



INSTRUCTIONS

FOR

COMPLETION OF CM/CONTRACTOR'S APPLICATION FOR QUALIFICATION

1. All Sections must be addressed and completed. If a Section is not applicable to your operation, indicate NA in the space provided. Please include a brief explanation as to why the noted Section is not applicable.
2. All questions relevant to a particular Section must be addressed in writing to the Qualification Coordinator via e-mail at **FP-QualCoordinator@gvsu.edu**. Please reference the specific Section that is to be addressed in your request.
3. All responses to the Application Form must be received in the following sequential order to be considered:
 - **Acknowledgement and Authorization Form** shall be signed, notarized and included as the first page of the response.
 - **Contractors Application for Qualification Form** which includes the following Sections completed and returned in the following sequence:
 1. Business Information
 2. Business Organization
 3. Professional/Technical Affiliations/Licensing
 4. Classification
 5. Experience
 6. References
 7. Insurance Requirements
 8. Surety Information
 9. Quality Assurance
 10. Safety Program Information
 11. GVSU and other University/College Projects
 - **Attachment A** for inclusion of any relevant, supplemental information that is to be used to further explain or clarify a specific Section within your response. This information must be labeled as Attachment A with specific reference to which Section the information is referring to in the Qualification Form. Attachment A is not to be used for information not requested.

The intention of these requirements is not to restrict the submittal of information but to streamline your submittal into a format which enhances the analysis procedures which must take place allowing Grand Valley State University's Office of Facilities Planning and the Contractor's time to be efficiently utilized.

Each response must be prepared simply and economically, providing a straightforward, concise delineation of the Contractor's capabilities to satisfy the requirements of this request.

Emphasis will be placed upon completeness and clarity of content with respect to each response.

Any response not meeting these requirements will not be considered for evaluation.



OFFICE OF FACILITIES PLANNING
ATT: FP-Qualification Coordinator
1 Campus Drive
Allendale, MI 49401-9403
Phone: 616-331-3853
Fax: 616-331-3841

CM/CONTRACTOR'S APPLICATION FOR QUALIFICATION

To be considered for qualification your company must have a permanent local office located within a thirty (30) mile radius of the University's Allendale Campus.

PLEASE LEGIBLY PRINT OR TYPE ALL INFORMATION

A RESPONSE MUST BE GIVEN FOR ALL ITEMS IN THIS APPLICATION
Please do NOT type characters in amount items and number items.

RETURN COMPLETED MATERIALS TO:

GRAND VALLEY STATE UNIVERSITY
Office of Facilities Planning
1 Campus Drive
Allendale, MI 49401-9403
ATTN: Qualification Coordinator

AND ALSO E-MAIL A COPY OF THIS FORM TO:

FP-QualCoordinator@gvsu.edu

1. BUSINESS INFORMATION

BUSINESS NAME OF APPLICANT: _____
STREET, PO BOX: _____, _____
CITY, STATE, ZIP: _____, _____, _____
TELEPHONE: _____
BID INVITATION FAX NUMBER: _____
COMPANY WEBSITE: _____
 TAX I.D.: _____
APPLICANT CONTACT PERSON: _____
CONTACT PERSON'S TITLE: _____
E-MAIL ADDRESS: _____



2. BUSINESS ORGANIZATION (Check all that apply)

- Corporation:
 State of Incorporation: _____ Year: _____
- Subsidiary / Division of: _____
 Headquarters Address: _____
 City, State, Zip: _____
 DUNS Number: _____
- Parent to:
 List Subsidiaries & Divisions _____
- Partnership
 General Limited
 State & County where filed: _____
 Date of Organization: _____
- Joint Venture
 Date of Organization: _____
 Attach a copy of the Joint Venture Agreement and corporate minutes authorizing a joint venture. Individual members of Joint Ventures must be pre-qualified. Submit a separate application for each member that is not currently on file at the University.
- Individual Proprietorship
 Date of Organization: _____

Years your organization has been in business as a Contractor _____

Years your organization has been in business under its present name _____

List other or former names under which your organization has operated:

List key officers in your organization:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



3. PERSONNEL BY DISCIPLINE: (list each person only once, by primary function)

For the permanent office located within a thirty (30) mile radius of the Allendale Campus:

Administrative Draftsman Field Management Structural Engineers
 Architects Electrical Engineers Mechanical Engineers Surveyors
 Civil Engineers Estimators Project Managers Other

For the entire company:

Administrative Draftsman Field Management Structural Engineers
 Architects Electrical Engineers Mechanical Engineers Surveyors
 Civil Engineers Estimators Project Managers Other

4. PROFESSIONAL/TECHNICAL AFFILIATIONS AND LICENSING

List all memberships and associations to professional and trade organizations the company has:

5. CLASSIFICATION

Type of Business: (check only ONE)

- Small Business Labor Surplus Area – Large Business
 Large Business Non-Profit Organization
 Labor Surplus Area – Small Business Foreign-Based

If you have any questions regarding your size classification (Large or Small Business), contact your local office of the Small Business Administration or check their website at <http://www.sba.gov/size/>.

