

**PREQUALIFICATION QUESTIONNAIRE**

**CONSTRUCTION MANAGER/GENERAL CONTRACTOR**

**(CM/GC)**

**FOR**

**MODERNIZATION OF LABORATORY FACILITIES  
OAK RIDGE NATIONAL LABORATORY**

March 26, 2008

**PRE-QUALIFICATION QUESTIONNAIRE**

**FOR**

**MODERNIZATION OF LABORATORY FACILITIES  
OAK RIDGE NATIONAL LABORATORY**

**SUBMITTED BY:**

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(Firm Name)

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(Contact Name)

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(Address)

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(City, State, Zip Code)

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(Telephone Number)

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(Fax Number)

Each prospective CM/GC must answer all of the following questions and provide all requested information, where applicable. Any prospective CM/GC failing to do so may be deemed to be not responsive and not responsible with respect to this pre-qualification at the sole discretion of the Company.

It is critical that the prospective CM/GC completes all information required accurately, completely, truthfully and to the best of their knowledge. Ambiguous or incomplete information may lead to an unfavorable evaluation and subsequent status as not pre-qualified.

**1. LICENSE AND ADDITIONAL INFORMATION**

- A. Does your firm, including any partner if a Joint Venture, hold a State contractor's license which is current, valid, and in good standing with the issuing state?

YES  NO

**If YES,** provide the following information about your firm's contractor's licenses:

- (1) Name of license holder exactly as on file with the State License Board: \_\_\_\_\_
- (2) License Classification and Code: \_\_\_\_\_
- (3) License Number: \_\_\_\_\_
- (4) Date Issued: \_\_\_\_\_
- (5) Expiration Date: \_\_\_\_\_
- (6) Officer or name of signature on License: \_\_\_\_\_

- B. Has your firm had a state contractors license for at least five (5) years?

YES  NO

- C. Has your firm been in business for ten (10) or more years?

YES  NO

Number of years in business under this name and management: \_\_\_\_\_ years

If name changed within the last ten (10) years due to acquisition, state previous company name and number of years in business under that name.

Company Name: \_\_\_\_\_ No. of years \_\_\_\_\_

- D. Type of Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

If Corporation, is there a parent company?

YES  NO

Parent Company Name: \_\_\_\_\_

- E. Has your firm's contractor's license ever been suspended or revoked by the issuing state's board?

YES  NO

If the answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- F. If the entity submitting this prequalification questionnaire is a Joint Venture or partnership, has any member of the Joint Venture or partnership ever had their firm's contractor's license suspended or revoked by the issuing State's Licensing Board?

YES  NO

If the answer is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- G. Does your firm have experience utilizing cost loaded CPM logic software on your projects and would you utilize this experience on this project?

YES  NO

If yes, name the software application(s) used or the software application you would propose for use on this project: \_\_\_\_\_

- H. Complete and submit Representations and Certifications located at the following URL:  
[http://www.ornl.gov/adm/contracts/library/articles\\_forms/rep-certs-con-ext-venx-dec05.pdf](http://www.ornl.gov/adm/contracts/library/articles_forms/rep-certs-con-ext-venx-dec05.pdf)

### **3. CONSTRUCTION MANAGEMENT/GENERAL CONTRACTING EXPERIENCE**

- A. Attach to the completed Prequalification Questionnaire, the completed Project Data Sheets, documenting the requirements listed below.

You must submit a minimum three (3) projects that are closely related and comparable to this project, demonstrating a similarity of building features and types of building spaces and with an equivalent level of technical complexity in materials and in construction methods. All of the three (3) projects must have been completed between October 01, 2000 and December 31, 2007, and their total construction cost at the time of completion must be in excess of \$20,000,000 for each project.

From the three (3) projects submitted, the following requirements must also be met:

- i. You must have completed these projects as a Construction Manager/General Contractor that contracted directly with the subcontractors, not solely as a Construction Manager acting only on a consultant basis without general contracting experience of the level herein requested.
  - ii. At least one (1) of the projects must have been a comparable laboratory research building.
- B. Use the Project Data Sheets provided. Photocopy additional forms as required or duplicate information in a computer-generated format, if desired. Provide all of the information requested in the Project Data Sheet.
- C. CM/GC must list accurate names and telephone numbers of applicable contact references. If Company is unable, after reasonable efforts, to confirm the past project information submitted by CM/GC, said project will not be accepted as a qualifying project.
- D. If a JOINT VENTURE, the projects listed must have been completed as a licensed joint venture and not completed only by one of the partners.
- E. Listed projects must have been managed and constructed under the business name submitting for prequalification. Projects completed by employees for former employers are not applicable.
- F. CM/GCs should clearly demonstrate both their construction management and general construction experience with projects similar to our described project, especially in size and cost and demonstrated ability to complete projects within pre-defined project cost and schedule parameters.

