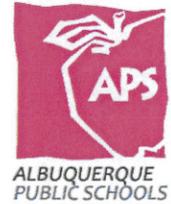


ADDENDUM NO.1

Date: 01/28/21



PROJECT – ECA @ CEC Modernization, Renovation & Addition

807 Mountain Road NE
Albuquerque, NM, 87102

RFP NO. 21-032 RRR
APS PROJECT # 507
NIGP Code: 90927; 90928; 909



TO: ALL BIDDERS OF RECORD

This Addendum forms a part of the Contract Documents and modifies or supplements the Project Manual or the Drawings as indicated below.

All other provisions of the Contract Documents shall remain unchanged. This Addendum is hereby made a part of the Contract Documents to the same extent as those provisions contained in the original documents and all itemized listings thereof.

Each bidder shall acknowledge receipt of the Addendum Number One (1) on the Bid Proposal Form in the space provided.

SPECIFICATIONS

GENERAL

1. APS Boiler Plate Document, Division 0 has an error in the RFP Number. In ALL places, change "RFP NUMBER : 20-032 RRR" to "RFP NUMBER: 21-032 RRR". This occurs on the following pages.

Page 1

Appendices A through G with their corresponding Attachments

Page 00 3100 – 1

Last page of Asbestos Letter on APS Form

Page 00 3200 – 1

Page 00 4000 – 4

Page 00 5000 – 1

Page 00 6000 – 1 thru 4

Page 00 6600 – 1

Page 00 7000 – 1



Page 00 8100 – 1 thru 3

Page 00 8200 – 1 thru 8

Replace Appendices A through G with Exhibit 1 of this Addendum No. 1 for hard copies.

2. Change Page 9, Item 7 to read as follows:

“7. SUBMISSION OF TECHNICAL PROPOSALS

Receipts of Proposals:

Each proposal will consist of Volume I – Price Proposal (one original) and Volume II – Technical Proposal (one original, plus five (5) photocopies excluding Tab 7. Provide only one, complete, separate copy of Tab 7, the Safety Manual). In addition, submit one (1) digital copy on a flash drive of ALL the documents required for both Volumes I & II. These two volumes shall be submitted in two separate sealed envelopes or packages. Clearly label each envelope or package with the RFP number, volume number & name. Offeror’s name, address, and date of submittal.”

3. Change Page 20, Item C, last paragraph to read as follows:

“By the date and time of Submission of Technical Proposals, Offerors shall submit one (1) original plus five (5) photocopies, and one (1) digital copy on a flash drive, each of the following documents:”

This addendum consists of forty-four (44) written pages including Exhibit 1.

Each bidder shall acknowledge receipt of this Addendum No. One (1) on the Bid Proposal form in the space provided.

END OF ADDENDUM No. 1

Cherry/See/Reames Architects, PC

By 
Tina M. Reames, FAIA, President

APS Procurement

By **Robert Rodarte**
Robert Rodarte, CPPO, CPPB
Senior Construction Buyer
Albuquerque Public Schools
robert.rodarte@aps.edu
1-505-878-6125

Albuquerque Public Schools
REQUEST FOR PROPOSAL FOR CONSTRUCTION # 21-032 RRR

For the convenience of the contractors, an electronic version of this RFP may be issued for your use. Any changes to the document's questions or language that differs from the wording as issued in the Project Manual dated 01/2021 other than to fill in answers for the questions asked, will constitute a nonresponsive proposal.

STATEMENT OF QUALIFICATIONS FOR GENERAL CONTRACTORS

Project Name:

ECA @ CEC MODERNIZATION, RENOVATION AND ADDITION

1. OFFEROR INFORMATION

Name: _____

Address: _____

Principal Office: _____

Corporation Partnership Sole Proprietorship Joint Venture

Other _____

a. How many years has your organization been in business as a Contractor? _____

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

c. Under what other or former names has your organization operated?

2. LICENSING

a. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

b. License Classification: _____

c. License Number: _____

d. Issue Date: _____ Expiration Date: _____

- e. Is the firm’s contractor’s license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes - free of suspension or revocation No – Attached explanation

- f. Does your firm hold all applicable Business licenses required by State of New Mexico?

License Number: _____ Jurisdiction: _____
 Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

 (Name)

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____
 Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

 (Name)

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____
 Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

 (Name)

Issue Date: _____ Expiration Date: _____

- g. Is your firm free from formal debarment from public works, federal, state or local public works jurisdictions?

Yes No (Attach explanation)

3. EXPERIENCE

- a. Has your firm completed one (1) or more educational facility reroof project(s) of similar complexity totaling **50,000 square feet or more since 2013**, as the proposed project? Complete **Attachment A** for five (5) maximum projects listed:

Yes Number of Projects: _____ No

Project 1 Name: _____

Project 2 Name: _____

Project 3 Name: _____

Project 4 Name: _____

Project 5 Name: _____

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

\$ _____

c. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.

d. List the categories of work that your organization normally performs with its own forces.

4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications below:

a. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

(1) At least ten (10) years' experience in the construction industry?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3. EXPERIENCE item a

Yes Number of Projects _____ No

(3) Experience as a Project Manager on one (1) or more construction projects totaling **30,000 square feet or more?**

Yes Number of Projects _____ No

b. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

(1) At least ten (10) years' experience in the construction industry?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a.?

Yes Number of Projects _____ No

(3) Experience as a Project Foreman/Superintendent on one (1) or more construction projects totaling **30,000 square feet or more?**

Yes Number of Projects _____ No

c. Does your Safety Program Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)

(1) At least five (5) years' experience in a safety management role?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a.?

() Yes Number of Projects _____ () No

d. Does your Quality Assurance/Quality Control (QA/QC) Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)

(1) At least five (5) years' experience in a safety management role?

() Yes Number of Years: _____ () No

(2) Experience on at least one (1) construction type as identified in 3a.?

() Yes Number of Projects _____ () No
_____ Years with your firm: _____

Present Position/Job Title: _____ Years in position: _____

List other project(s) this person has had a similar role for the past five (5) years:

Is your QA/QC a Principal or Officer of the firm? () Yes () No

e. Please include an Organizational Chart (**Attachment C**) of the Management Team that will be assigned to this project. Identify relationships, duties and responsibilities and key roles of each individual.

5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

a. Resources: Total number of current employees: Project Managers _____
Estimators _____
Superintendents _____
Foremen _____
Tradesmen _____
Administration _____
Other _____

b. Does your firm have the immediate capacity to perform the work required for this project:
() Yes () No

c. Please list all projects currently under contract totaling over **20,000** square feet with scheduled completion dates (**Attachment D**)

() See Attachment D () None

6. SURETY

a. Firm's current surety company:

Will this surety be used for the construction contract for this project?

Yes No (attach explanation)

Contact Agent Name: _____ Telephone: _____

Years utilizing this surety: _____ Maximum Capacity: _____

Aggregate Total of current surety in force: _____

b. Is the surety company to be used on this project licensed to do business in the State of New Mexico?

Yes No (attach explanation)c.

c. Is your firm free of having any construction contracts taken over by a surety for completion in the past five (5) years?

Yes No (attach explanation)

d. Has your firm used other surety companies since 2001? Yes (list) No

Surety Company Contact

Surety Company Contact

Surety Company Contact

e. Is your firm able to obtain bonding in the amount required for the completion of this project? Provide a notarized declaration from the surety identified above, stating the amount of bonding capacity available to your firm for this project at **Attachment E**.

Yes No (attach explanation)

7. SAFETY

- a. Does your firm have a written safety program compliant with current State regulations? Provide one (1) copy of your firm’s written safety program at **Attachment F**.

Yes No (attach explanation)

- b. Provide a list of key safety personnel, including the designated safety manager who will be assigned to this project, and list specific duties.

Name and Title	Specific Duties
_____	_____

Name and Title	Specific Duties
_____	_____

Name and Title	Specific Duties
_____	_____

Name and Title	Specific Duties
_____	_____

- c. Provide the Experience Modification Rate for the past five (5) years:

_____ / _____ / _____ / _____ / _____ /

- d. Provide the Recordable Incident Rate for the past calendar year: _____

- e. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

Yes No (attach explanation)

8. INSURANCE & CLAIMS HISTORY

- a. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?

Yes No (attach explanation)

- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?

Yes No (attach explanation)

- c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at \$1 Million per occurrence and \$1 Million in the aggregate)?

Yes No (attach explanation)

- d. Please provide a notarized declaration from an insurance carrier stating that the firm is able to obtain insurance in the limits stated as **Attachment G**.

9. QUALITY ASSURANCE – ATTACHMENT H

- a. Does your firm have a written Quality Assurance Program?

Yes No

Provide one (1) copy of the written Assurance Program for **Attachment H**

10. PROJECT SCHEDULING

- a. Does your firm use computerized scheduling? Yes No

- b. If YES, which programs and versions are used? Please list:

- c. Has the firm been involved with a construction project within the past five (5) years, where the schedule was not met? Yes No

- d. If YES, please indicate the project (refer to **Attachment A**)

i. Project: _____

Reason for Delay: _____

ii. Project: _____

Reason for Delay: _____

iii. Project: _____

Reason for Delay: _____

e. Has the firm been assessed liquidated damages due to scheduling for any project in the past five (5) years?
(Refer to **Attachment A**) () Yes () No

If YES, please list projects

(1) Project: _____ Amount \$ _____

Reason for assessment _____

(2) Project: _____ Amount \$ _____

Reason for assessment _____

(3) Project: _____ Amount \$ _____

Reason for assessment _____

11. LABOR CODE VIOLATIONS

a. Has your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects? Refer to **Attachment I** () Yes () No

b. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?
() Yes () No (explain)

12. JUDGEMENTS, BREACH OF CONTRACT, PROTESTS, MEDIATIONS AND ARBITRATIONS

a. List any judgments against the firm during the past 5 years; use **Attachment J**

b. List any breach of contract other than for cause

c. If applicable, list any formal bid protests and the outcome, whether denied or upheld

d. List all mediations/arbitrations in the last 5 years. Who initiated? What was the outcome?

**THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION
SUBMITTED WITH THIS FORM IS TRUE AND CORRECT.**

NAME AND TITLE

FIRM NAME

SIGNATURE

ADDRESS OF FIRM

E-MAIL ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

FAX NUMBER _

END OF GENERAL CONTRACTOR STATEMENT OF QUALIFICATIONS

ATTACHMENT A

GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

REFERENCE: 3.a. EXPERIENCE

COMPLETE ONE FORM FOR EACH PROJECT LISTED (MAXIMUM 5)

PROJECT DESCRIPTION

Project Type: _____ Contact Name: _____

Project Name: _____ Contact Title: _____

Owner: _____ Contact Phone No.: _____

DESIGN PROFESSIONAL

Name of Firm: _____ Contact Name: _____

Contact Phone No.: _____ Contact Title: _____

Gross Building Area (Sq. Ft.) _____ () New () Addition () Renovation

Project Start Date: _____ Completion Date: _____

Original Contract Amt.: \$ _____ Original No. of Days to Complete: _____

Final Contract Amount _____ Final Contract Days to Complete: _____

With all Change Orders: \$ _____ with all Time Extensions: _____

PROJECT EXECUTION

Were Liquidated Damages assessed on this Project? () No () Yes Days ____ \$ _____

Percentage of Work Subcontracted: _____ % Contract Type () Competitive Bid Lump Sum
() Negotiated Lump Sum

Major Subcontractors: () Guaranteed Maximum Price
() Other (Describe)

Mechanical: _____

Electrical: _____

Plumbing: _____

Roofing: _____

CUSTOMER SATISFACTION

ATTACHMENT B

GENERAL CONTRACTOR’S STATEMENT OF QUALIFICATIONS

How was this measured? () Customer Survey () Attached () Yes () No () Other (Describe)

REFERENCE: 4 a., b, c, d RESUMES

ATTACH ONE (1) PAGE RESUMES OF THE PROPOSED
PROJECT MANAGER
PROJECT SUPERINTENDENT
SAFETY PROGRAM MANAGER
OTHER KEY PERSONNEL (OPTIONAL)

1. EDUCATION

High School, College, Trade Schools, Trade Seminars, Trade/Management
Specialized Courses, Etc.

2. RELATED EXPERIENCE

Related experience should include the following: **a.**

Position Title

b. Duties and Responsibilities

c. Major accomplishments

d. Number of personnel supervised

3. PROJECT EXPERIENCE

Identify project experience requested in the Statement at 4.a. (2) (3), 4.b. (2)
(3), and 4.c. (2). Include the project Title and Location.

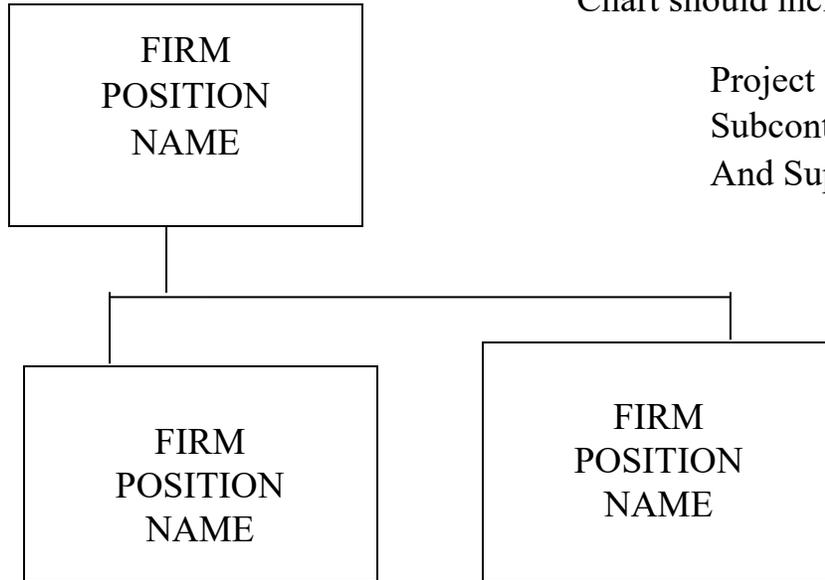
**4. Other information that demonstrates the individual’s strengths for this
project.**

5. Project Professionals and Project Owner Reference may be included.

ATTACHMENT C
GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS
REFERENCE: 4.e. ORGANIZATIONAL CHART OF PROJECT
MANAGEMENT TEAM

Chart should include the Entire

Project Team
Subcontractor Key Personnel
And Supervision



1. Indicate the relationship between PM/Supt. of the Subcontractors and the General Contractor's PM/SUPT.
2. Indicate the relationship of the Safety Manager of the Subcontractors and General Contractor, and the relationship of the Safety Manager with others on the job site.
3. Indicate the relationship between the QA/QC Manager with other personnel on the job site.

ATTACHMENT E
GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

REFERENCE: 6.d. NOTARIZED DECLARATION OF SURETY

DOCUMENTATION FROM SURETY

ATTACHMENT F
GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

REFERENCE: 7.a. COPY OF FIRM'S WRITTEN SAFETY PLAN

SUBMIT ONLY ONE (1) COPY OF SAFETY PLAN WITH SUBMITTAL PACKET

Include Work Loss Incidents and History

ATTACHMENT G
GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

REFERENCE: 8.d. LETTER FROM INSURANCE CARRIER

DOCUMENTATION OF INSURABILITY

ATTACHMENT H
GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

REFERENCE: 9.b. WRITTEN QUALITY ASSURANCE PROGRAM

SUBMIT ONLY ONE (1) COPY WITH SUBMITTAL PACKET

ATTACHMENT I
GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

REFERENCE: 11.a. AFFIDAVIT OF NON-VIOLATION OF LABOR CODES

Name of Firm:

Address:

Project

Reference: (Name of Owner & Project)

Request for Proposal # _____
Affidavit of Non-violation of Labor Codes

To: The Board of Education
School District

The undersigned officer of _____ hereby states that
_____ has, during the past five (5) years, been free of any
determinations by a court or an administrative agency, of repeated or willful violations of laws and/or
regulations pertaining to the payment of prevailing wages or employment of apprentices of public works
projects.

_____ Name

_____ Title

_____ Signature

NOTARY

State of _____)

County of _____)

Signed or attested before me on _____ by _____

Seal

_____ My Commission Expires: _____

ATTACHMENT J

GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

**REFERENCE: 12.a.b.c. JUDGMENTS, BREACH OF CONTRACT,
PROTESTS**

- a. List any judgments against the firm during the past 5 years.**
- b. List any breach of contract other than for cause.**
- c. If applicable, list any formal bid protests and the outcome, whether denied or upheld.**
- d. List all mediations/arbitrations in the last 5 years. Who initiated? What was the outcome?**

**ECA @ CEC MODERNIZATION,
 RENOVATION & ADDITION
 Albuquerque Public Schools**

REQUEST FOR PROPOSAL FOR CONSTRUCTION # 21-032RRR

For the convenience of the contractors, an electronic version of this RFP is issued for your use. Any changes to the document’s questions or language that differs from the wording as issued in the Project Manual dated 01/2021 other than to fill in answers for the questions asked, will constitute a nonresponsive proposal.

STATEMENT OF QUALIFICATIONS FOR SUBCONTRACTORS

Project Name: _____

1. OFFEROR INFORMATION

Firm Name: _____

Type of Firm:

Corporation Partnership Sole Proprietorship Joint Venture

Other _____

a. Year Firm was established: _____

b. Parent Company (if applicable) _____

c. All former names during the past 10 years your organization has operated?

2. LICENSING

Provide your team’s New Mexico contractor’s license, which is current and in good standing with the State of New Mexico Construction Industries Division (CID).

a. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

b. License Classification: _____

c. License Number: _____

d. Issue Date: _____ Expiration Date: _____

e. Is the firm’s contractor’s license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

() Yes - free of suspension or revocation () No – Attach explanation

3. EXPERIENCE

a. Has your firm completed one (1) or more educational facility reroof project of similar complexity and of **50,000** square feet or more since **2013**, as the proposed project? Complete **Attachment A** for three (3) maximum projects listed:

() Yes Number of Projects: _____ () No

Project 1 Name: _____

Project 2 Name: _____

Project 3 Name: _____

Provide copies of Performance Evaluation Reports prepared in connection with projects described in Para. 3.a above.

b. State the average annual amount of construction work performed during the past five years:
\$ _____

c. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.

4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications below:

a. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

(1) At least ten (10) years’ experience in the construction industry?

() Yes Number of Years: _____ () No

(2) Experience on at least one (1) construction type as identified in 3a.?

() Yes Number of Projects _____ () No

(3) Experience as a Project Manager on one (1) or more construction projects totaling **30,000** square feet or more?

() Yes Number of Projects _____ () No

b. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

(1) At least ten (10) years experience in the construction industry?

() Yes Number of Years: _____ () No

(2) Experience on at least one (1) construction type as identified in 3a.?

() Yes Number of Projects _____ () No

(3) Experience as a Project Foreman/Superintendent on one (1) or more construction projects totaling 30,000 square feet or more?

() Yes Number of Projects _____ () No

c. Does your Firm have a Quality Assurance/Quality Control (QA/QC) Manager? () Yes () No

Name: _____ Years with your firm: _____

Present Position/Job Title: _____ Years in position: _____

List other project(s) this person has had a similar role for the past five (5) years:

Is your QA/QC a Principal or Officer of the firm? () Yes () No

5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

a. Resources

(1) Total number of current employees: Project Managers _____
Estimator's _____
Foremen _____
Tradesmen _____
Administration _____
Other _____

b. Please list all projects currently under contract at square footage listed in 3a. with scheduled completion dates (**Attachment C**)

() See Attachment C () None

6. SAFETY

a. Does your firm have a written safety program compliant with current State regulations? Provide one (1) copy of your firm's written safety program at **Attachment D**.

() Yes () No (attach explanation)

b. Provide your Experience Modification Rate for the past five (5) years:

_____ / _____ / _____ / _____ / _____ /

c. Provide the Recordable Incident Rate for the past calendar year: _____

d. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

Yes No (attach explanation)

7. INSURANCE & CLAIMS HISTORY

a. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party? Yes No (attach explanation)

b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?

Yes No (attach explanation)

c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at \$1 Million per occurrence and \$1 Million in the aggregate)?

Yes No (attach explanation)

8. QUALITY ASSURANCE

a. Does your firm have a written Quality Assurance Program? Yes No

Note: If you have a Quality Assurance Program, please provide one (1) copy of the written Assurance Program for **Attachment E**

9. LABOR CODE VIOLATIONS

a. **Has** your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects?

Refer to **Attachment F** Yes No

b. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?

Yes No (explain)

**THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION
SUBMITTED WITH THIS FORM IS TRUE AND CORRECT.**

Name and Title

Firm Name

Signature

Address of Firm

E-mail Address

City/State/Zip

Telephone Number

Fax Number

END OF SUBCONTRACTOR STATEMENT OF QUALIFICATIONS

ATTACHMENT A
 SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
REFERENCE: 3.a. EXPERIENCE ON SIMILAR PROJECTS OVER
VALUATION STATED IN 3.a

COMPLETE ONE FORM FOR EACH PROJECT LISTED ON THE QUESTIONNAIRE (MAXIMUM 3)

PROJECT DESCRIPTION

Project Type: _____ Owner: _____

Project Name and
Location: _____

Gross Building Area (Sq. Ft.) _____ () New () Addition () Renovation

Original Contract Amt.: \$ _____ Completion Date/Percentage Complete:

DESIGN PROFESSIONAL

Name of Firm: _____ Contact Name: _____

GENERAL CONTRACTOR

Name of Firm: _____ Contact Name: _____

CUSTOMER SATISFACTION

How was this measured? () Customer Survey () Attached () Yes () No () Other
(Describe)

ATTACHMENT B
SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
SSQ-1

REFERENCE: 4 a, b, c, d RESUMES

ATTACH ONE (1) PAGE RESUMES OF THE PROPOSED

- 1. PROJECT MANAGER**
- 2. PROJECT FOREMAN/SUPERINTENDENT**
- 3. OTHER KEY PERSONNEL (*OPTIONAL*)**

6. EDUCATION

High School, College, Trade Schools, Trade Seminars, Trade/Management Specialized Courses, Etc.

7. RELATED EXPERIENCE

Related experience should include the following:

- a.** Position Title
- b.** Duties and Responsibilities
- c.** Major accomplishments
- d.** Number of personnel supervised

8. PROJECT EXPERIENCE

Identify project experience requested in the Statement at 4.a. (2) (3), 4.b. (2) (3), and 4.c. (2). Include the project Title and Location.

9. Other information that demonstrates the individual's strengths for this project.

10. Project Professionals and Project Owner Reference may be included.

ATTACHMENT D
SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
SSQ-3

ATTACHMENT E
SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
REFERENCE: 7.a. COPY OF FIRM'S WRITTEN SAFETY PLAN

SUBMIT ONLY **ONE (1) COPY** OF SAFETY PLAN WITH SUBMITTAL PACKET

Include Work Loss Incidents & History

ATTACHMENT F
SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
SSQ-4

REFERENCE: 9.b. WRITTEN QUALITY ASSURANCE PROGRAM

SUBMIT ONLY ONE (1) COPY WITH SUBMITTAL PACKET

ATTACHMENT G
SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
SSQ-5

**REFERENCE: 11.B. AFFIDAVIT OF NON-VIOLATION OF LABOR
CODES**

Name of Firm: _____

Address: _____

Project

Reference: (Name of Owner & Project)

Request for Proposal # _____
Affidavit of Non-violation of Labor Codes

To: The Board of Education
 (School District)

The undersigned officer of _____ hereby states that
_____ has, during the past five (5) years, been free of any
determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations
pertaining to the payment of prevailing wages or employment of apprentices of public works projects.

Name

Title

Signature

NOTARY

State of _____)

County of _____)

Signed or attested before me on _____ by _____

Seal

My Commission Expires: _____

ATTACHMENT H
SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS
SSQ-6

**COMBINED
LIST OF SUBCONTRACTORS
and
ASSIGNMENT OF ANTITRUST CLAIMS
by
CONTRACTOR, SUBCONTRACTORS,
SUBSUBCONTRACTORS, and SUPPLIERS**

EXAMPLE TRADES AND SUPPLIERS: SITE WORK, CONCRETE, MASONRY, FRAMING, LUMBER, STEEL, STEEL FABRICATION, ROOFING, EXTERIOR INSULATION AND FINISH, DRYWALL, DOORS, GLASS AND GLAZING, PLASTER, PAINTING, CARPET, RESILIENT, CONVEYING SYSTEMS, HVAC, CONTROLS, PLUMBING, SHEET METAL, ELECTRICAL

1. Subcontractor Listing shall be included with Cost Proposal as a condition of the Proposal and be fully complete with regards to all Subcontractors providing services valued at \$5,000.00 or more, or one-half of one percent of the architect's or engineer's estimate of the total project cost, not including alternates, whichever is greater pursuant to Section 13-4-34, NMSA 1978.

