STATEMENT OF BIDDERS QUALIFICATIONS
(Predetermination of Responsibility)

UNIVERSITY OF PITTSBURGH
HILLMAN LIBRARY RENOVATIONS PHASE IV
DGS PROJECT NO. 1103-67.2

BID PACKAGE {HVAC CONSTRUCTION}

Each Bidder shall submit on the form furnished for that purpose a Statement of the Bidder’s qualifications, its experience, its organization and equipment available for the Work contemplated, and a detailed financial statement. (University) shall have the right to take such steps as it deems necessary to determine the ability of the Bidder to perform its obligations under the Contract. This includes the ability to fulfill the obligation for an Affirmative Action Program and to furnish the (University) all such information and data for this purpose as it may request. The right is reserved to reject any bidder where an investigation of the available evidence or information does not satisfy the (University) that the Bidder is qualified to carry out properly the terms of the Contract.

The evaluation of a Bidder’s qualifications will be based on the following minimum criteria and responses to the attached questions.

BID PACKAGE {HVAC CONSTRUCTION}

Minimum 10 years experience {renovations similar in size and complexity to the project}

The successful completion of at least three (3) projects of similar nature in the last five (5) years:
  • Individual contract value of at least $5,000,000

Bonding capacity of at least $7M/single with a Pennsylvania licensed Surety Company.

Average Workmen’s Compensation experience modification rate for the past three years below 1.00.
Date: _____/_____/_____

**PREDETERMINATION OF RESPONSIBILITY**

PLEASE NOTE: All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized. If necessary, questions may be answered on separate attached sheets. The Bidder may submit any additional information it desires.

Predetermination of Responsibility due by electronic submission to Tawanda Stamps tmsst58@ptt.edu no later than 3:00 p.m., August 8, 2022.

**UNIVERSITY OF PITTSBURGH**
**HILLMAN LIBRARY RENOVATIONS PHASE IV**
**DGS PROJECT NO. 1103-67.2**

**BID PACKAGE {HVAC CONSTRUCTION}**

1. Name of Firm: ________________________________________________________________
   Phone: (__) ______________________ Email: ________________________________
   Contact for Inquiries: _________________________________________________________
   Contractor Licensing Number ____________________ State: __________________________

2. Federal Tax Payer Identification No. ____________________________________________

3. PennDOT Prequalification No ____________________________________________________(If Applicable)

4. Permanent Main Office Address:

   __________________________________________________
   __________________________________________________

5. When Organized: ____________________________________________________________

6. Check Type of Organization: Joint Venture ________________________________
   Individual Proprietorship _________ Partnership ______________ Corporation _____________
7. If a corporation, where incorporated:

Is your firm a qualified Small Diverse Business firm: YES ( ) NO ( )

If YES, provide your certification number: ______________________________

Is your firm a subsidiary or affiliate of any other organization: YES ( ) NO ( )

If YES, provide name(s): ______________________________

8. How many years have you been engaged in the contracting business as a Contractor under your present firm or trade name?

9. a. Current Contracts: (Schedule these, showing amount of each contract and the owner, the owner's phone number and the approximate start dates and anticipated dates of completion.)

b. Current Backlog: $_______________

c. Contracts scheduled to start within the next twelve months.


d. Annual construction volume last three (3) years

   i. 2021: $_______________

   ii. 2020: $_______________

   iii. 2019: $_______________

10. Financial Net Worth $__________________ (provide audited financial statement)

11. Bank reference(s) (name, address, and phone number):

12. Credit Available: $_______________
13. Name of Bond Company (name, address and phone number of agent):

14. Bonding Capacity $_________________________ (provide letter from bonding firm)

15. Surety References (name, address and phone number of agent, current limits):

16. Name of Insurance Company (name, address and phone number of agent, current limits):

17. Describe the general character of work performed by your company.
   % of work performed by own forces: ______%
   Union affiliations _____________________________
   Local ( ) National ( )
   Contract expiration dates: ___________ ___________

18. Are you currently debarred from participating on Commonwealth of Pennsylvania or Federal procurement projects? YES ( ) NO ( )

19. Have you ever failed to complete any work awarded to you? YES ( ) NO ( )
   If YES, note what project, for whom, when, where and why.

20. Within the past three (3) years, have you failed to meet a project’s completion date? YES ( ) NO ( )
   If YES, note what project, for whom, when, where and why.

21. Have you ever defaulted on a contract? YES ( ) NO ( )
   If YES, note what project, for whom, when, where and why.

22. Have you ever filed a claim or been a party in a lawsuit in conjunction with a contract awarded to you?
   YES ( ) NO ( )
   If YES, provide litigation history for past 5 years. Include at a minimum, what project, for whom, when, where, why and if it’s active or settled.
23. List three (3) or more of the largest ($ volume) contracts completed in the last three (3) years by your company, stating the owner, the owner's phone number, the architect, the architect’s phone number, the approximate cost for each, and the month and year completed.