NAME OF CM/GC: \_\_\_\_\_

**PROJECT DATA SHEET**

(One Form Per Project)

1. Project Name: \_\_\_\_\_

2. Project Location: \_\_\_\_\_

3. Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

4. Design Professional: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

5. Name of CM/GC's Project Executive: \_\_\_\_\_

6. Name of CM/GC's Project Manager: \_\_\_\_\_

7. Name of CM/GC's Superintendent: \_\_\_\_\_

8. Was Project completed on time, including time extensions?  Yes No

Start Date: \_\_\_\_\_ Original Completion Date: \_\_\_\_\_

Actual Completion date: \_\_\_\_\_

If completion did not occur within the original or the adjusted contract time, indicate elapsed time in whole calendar days between original or adjusted contract time and actual final completion.

Calendar days \_\_\_\_\_

9. Did the project include adherence to critical path scheduling?  Yes No

10. Was Project completed within budget?  Yes No

Cost at Bid \$ \_\_\_\_\_ Cost at Completion \$ \_\_\_\_\_

11. Did the project include preparation of bid packages, prequalification of subcontractors and/or analysis of the bids?  Yes No

12. Was Project completed for a government institution?  Yes No

13. Type of project (e.g. new biological/wet laboratory research; electronic/pharmaceutical production; hospital):

\_\_\_\_\_

**PROJECT DATA SHEET (continued)**

**NAME OF CM/GC:** \_\_\_\_\_

Project Name: \_\_\_\_\_

14. Describe, briefly, the scope of project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GSF Amount: \_\_\_\_\_

15. Did the facility contain:

- Chemical or Instrument laboratories  Yes No
- De-Ionized Water System  Yes No
- Gas and compressed air systems  Yes No
- Lab Exhaust system  Yes No
- Vibration sensitive equipment  Yes No
- Building Energy Management System  Yes No

(If this was a LEED Building, what level of Certification was awarded? \_\_\_\_\_)

16. List major subcontractors subcontracted with on this project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Describe special conditions or challenges encountered on this project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. How is this project comparable to our proposed project?

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**4. STAFF PROFESSIONAL CAPABILITIES**

**A. ATTACH a description of the size of your organization and address the items below:**

- Overall staff and technical staff of your entire organization

**B. Proposed Project Staffing – Project Executive, Project Manager, Superintendent -Attach resumes**

Provide information on the proposed Project Executive, Project Manager and Superintendent, that will be assigned to this project. Each employee they must have completed at least one of the comparable projects at their current position title and must be currently employed by the firm submitting the questionnaire.

**PROPOSED PROJECT EXECUTIVE:** (Attach resume)

1. Name: \_\_\_\_\_
2. Employed by your firm for \_\_\_\_\_ years
3. Present Position within your firm: \_\_\_\_\_
4. Has performed the duties of this position for \_\_\_\_\_ years.
5. List completed project, location, with completion date and contract amount of project:

a. Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

b. Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

**PROPOSED PROJECT MANAGER:** (Attach resume)

1. Name: \_\_\_\_\_
2. Employed by your firm for \_\_\_\_\_ years
3. Present Position within your firm: \_\_\_\_\_
4. Has performed the duties of this position for \_\_\_\_\_ years.
5. List completed project, location, with completion date and contract amount of project :

a. Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_

b. Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_

**PROPOSED SUPERINTENDENT:** (Attach resume)

1. Name: \_\_\_\_\_
2. Employed by your firm for \_\_\_\_\_ years
3. Present Position within your firm: \_\_\_\_\_
4. Has performed the duties of this position for \_\_\_\_\_ years.
5. List completed project, location, with completion date and contract amount of project:

a. Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_

b. Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_

C. If any of the above named staff are no longer employed by your firm at the time the project construction starts, is your firm willing to commit to assigning other individuals with equivalent experience who are satisfactory to the Company?

YES  NO

**5. SAFETY RECORD AND PROGRAM**

- A. Does your firm have a written safety and health program that meets the requirements to be placed on ORNL's listing of Eligible Awardees Construction? If so, provide a copy with your submittal. (See ORNL Requirement at the following web link: <http://www.ornl.gov/adm/contracts/eligible.html> )

YES  NO

- B. Has your firm been cited by OSHA in the past five years?

YES  NO

If yes, how often? \_\_\_\_\_ and for what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Provide number of projects since January 1, 1995 that have had any work-related deaths or major injuries, including any subcontractor personnel. Check whether person was employee of Prime CM/GC or Subcontractor. Attach additional pages as necessary. If no projects, note none.

\_\_\_\_\_  
**Project Name**

\_\_\_\_\_  
**Number and Type of Casualty**

Employee of:  Prime CM/GC  Subcontractor

\_\_\_\_\_  
**Project Name**

\_\_\_\_\_  
**Number and Type of Casualty**

Employee of:  Prime CM/GC  Subcontractor

\_\_\_\_\_  
**Project Name**

\_\_\_\_\_  
**Number and Type of Casualty**

Employee of:  Prime CM/GC  Subcontractor

YES  NO

D. State the names and specific duties of headquarters personnel permanently and exclusively assigned to safety.

Also list below information for safety personnel who would be available to be assigned full-time to the Project exclusively as a safety inspector.

Headquarters Personnel:

Name	Title	# of Years as Safety Officer
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**Current Duties**

Name	Title	# of Years as Safety Officer
------	-------	------------------------------

**Current Duties**

Name	Title	# of Years as Safety Officer
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**Current Duties**

Safety personnel available for field assignment:

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E. Please Provide the following:

Your firm's Experience Modification Rate for the last three years in all independent states in which it has been rated:

2007 \_\_\_\_\_  
2006 \_\_\_\_\_  
2005 \_\_\_\_\_

Please use the appropriate OSHA 200/300 log to fill in:

Number of injuries and illness:

- (a) number of lost workday cases \_\_\_\_\_
- (b) number of restricted workday cases \_\_\_\_\_
- (c) number of cases with medical attention only \_\_\_\_\_
- (d) number of fatalities \_\_\_\_\_

Employee hours worked last year (do not include any non-work time, even though paid)  
hrs. \_\_\_\_\_

**6. SURETY**

(SURETY COMPANIES USED SHALL BE LISTED IN THE LATEST PUBLISHED U.S. TREASURY DEPARTMENT LIST OF "COMPANIES HOLDING CERTIFICATES OF AUTHORITY AS ACCEPTABLE SURETIES ON FEDERAL BONDS AND AS ACCEPTABLE REINSURING COMPANIES").

A. Is your firm able to obtain bonding up to and including the cost for this construction contract estimated at \$56,000,000 dollars.

YES  NO

B. Is your firm's bonding rate:

(a) Less than .75% \_\_\_\_\_

(b) Between .75% and 1% \_\_\_\_\_

(c) Greater than 1% \_\_\_\_\_

C. Has the Surety paid out any monies on claims on the performance bond issued by surety for the benefit of the Owner arising out of the construction activities of your firm within the last ten (10) years?

YES  NO

If answer is "YES", explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Provide the name, address, and telephone number of the surety (not the Bonding/Broker agent) to be used on this construction contract:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

How long has your firm been with this Surety? \_\_\_\_\_ years.

**7. INSURANCE**

(INSURANCE COMPANY USED SHALL BE LISTED BY BEST AND SHALL HAVE A RATING OF A- OR BETTER WITH A FINANCIAL CLASSIFICATION OF X OR BETTER OR AN EQUIVALENT RATING BY STANDARD & POOR OR MOODY’S) ALSO, SEE INSURANCE REQUIRMENTS AT: [http://www.onrl.gov/adm/contracts/library/articles\\_forms/insurance-form2-ext-dec07.pdf](http://www.onrl.gov/adm/contracts/library/articles_forms/insurance-form2-ext-dec07.pdf)

A. Is your firm able to obtain insurance in the following minimum limits?

General Liability

Each Occurrence	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Aggregate	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Products/Completed Operations Aggregate	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal/Advertising Injury	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Aggregate	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Umbrella Liability

Each Occurrence	\$4,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aggregate	\$4,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Aggregate	\$4,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business Automobile Liability \$1,000,000  Yes  No

Pollution Liability \$5,000,000  Yes  No

Standard Builder’s Risk Value of Agreement  Yes  No

B. Provide the following information on your Insurance Company/carrier(s) (not the Broker/Agent):

For General Liability:

Company Name: \_\_\_\_\_

Indicate Best Rating: \_\_\_\_\_ Indicate Best Financial Classification: \_\_\_\_\_

For Auto Liability:

Company Name: \_\_\_\_\_

Indicate Best Rating: \_\_\_\_\_ Indicate Best Financial Classification: \_\_\_\_\_

For Excess Liability:

Company Name: \_\_\_\_\_

Indicate Best Rating: \_\_\_\_\_ Indicate Best Financial Classification: \_\_\_\_\_

**8. FINANCIAL STATEMENT AND INFORMATION**

- A. Has your firm had business construction revenue\* averaging at least \$100 million annually (excluding any and all legal awards) during the last five (5) consecutive years?