Listing Threshold for this Project: \$60,645.82

- a. Subcontractor Listing shall be expanded after Proposal award, and before Contract, to include major Suppliers and, each entity listed shall be signed by individual empowered to obligate Supplier, Subcontractor, or Subsubcontractor.

- b. Subcontractor Listing shall also be expanded after Proposal award by apparent low Offeror if Awarded, and before Contract, to include the Department of Workforce Solutions labor enforcement fund registration number. See the Department of Workforce Solutions web site at www.dws.state.nm.us under "Public Works" for registration form, listings and information.

- c. See Instructions to Offerors, Section 00 2113 Paragraph 4.5, Subcontractors, for rules regarding changes in this list after Proposal award.

2. **PROJECT NAME:** ECA @ CEC MODERNIZATION, RENOVATION AND ADDITION
REQUEST FOR PROPOSAL NUMBER: 21-032RRR:

The undersigned agrees that any and all claims which the firm may have or may incur to it for overcharges resulting from antitrust violations as to goods, services, and materials purchased in connection with the above-referenced project are hereby assigned to the Owner, but only to the extent that such overcharges are passed on to the Owner. It is agreed that the firm retains all rights to any such antitrust claims to the extent of any overcharges not passed on to the District, including the right to any treble damages attributable thereto.

Subcontractor Listing

And Assignment of Anti-Trust Claims

****SIGNATURE REQUIRED UPON NOTICE OF INTENT TO AWARD***

TYPE OF WORK	ENTITY NAME	CITY & STATE	Labor Enforcement Fund Registration # (if over \$60,000)	SIGNATURE *
SITE WORK				
CONCRETE				
FRAMING				
STEEL ERECTION				
ROOFING				
INSULATION				
DRYWALL				
GLAZING				
PLASTER				
FLOORING				
PAINTING				
FURNISHINGS				
HVAC				
CONTROLS				
PLUMBING				
ELECTRICAL				

BID PROPOSAL FOR LUMP SUM CONTRACT

Date of Proposal: _____

New Mexico State Contractor's License No. _____

License Classifications: _____

Resident Contractor's Preference Certificate No. _____

Veteran Resident Contractor Preference Certificate No. _____

Percent of preference qualified for: _____ (10%).

NOTE: Attach a copy of the valid certificate and documentation to validate percent preference.

NM DOL (Workforce Solutions) Certificate No. _____

Contractor's New Mexico Gross Receipts Tax No. _____

Contractor's Federal Employee Identification No. _____

FD+C Project No. 507

Project Name: ECA @ CEC MODERNIZATION, RENOVATION AND ADDITION

Proposal of (company name): _____

(Hereinafter called the "Offeror") organized and existing under the laws of the State of New Mexico, doing business as a Corporation, Partnership or Individual. (Circle correct one).

To: Board of Education
Albuquerque Municipal School District Number 12
Bernalillo and Sandoval Counties, New Mexico (hereinafter called "APS") for:

The construction of ECA @ CEC MODERNIZATION, RENOVATION AND ADDITION

The undersigned, as an authorized representative for the Offeror named above, in compliance with the Request for Proposals for the construction of a ECA CEC Modernization, Renovation and Addition, FD+C Project No. 507, having examined the drawings and specifications, with related documents, and having examined the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project, including the availability of labor, materials and supplies, hereby proposes to furnish all labor, materials and supplies, and to construct the project in accordance with the contract documents at the bids stated below. These bids are to cover all expenses incurred in performing the work required under the contract documents, of which this proposal is a part.

The undersigned Offeror's representative also acknowledges receipt of the following Addenda:

Addendum No: ____, dated _____, Addendum No: ____, dated _____

Addendum No: ____, dated _____, Addendum No: ____, dated _____

The following information is required for state reporting purposes only and will not be used in evaluating or awarding the contract. Is project material offered grown, produced or wholly manufactured in New Mexico? _____ (Yes/No) (Percentage; reference V-B-5 of the RFP)

BID PROPOSAL FOR LUMP SUM CONTRACT

BASE BID: The Offeror agrees to perform all work for the **ECA @ CEC Modernization, Renovation and Addition**, as described in the Project Manual and as shown on the Drawings for the following Base Bid. Also provide Bid Lot amounts as requested.

