1. PDMS ACCESS REQUEST

**INSTRUCTIONS:**

* 1. Submit one copy of Form A (*PDMS Access Request*) for each Respondent team by the Deadline shown in Section IV (*Procurement Schedule*).
  2. Submit this form in PDF format to the Contracting Officer at the email listed in Section VIII (*Questions*).
  3. An authorized representative of the Respondent must sign this Form A (*PDMS Access Request*).

Attn: Chip Meeks

Subject: PDMS Access Request

RFQ-484-10292021DB, PI 0001757 – SR 400 Phase 1 DB Project

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Respondent: |  | Date: |  |

We request access to the PDMS for purposes of uploading the Respondent’s SOQ. Please provide credentials to the following representative:

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Telephone Number: |  |

We also identify the following person as the Respondent’s **“Authorized Representative”**, as the single point of contact for Respondent, who is making this request.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| By: |  | | | | Print Name: |  |
| Title: | |  | | | Date: |  |
| Telephone: | | |  | | Email Address: |  |
| Mailing Address: | | | |  | | |

Executed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[Date]*.

Name of Company (Print) Signature of Authorized Representative

Address Title

City State and ZIP Code Telephone Number

(or international address, if applicable)

1. BASIC COMPANY INFORMATION

FOR RESPONDENT, LEAD CONTRACTOR AND LEAD DESIGN CONSULTANT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROLE OF TEAM MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS:

Provide the following basic company information for the Respondent, the Lead Contractor andtheLead Design Consultant:

|  |  |
| --- | --- |
| Company Name(s) | [\_\_\_\_\_\_\_\_\_\_] |
| Company address(es) | [\_\_\_\_\_\_\_\_\_\_] [\_\_\_\_\_\_\_\_\_\_] [\_\_\_\_\_\_\_\_\_\_],[\_\_\_\_\_\_\_\_\_\_] [\_\_\_\_\_\_\_\_\_\_] |
| Name of primary contact and all contact information including telephone number(s) and email address(es). | [\_\_\_\_\_\_\_\_\_\_][primary point of contact]  [\_\_\_\_\_\_\_\_\_\_][telephone number(s)]  [\_\_\_\_\_\_\_\_\_\_][email address(es) |
| Company website(s) (if available) | [\_\_\_\_\_\_\_\_\_\_] |
| If the company has multiple offices, include information about the parent company and branch office(s) separately. Identify the office from which the Project will be managed. | Parent company information (name, address)  [\_\_\_\_\_\_\_\_\_\_]  Relevant branch office(s) information (name(s), address(es))  [\_\_\_\_\_\_\_\_\_\_] |
| Provide form of ownership (whether it is a sole proprietorship, partnership, corporation, Limited Liability Corporation (LLC), joint venture, joint bidders, or other structure), including state of residency or incorporation, and the number of years in business | [\_\_\_\_\_\_\_\_\_\_]  State of organization: [\_\_\_\_\_\_\_\_\_\_]  Domicile: [\_\_\_\_\_\_\_\_\_\_]  Number of years: [\_\_\_\_\_\_\_\_\_\_] |
| Other Information | [\_\_\_\_\_\_\_\_\_\_] |

Notes:

* For joint venture entities that have not undertaken at least *two* projects together, each entity should submit its qualifications separately.
* This Form B (*Basic Company Information*) must not exceed one page for each consortium or JV member. Joint venture submittals are subject to the page limit identified in Section V (*Instructions for Preparing the Statement of Qualifications*) of the RFQ.

1. STATEMENTS OF DISCLOSURE (CONFLICT OF INTEREST)

FOR RESPONDENT, LEAD CONTRACTOR, LEAD DESIGN CONSULTANT AND ANY MAJOR1 SUBCONTRACTORS AND/OR MAJOR SUBCONSULTANTS (AS APPLICABLE)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROLE OF TEAM MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:**

* + 1. Provide “Statements of Disclosure (Conflict of Interest)” of Respondent, Lead Contractor, Lead Design Consultant, and any Major subcontractors and/or Major subconsultants (as required for each firm), that will allow GDOT to evaluate possible Conflicts of Interest:
       1. Provide a statement (in any format) of all actual or potential legal or other Conflicts of Interest possibly created by participation in the selection process or by other involvement in the Project.
       2. Provide information as to the nature of their relationship(s) with any parties with whom there may exist a potential conflict.
    2. A list of restricted firms (to include affiliates) known at this time is included in Section II.B (*Restricted Firms and Affiliates*). For more information, see Section II.A (*Conflicts of Interest*).

