

Prequalification Questionnaire

NAME OF PROJECT: Downtown Metcalfe Streetscape Phase I, Georgia Department of Transportation, Transportation Enhancement Grant PI No. 0010609

PROJECT SCOPE: Design road construction and streetscape improvements, including a system of streets, sidewalks, streetscape features, lighting and miscellaneous improvements in one block of the downtown area of Metcalfe, Georgia.

NAME OF PROPOSED CONTRACTOR: _____

INSTRUCTIONS:

All questions must be fully answered in ink. If additional space is needed, additional pages should be attached and clearly labeled. Copies of other documents that will answer a question may be attached if clearly labeled.

Thomas County may contact each and every reference provided, as well as any entity referenced in response to any question. The contractor, by completing this questionnaire, expressly agrees that any information concerning the contractor in possession of other entities and references may be made available to the owner.

The contractor warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The contractor also acknowledges that the county is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a question was provided by the contractor is false, it shall constitute grounds for immediate termination or rescission by the county of any subsequent agreement between the county and the contractor.

If there are any questions concerning the completion of this form, the contractor is encouraged to contact M. Twink Monahan, Thomas County Purchasing Agent.

If the contractor is a corporation, this questionnaire must be signed by either the president or vice-president of the corporation and attested by either the secretary or assistant secretary. If the contractor is a partnership, then at least one of the partners must provide a notarized signature. If the contractor is an individual, then he or she must have his or her signature notarized.

The completed questionnaire with any relevant attachments must be completed and returned in a sealed envelope with project name, contractor name and "Qualification Packet" clearly labeled on the outside, no later than 11:00 am on May 4, 2012 to: M. Twink Monahan, Thomas County Purchasing Agent, Thomas County Board of Commissioners Office, P.O. Box 920, 110 N. Crawford Street, Thomasville, GA, 31799, and marked as follows:

Downtown Metcalfe Streetscape Phase I, Georgia Department of Transportation, Transportation Enhancement Grant PI No. 0010609.

This form, its completion by the contractor and its use by the county shall not give rise to any liability on the part of the county to the contractor or any third party or person.

No guarantee is made or implied that the project will be constructed in whole or in part. The contractor accepts all risk and costs associated with the completion of the prequalification packet.

Any contractor disqualified by this process that wishes to address the disqualification may respond to their disqualification by a letter to the Public Property Committee within ten days of notice of disqualification. The opportunity for a disqualified offeror to provide a letter is merely for name clearing purposes; it shall not be construed as a right to appeal, to be reinstated, to protest the process, or to protest the award of the project. The purchasing agent shall include a copy of the letter in the contract file and provide copies to any party requesting such information.

GENERAL BACKGROUND

1. Current name and address of contractor: _____
2. If a joint venture, list all of the participants: _____
3. Previous name or address of contractor, if any: _____
4. (a) Current president or chief executive officer: _____
(b) Years in that position: _____
5. Number of permanent employees: _____
6. Name and addresses of current affiliated companies (parent, subsidiary, divisions):

7. List all state licenses held by contractor: _____
8. Thomas County Occupational License Number: _____

FINANCIAL STATUS

1. Please attach financial statements for the past three years. If such statements are not available, please furnish the following information for the last three completed fiscal years:

LAST COMPLETE FISCAL YEAR

For Year Ending: _____

Gross Revenues: _____

Gross Expenditures: _____

Gross Overhead and Administrative Cost: _____

Gross Profit: _____

YEAR PRIOR TO LAST COMPLETED FISCAL YEAR

For Year Ending: _____

Gross Revenues: _____

Gross Expenditures: _____

Gross Overhead and Administrative Cost: _____

Gross Profit: _____

TWO YEARS PRIOR TO LAST COMPLETED FISCAL YEAR

For Year Ending: _____

Gross Revenues: _____

Gross Expenditures: _____

Gross Overhead and Administrative Cost: _____

Gross Profit: _____

2. Contractor's Dunn and Bradstreet number: _____

3. Has the contractor, or any of its parents or subsidiaries, ever had a bankruptcy petition filed in its name, voluntarily or involuntarily? _____ If so, please specify the date, circumstances, and resolution. _____

4. Has any majority shareholder ever had a bankruptcy petition filed in his/her name voluntarily or involuntarily? _____ If yes, please specify the date, circumstances, and resolution. _____

5. Is contractor currently in default on any loan agreement or financing agreement with any bank, financial institution or other entity? _____ If yes, please specify the details, circumstances, and prospects for resolution. _____

REFERENCES

Please provide at least four owners as references. Include at least two governmental owners.

Name: _____

Address: _____

City and State: _____

Contact: _____

Phone: _____

Name: _____

Address: _____

City and State: _____

Contact: _____

Phone: _____

Project Name: _____

Location: _____

Contract Price: _____

Owner: _____

Address: _____

City and State: _____

Contact: _____

Phone: _____

Architect or Engineer: _____

Contact: _____

Phone: _____

Project Name: _____

Location: _____

Contract Price: _____

Owner: _____

Address: _____

City and State: _____

Contact: _____

Phone: _____

Architect or Engineer: _____

Contact: _____

Phone: _____

SIMILAR PROJECT EXPERIENCE

1. Please list all projects of reasonably similar nature, scope, and duration performed by contractor in the past seven years, specifying, where possible, the name and last known address of each owner of those projects. Identify any projects performed in Georgia, as well as any public works projects. Identify any projects done in Thomas County.

2. Of the projects listed in response to question 1 above, identify any that were the subject of a substantial claim or lawsuit by or against the contractor. Please identify in your response the nature of such claim or lawsuit, the court in which the case was filed and the details of its resolution. _____

3. Has contractor ever failed to complete a project? _____ If so, please provide explanation. _____

4. Have any criminal proceedings or investigations been brought against the Contractor in the past ten years? _____

If the answer is yes, please attach a complete and detailed report with your responses to this Questionnaire.

PROPOSED PROJECT PERSONNEL

1. Please list the name, qualifications and background of the contractor's proposed project manager for this project. _____

Include the names and addresses of companies with which he/she has been affiliated in the past five years. _____

Indicate whether the contractor commits to making the proposed project manager available for the duration of the project. _____

2. Please list at least three projects, by size, type, and duration that the proposed project manager has managed in the past five years for the contractor or for any other company. _____

3. Please comment on your firm's current workload that demonstrates you will be able to provide the labor and personnel necessary to complete this project. _____

COMMENTS

Please list any additional information that you believe would assist Thomas County in evaluating the possibility of using the contractor on this project. _____

I certify to Thomas County and to any construction or permanent lender of the project that the information and responses provided on this questionnaire are true, accurate and complete. Thomas County may contact any entity or reference listed in this questionnaire. Each entity or reference may make any information concerning the contractor available to Thomas County.

INTEREST OF:

By submitting a proposal, the offeror represents and warrant that neither a Commissioner nor Chairman of Thomas County has, in any manner, an interest, directly or indirectly in the proposal or in the contract that may be made under it, or in any expected profits to arise therefrom.

NON-COLLUSION AFFIDAVIT:

By submitting a proposal, the offeror represents and warrants that such proposal is genuine and not fraudulent or collusive or made in the interest or in behalf of any person not therein named, and that the offeror has not directly or indirectly induced or solicited any other offeror to put in a fraudulent proposal, or any other person, firm or corporation to refrain from submitting proposals and that the offeror has not in any manner sought by collusion to secure to that offeror any advantage over any other offeror.

Dated _____, 2012.

CONTRACTOR:

By: _____

Title: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

My Commission Expires: