****

**SCHEDULE B – FORM OF SUBMISSION**

**RESPONDENT’S REQUEST FOR EXPRESSIONS OF INTEREST**

**AND**

**STATEMENTS OF QUALIFICATIONS**

**Type of Pre-Qualification: Construction Management Services**

This Request For Expressions of Interest and Statements of Qualifications (the “**RFEOI/SOQ**”) will enable the City of Surrey (the “**City**”) to determine your relevant experience, capacity, resources and financial capability for eligibility to submit a submission for **construction management services – City Centre Sports Complex (Phase-1 – Expansion to Chuck Bailey Recreation Centre).**

Materially incomplete RFEOI/SOQ submissions may be deemed to fail the qualification process. Respondents may supplement information requested with additional sheets if required. All information provided should be relevant to the prequalification.

**Project Title: Pre-Qualification For Construction Management Services For City Centre Sports Complex (Phase-I Expansion To Chuck Bailey Recreation Centre)**

**Reference No.: 1220-050-2021-006**

**Submitted To:**

City Representative: Richard D. Oppelt, Manager, Procurement Services

Email for PDF Files: purchasing@surrey.ca

|  |  |
| --- | --- |
| SECTION A. | GENERAL INFORMATION |

|  |  |
| --- | --- |
| 1. |  |
|  | Full Legal Name of Firm |
| 2. |  |
|  | Business Address |
| 3. | Phone No.: |  |  | Fax No.: |  |
| 4. | Email Address: |  |  | Website Address: |  |

5. Contact for prequalification inquiries (full name, position and email address):

6. Contact for general inquiries (full name, position and email address):

7. Membership of industry associations (please list):

|  |  |
| --- | --- |
| SECTION B. | COMPANY PROFILE |

8. How many years has your organization been in business as a contractor? \_\_\_\_\_\_\_\_\_\_\_\_

9. How many years has your organization been in business under its present business name? \_\_\_\_\_\_\_\_\_\_\_

10. Form of Business Organization

 Corporation \_\_\_\_\_\_\_\_\_\_\_\_\_ Partnership \_\_\_\_\_\_\_\_\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. If Corporation/Partnership, year incorporated/established: \_\_\_\_\_\_\_\_\_\_\_\_\_

12. If the Respondent is a company, the company name indicated above is registered with the Registrar of Companies in the Province of British Columbia, Canada, Incorporation Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| SECTION C. | FINANCIAL CAPACITY |

**Insurance Reference:**

13. Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Are you able to provide General Liability Insurance, on an occurrence basis, in the amount of not less than $5,000,000 (CAD) with an insurer licensed in British Columbia for bodily injury, (including death) and damage to property including loss of use thereof? ❒ Yes ❒ No

18. Are you able to provide Automobile Liability Insurance for a limit of not less than $3,000,000 (CAD) for all owned, leased or rented licensed vehicles used in the performance of Work and shall include third party liability? ❒Yes ❒ No

19. Are you able to provide All Risk Course of Construction (Builder’s Risk) Insurance for the value of the work performed and the full value of products specified by the City, if any, for incorporation into contract works? ❒ Yes ❒ No

20. Are you able to provide Contractor's Equipment Insurance covering at least the actual cash value of owned or leased construction machinery and equipment used in the performance of the Work and shall include a waiver of rights of subrogation against the Owner and the Consultant? ❒ Yes ❒ No

Note: Refer also to the City’s sample insurance certificate form available on the City's web site at [www.surrey.ca](http://www.surrey.ca) (search "Insurance Certificates") titled City of Surrey Certificate of Insurance Standard Form.