In submitting its SOQ, Respondents acknowledge a continuing duty through the procurement to identify and divulge any such known, discovered, potential, or perceived Conflicts of Interest, both direct and indirect.

If ultimately selected as the Apparent Successful Proposer and ultimately as the Design-Builder for the Project, Respondents acknowledge that they will be required to complete a confidentiality and Conflict of Interest form as a condition to execution of the Design-Build agreement.

1. RESUME FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Key Personnel Position | | [Insert title here] | |
| Project Experience 1 | Project Name | |  |
| Project Description (including size) | |  |
| Position Title | |  |
| Time in this position | | From (year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_ to (year)\_\_\_\_\_\_(month)\_\_\_\_\_\_ equals total of \_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_ months |
| Detailed description of project responsibilities for this position title | |  |
| Explanation regarding the relevance of this experience to the minimum qualifications for the Key Personnel position | |  |
|  |  | |  |
| Project Experience 2 | Project Name | |  |
| Project Description (including size) | |  |
| Position Title | |  |
| Time in this position | | From (year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_ to (year)\_\_\_\_\_\_(month)\_\_\_\_\_\_ equals total of \_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_ months |
| Detailed description of project responsibilities for this position title | |  |
| Explanation regarding the relevance of this experience to the minimum qualifications for the Key Personnel position | |  |
|  |  | |  |
|  | ***[Copy and paste as needed to demonstrate additional project experience for a minimum of 10 years’ industry experience and at least three years’ experience in the same or similar role for projects of similar size and complexity as the Project]*** | | From (year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_ to (year)\_\_\_\_\_\_(month)\_\_\_\_\_\_ equals total of \_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_ months |
|  |  | |  |
| Education | List all formal education, certifications, registrations and other credentials relevant to the Key Personnel role | | Institution, date, expiration (if applicable) |
|  |  | |  |
| Summary of Experience | Total number of years and months of experience in a position relevant to experience required for the Key Personnel Position | | ***[Insert cumulative total years and months of experience as demonstrated by the above experience that are applicable to the Key Personnel position.]*** |

1. INDUSTRIAL SAFETY RECORD

FOR RESPONDENT, LEAD CONTRACTOR AND ANY MAJOR[[1]](#footnote-2)1 SUBCONTRACTORS (AS APPLICABLE)

RESPONDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF TEAM MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROLE OF TEAM MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:**

This form shall be filled out separately and provided for the Respondent, the Lead Contractor, and any Major subcontractors, in each case that has undertaken work in the United States and is intended to perform or supervise construction work for the Project, and including information for any entity affiliated with any such team member that has undertaken work in the United States as of the end of the last federal Occupational Safety and Health Administration (OSHA) reporting period and for each reporting period before that identified on this form. For team members that are members of joint ventures or consortia, information as to the joint venture/consortium shall be provided as though 100% of the results were for the listed participant. GDOT may solicit additional information from team members through the Respondent to aid GDOT in its evaluation of the team member’s safety record.

|  | **2019** | **2020** | **2021** |
| --- | --- | --- | --- |
| 1) Total Hours Worked (in thousands): |  |  |  |
| 2) Number of fatalities:\* |  |  |  |
| 3) Number of lost workdays:\* |  |  |  |
| 4) Number of lost workdays\* cases: |  |  |  |
| 5) Number of injury/illness\* cases: |  |  |  |
| 6) Number of calendar days of restricted work activity due to injury/illness:\* |  |  |  |
| 7a) Incidence Rate\*\* (Lost Workday Cases): |  |  |  |
| 7b) Incidence Rate\*\* (Calendar Days Lost): |  |  |  |

\* The information required for these items is intended to be substantially the same as required under Log of Work-Related Injuries and Illnesses, OSHA Form 300.

\*\* Incidence Rate = No. of Injuries and Illnesses (Cases) x 200,000 / Total Hours Worked

*[remainder of page intentionally blank]*

The above information was compiled from the records that are available to me at this time and I declare under penalty of perjury under the laws of the State of Georgia that the information is true and accurate within the limitation of those records.