Ownership: (at least 51%)

- Women-Owned (WBE) Handicapped / ADA (DBE) Minority/Disadvantaged (MBE)

Ownership Certification: (attach copy of certification letter)

- MMBDC (Michigan Minority Business Development Council)
 NAWBO (National Association of Women Business Owners)
 MWBC (Michigan Women's Business Council)
 Other: _____

6. EXPERIENCE

For the past five years, what percentage of your firm's revenues were generated by performing the following disciplines: (Please provide information for at least one of the disciplines)

	Year 20____	Year 20____	Year 20____	Year 20____	Year 20____
<input type="checkbox"/> General Contractor	____%	____%	____%	____%	____%
<input type="checkbox"/> Construction Manager (as advisor)	____%	____%	____%	____%	____%
<input type="checkbox"/> Construction Manager (as constructor)	____%	____%	____%	____%	____%
<input type="checkbox"/> Design / Builder	____%	____%	____%	____%	____%
<input type="checkbox"/> Primary Sub / Specialty	____%	____%	____%	____%	____%

Provide a list of major construction projects your firm has in progress or has completed in the past five years. Include the name of project, owner, owner's contact & phone, architect, contract amount, percent complete, (scheduled) completion date and percentage of the cost of the work performed with your own forces.

In the last 5 years, what percentage of your total workload was for the following:

Institutional _____%
 Commercial _____%
 Residential¹ _____%
 Industrial _____%
 Total: 100 %

Institutional Subcategories (total to 100%):

Hospital/Healthcare _____%	Sports Facility _____%
Laboratory _____%	Food Service _____%
Classroom _____%	Support Facility _____%
Office _____%	Parking Structure _____%
Theater _____%	_____ %
Library _____%	_____ %
Student Housing _____%	

What category of work does your company do? (Self-Performed by employees located in and operating from the permanent local office within a 30-mile radius of the Allendale campus):

(Check all that apply. At least one of the categories and sub categories should be checked)

- | | |
|---|---|
| <input type="checkbox"/> Site Work
<input type="checkbox"/> Earthwork
<input type="checkbox"/> Hauling
<input type="checkbox"/> Fencing
<input type="checkbox"/> Earth Retention Systems
<input type="checkbox"/> Landscaping
<input type="checkbox"/> U/G Utilities & Sewer
<input type="checkbox"/> Asphalt Paving
<input type="checkbox"/> Concrete Paving
<input type="checkbox"/> Tunnels
<input type="checkbox"/> Demolition
<input type="checkbox"/> Concrete
<input type="checkbox"/> Foundations
<input type="checkbox"/> Curbs, Gutters & Sidewalks
<input type="checkbox"/> Cast-in-place
<input type="checkbox"/> Pre-cast
<input type="checkbox"/> Flatwork
<input type="checkbox"/> _____
<input type="checkbox"/> Carpentry
<input type="checkbox"/> Framing / Rough
<input type="checkbox"/> Finish
<input type="checkbox"/> Cabinetry / Casework
<input type="checkbox"/> Architectural Woodwork
<input type="checkbox"/> Drywall
<input type="checkbox"/> _____
<input type="checkbox"/> Finishes
<input type="checkbox"/> Acoustical Treatment
<input type="checkbox"/> Painting & Wall covering
<input type="checkbox"/> Flooring – Tile & Terrazzo
<input type="checkbox"/> Flooring – Marble & Granite
<input type="checkbox"/> Flooring – Carpet & Vinyl
<input type="checkbox"/> Doors
<input type="checkbox"/> Windows, Glass, Glazing
<input type="checkbox"/> _____
<input type="checkbox"/> Electrical
<input type="checkbox"/> High Voltage
<input type="checkbox"/> Substations
<input type="checkbox"/> Security Systems
<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Communications Systems
<input type="checkbox"/> A / V Systems
<input type="checkbox"/> Controls
<input type="checkbox"/> _____ | <input type="checkbox"/> Masonry
<input type="checkbox"/> Brick / Block
<input type="checkbox"/> Stone
<input type="checkbox"/> Restoration
<input type="checkbox"/> Cleaning
<input type="checkbox"/> _____
<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing & Piping
<input type="checkbox"/> HVAC
<input type="checkbox"/> Sheet Metal
<input type="checkbox"/> Fire Protection
<input type="checkbox"/> _____
<input type="checkbox"/> Environmental
<input type="checkbox"/> Asbestos Abatement
<input type="checkbox"/> Lead Abatement
<input type="checkbox"/> Hazardous Spill Clean up
<input type="checkbox"/> U/G Storage Tank Removal
<input type="checkbox"/> Soil Remediation
<input type="checkbox"/> _____
<input type="checkbox"/> Metal / Structural Steel
<input type="checkbox"/> Structural Steel Fabricator
<input type="checkbox"/> Structural Steel Erector
<input type="checkbox"/> Metal Decking
<input type="checkbox"/> Miscellaneous Metal
<input type="checkbox"/> _____
<input type="checkbox"/> Roofing
<input type="checkbox"/> Built-up Roofing Systems
<input type="checkbox"/> Single Ply Roofing Systems
<input type="checkbox"/> Shingled Roof
<input type="checkbox"/> Slate Roofs
<input type="checkbox"/> Standing Seam Metal Roofs
<input type="checkbox"/> _____
<input type="checkbox"/> Building Equipment
<input type="checkbox"/> Boilers
<input type="checkbox"/> Food Service Equipment
<input type="checkbox"/> Elevators
<input type="checkbox"/> _____
<input type="checkbox"/> Specialty:
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|---|---|

