#### **CONSTRUCTION SERVICES**

## ANNUAL QUALIFICATIONS APPLICATION

###### PLEASE PRINT OR TYPE ALL INFORMATION

If an item does not apply, Please insert “N/A” – not applicable.

Incomplete applications may be deemed non-responsive and returned without evaluation.

Please Note: As a public institution in the state of Michigan, the Eastern Michigan University is subject to provisions of the state's Freedom of Information Act (FOIA).

|  |  |
| --- | --- |
| \* BUSINESS NAME OF APPLICANT: |  |
| **\* Street, PO Box:** | **,**  |
| **\* CITY, \* STATE, \* ZIP:** | **,** **,**  |
| **\* TELEPHONE:** |  |
|  **FAX NUMBER:** |  |
| **COMPANY WEBSITE:** |  |
| **DUNS NUMBER:** |  |
| **\* APPLICANT MAIN CONTACT PERSON:** |  |
|  **MAIN CONTACT PERSON’S TITLE:** |  |
| **E-MAIL ADDRESS:** |  |
| **SECONDARY CONTACT PERSON:** |  |
| **SECONDARY CONTACT PERSON EMAIL:** |  |
|  |  |

return to: Eastern Michigan University

 Purchasing Department

 Attn: Travis Temeyer

 204 Pierce Hall

 Ypsilanti, MI 48197

 Phone: (734) 487-1200

 Fax: (734) 487-4191

 **Please return form with completed W-9**

**1. BUSINESS ORGANIZATION**

 (Check all that apply)

[ ]  Corporation:

State of Incorporation:       Year:

[ ]  Subsidiary / Division of:

 Headquarters Address:

 City, State, Zip:

 DUNS Number:

[ ]  Parent to:

 List Subsidiaries &

 Divisions

[ ]  Partnership

 [ ]  General [ ]  Limited

 State & County where filed:

 Date of Organization:

[ ]  Joint Venture

 Date of Organization:

Attach a copy of the Joint Venture Agreement and corporate minutes authorizing a joint venture.

Individual members of Joint Ventures must be pre-qualified. Submit a separate application for each member that is not currently on file at the University.

[ ]  Individual Proprietorship

 Date of Organization:

Years your organization has been in business as a Contractor

Years your organization has been in business under its present name

List other or former names under which your organization has operated:

List key officers in your organization:

Name Title

**2. LICENSING INFORMATION**

Company registration/license numbers, locations and the trade categories to which they apply.

**3. CLASSIFICATION**

\* Type of Business: (**check only ONE**)

[ ]  A Small Business [ ]  S Labor Surplus Area – Large Business

[ ]  B Large Business [ ]  H Non-Profit Organization

[ ]  E Labor Surplus Area – Small Business [ ]  I Foreign-Based

If you have any questions regarding your size classification (Large or Small Business), contact your local office of the Small Business Administration or check their website at http://www.sba.gov/size/.

Ownership: (at least 51%)

[ ]  F Women-Owned (WBE)

[ ]  J Handicapped / ADA (DBE)

[ ]  C Minority/Disadvantaged (MBE)

[ ]  African American

[ ]  Puerto Rican

[ ]  Native American (includes Indians, Aleut & Native Hawaiian)

[ ]  Hispanic American

[ ]  Asian/Indian American (includes India, Pakistan, and Bangladesh)

[ ]  Asian/Pacific American (includes Asia, Pacific Islands, etc.)

Diversity Certification: (attach copy of certification letter)

[ ]  MMBDC (Michigan Minority Business Development Council)

[ ]  NAWBO (National Association of Women Business Owners)

[ ]  MWBC (Michigan Women’s Business Council)

[ ]  Other:

The classification information and data requested in this section regarding minority and women ownership and/or certification as a minority or women owned business are for information/reporting purposes only. Eastern Michigan University does not discriminate against or grant preferential treatment to any individual, group, or bidder on the basis of race, sex, color, ethnicity or national origin.

**4. EXPERIENCE**

\* For the past five years, what percentage of your firm’s revenues were generated by performing the following disciplines: (Please provide information for at least one of the disciplines)

 Yr. Yr. Yr. Yr. Yr.

[ ]  General Contractor      %      %      %      %      %

[ ]  Construction Manager      %      %      %      %      %

[ ]  Design / Builder      %      %      %      %      %

[ ]  Primary Sub      %      %      %      %      %

Provide a list of major construction projects your firm has in progress or has completed in the past five years. Include the name of project, owner, owner’s contact & phone, architect, contract amount, percent complete, (scheduled) completion date and percentage of the cost of the work performed with your own forces.

\* Total number of full time Personnel: #

 Executive Management: #      Engineering: #

 Administration & Support: #      Production: #

 Field Management: #      Self Performing Field Laborers: #

In the last 5 years, what percentage of your total workload was for the following:

Higher Education      % Higher Education Subcategories (total to 100%):

K-12      % Hospital/Healthcare      % Sports Facility      %

Commercial      % Science/Research      % Food Service      %

Residential      % Classroom      % Support Facility      %

Industrial      % Office      % Parking Structure      %

 Health/Research      % Performing Arts      % Apartment      %

 Municipal      %

 Total: 100 % Library      %            %

 Residence Hall      %            %

Personnel Experience. Identify those in your Firm who would be responsible for our account and submit copies of their licenses, registrations or certifications. Please provide resumes of key personnel assigned to the EMU account and a corporate organization chart detailing specifically those personnel assigned to EMU. Assigned staff should have higher education/science/research/hospital building and green building project experience.

Indicate on your organization chart if proposed personnel are based in Michigan or out-of-state.**\* What category of work does your company perform as the primary service? (Self-Performed)**: (Check all that apply. At least one of the categories and sub categories should be checked.)

[ ]  Site Work

 [ ]  Earthwork

 [ ]  Hauling

 [ ]  Fencing

 [ ]  Landscaping

 [ ]  U/G Utilities & Sewer

 [ ]  Asphalt Paving

 [ ]  Concrete Paving

 [ ]  Demolition

[ ]  Concrete

 [ ]  Foundations

 [ ]  Curbs, Gutters & Sidewalks

 [ ]  Cast-in-place

 [ ]  Pre-cast

 [ ]  Flatwork

 [ ]

 [ ]  Carpentry

 [ ]  Framing / Rough

 [ ]  Finish

 [ ]  Cabinetry / Casework

 [ ]  Architectural Woodwork

 [ ]  Drywall

 [ ]

 [ ]  Finishes

 [ ]  Acoustical Treatment

 [ ]  Painting & Wall covering

 [ ]  Flooring – Tile & Terrazzo

 [ ]  Flooring – Marble & Granite

 [ ]  Flooring – Carpet & Vinyl

 [ ]  Doors

 [ ]  Windows, Glass, Glazing

 [ ]

[ ]  Electrical

 [ ]  Controls

 [ ]  Substations

 [ ]  Security Systems

 [ ]  Fire Alarm

 [ ]  Communications Systems

 [ ]  A / V Systems

 [ ]  High Voltage

 [ ]

[ ]  Masonry

 [ ]  Brick / Block

 [ ]  Stone

 [ ]  Restoration

 [ ]  Cleaning

 [ ]

[ ]  Mechanical

 [ ]  Plumbing & Piping

 [ ]  HVAC

 [ ]  Sheet Metal

 [ ]  Fire Protection

 [ ]

[ ]  Environmental

 [ ]  Asbestos Abatement

 [ ]  Lead Abatement

 [ ]  Hazardous Spill Clean up

 [ ]  U/G Storage Tank Removal

 [ ]  Soil Remediation

 [ ]

 [ ]  Metal / Structural Steel

 [ ]  Structural Steel Fabricator

 [ ]  Structural Steel Erector

 [ ]  Metal Decking

 [ ]  Miscellaneous Metal

 [ ]

 [ ]  Roofing

 [ ]  Built-up Roofing Systems

 [ ]  Single Ply Roofing Systems

 [ ]  Shingled Roofs

 [ ]  Slate Roofs

 [ ]  Standing Seam Metal Roofs

 [ ]

 [ ]  Building Equipment

 [ ]  Boilers

 [ ]  Food Service Equipment

 [ ]  Elevators

 [ ]

 [ ]  Specialty:

 [ ]

 [ ]

**\* What category of work does your company perform as secondary services? (Self-Performed)**: (Check all that apply. At least one of the categories and sub categories should be checked.)

