



The Efficiency Network, Inc. phone: 412.429.8888
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Pittsburgh, PA 15233 www.tensaves.com

PROJECT SPECIFIC CONTRACTOR QUALIFICATION FORM

The Efficiency Network (TEN), one of The Pennsylvania State University's Design-Build Contractors for their Energy Savings Program, invites Mechanical Contractors to submit a qualification package for the HVAC upgrades in three buildings at the Penn State University Abington Commonwealth Campus. **Only those bidders that submit** the qualification information attached will be considered to bid this project (PSU approved contractor must also submit their qualification to be considered for this work).

The electrical scope may include, but is not limited to the following: Lighting upgrades (partial) in Sutherland, Woodland and Lares and exterior lighting campus wide.

A contractor site visit and release of bid package is tentatively planned for late-January, 2016, with a due date in late-February. A tentative selection based on qualification and RFP response is planned for March 2016. An award is tentatively planned by April, 2016. The work is expected to begin in May 2016.

Please complete this qualification form and return to Renee R. Gaston via email at renee.gaston@tensaves.com and copy to Kurt Coduti at KHC3@psu.edu, no later than noon on Tuesday, January 12, 2016. All submissions received after this date and time will be rejected. Indicate "Energy Savings Project for PSU Abington - Electrical" in the subject line.

All bidders will be notified regarding their prequalification submittal on or before January 21, 2016. Decisions will be made taking into account the information provided on this form as well as other related factors.

Evaluation Criteria:

- Similar Project Size and Scope
- Project Experience
- Staffing
- Financial Stability / Bonding
- Quality Control
- Safety
- EMR \leq 1.0
- Small Diversity Business Participation Commitment

SUBCONTRACTOR QUALIFICATION STATEMENT

We appreciate the recent interest you have expressed in being added to The Efficiency Network's ("TEN") select subcontractor list. Please provide the following information to help us evaluate your qualifications.

FIRM NAME: Firm Name Here

WEBSITE ADDRESS: Website Address Here

FIRM CONTACT: Firm Contact Name Here

EMAIL ADDRESS: Contact Email Address Here

ADDRESS: Firm Address Here

PHONE: Firm Phone Here

FAX: Firm Fax Here

PRINCIPAL OFFICE: Principal Office Location/Description Here

TYPE OF WORK: Type of Work Description Here

Dun & Bradstreet (D&B) Number "D-U-N-S": DUNS Number Here

*Federal work will have additional qualifying needs that will be considered

Taxpayer Identification Number (TIN): TIN Number Here

*Attach a copy of your W-9 Form

ORGANIZATION

1. How many years has your organization been in business as a Subcontractor / Contractor?

[Redacted]

2. How many years has your organization been in business under its present business name?

[Redacted]

3. Under what other (e.g., DBAs (Doing Business As)) or former names has your organization operated?

[Redacted]

CORPORATION (IF AN LLC., PLEASE NOTE HERE), answer the following:

a. Date / State of incorporation: [Redacted]

b. President's name: [Redacted]

[Redacted]

c. Vice President's name(s):

d. Secretary's name:

[Redacted]

e. Treasurer's name:

[Redacted]

PARTNERSHIP, answer the following:

a. Date of organization:

[Redacted]

b. Type of partnership (if appl.):

[Redacted]

c. Name(s) of general partner(s):

[Redacted]

SOLE PROPRIETORSHIP OWNED, answer the following:

a. Date of organization:

[Redacted]

b. Name of owner:

[Redacted]

OTHER, please explain:

a. Date of Other:

[Redacted]

b. Name of Other:

[Redacted]

4. Business Class Designation:

a. LARGE BUSINESS

b. SMALL BUSINESS, CHECK ANY AND ALL THAT ARE APPLICABLE

(1) 8(a) CERTIFIED

EXPIRATION DATE:

[Redacted]

(2) SMALL DISADVANTAGED (SBA CERT.)

EXPIRATION DATE:

[Redacted]

(3) WOMAN-OWNED

EXPIRATION DATE:

[Redacted]

(4) MINORITY OWNED

EXPIRATION DATE:

[Redacted]

(5) VETERAN OWNED

EXPIRATION DATE:

[Redacted]

(6) DISABLED VETERAN OWNED

EXPIRATION DATE:

[Redacted]

(7) HANDICAPPED/DISABLED OWNED

EXPIRATION DATE:

[Redacted]

(8) NATIVE AMERICAN OWNED

EXPIRATION DATE:

[Redacted]

(9) OTHER, PLEASE EXPLAIN, _____

EXPIRATION DATE:

[Redacted]

5. Does your organization have other exclusive or signatory arrangements to offer similar services (please explain)?

[Redacted]

LICENSING

1. List jurisdictions and trade categories, including union affiliation, in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable:
 - a. Please add a second page if additional lines are needed
 - b. Attach a copy of all applicable state license and certification of authorization to operate

JURISDICTION	LICENSE / REGISTRATION #	TRADE CATEGORIES/ UNION AFFILIATION
Insert jurisdiction here	Insert license # here	Insert affiliations here

EXPERIENCE

1. List the type of work that your organization normally performs:

- a. Attach a copy of all skilled labor trade license in which your organization may perform

2. What is the geographical range of your typical projects?

3. What is the range of contract value for your work that you wish to be considered for?

4. On Attachment A, list the major projects your organization has completed in the past two years, giving the name of project, owner, general contractor, architect, contract amount, date of completion and the cost of the work performed with your own forces. Please note if any projects were lighting retrofit projects.

5. Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

- a. Has your organization ever failed to complete any work awarded to it? Yes No
 - b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No
 - c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No

6. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?
 Yes No -- If yes, please attach details

SAFETY

1. List your Department of Labor & Industries “EMR - Experience Modification Rate” for the past three years. Your insurance broker or workman’s compensation insurance company can provide you with this number. Please attach a letter from your insurance company that verifies this information:

YEAR	EMR Rate
year here	EMR rate here
year here	EMR rate here
year here	EMR rate here

2. Upon request, will you provide a copy of your company ‘Health and Safety Plan’? Yes No
3. Upon request, will you provide a ‘Site Specific Safety Plan’ from a recent project? Yes No
4. Do you currently have any pending OSHA violations which have not been adjudicated?
 Yes No -- If yes, please attach details

5. **List your OSHA “Incident Rate” for the past three years.**

YEAR	Incident Rate
year here	Incident rate here
year here	Incident rate here
year here	Incident rate here

6. Please submit your completed OSHA 300 Log for each of the previous three years unless exempted by OSHA 1904 (1), (2), and (3).
7. Please submit the name and phone number for the person responsible for safety issues within your organization.

a. Name/Title:

b. Phone Number:

REFERENCES

1. Supplier References (list 3):

FIRM NAME	ADDRESS	CONTACT PERSON	PHONE NO.	FAX NO.
Name here	Address here	Contact here	Phone here	Fax here
Name here	Address here	Contact here	Phone here	Fax here
Name here	Address here	Contact here	Phone here	Fax here

2. Customer References (list 3):

FIRM NAME	ADDRESS	CONTACT PERSON	PHONE NO.	FAX NO.
Name here	Address here	Contact here	Phone here	Fax here
Name here	Address here	Contact here	Phone here	Fax here
Name here	Address here	Contact here	Phone here	Fax here

3. Bank Reference (list 1)

FIRM NAME	ADDRESS	CONTACT PERSON	PHONE NO.	FAX NO.
Name here	Address here	Contact here	Phone here	Fax here

FINANCING

- Attach your most recent audited Financial Statements, including your organization’s latest audited balance sheet and income statement.
- State annual amount of construction/service work performed during the past three years with most recent first.

<u>Year</u>	<u>Revenue Amount</u>	<u>% “service” related</u>
Most recent	\$	%
Next	\$	%
Next	\$	%

3. Bonding Company:
- a. Name/Address:
 - b. Agent's Name:
 - c. Agent's Phone Number:
4. Bonding Capacity:
- a. Per Project:
 - b. Aggregate:
 - c. Current Backlog:

INSURANCE

1. Please provide a sample copy of your organization's insurance certificates, including policy limits per Occurrence and Aggregate.
2. Insurance Agent:
- a. Phone:

SMALL DIVERSE BUSINESS PARTICIPATION

1. Proposer commits to participation percentage for Small Diverse Business, which includes Minority Business Enterprises (MBE), Women Business Enterprises (WBE), Veteran Business Enterprises (VBEs), and Service-Disabled Veteran Business Enterprises (SDVBEs) (together referred to hereinafter as Small Diverse Businesses) on the Project.
2. Please list your small diverse business partners that you propose including on this project:
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ATTACHMENT A MAJOR CONSTRUCTION PROJECTS

PROJECT NAME	OWNER	ARCHITECT	GENERAL CONTRACTOR	SUBCONTRACT AMOUNT	PERCENT COMPLETE	SCHEDULED COMPLETION DATE
Project Name here	Owner Name here	Architect Name here	GC Name here	\$ Amount here	% Complete here	Completion date here
Project Name here	Owner Name here	Architect Name here	GC Name here	\$ Amount here	% Complete here	Completion date here
Project Name here	Owner Name here	Architect Name here	GC Name here	\$ Amount here	% Complete here	Completion date here

AUTHORIZATION FORM

NOTE: In order to process the subcontractor qualification statement, the attached authorization form needs to be signed and titled by an authorized individual. Please sign the authorization line at the bottom of the form.

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

AUTHORIZED SIGNATURE:

Dated this day of , 20

Name of Organization:

By:

Name:

Title:

Do not write below this line (TEN to complete)

Subcontractor Qualification Results

Qualified <input type="checkbox"/>	Conditionally Qualified <input type="checkbox"/>	Not Qualified <input type="checkbox"/>
TEN Reviewer Name (please print):		
Signature:	Date:	
Review comments: (conditions required and reasons for acceptance or rejection, etc.)		