

UNIVERSITY OF KENTUCKY
CONSTRUCTION PROCUREMENT

**JOB ORDER CONTRACTOR
DETERMINATION OF RESPONSIBILITY**

1. Purpose

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 verify the "responsibility" of apparently successful offerors.

A Responsible Offeror:

- (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).
 - **Offerors 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.**
 - The University reserves the right to contact individuals not provided by the offeror 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

Apparently successful offerors 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 offerors. As a condition of award, offerors agree to provide supplemental information, if requested by the University.

3. Insurance Requirements

Successful offerors 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 RFP documents.

Job Order Contractor
Determination of Responsibility
Submittal
UK-2608-26

The apparently successful offeror(s) will be required to complete and submit to the University the following information as a condition of award. Failure to supply this information within the timeframe provided in the University's Notice of Intent to Award may result in the rejection of the offer.

1. Name of Firm _____
Headquarters Street Address _____
City, State, Zip _____
Local Mailing Address _____
City, State, Zip _____
Contact Person _____
Phone () _____
email address _____
Registered Agent _____
Mailing Address _____
City, State, Zip _____

2. Attach evidence of good standing with the Kentucky Secretary of State. If a sole proprietorship or general partnership, so state.

3. In the past five years, has the firm been fined for violating state or federal safety, wage & hour, or environmental laws?

_____ No _____ Yes If yes, attach an explanation.

4. Provide your firm's Experience Modification Rate (EMR). _____ Attach documentation of this rate.

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

5. Has any key person of the firm (including but not limited to: owners of more than 5%, partners, officers, directors, or any other person whose duties, responsibilities, or authority would cause a reasonable person to consider them a key person of the firm) ever been convicted of embezzlement, theft, bribery, falsification or destruction of records, receipt of stolen property, criminal anti-trust violations or bid-rigging?

_____ No _____ Yes If yes, attach an explanation.

6. Has a civil court issued a judgment of \$10,000 or more against the firm in the past five years?

_____ No _____ Yes If yes, attach an explanation.

7. In the past five years, has the firm been terminated from any contract for reasons other than convenience?

_____ No _____ Yes If yes, attach an explanation.

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

9. Surety Info:

Surety Company Name _____

Street Address _____

City, State, Zip _____

Phone Number () _____

Local Bond Agency _____

Kentucky Licensed Agent _____

Street Address _____

City, State, Zip _____

Phone Number () _____

10. Bonding Capacity:

Current level of bonding capacity authorized by the surety:

Single Limit \$ _____

Aggregate Limit \$ _____

Bond Premium per \$1,000: _____

11. Bank Reference

Bank Name _____

Street Address _____

City, State, Zip _____

Phone Number () _____

12. How many years has the firm been performing the services in this scope of work? _____

13. Project Manager: Provide the name of the project manager who will be assigned to 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.
The Project Manager identified below shall not be reassigned to other/additional projects without the prior written approval of the University. If the Project Manager ends employment with the Contractor, a replacement Project Manager with equal or greater experience as determined by the University will be provided at no additional cost or extension of project completion time.

Name: _____

Phone: (_____) _____

email address: _____

14. Superintendent: Provide the name of the superintendent who will be assigned to 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 superintendent has been responsible within the past five (5) years.
The superintendent identified below must be on site at all times that work is being performed without exception and shall not be reassigned to other/additional projects without the prior written approval of the University. If the superintendent ends employment with the Contractor, a replacement superintendent with equal or greater experience as determined by the University will be provided at no additional cost or extension of project completion time.

Name: _____

Phone: (_____) _____

email address: _____

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. Swear or affirm that all information provided on this submittal is true;
4. 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 _____, 20 __, by

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

_____. (firm)

Notary Public

_____, Kentucky My Commission
 expires: _____