[ ]  Site Work

 [ ]  Earthwork

 [ ]  Hauling

 [ ]  Fencing

 [ ]  Landscaping

 [ ]  U/G Utilities & Sewer

 [ ]  Asphalt Paving

 [ ]  Concrete Paving

 [ ]  Demolition

[ ]  Concrete

 [ ]  Foundations

 [ ]  Curbs, Gutters & Sidewalks

 [ ]  Cast-in-place

 [ ]  Pre-cast

 [ ]  Flatwork

 [ ]

 [ ]  Carpentry

 [ ]  Framing / Rough

 [ ]  Finish

 [ ]  Cabinetry / Casework

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 [ ]

[ ]  Electrical

 [ ]  Controls

 [ ]  Substations

 [ ]  Security Systems

 [ ]  Fire Alarm

 [ ]  Communications Systems

 [ ]  A / V Systems

 [ ]  High Voltage

 [ ]

[ ]  Masonry

 [ ]  Brick / Block

 [ ]  Stone

 [ ]  Restoration

 [ ]  Cleaning

 [ ]

[ ]  Mechanical

 [ ]  Plumbing & Piping

 [ ]  HVAC

 [ ]  Sheet Metal

 [ ]  Fire Protection

 [ ]

[ ]  Environmental

 [ ]  Asbestos Abatement

 [ ]  Lead Abatement

 [ ]  Hazardous Spill Clean up

 [ ]  U/G Storage Tank Removal

 [ ]  Soil Remediation

 [ ]

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 [ ]  Roofing

 [ ]  Built-up Roofing Systems

 [ ]  Single Ply Roofing Systems

 [ ]  Shingled Roofs

 [ ]  Slate Roofs

 [ ]  Standing Seam Metal Roofs

 [ ]

 [ ]  Building Equipment

 [ ]  Boilers

 [ ]  Food Service Equipment

 [ ]  Elevators

 [ ]

 [ ]  Specialty:

 [ ]

 [ ]

**5. REFERENCES**

Trade References:

Name:

Address:

Phone:

Bank References:

Name:

Address

Phone:

**6. INSURANCE**

Liability:

 Limits your firm is able to obtain:

 \* General Liability: $      per occurrence \* $      aggregate

 Automobile Liability: $

 Name of agent:       Phone:

 Address:       Contact:

**7. FINANCIAL INFORMATION**

Surety:

 Name of bonding company:       Rating:

 Name of agent:       Phone:

 Address:       Contact:

 \* Your firm’s single bond capacity: $      Aggregate bond capacity: $

State total worth of work currently in progress and under contract: $

What size jobs would your firm prefer to bid? \* Minimum $      \* Maximum $

State annual amount of construction work performed during the past five years:

 Year:

\* Amount: $      $      $      $      $

Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

\* Has your organization ever defaulted on a contract? [ ]  Yes [ ]  No

\* Are there any judgments, claims, arbitration proceedings or suits

pending or outstanding against your organization or its officers? [ ]  Yes [ ]  No

\* Has your organization filed any lawsuits or claims with regard to

construction contracts within the last five years? [ ]  Yes [ ]  No

8. SAFETY PROGRAM

Name of Contractor’s Safety Director/Representative:

Representative’s Phone Number:

Does Contractor have a Formal Written Safety Program?: [ ]  Yes [ ]  No

 (If the answer is no, please explain how safety is taught, promoted and enforced by your company):

Submit a copy of the Table of Contents from your written safety program

Does your Safety Program include: (*attach explanations for each item checked “No”*)

A safety, health, and accident prevention program? **[ ]**  Yes **[ ]**  No

A program to ensure safety & health issues are preplanned

into each project and work operation? **[ ]**  Yes **[ ]**  No

A Hazard Communication Program? **[ ]**  Yes **[ ]**  No

An Accident/Incident investigation procedure? **[ ]**  Yes **[ ]**  No

A Safety & Health training program? **[ ]**  Yes **[ ]**  No

New employee/project orientation? **[ ]**  Yes **[ ]**  No

Weekly toolbox meetings? **[ ]**  Yes **[ ]**  No

Daily job briefings? **[ ]**  Yes **[ ]**  No

Supervisor safety training? **[ ]**  Yes **[ ]**  No

Task specific training? **[ ]**  Yes **[ ]**  No

OSHA required training? **[ ]**  Yes **[ ]**  No

Training repeated at regular intervals for all workers? **[ ]**  Yes **[ ]**  No

Does your company ensure that any subcontractors you use

will have safety, health, and accident prevention program

equivalent to yours? **[ ]**  Yes **[ ]**  No

Provide a list of safety and/or health training courses to which you have subscribed, the number of employees who have received training in each course, and the name of the company that conducted the training. If a particular training topic is repeated at certain intervals, indicate the frequency of training of that topic.

List all Eastern Michigan University projects you have performed in the last five years. Provide the Building Name, Project Number, Contract Type, if applicable, and the University Project Manager. (Submit additional sheets, if necessary)

Provide resumes of your designated site safety officers listing all education, training and experience for each.

For the past three years, please provide copies of all alleged violations, associated penalties and documentation of corrective action taken for your worksites as a result of inspections conducted by Michigan Occupational Safety & Health (MIOSHA) Division, U. S. Department of Labor – OSHA, other applicable occupational health and safety agencies, and any environmental agencies (e.g., US Environmental Protection Agency, Michigan Department of Environmental Quality, etc.).

**SAFETY INFORMATION MATRIX**

Complete the Safety Information Matrix on this page for the last three (3) ***full*** years using the Loss Run reports from your insurance carrier and your OSHA 200's and/or OSHA 300’s:

Year:

Interstate EMR:

State EMR:

Recordable Incidents:\*

Recordable Incident Rate:\*\*

Lost & Restricted Workday Injuries:\*

Lost Work Day Injuries:\*

Lost Work Days:\*

Lost-Time Incident Rate:\*\*\*

Fatalities:

Hours Worked:

 \*Report figures as they appear on OSHA forms

 \*\*Recordable Incident Rate = # Total Recordable Injuries X 200,000

 Total Hours Worked

 \*\*\*Lost-Time Incident Rate = # of Lost Time Incidents X 200,000

 Total Hours Worked

An explanation with corrective action plans must be enclosed for all current EMR's over 1.0 along with copies of your Loss Run reports/OSHA 200's for the past three years.

Insurance premium eligible for Experience Modification Rating: **[ ]**  Yes **[ ]**  No

Self Insured: **[ ]**  Yes **[ ]**  No Government Insured: **[ ]**  Yes **[ ]**  No

Submit copy of EMR information on your insurance carrier’s letterhead.

**9. AFFIRMATIVE ACTION**

\* Does your firm have an Affirmative Action Program? **[ ]**  Yes **[ ]**  No

If yes, provide a copy of the Table of Contents from your firm’s program/statement.

**10. QUALITY ASSURANCE**

Provide a copy of your firm’s Quality Policy Statement and Table of Contents from your Quality Manual.

If certified (ISO, Q1, etc.), provide a copy of your firm’s quality certification document(s).

Provide a copy of your most recent Customer Satisfaction Survey produced from the program.

Does your firm have a Quality Assurance Program? **[ ]**  Yes **[ ]**  No

**11. SIGNATURE**

Dated this    day of   , 20  .

Name of Organization:

By:

 Signature

Title:

     , being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this       day of      , 20     .

Notary Public:

My Commission Expires:

**ATTACHMENT CHECKLIST (***Check N/A if item is not applicable or not available)*

[ ]  Joint Venture Agreement (Sect. 1) [ ]  MIOSHA, OSHA, EPA, etc. reports (Sect. 8)

 **[ ]** N/A **[ ]** N/A

[ ]  Diversity Certification (Sect. 3) [ ]  EMR Corrective Action Plans & Loss Run

 Reports (Sect. 8)

 **[ ]** N/A [ ]  N/A

[ ]  Project List (Sect. 4) [ ]  EMR Letter (Sect. 8)

[ ]  RFQ Appendix 1- Summary of Construction

 Manager Qualifications (Sect. 4)

[ ] Personnel Experience (Sect. 4) [ ]  Affirmative Action Statement

 Table of Contents (Sect. 9)

**[ ]**  Claims and Suits (Sect. 7) [ ]  Quality Policy Statement (Sect. 10)

 **[ ]**  N/A [ ]  Quality Policy Table of Contents (Sect. 10)

[ ]  Written Safety Program Table of Contents [ ]  N/A

 (Sect. 8)

[ ]  “No” Explanations / Safety Program (Sect. 8) [ ]  Quality Certification (Sect. 10)

 **[ ]** N/A [ ]  N/A

[ ]  Training Courses List (Sect. 8) [ ]  Customer Satisfaction Survey (Sect. 10)

[ ]  Safety Officer Resumes (Sect. 8) [ ]  N/A