**Bonding Reference:**

21. Name of Bonding Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. Email of Surety Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Can your firm provide a Bid Bond? ❒ Yes ❒ No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_

27. Can your firm provide a Performance Bond? ❒ Yes ❒ No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_

28. Can your firm provide a Labour & Material Payment Bond? ❒ Yes ❒ No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_

29. Current Bonding In Effect: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Respondent should provide a letter from your Bonding company confirming Respondent’s bonding capability.*

**Annual Project Volumes:**

30. Annual value of construction management services work for the past five years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** |  |  | **Value (Labour, Equipment and Materials)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

31. Indicate the dollar volume of work for which you presently have contracts, but have not started or completed to date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| SECTION D. | EXPERIENCE, REPUTATION AND RESOURCES |

32. Respondents should provide a brief description of the Respondent’s current business, relevant experience and qualifications in delivering the Services similar to those required by this RFEOI/SOQ:

|  |
| --- |
|  |
| Comments: |

33. Key Personnel: Respondent’s should identify and provide the background and experience, for the key personnel that would perform the Respondent’s work, outlining their intended roles in meeting the requirements. If appropriate, also include a complete organization chart, identifying all roles and areas of responsibility.

 Preference may be given to a Respondent and proposed personnel that demonstrates knowledge and experience involving the successful design and construction, utilizing building information modelling with public community service centre projects, for example recreation and cultural centres, sports facilities, parks and outdoor plazas and major renovation and upgrade projects in operational facilities of comparable size, scope and complexity. Each Respondent should make clear in its Submission its relevant knowledge and experience, and that of its proposed key personnel. Without limiting the foregoing, each Respondent should provide copies of:

(a) brief resume identifying each individual’s qualifications and relevant professional experience and the number of years they have worked for the Respondent;

(b) specific projects worked on; and

(c) details of the training that will be provided to field personnel.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 34. Respondents should provide the following information on the background and experience of all preferred sub-contractors (including consultants and material suppliers) proposed to undertake a portion of the Services (use the spaces provided and/or attach additional pages, if necessary):

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION OF SUBCONTRACT SERVICES** | **PREFERRED SUB-CONTRACTORS AND MATERIAL SUPPLIERS NAMES** | **YEARS OF WORKING WITH RESPONDENT** | **TELEPHONE NUMBER AND EMAIL** |
|  |  |  |  |
|  |  |  |  |

Do you evaluate the ability of subcontractors to comply with applicable Health, Safety and Environment requirements as part of the selection process? [ ]  Yes [ ]  NoDo you include subcontractors in:* Audits? [ ]  Yes [ ]  No
* Health, Safety and Environment Meetings? [ ]  Yes [ ]  No
* Health, Safety and Environment Orientation? [ ]  Yes [ ]  No
* Inspections? [ ]  Yes [ ]  No
* Do your subcontractors have a written Health, Safety and Environment Management Program or System? [ ]  Yes [ ]  No
* Do you use Health, Safety and Environment performance criteria in the selection of subcontractors? [ ]  Yes [ ]  No

35. Respondents should provide details of your approach to selecting subcontractors, material suppliers addressing in particular your approach to achieve competitive pricing and excellent quality:

|  |
| --- |
|  |
| Comments: |

36. Management of consultants, subcontractors and material supplier(s). Respondent should provide details of the approach to the management of its consultants, subcontractors and material suppliers:

|  |
| --- |
|  |
| Comments: |

 |

37. Respondent should describe the availability of staff to work on this project including your capacity to undertake project, in terms of maximum available crew size (Estimated):

|  |
| --- |
|  |
| Comments: |

38. Key Construction Management Projects Completed. Respondent’s relevant construction management projects with design and construction and building information modelling of public community service centre projects, for example, recreation and cultural centres, sports facilities, parks and outdoor plazas and major renovation and upgrade projects in operational facilities completed in the past five years (Schedule B – Appendix A) (data sheet).

39. Comparable Construction Management Projects. Respondent’s relevant construction management projects with design and construction and building information modelling of public community service centre projects, for example, recreation and cultural centres, sports facilities, parks and outdoor plazas and major renovation and upgrade projects in operational facilities of comparable size, scope and complexity showing proven results (Schedule B – Appendix B) (data sheet).

40. Key Construction Management Projects Underway. Respondent’s relevant construction management projects with design and construction and building information modelling of public community service centre projects, for example, recreation and cultural centres, sports facilities, parks and outdoor plazas and major renovation and upgrade projects in operational facilities underway as of Submission Date – (Schedule B - Appendix C) (data sheet).

|  |  |
| --- | --- |
| SECTION E. | TECHNICAL CAPACITY |

41. Workers’ Compensation Board Information:

 Workers’ Compensation Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Letter of Good Standing attached: ❒ Yes ❒ No

42. Equipment and Materials:

 Do you maintain a list of the major equipment (e.g., cranes, forklifts) your company has available for work at this site, and the method of establishing the competencies to operate this equipment?