¹ Non-Institutional



7. REFERENCES

Trade/Supplier References:

Name: _____
Address: _____
Phone: _____

Bank Reference:

Name: _____ Line of Credit Amount: \$_____
Address _____
Phone: _____

8. INSURANCE REQUIREMENTS

Liability:

Grand Valley University General Conditions require the following minimum limits of general liability insurance for construction work:

Workers' Compensation, Disability Benefit, or similar employee benefit act coverage, and employer's liability coverage, in the minimum amount of \$500,000 or at Michigan statutory limits, whichever is greater.

Commercial General Liability which (i) includes premises/operations, product/completed operations, contractual liability, independent contractors, broad-form property damage, underground, explosion and collapse hazard, and personal / advertising injury; and (ii) names the Owner as additional insureds, with per-occurrence limits of not less than \$1,000,000, combined aggregate limits of \$1,000,000, fire and legal limits of \$50,000 per occurrence, and medical liability limits of \$5,000 per person.

Commercial Comprehensive Automobile Liability which includes contractual liability coverage and coverage for all owned, hired and non-owned vehicles with combined aggregate limits of \$1,000,000, bodily and personal injury limits of \$250,000 per person and \$500,000 per accident, and property damage limits of \$100,000.

Can you provide a certificate of insurance with these limits if awarded a project? Yes No

Name of agent: _____ Phone: _____
Address: _____ Contact: _____

9. SURETY INFORMATION

Surety: Name of surety company: _____ Surety Rating: _____
Name of agent: _____ Phone: _____
Address: _____ Contact: _____

Your firm's single (per job) bond capacity: \$_____
(Provide a current letter from surety verifying these limits) Aggregate bond capacity: \$_____



What size jobs would your firm prefer to bid? Minimum \$_____ Maximum \$_____

State annual amount of construction work performed during the past five years:

Year: 20 20 20 20 20
 Amount: \$_____ \$_____ \$_____ \$_____ \$_____

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

- Has your organization ever defaulted on a contract? Yes No
- Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No
- Has your organization filed any lawsuits or claims with regard to construction contracts within the last five years? Yes No

10. QUALITY ASSURANCE

Does your firm have a Quality Assurance Program? Yes No

If yes, provide a copy of your firm's Quality Policy Statement and Table of Contents from your Quality Manual. Provide a copy of your most recent Customer Satisfaction Survey produced from the program.

