

SECTION 00 45 17 – SUBCONTRACTOR PREQUALIFICATION

PART 1 - GENERAL

1.1 RELATED DOCUMENTS (Not Applicable)

1.2 SUMMARY (Not Applicable)

1.3 DEFINITIONS (Not Applicable)

1.4 SUBCONTRACTOR PREQUALIFICATION

A. FORM: University of Colorado Denver | Anschutz Medical Campus “Subcontractor’s Statement of Experience.”

B. A copy of the above noted document is attached to the end of this section.

1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 45 17



University of Colorado
Denver | Anschutz Medical Campus
Facilities Management

SUBCONTRACTOR'S STATEMENT OF EXPERIENCE

Project Name: _____

Project # _____

Project Manager: _____

Phone: _____

Email: _____

Architect/Engineer: _____

- This is a project specific qualification form. Subcontractor must fill this out on each project.

INDEX OF DOCUMENTS

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**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

INFORMATION FORM

STATEMENT OF _____
(Subcontractor)

ADDRESS _____
(Street or PO Box) (City) (State) (Zip)

TELEPHONE/FAX NO. _____
(telephone) (fax)

DATE OF EXPERIENCE STATEMENT _____

PRINCIPLE OWNER/OFFICER _____
(Names(s) and Official Title(s))

Please indicate below if your company qualifies as one of the following:

Minority Business Enterprise (MBE) YES ___ NO ___

Justification: _____

Woman-Owned Business Enterprise (WBE) YES ___ NO ___

Justification: _____

Small Business Enterprise (SBE) YES ___ NO ___

Justification: _____

Disadvantaged Business Enterprise (DBE) YES ___ NO ___

Justification: _____

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

TYPES OF WORK

- (1) If you are a General Contractor interested in bidding on all types of construction, mark "All Classes of Construction" only.
- (2) If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

| TYPES OF WORK | MARK WITH (X) |
|---------------------------------|---------------|
| 1. All Classes of Construction | |
| 2. General | |
| 3. Mechanical | |
| 4. Electrical | |
| 5. Excavating and Grading | |
| 6. Concrete | |
| 7. Structural Steel | |
| 8. Steel and Miscellaneous Iron | |
| 9. Painting and Decorating | |
| 10. Laboratory Equipment | |
| 11. Elevator Installation | |
| 12. Plumbing | |
| 13. Heating and Ventilating | |
| 14. Air Conditioning | |
| 15. Boiler and Equipment | |
| 16. Environmental (Describe) | |
| 17. Other (Describe) | |
| 18. Other (Describe) | |
| 19. Other (Describe) | |
| 20. Other (Describe) | |

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

IDENTIFICATION

(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LEGAL NAME _____

PRINCIPAL OFFICE _____
(Street or PO Box) (City) (State) (Zip)

____ A Corporation ____ A Copartnership ____ An Individual __ Combination

GENERAL INFORMATION

A. Are you licensed as a contractor? Yes () No ()

| Licensed in the name of | Location (City or State) | License No. & Type |
|----------------------------|-----------------------------|-----------------------|
|----------------------------|-----------------------------|-----------------------|

B. How many years has your organization been in business as a contractor under your present business name? _____

C. How many years experience in _____ construction work has your organization had? (Type)

(a) As a prime contractor? _____ (b) As a subcontractor?

D. Have you or your organization, or any officer or partner thereof, failed to complete a contract? _____

If so, give details _____

E. If you have a controlling interest in any firms presently qualified with the University, show names thereof:

F. We normally perform ____% of the work with our own forces.

List trades: _____

Where qualification is based on a combination of several organizations, show the experience and equipment of the combined organizations.

G. Has your firm been involved in any litigation in the past five (5) years? Yes () No ()
If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).

H. Are there any activities or interests of officers, principle stockholders, or employees of your firm or other factors which would place your firm and the University of Colorado Denver in a position of "Conflict of Interests"?

Yes () No () If yes, or in doubt, explain.

I. Has your firm ever been involved in any bankruptcy action as a bankrupt?

Yes () No () If yes, explain.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

PERSONNEL OF ORGANIZATION

1. Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years.

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

| Individual's Name | Present Position or Office in Your Organization | Years of Construction Experience | Magnitudes and Type of Work | In What Capacity |
|-------------------|---|----------------------------------|-----------------------------|------------------|
| | | | | |

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

PROJECT EXPERIENCE

Show the projects your organization has completed during the last five years in the following tabulation:

| Year Completed | Project | Type of Work (See Page 2) | Location | Contract Value | Contracting Authority | In what Capacity |
|----------------|---------|------------------------------|----------|----------------|-----------------------|------------------|
| | | | | | | |

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

WORK CURRENTLY UNDER CONTRACT

| Expected Completion Date | Project | Type of Work (See Page 1) | Location | Contract Value | Contracting Authority | Architect or Engineer |
|--------------------------|---------|---------------------------|----------|----------------|-----------------------|-----------------------|
| | | | | | | |

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

SURETIES

List the Surety Companies that have bonded your work for the past five (5) years:

| Name of Surety and Name and Address of Agent | Project and Location | Period of Bond From | Period of Bond To | General Comments |
|--|----------------------|---------------------|-------------------|------------------|
| | | | | |

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

CORPORATION / CO-PARTNERSHIP

CORPORATION:
(If a corporation, answer this:)

When Incorporated _____

In What State _____

President's Name _____

Vice President's Name _____

Secretary's Name _____

Treasurer's Name _____

CO-PARTNERSHIP:
(If a co-partnership, answer this:)

Date of Organization _____

State whether partnership is general, limited, or association

Name and address of each partner:

_____ (name) _____ (name)

_____ (address) _____ (address)

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH MEMBER OF SUCH COMBINATION.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

AFFIDAVIT FOR CORPORATION

_____ certifies and says: That he is
(Name of officer)

_____ of the _____ (Official capacity)

corporation submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submittor with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at _____, _____, State of _____
(date) (city) (county)

NOTE: Use full corporate name and
attach corporate seal here. _____
(Officer must sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

AFFIDAVIT FOR CO-PARTNERSHIP

_____ certifies and says: That he/she is a partner of
(Name of partner)

the partnership of _____ : That said partnership
(Name of Firm)

submitted this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent the condition of said firm in any substantial respect, it will refrain from further bidding on University work until they shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at _____, _____, State of _____
(date) (city) (county)

The foregoing statement and affidavit are hereby offered.

(Member of Firm must sign here)

(Title)

(Remaining members of Firm sign here) (Name of Firm)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
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AFFIDAVIT FOR INDIVIDUAL

_____ doing business _____
(Name of individual) (Name of Firm)

certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at _____, _____, State of _____
(date) (city) (county)

NOTE: Statement will be returned unless
affidavit is completed in EVERY respect. _____
(Applicant must sign here)

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

BIDDING INFORMATION

QUALIFICATION

The University of Colorado Denver will qualify or disqualify a Subcontractor on the basis of:

- (1) The information contained in this statement and
- (2) Past contract experience with the University.

NOTIFICATION

The University of Colorado Denver will, in writing, notify Contractors of their qualification or disqualification.