

UNIVERSITY OF KENTUCKY
CONSTRUCTION PROCUREMENT

**CONTRACTOR/BIDDER
DETERMINATION OF RESPONSIBILITY**

1. Purpose

The Commonwealth of Kentucky Model Procurement Code (KRS 45A.080) requires that a contract be awarded to the lowest responsive and responsible bidder whose bid offers the best value. KRS 45A.070(6) defines "Responsible bidder or offeror "as" a person who has the capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance," and "Best value" as "a Procurement in which the decision is based on the primary objective of meeting the specific business requirements and best interests of the Commonwealth." The information requested in this document is to be used to evaluate the "responsibility" by verifying the apparent low bidder:

- (a) Has adequate financial resources (in working capital and bonding capacity) in relation to the scope and dollar amount of the project or the ability to secure such resources;
- (b) Has the experience, organization, technical qualification, available personnel resources, and has or can acquire the equipment necessary to perform the scope of work bid;
- (c) Is able to comply with the required performance schedule or completion date, taking into account existing commitments (i.e. capacity).
 - **Bidders that have not met schedule milestones, including but not limited to Substantial Completion and Final Completion dates on existing contracts with the University may be deemed non-responsible for award** until such time as the bidder has fulfilled their obligations on existing work.
 - The University reserves the right to contact individuals not provided by the bidder on reference projects.
- (d) Has a satisfactory record of performance, integrity, judgment, and skills to complete the scope(s) of work in the bid.

The information provided must verify that the bidding firm has a sufficient level of expertise, experience, financial stability, and personnel resources to qualify the firm as being "responsible" prior to proceeding with an award of Contract. The determination of the firm's capability and responsibility will be made as fairly and honestly as possible using a reasonable exercise of sound judgment and discretion in the review of information provided or otherwise secured through references or other sources.

2. Application Submittal

The low responsive Bidder must complete the information requested by typing or clearly printing responses in ink. All information requested must be provided. If a question does not apply, insert "NA" for not applicable. The University of Kentucky reserves the right to request supplemental information to fully determine the responsibility of the Bidder. As a condition of award the Bidder agrees to provide supplemental information, if requested by the University.

3. Insurance Requirements

The Successful Bidder will be required to provide proof of insurance indicating current liability coverages, including workers' compensation, with limits equal to or exceeding the amounts required by the bid documents. Additionally, builder's risk coverage equal to the Contract amount will be required of the successful contractor.

*NOTE: Pursuant to KRS 45A. 110, except as otherwise provided under the Open Records Act and any other applicable law, the Bidder has the right of nondisclosure to the public of certain information required by this submittal. If the Bidder wishes nondisclosure of certain information, they shall enclose the confidential information in a separate envelope marked CONFIDENTIAL and forward it with the information and other submittals required by this document. If this is not done, he/she waives the right of nondisclosure of this information and the signing of the Bid Proposal shall constitute a written waiver of that right.

Part I
Contractor/Bidder Responsibility
Determination Information Submittal

1. Name of Firm _____
 Street Address _____
 City, State, Zip _____
 County _____
 Business Phone (____) _____ Fax (____) _____

2. Mailing Address _____
 City, State, Zip _____
 Contact Person _____

3. Attach evidence of good standing with the Kentucky Secretary of State.
4. In the past five years, has the firm been fined for violating state or federal safety, wage & hour, or environmental laws? _____ Yes, _____ No If yes, attach an explanation.
5. Provide your firm's Experience Modification Rate (EMR) _____ attach evidence of this rate.

Firms that provide no EMR rate or whose rate is higher than 1.0 (truncated) may be deemed non-responsible for award due to safety concerns.

6. List key persons (partners, owners, officers, and directors). Include any other persons who have duties, responsibilities or authority typically delegated to partners, owners, officers, or directors. Provide an organization chart of the key individuals in the firm.