11. SAFETY

SAFETY PROGRAM

Name of Contractor's Safety Director/Representative: _____

Representative's Phone Number: _____

Submit a copy of your complete written safety program: (Delivery Methods, in order of preference. Check One)

- Website Address (if complete safety program is viewable online): _____
- E-mail attachment sent to FP-QualCoordinator@gvsu.edu (MS Word .doc or Adobe Acrobat .PDF file)
- CD submitted with Application (MS Word .doc or Adobe Acrobat .PDF file)
- Hard Copy submitted with Application (can be returned upon request)

Does your Safety Program include: (attach explanations for each item checked "No")

- A safety, health, and accident prevention program? Yes No
- A program to ensure safety & health issues are preplanned into each project and work operation? Yes No
- A Hazard Communication Program? Yes No
- An Accident/Incident investigation procedure? Yes No
- A Safety & Health training program? Yes No
- New employee/project orientation? Yes No
- Weekly toolbox meetings? Yes No
- Daily job briefings? Yes No
- Supervisor safety training? Yes No
- Task specific training? Yes No



- OSHA required training? Yes No
- Training repeated at regular intervals for all workers? Yes No
- Does your company ensure that any subcontractors you use will have safety, health, and accident prevention program equivalent to yours? Yes No

Describe discipline process for any employee found in violation?

Describe how your safety plan is enforced/monitored on the jobsite?

Provide resumes of your designated site safety officers listing all education, training and experience for each.

SAFETY INFORMATION MATRIX

Complete the Safety Information Matrix on this page for the last three (3) **full** years using the Loss Run reports from your insurance carrier and your OSHA 200's and/or OSHA 300's:

Submit copy of EMR information on your insurance carrier's letterhead.

Year:	<u>20</u>	<u>20</u>	<u>20</u>
Interstate EMR:	_____	_____	_____
State EMR:	_____	_____	_____
Recordable Incidents:	_____	_____	_____
Recordable Incident Rate:	_____	_____	_____
Lost & Restricted Workday Injuries:	_____	_____	_____
Lost Work Day Injuries:	_____	_____	_____
Lost Work Days:	_____	_____	_____
Lost-Time Incident Rate:	_____	_____	_____
Fatalities:	_____	_____	_____
Hours Worked:	_____	_____	_____

Report figures as they appear on OSHA forms

$$\text{Recordable Incident Rate} = \frac{\# \text{ Total Recordable Injuries} \times 200,000}{\text{Total Hours Worked}}$$

$$\text{Lost-Time Incident Rate} = \frac{\# \text{ of Lost Time Incidents} \times 200,000}{\text{Total Hours Worked}}$$

If your EMR is greater than 1.0, please provide the following:

- For the past three years, please provide copies of all alleged violations, associated penalties, Loss Run reports/OSHA 200's and documentation of corrective action taken for your worksites as a result of inspections conducted by Michigan Occupational Safety & Health (MIOSHA) Division, U.S. Department of Labor – OSHA, and any other applicable occupational health and safety agencies.
- Provide a list of safety and/or health training courses to which you have subscribed, the number of employees who have received training in each course, and the name of the company that conducted the training. If a particular training topic is repeated at certain intervals, indicate the frequency of training of that topic.



Insurance premium eligible for Experience Modification Rating: Yes No

Self Insured: Yes No

Government Insured: Yes No

11. GVSU PROJECTS

List all Grand Valley State University and other University/College projects you have performed in the last five years. Provide the Building Name, Project Number, General Contractor, if applicable, and the University Project Manager. (Submit additional sheets, if necessary)



ACKNOWLEDGEMENT AND AUTHORIZATION FORM
FOR
CM/CONTRACTOR'S APPLICATION FOR QUALIFICATION
BY
GRAND VALLEY STATE UNIVERSITY
OFFICE OF FACILITIES PLANNING

The undersigned hereby acknowledges that s/he has read and understands the instructions and requirements as requested within this CM/Contractor's Application for Qualification. Furthermore the undersigned acknowledges that s/he has reviewed the University's standard construction contracts (www.gvsu.edu/facilitiesplanning) and agrees to perform services in accordance with the Terms and Conditions stated therein.

By signing below, the undersigned acknowledges that s/he is a duly authorized, expressed agent of the company listed below and as such agrees with the validity and accuracy of all provided information as to the best of their knowledge.

Dated this _____ day of _____, 20____

Name of Organization: _____

Title of Signee: _____

Name of Signee: _____

By: _____
(Signature)

_____, being duly sworn, deposes and says that the information herein is true and sufficiently so as to not be misleading.

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public: _____

My Commission Expires: _____



Numbers reported in the Safety Information Matrix should create a pyramid that would look like the above. If the numbers presented actually create an inverted pyramid inverted from that above, then the information provided is:

- Incorrectly reported
- Incomplete and indicative of an inappropriate program of reporting and record keeping
- Intentionally misleading information to try and conceal an inadequate, or failure to conduct an adequate, safety program.