 [ ]  Yes [ ]  No. Respondent should provide a representative list of major equipment and size.

 Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with the regulatory requirements? [ ]  Yes [ ]  No

 Do you have a system for establishing the applicable Health, Safety and Environmental specifications for the acquisition of materials and equipment? [ ]  Yes [ ]  No

 Do you maintain operating equipment in compliance with the manufacturer’s and any local legislative requirements? [ ]  Yes [ ]  No

 Do you maintain the applicable inspection and maintenance certification records for operating equipment? [ ]  Yes [ ]  No

43. Quality Control Program: Respondents should provide a description of their quality control program; how it works, personnel who provide it, standards by which the effectiveness of the program can be measured, record of results on previous projects, etc.

|  |
| --- |
|  |
| Comments: |

44. Health and Safety: Utilization of Occupational Health and Safety (OH&S) – Respondents should provide evidence of a current program in place, a sample or example OH&S program with a general construction safety program for all workers.

 Do you have specific Health and Safety Training Program for supervisors? [ ]  Yes [ ]  No

 Have your employees received the required Health and Safety training and retraining?

 [ ]  Yes [ ]  No

[ ]  Corporate OH&S policy attached (please tick to confirm).

Has your company received any awards for health and safety performance achievement?

[ ]  Yes [ ]  No

If Yes, please list.

|  |
| --- |
| Comments: |

45. Utilization of Waste Management & Reduction Policy and Plan – Respondents should provide evidence of a system in place, a sample or example Waste Management & Reduction Plan.

❒ Corporate Waste Management & Reduction policy attached (please tick to confirm).

❒ Corporate Waste Management & Reduction Plan attached (please tick to confirm).

46. Utilization of Traffic Management – provide evidence of a system in place, a sample or example traffic management policy and appropriate procedures.

❒ Corporate Traffic Management policy attached (please tick to confirm).

❒ Corporate Traffic Management Plan attached (please tick to confirm).

47. Contracts:

(a) Has your firm or any predecessor firm defaulted on a contract or had work terminated for non-performance within the last five (5) years? [ ]  Yes [ ]  No If “Yes”, Respondent should briefly describe the project, owner, date and the circumstances/reason(s):

|  |
| --- |
| Comments: |

 (b) Respondent should identify projects where there were any outstanding deficiencies. List any contractor charge backs or liquidated damages assessed for failure to complete on time:

|  |
| --- |
| Comments: |

(c) Respondent should briefly describe any work that was rejected by an owner or that was not paid for or had to be removed and replaced.

|  |
| --- |
| Comments: |

(d) Respondent should briefly describe any work that conditionally accepted by an owner but with a contractor charge back or partial payment:

|  |
| --- |
| Comments: |

48. Scheduling:

|  |  |
| --- | --- |
| (a) Does your firm use the critical path method? | ❒ Yes ❒ No  |
| (b) Does your firm use computerized scheduling? |  ❒ Yes ❒ No |
| (c) If so, what software is used? |  |

|  |
| --- |
| Comments: |

49. Respondent should list the categories of work that your organization normally performs with its own forces.

|  |
| --- |
| Comments: |

50. Customer Service: Respondents should briefly describe your company’s standards and associated process with respect to response time regarding resolution of service issues. This includes but is not limited to technical support, warranty claims, non-conformance, and order placement issues.

|  |
| --- |
| Comments: |

51. Technical Support Service: Respondents should provide an overview of technical support services available from your company, such as product assessment, identification of specification changes, and troubleshooting problems.

|  |
| --- |
| Comments: |

52. What other information is not requested here but which you think the City should consider in evaluating your company?

|  |
| --- |
| Comments: |

**I/We confirm** that this Submission is accurate and true to best of my/our knowledge.

This Submission is submitted this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

I/We have the authority to bind the Respondent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Respondent ) (Name of Respondent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Authorized Signatory) (Signature of Authorized Signatory)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name and Position of Authorized (Print Name and Position of Authorized Signatory) Signatory)