24. List three (3) or more of the largest ($ volume) projects presently under construction by your firm, stating the owner, the owner's phone number, the architect, the architect’s phone number, percentage (%) complete and the approximate date for completion of each project, month and year.

25. List experience in work similar in kind and Scope to this Contract.

26. Provide change order percentage (%) history for past five (5) years.

27. List background and experience of the principal members of your organization including the officers. Provide resumes of President, and the proposed Project Manager and Superintendents. The Project Manager and Superintendents cannot be removed from the project, post award, without the written approval of the University.

   If Contractor is the successful bidder, the name of the above personnel may become part of the Contract Documents, (may submit alternate names for other project personnel).

28. Number of Employees (not including field or craft) currently and last three (3) year:

   a. Current: _____________
   b. 2021: ________________
   c. 2020: ________________
   d. 2019: ________________
29. Do you have a full-time scheduler within your company? YES (     ) NO (     )
   If NO, who within your company creates and updates the project schedule?

30. List your company's Experience Modification Rate for the most recent 3 years. (Attach letter from your insurance carrier verifying the EMR data.)

<table>
<thead>
<tr>
<th>Year</th>
<th>EMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

31. Use your three (3) most recent years’ OSHA 300 (Summary) form to fill-in the number of cases for each of the following categories:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of fatalities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line “G” on OSHA 300A Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of lost workday cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line “H” on OSHA 300A Form</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of job restriction cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line “I” on OSHA 300A Form</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of other recordable cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line “J” on OSHA 300A Form</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total hours worked by all employees</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>OSHA Total Recordable Incidents Rate (TRIR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Line “H” + Line “I” + Line “J”) x 200,000, Divided by total employee hours worked</td>
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<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSHA Lost Workday Incidence Rate (LTIR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line “H” x 200,000, Divided by total employee hours worked</td>
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</tr>
</tbody>
</table>
32. How many OSHA violations has your company received in the last three (3) years?

<table>
<thead>
<tr>
<th>Year</th>
<th># of Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

Were any of the citations willful or repeat violations? YES (___) NO (___)

33. Do you have a full-time qualified person responsible for safety within your company? YES (___) NO (___)

34. Do you have a written company safety policy and program? YES (___) NO (___)

35. Does your company provide safety training for all employees? YES (___) NO (___)

36. Does your company have a written disciplinary program in place for safety violations? YES (___) NO (___)

37. Does your company conduct accident/incident/near miss investigations? YES (___) NO (___)

38. Does your company have a formal, written job/task hazard analysis process? YES (___) NO (___)

39. Does your company have a formal, written COVID-19 work policy in place? YES (___) NO (___)

40. Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required? YES (___) NO (___)

41. Do you have a written Affirmative Action Plan that can be made available upon request? YES (___) NO (___)

List your Small Diverse Business Participation on your last five contracts. This includes Minority Business Enterprises (MBE), Women Business Enterprises (WBE), Veteran Business Enterprises (VBEs), Service-Disabled Veteran Business Enterprises (SDVBEs), Disability-Owned Business Enterprise (DOBE) and LGBT Business Enterprise (LGBTBE)

List any other projects you feel will provide information related to your ability to meet the Small Diverse Business Participation goals for the project.

42. If you do not presently have such a Program and Plan, will you agree to establish a program and provide a plan, if requested? YES (___) NO (___)

43. Does your Affirmative Action Program actively support the training of minority group persons in the trade classifications, which will be used in the execution of the Contract? YES (___) NO (___)
44. Do all Subcontractors proposed to be used in the execution of the Contract have Affirmative Action Programs, which could be outlined in written Affirmative Action Plans if requested?  
YES (     )  NO (     )

45. Have you ever been denied an award of a Contract or ever had funds withheld from your firm for failure to comply with the Federal Equal Employment Provisions required by Executive Order No. 11246 or the Commonwealth of Pennsylvania Affirmative Action Provisions required by Executive Order 1988-1? YES (     )  NO (     )

46. List all of the Parties of Interest in the Business Entity and the extent of their respective interest and, in the event any other parties have a beneficial interest, their names and the extent of such interest.

47. Provide Licenses for Contracting.

48. Should you be proposing as part of a joint venture, include the information requested for both firms of the joint venture in the same response package. Also indicate the intended/anticipated roles of each firm and indicate which firm will have the larger percentage.
The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the University of Pittsburgh in verification of the recitals comprising this Predetermination of Responsibility Form.

Dated this ____________________ day of _________________________, 20______.

___________________________________
Contractor

___________________________________
By

___________________________________
Title

State of _________________________________
)
)
)
SS

County of _______________________________)

______________________________________________ being duly sworn, deposes and says that he/she is the _______________________________ of _______________________________

and that the answers to the foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn to before me this _______________ day of ________________, 20______.

___________________________________
Notary

My commission expires ______________________, _______.