<u>Name of Person</u>	<u>Position/title</u>	<u>% Ownership (if > 5%)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Has any key person with the firm ever been convicted of any state or federal crime (excluding traffic violations), including but not limited to embezzlement, theft, bribery, falsification or destruction of records, receipt of stolen property, criminal anti-trust violations or bid-rigging?
 _____ Yes, _____ No If yes, attach an explanation.

8. Has a civil court issued a judgment of \$10,000 or more against the firm in the past five years?
 _____ Yes, _____ No If yes, attach an explanation.

9. In the past five years, has the firm been terminated from or failed to complete any contract?
_____ Yes, _____ No If yes, attach an explanation.

10. How many years has the firm been in business? _____ years _____ months

11. Performance and Payment Bonds

Surety Company Name _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax () _____

Local Bond Agency _____
Kentucky Licensed Agent _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax () _____

12. Current level of bonding capacity authorized by the surety.

Single Limit \$ _____ Aggregate Limit \$ _____
Bond Premium per \$1,000: _____

13. Bank Reference

Bank Name _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax () _____
Contact Person _____

NOTE: The apparent low bidder will be required to complete and submit to the University the following information by twelve (12) noon of the second working day following the bid opening or other time as may be established during the post bid review of the bid submittal. The information requested in this submittal is required for determining responsible bidder status.

PART II
Contractor/Bidder Responsibility
Determination Information Submittal

1. Name of Firm _____
Street Address _____
City, State, Zip _____
County _____
Business Phone () _____ Telefax () _____

2. Mailing Address _____
City, State, Zip _____

3. Contact Person _____

4. The information previously submitted under Part I of this document is current and accurate and no changes to Part I are necessary at this time. _____ True _____ False If False, the bidder shall submit with the Part II submittal corrections as required to update the Part I information.

5. In the space provided below, describe the type(s) of construction and project management expertise offered by your company to substantiate the company's experience in the type of project, type of construction, or the management of the type of construction required for this project. You should indicate a detailed plan to execute and manage this project, as well as any technological planning systems employed.

(use additional pages if needed)

6. List the name and title of the home office administrative project manager who will be assigned and responsible for this project. A current resume of this individual shall be attached to this submittal. The resume should include a list of projects for which this project manager has been responsible within the past five (5) years.

Name of Manager _____ Title _____

7. List the name and title of the on-site manager that will be assigned and responsible for this project. A current resume of this individual shall be attached to this submittal. This resume should include a list of projects for which this manager has been responsible within the past five (5) years.

Name of Project Manager _____ Title _____

8. Superintendent: provide a current resume of the superintendent identified on the Form of Proposal, who shall be assigned to this project as a condition of award. The resume should include a list of projects for which this superintendent has been responsible within the past five (5) years.

9. How many full-time, labor/trade employees does the firm currently have? _____

10. What percentage of the project has the firm committed to self-perform (your employees) in this bid?
_____ % (must agree with the Form of Proposal)

11. List below THREE of your most recently completed projects that demonstrate your ability to complete the type of work required by the project being bid.

A. Project Title _____ Owner _____

Contract Amount _____ Completion date _____

Owner Phone Number () _____ Fax () _____

Name of Owner Contact _____

Architect/Engineer _____ Phone No.() _____

Were you a Prime Contractor (directly contracted by the Owner) or a subcontractor? (Circle)

B. Project Title _____ Owner _____

Contract Amount _____ Completion date _____

Owner Phone Number () _____ Fax () _____

Name of Owner Contact _____

Architect/Engineer _____ Phone No.() _____

Were you a Prime Contractor (directly contracted by the Owner) or a subcontractor? (Circle)

C. Project Title _____ Owner _____

Contract Amount _____ Completion date _____

Owner Phone Number () _____ Fax () _____

Name of Owner Contact _____

Architect/Engineer _____ Phone No.() _____

Were you a Prime Contractor (directly contracted by the Owner) or a subcontractor? (Circle)

12. List below up to THREE projects that are currently under construction that demonstrate your ability to complete the type of work required by the project being bid.

D. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____
Are you a Prime Contractor (directly contracted by the Owner) or a subcontractor? (Circle)

E. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____
Are you a Prime Contractor (directly contracted by the Owner) or a subcontractor? (Circle)

F. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____
Are you a Prime Contractor (directly contracted by the Owner) or a subcontractor? (Circle)

13. Economic Inclusion Efforts

The University of Kentucky is committed to serving as an advocate for diverse businesses and Kentucky located businesses. Diverse Business Enterprises (DBE) consist of minority, women, disabled, veteran, and disabled veteran owned business firms that are at least fifty-one percent owned and operated by an individual(s) of the aforementioned categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled. To be deemed a Kentucky located Business a company must have a physical facility located in the Commonwealth of Kentucky that is engaged in on-going business operations.

The University is committed to increasing the amount of goods and services acquired from businesses owned and controlled by diverse persons to 10% of all procurement expenditures.

The University expects its suppliers to support and assist in this effort. The University is also dedicated to increasing the amount of goods and services acquired from Kentucky located companies to the greatest extent possible in support of our economic development efforts.

Provide in the spaces below those contracts that will be issued to DBE contractors and material suppliers upon award of a contract. Under "Contractor/Vendor Classification" use the above categories (e.g., MBE, WBE, VBE, SDVBE).

G. Name Subcontractor/Material Supplier _____

Contractor/Vendor Classification _____ Contract Amount _____

Contractor/ Supplier Address _____

Owner Phone Number (____) _____ email _____

Name of Owner Contact _____

Brief description of the Subcontractor/Material supplier work or responsibility on this project.

H. Name Subcontractor/Material Supplier _____

Contractor/Vendor Classification _____ Contract Amount _____

Contractor/ Supplier Address _____

Owner Phone Number (____) _____ email _____

Name of Owner Contact _____

Brief description of the Subcontractor/Material supplier work or responsibility on this project.

I. Name Subcontractor/Material Supplier _____
Contractor/Vendor Classification _____ Contract Amount _____
Contractor/ Supplier Address _____
Owner Phone Number (____) _____ email _____
Name of Owner Contact _____
Brief description of the Subcontractor/Material supplier work or responsibility on this project.

J. Name Subcontractor/Material Supplier _____
Contractor/Vendor Classification _____ Contract Amount _____
Contractor/ Supplier Address _____
Owner Phone Number (____) _____ email _____
Name of Owner Contact _____
Brief description of the Subcontractor/Material supplier work or responsibility on this project.

K. Name Subcontractor/Material Supplier _____
Contractor/Vendor Classification _____ Contract Amount _____
Contractor/ Supplier Address _____
Owner Phone Number (____) _____ email _____
Name of Owner Contact _____
Brief description of the Subcontractor/Material supplier work or responsibility on this project.

Attach additional pages as needed.

If the total dollar amount of these contracts do not exceed 10.9% for minority owned and 6.9% for women owned contractors and suppliers you must provide documentation of your good faith efforts to meet the established goal of participation.

List your firm's good faith efforts (phone calls, emails, posting on planrooms, trade websites, etc.) and attach documentation of these efforts).

Certification and Signature:

I hereby certify that I am an authorized principal of the firm and I:

1. Have read, and understand the reason for submitting this information;
2. Agree, upon request, to provide any additional information that may be necessary for determination of contractor responsibility;
3. Will, upon request, provide complete financial statements within five business days;
4. Swear or affirm that all information provided on this submittal is true;
5. Understand that if any of the responses are found to be materially untrue, the firm will be ineligible to be awarded a contract.

Your signature on this document is a sworn statement to the University of Kentucky. This document must be signed by the firm's CEO, president, vice-president, partner, or sole owner.

Under penalties of perjury, I hereby swear or affirm, warrant and represent that the above answers and information have been personally provided by me, and that I have the authority to execute this document on behalf of this firm.

Signature _____
Name _____
Title _____

State of _____)
County of _____)

Subscribed and sworn to before me on this _____ day of _____, 199____, by

_____, _____ acting for and on behalf of
(name) (office held)

(firm)

Notary Public _____, Kentucky
My Commission expires: _____