(Amounts to be shown in both words and figures. In case of a discrepancy, the amount shown in words will govern, **please print.**) **All sums will exclude NM Gross Receipts Tax.**

The Work to be performed under this Contract shall be commenced not later than ten (10) consecutive days after the date of written Notice to Proceed, and that Substantial Completion shall be achieved not later than **426** calendar days after the date of written Notice to Proceed, except as hereafter extended by valid written Change Order by the Owner, for Base Bid, and Bid Lots.

Should the Contractor neglect, refuse, or otherwise fail to complete the Work within the time specified, the Contractor agrees to pay to the Owner in partial consideration for the award of this Contract the amount of One Thousand Five Hundred Dollars (\$1,500.00) per consecutive day, not as a penalty, but as liquidated damages for such breach of the Contract.

The price basis for this RFP is the bid proposed for the Base Bid, subject to the availability of funds. APS may award one or more Bid Lots at the sole discretion of APS, subject to availability of funds.

BASE BID:

- (1) Base Bid:

Total Base Bid Lump Sum: _____
_____ Dollars, (\$))

BID LOTS

- (2) Bid Lot No. 1 - Nursing Headwall Mock Equipment (Typical of 8) in Nursing Lab 242. See Headwall Elevation on A-001

Total Bid Lot No. 1 Lump Sum: _____
_____ Dollars, (\$))

Bid Lot No. 2 – Stucco Color Coat of Existing Building. If Bid Lot #2 is accepted, at areas of work, stucco must be patched and finished to match adjacent. Blend texture and color to minimize appearance of alteration.

Total Bid Lot No. 2 Lump Sum: _____
_____ Dollars, (\$))

- Bid Lot No. 3 – ECA @ CEC Signage on East Façade (including all associated steel members)

Total Bid Lot No. 3 Lump Sum: _____
_____ Dollars, (\$))

BID PROPOSAL FOR LUMP SUM CONTRACT

The Offeror understands that the contract will be awarded in accordance with the provisions of the Request for Proposals and that the Owner reserves the right to reject any or all proposals and to waive any technical irregularities.

The Offeror agrees that this bid will be good and may not be withdrawn for a period of forty- five (45) calendar days after the scheduled closing time for receiving bid proposals.

Upon receipt of written notice of acceptance of this Bid, Offeror will execute the final contract and deliver surety bonds as required by the Request for Proposals within seven calendar days.

The PROPOSAL SECURITY attached in the sum of 5% of the amount proposed is: _____

_____Dollars, (\$ _____)

And will become the property of the Owner in the event the contract and bonds are not executed within the time set forth herein, as liquidated damages for the delay and additional expenses to the Owner caused thereby.

Respectfully Submitted,

By :(Authorized Signature) _____ Date: _____

By: (Same Name Printed or Typed) _____

Title: _____

Company: _____

Address: _____ Phone: _____

_____ Zip: _____

Fax: _____ Email: _____

(Affix Corporate Seal if proposal is by Corporation)

BOND REVIEW AND APPROVAL FORM

THIS FORM MUST BE
ATTACHED TO BOND

REVIEW AND APPROVAL:

This Bond has been executed by a Surety named in the current list of "companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies," as published in Circular 570 (amended) by the Audit Staff Bureau of Accounts, United States Treasury Department.

APPROVED:

Date: _____

Owner's Representative or Governing Authority

AGENT'S AFFIDAVIT

THIS FORM MUST BE
USED BY SURETY

(To be filled in by Agent.)

STATE OF _____)

) ss.

COUNTY OF _____)

_____ being first duly sworn, deposes and says that he/she is the duly appointed agent for _____ and is licensed in the State of New Mexico.

Deponent further states that a certain bond given to indemnify the State of New Mexico in connection with the construction of _____ dated the _____ day of _____, 2012 executed by _____ Contractor, as principal, and, _____ as surety, signed by this

Deponent; and Deponent further states that said bond was written, signed, and delivered by him/her; that the premium on the same has been or will be collected by him/her; and that the full commission thereon has been or will be retained by him/her.

Subscribed and sworn to before me this _____ day of _____, 2011,

Notary Public

My Commission expires: _____

AGENT'S ADDRESS:

Telephone: _____