YES  NO

\*Business construction revenue shall be defined as payments to prospective CM/GC from Owners for construction management services and contract prices as a General Contractor.

- B. Complete and submit (1) copy of the attached CM/GC's audited Statement of Financial Condition (attached at the end of this Prequalification Questionnaire), and all information required with said document. This document may be placed in a separate sealed envelope marked confidential. If you wish to have this document returned to you, please indicate.

(NOTE: If CM/Contractor is a Joint Venture, a statement must be filed for each Joint Venture member.)

## **CM/GC'S STATEMENT OF FINANCIAL CONDITION**

Submitted by: \_\_\_\_\_

### **Filing Instructions**

#### **CM/GC's Statement of Financial Condition Statement**

1. The Statement is used to give the Company a financial record of the CM/GC.
2. All questions contained in the Statement must be answered in complete detail.
3. **Age of Financial Information:** The Statement of Financial Condition required herein must show the condition of the business at the end of the CM/GC's fiscal year immediately preceding the deadline for receipt of Prequalification Documents. If CM/GC's fiscal year ended more than 90 days prior to the deadline for receipt of Prequalification Documents, CM/GC may, at its option, submit subsequent quarterly statements for consideration with the fiscal year statement. Notwithstanding the foregoing, if the CM/GC's immediately preceding fiscal year end occurs within 90 days prior to the deadline for receipt of Prequalification Documents, and the required Statement of Financial Condition for the immediately preceding fiscal year has not been completed, then the CM/GC shall submit the required Statement of Financial Condition showing the condition of the business at the end of the most recent date available, but not earlier than the end of the fiscal year immediately prior to the fiscal year preceding the deadline for receipt of Prequalification Documents.
4. **Number of copies required to be submitted:** One.
5. **Data Required:** All applicable portions of the Statement must be completed, with schedule attached if the spaces provided in the Statement are not sufficient. In lieu of completing the specific schedules in the Statement of Financial Condition, the customary accountant's report and appropriate schedules must be submitted, provided they include all the information specifically requested in the Statement of Financial Condition.  
  
Full financial statements shall be submitted for the last two (2) fiscal years of the CM/GC.
6. **Accounting Requirements of the Statement of Fiscal Condition:** An audited Statement of Financial Condition with report by a Certified Public Accountant is required.
7. **CM/GC's Declaration (Corporation, Partnership, Individual, or Joint Venture, as applicable):** The declaration appropriate to the nature of the CM/GC's organization shall be fully completed and signed in the spaces provided.
8. If the CM/GC is a joint Venture, a Statement must be filed for each party of the Joint Venture. A full history of experience as this joint venture must be provided along with a proposed division of responsibilities and operations plan for this project.
9. The CM/GC's Statement of Financial Condition shall be substantially in the form on Page 18 and shall include items referenced in Paragraph 6 above. The Certified Public Accountant's report shall be included in the Financial Statement.

**END OF INSTRUCTIONS**

**STATEMENT OF FINANCIAL CONDITION**

Banker \_\_\_\_\_  
 \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (Telephone number)

Surety Company \_\_\_\_\_  
 \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (Telephone number)

Financial condition at close of business on \_\_\_\_\_  
 \_\_\_\_\_ Date

**CURRENT ASSETS**

	Detail	Total
1. Cash	_____	
2. Notes receivable	_____	
3. Accounts receivable from completed contracts	_____	
4. Sums earned on incomplete contracts	_____	
5. Other accounts receivable	_____	
6. Advances to construction joint ventures	_____	
7. Material in stock not included in Item 4	_____	
8. Negotiable securities	_____	
9. Other current assets	_____	
<b>Total Current Assets</b>		_____

**CURRENT LIABILITIES**

10. Current portion of notes payable, exclusive of equipment obligations and real estate encumbrances	_____	
11. Accounts payable	_____	
12. Other current liabilities	_____	
<b>Total Current Liabilities</b>		_____

- Notes: 1. Enter sums for numbered items 1 through 12 in shaded spaces in Detail column. Then enter total sums of main headings in shaded spaces in Total column.
2. A copy of the accountant's opinion or report must be attached to the Statement of Financial Condition. See Instruction 5 on Page 17.