Executed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***[Date]***.

Name of Company (Print) Signature

Address Title

City State and ZIP Code Telephone Number

(or international address, if applicable)

1. CERTIFICATE AND ACKNOWLEDGMENT[[2]](#footnote-3)1

[***Name of Surety/Insurance company***] (“**SURETY**”) HEREBY CERTIFIES TO GDOT, AS OF THIS [\_\_\_\_\_\_\_\_\_\_]***[insert date]*** THAT:

* + 1. The Surety is a licensed bonding surety, currently authorized to conduct business in the State of Georgia;
    2. The Surety is listed on the U.S. Department of the Treasury’s “Listing and Approved Sureties” (accessible at the following weblink: <https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570.htm>);
    3. The Surety’s rating is [\_\_\_\_\_\_\_\_\_\_], and rated by [\_\_\_\_\_\_\_\_\_\_][ and [\_\_\_\_\_\_\_\_\_\_]][[3]](#footnote-4)2;
    4. The Surety has reviewed the Request for Qualifications (“**RFQ**”), RFQ 484-[RFQ number]DB to provide Design-Build Services for [Project Name], P.I. No. [PI Number], [County name] County, GA, and amendments, dated [\_\_\_\_\_\_\_\_\_\_][ and [\_\_\_\_\_\_\_\_\_\_]];
    5. The Surety has evaluated [Respondent’s][Lead Contractor’s][other entity’s] financial statements and capability, backlog and work-in-progress in determining its bonding capacity; [and]
    6. [Respondent][Lead Contractor][other entity] is capable of obtaining both a payment bond and a performance bond, each in an aggregate stated amount of $[\_\_\_] million3, as evidence of [Respondent’s][Lead Contractor’s][other entity’s] bonding capacity; [and]
    7. [[Name of Entity], a [type of entity], is capable of obtaining [both] [a payment bond] [and] [a performance bond], [each] in an amount of [$[\_\_\_] million][***for separate letters, input*** ***specific portion of $[\_\_\_] million amount***]/[$[\_\_\_] million][***for a single letter covering all members of the Respondent team***][, as evidence of [entity’s] bonding capacity.][***Delete if inapplicable***]4; and
    8. ***[insert if applicable]***[*certification regarding analysis of the factors surrounding any proposed or anticipated material changes in the financial condition of the entity on behalf of which this Certificate and Acknowledgment is given, identifying any special conditions that may be imposed before issuance of surety bonds for the Project*.]

WE ACKNOWLEDGE THAT GDOT has not yet determined the specific amount of payment and performance bonds that it will require for the Project and we are on notice that this Certificate and Acknowledgment Letter may require payment and performance bond amounts in excess of the $[\_\_\_] million amount referenced above.

Capitalized terms used but not defined herein shall have the meanings set **forth** in the RFQ.

IN WITNESS WHEREOF, the undersigned is the [\_\_\_\_\_\_\_\_\_\_]***[insert title]*** of the Surety, to which this Certificate and Acknowledgment relates, and has duly executed this Certificate and Acknowledgment as of the date first written above.

|  |  |
| --- | --- |
| By: | Print Name: |
| Title: |  |

1. 1 A “**Major**” subcontractor is a subcontractor that will perform a substantial part (anticipated at 10% or more) of the Design-Build services or will perform services that no other member of the proposed Design-Build Team can perform. [↑](#footnote-ref-2)
2. 1 Surety/Insurance company to adjust this form as necessary to identify the entity for which the certification is offered. [↑](#footnote-ref-3)
3. 2 Georgia DOT requires that the certifying surety is rated in one of the two top categories by at least two nationally-recognized rating agencies (Fitch Ratings, Moody’s Investor Service and Standard & Poor’s Ratings Group) or is rated at least A- or higher according to A.M. Best’s Financial Strength Rating and Financial Size.

   3 Same value as in **Section VI.B.7** (Performance Security; Insurance; Indemnity) of the RFQ.

   4 If the entity to obtain the bonds is a joint venture, partnership, limited liability company or other association, separate letters for one or more of the members of the Respondent team that are Lead Contractors are acceptable, use this certification. [↑](#footnote-ref-4)