for any of questions 2 through 5 is “Yes.” Applications will be reviewed on a case-by-case basis. The District reserves the right to reject any and all applications.

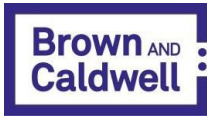
**II. ORGANIZATION HISTORY (7 points)**

Item 6. 2. QA/QC (1 points)	
<u>Written QA/QC Program</u>	<u>Points</u>
Awarded Yes	1
No	0
Item 6.3a. Debarment / Disqualification History (1 point)	
<u>Prevented from Bidding</u>	<u>Points Awarded</u>
Yes	-1
No	1
Item 6.3b. Debarment / Disqualification History (1 point)	
<u>Prevented from Completing</u>	<u>Points Awarded</u>
Yes	-1
No	1
Item 6.3c. Debarment / Disqualification History (1.5 points)	
<u>Denied Public Works Contract</u>	<u>Points Awarded</u>
Yes	-1.5
No	1.5
Item 6.4. Suspension of Contractor’s License (1.5 points)	
<u>Suspension of License</u>	<u>Points Awarded</u>
Yes	-1.5
No	1.5
Item 6.5. Default History (1 points)	
<u>Suspension of License</u>	<u>Points Awarded</u>
Yes	-1
No	1



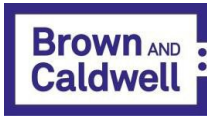
**III. FINANCIAL DATA (13 points)**

<b>Item 8.1. Financial Listing (2 point)</b>	
<u>Dun and Bradstreet Rating</u>	<u>Points Awarded</u>
1 or 2	2
3 or 4	-1
N/A	0
<b>Item 8.2. Bankruptcy Proceedings (only deductions)</b>	
<u>Bankruptcy Proceedings</u>	<u>Points Deducted</u>
No	0
Yes	-5
<b>Item 8.3. Current Loan Status (only deductions)</b>	
<u>Loan/Agreement In Default</u>	<u>Points Deducted</u>
No	0
Yes	-1
<b>Item 8.4. Bonding (5 points)</b>	
<u>The Premium Percentage will be ranked for all applications and the following scoring will be used:</u>	
<u>Ranking</u>	<u>Points Awarded</u>
All premium percentage less than or equal to 1.5%	5
Rank ordered premium percentage	5 to 0
(lowest premium percentage = 5, next lowest = 4, 3, 2, 1, all remaining = 0)	
<b>Item 9.5. Bond Coverage (only deductions)</b>	
<u>Denied Bond Coverage in Last 5 Years</u>	<u>Points Deducted</u>
No	0
Yes	-2
<b>Items 8.6 and 8.7 Prevailing Wage Compliance (3 Points, 1.5 points each)</b>	
<u>Instances of Non-Compliance</u>	<u>Points Awarded</u>
0 to 1	1.5
2	0.5
>3	0
<b>Item 9.1. Default History (3 points)</b>	
<u>Surety Payments Made</u>	<u>Points Awarded</u>
Yes	-3
No	3



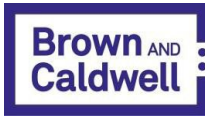
**IV. DISPUTES, CLAIMS, CRIMINAL MATTERS, AND RELATED CIVIL SUITS (14 points)**

<b>Item 11.1. Claims Against Applicant (5 points)</b>	
<u>Total Court Claims Against Firm</u>	<u>Points Awarded</u>
0	5
1	3
2	1
3	0
4	-1
5	-2
>5	-3
<b>Item 11.2. Claims Made By Applicant (5 points)</b>	
<u>Total Court Claims Filed By Firm</u>	<u>Points Awarded</u>
0	5
1	3
2	1
3	0
4	-1
5	-2
>5	-3
<b>Item 11.3. Insurance (2 points)</b>	
<u>Policy Renewals Refused by Insurance in Last 5 Years</u>	<u>Points Awarded</u>
0	2
1 to 2	0
>2	-1
<b>Item 11.4. Environmental Compliance (2 points)</b>	
<u>Found Liable or Guilty</u>	<u>Points Awarded</u>
Yes	-2
No	2



**V. HEALTH AND SAFETY (11 points)**

Item 12.1. Workers Compensation Experience Modification Rate, (4 points)	
<u>Average EMR for Past 3 Years</u>	<u>Points Awarded</u>
1.0 or Less	4
Between 1.0 and 1.2	1
Greater than 1.2	0
Item 12.2. Bureau of Labor Statistics (BLS) Log and Summary of Occupational Injuries and Illnesses, OSHA No. 300 and 300A Logs (1 point)	
<u>Incidence Rate Less Than Industry Average</u>	<u>Points Awarded</u>
Yes	1
No	0
Item 12.3. Federal or State OSHA Citations (3 points)	
<u>OSHA Citations Against Firm</u>	<u>Points Awarded</u>
0	3
1	2
2	1
3	0
4	-1
5	-2
>5	-3
Item 12.4. Health and Safety Program (3 points)	
<u>Written H&amp;S Program</u>	<u>Points Awarded</u>
Yes	1
No	0
<u>H&amp;S Training Program</u>	<u>Points Awarded</u>
Yes	1
No	0
<u>Conduct Safety Meetings During Project</u>	<u>Points Awarded</u>
Yes	1
No	0



**VI. SUPERINTENDENT CANDIDATES (25 Points)**

Items 14.1 and 14.2 and 15.1 and 15.2. The superintendent candidate(s) responsible for the various aspects of the work will be reviewed. If two candidates are submitted, the lower of the two scores will be used in awarding points for this Section.

Items 14.1 and 14.2 (and 15.1 and 15.2). Experience and Resume (10 points)

<u>Questions</u>	<u>Points Awarded</u>
Yes to all questions (1a, 1b, 1c) & resume provided	10
No to any question (1a, 1b or 1c) w/ explanation & resume provided.	5-10
No to any question (1a, 1b, or 1c) w/o explanation & no resume provided	0 - 5
No to any question (1a, 1b, or 1c) w/o explanation & no resume provided	0

Item 14.3/15.3. References (15 points)

<u>References</u>	<u>Points Awarded</u>
Scoring	0 to 15

*Example: Scores from references = 80, 85, 90 (from scoring in Appendix C)  
Average reference score = 85  
Final score = (85/100) x 15 = 12.75*

**VII. CONTRACTOR PROJECT EXPERIENCE (30 points)**

Item 16.1. Applicant Project Experience (15 points) (Possible Pass/Fail)

<u>Question 1a (5 points)</u>	<u>Points Awarded</u>
Successfully completed 5 lift station rehabilitation projects	5
Less than 5 lift station rehabilitation projects w/summary of completed LS rehabilitations	0-4
Less than 5 lift station rehabilitation projects w/o summary of completed LS rehabilitations	0
<u>Question 1b (5 points)</u>	<u>Points Awarded</u>
5 projects including submersible pump replacement	5
Less than 5 projects including submersible pump replacement w/ summary of experience	0-4
Less than 5 projects including submersible pump replacement w/o summary of experience	0
<u>Question 1c (5 points)</u>	<u>Points Awarded</u>
5 projects including installation of electrical and I&C upgrades	5
Less than 5 projects including installation of electrical and I&C upgrades w/ summary of experience	0-4
Less than 5 projects including installation of electrical and I&C upgrades w/o summary of experience	0

Item 16.2. References (15 points)

A minimum of 5 reference projects must be successfully validated during the evaluation process (i.e., at least 1 reference contacts for each project must have been successfully contacted and interviewed). If these requirements cannot be met, the Application will not be considered valid. Projects with a minimum contract of \$1.0 million are weighted as 110%.

*Example:*

<u>Project References</u>	<u>Ave. Score from all References (from scoring in Appendix C)</u>
<i>Project A</i>	<i>82</i>
<i>Project B</i>	<i>84</i>
<i>Project C (contract value is greater than \$1.0 million)</i>	<i>80 x 1.1 = 88</i>
<i>Average</i>	<i>84.7</i>
<i>Points Awarded = (84.7 / 100) x 15 possible points = 12.70 points awarded</i>	