



SYRACUSE DIVISION BUNDLED BRIDGES

DESIGN-BUILD PROJECT

TAS 17-37B, CONTRACT NO. D800001

REQUEST FOR QUALIFICATIONS

APPENDIX C

SOQ FORMS

(Editable Version)

Date: April 10, 2017

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APPENDIX C

FORMS

<u>Form AOR</u>	Acknowledgement of Receipt
<u>Form B</u>	Backlog Information
<u>Form E-1</u>	Project Descriptions
<u>Form PP</u>	Past Performance
<u>Form L-1</u>	Proposer's Organization Information
<u>Form L-3</u>	Authorization to Provide Professional Services in New York State
<u>Form MWBE/DBE</u>	Record of Diversity Enterprises Program Experience
<u>Form S</u>	Safety Questionnaire
<u>Form R</u>	Summary of Individual's Experience
<u>Form TA-W2111-9</u>	Certificate of Compliance with the Authority/Corporation Guidelines Regarding Permissible Contacts During a Procurement and the Prohibition of Inappropriate Lobbying Influence.
<u>Form TA-W3053-9</u>	Disclosure of Prior Non-Responsibility Determinations
<u>VRQ</u>	State of New York Vendor Responsibility Questionnaire. (Available on the Office of the State Comptroller's Web site: http://www.osc.state.ny.us/vendrep/forms_vendor.htm). Only the Contractor should submit the Construction (CCA-2) form. All other firms should submit the standard For-Profit VRQ.

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FORM AOR

**ACKNOWLEDGMENT OF RECEIPT OF
RFQ, ADDENDA AND RESPONSES TO QUESTIONS**

(to be attached to SOQ cover letter)

NAME OF PROPOSER

We hereby acknowledge receipt of Syracuse Division Bundled Bridges RFQ, dated Date: April 10, 2017 and subsequent responses to questions and Addenda issued by the Authority, as listed below.

Add additional lines in tables below, if needed.

Addendum number:	Date issued by Authority:

Responses to questions number:	Date issued by Authority:

SIGNED	
DATE	
NAME (printed or typed)	
TITLE	

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FORM B

BACKLOG INFORMATION

Insert more rows if needed.

Form B Table 1 CONTRACTS IN FORCE						
NAME OF PROPOSER						
Proposer Entity	Name of firm	Number of contracts in force	Total contract value (US\$ millions)	Value of work remaining by year (US \$ millions)		
				2017	2018	2019
CONTRACTORS						
DESIGNERS						
CONSTRUCTION INSPECTION PROFESSIONAL ENGINEERING FIRM						
MATERIAL TESTING FIRM OR LABORATORY						

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Insert more rows if needed.

Form B Table 2 OUTSTANDING PROPOSALS and BIDS			
NAME OF PROPOSER			
Proposer Entity	Name of firm	Number of proposals / bids outstanding	Total potential value (US\$ millions)
CONTRACTORS			
DESIGNERS			

FORM E - 1
PROJECT DESCRIPTION

Complete a copy of Form E-1 for each past project, as explained in the General Instructions. Do not alter the Form, other than typing in text. Fields may be expanded to accommodate additional text, as long as completed Form is no more than two (2) pages in length. Do not include photographs or web links. NYSTA reserves the right to contact any Owner to verify the information provided.

PROPOSER					
Name of firm					
Role of firm	Contractor:		Designer:		
	Construction Inspection Engineering Firm:		Material Testing Firm or Laboratory:		
Experience (years)	Roads/Streets:		Bridges:		Utility Relocations:
DESCRIPTION OF PAST PROJECT					
Name of project					
Location					
Brief description					
Nature of work for which firm was responsible					
Past project aspects/ similarities to the Project in this RFQ					
List any awards or citations received					
Owner details (Department, Agency, Authority, etc.)	Owner Name				
	Address				
	Contact name				
	Telephone and e-mail				
	Contract Reference #				
Contract Award Date		Final Contract Value (US\$):			

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Indicate if the Project involves one or more of the following situations, if any:

- A Design-Build Project
- Construction experience for a replacement bridge structure
- Design experience for a replacement bridge structure
- Construction experience in bridge rehabilitation
- Design experience in bridge rehabilitation
- Construction experience for highway construction
- Design experience for highway construction
- Experience in the design of highway interchanges
- Design-Bid-Build Project with Best Value selection

FORM PP

PAST PERFORMANCE

PROPOSER			
Name of firm			
DESCRIPTION OF PAST PROJECT			
Name of project from FORM E-1			
Contract Value as Bid: (US\$)		Final Contract Value (US\$):	
% of total work done by Firm:		Commencement date:	
Planned completion date as Bid:		Actual completion date:	
Disciplinary actions taken against?		Any dispute proceedings?	
Termination for cause or default?		Any Litigation and arbitration proceedings? (yes or no)	
Claim Amount (US\$)			
Liquidated Damages >\$25k #		Total (US\$)	
Key Personnel Change Assessment Fee #		Total (US\$)	

NARRATIVE

1) Self-Assessment:

2) Explanations:

Use the space below to explain any or all of the following situations if they occurred on the project (Form PP may be up to two pages in length per project if necessary):

- a. Final Contract Value or Expected Contract Value exceeds the Contract Value as Bid. Describe the reason(s) why the project costs were over budget.
- b. Justification of why the project is/was behind schedule.
- c. Amount of Claims is greater than \$0. Detail the number and amount of each claim.
- d. Litigation. Describe background behind litigation, current status, etc., and arbitration proceedings.
- e. Amount of Liquidated Damages greater than \$25,000. Detail the number of issues and amount of Liquidated Damages for each issue.
- f. Termination for cause or default.
- g. Disciplinary action.
- h. Key Personnel Change Assessment Fee – Detail the number of fees assessed and the total value assessed to date.

2 a) Additional Details

See section 4.4.2.7 of the General Instructions for additional details required.

FORM L - 1

PROPOSER'S ORGANIZATION INFORMATION

Under the category "Other", supply names of subcontractors who will provide services other than Construction, Design, Construction Inspection, or Materials Testing, and indicate the specific service the subcontractor will provide. Add additional lines if necessary.

NAME OF PROPOSER				
Main office and contact details of Proposer				
Main office address:		Contact name		
		Title		
		Telephone No.		
		Email		
Local or regional contact details of Proposer (if different from above)				
Local/regional office address:		Contact name		
		Title		
		Telephone No.		
		Email		
NAME(S) OF PROPOSER ENTITY(IES) Insert more rows below if needed				
Proposer Entity	Name of firm	Address / Telephone / Fax	State of Incorporation	Firm's % equity share
CONSTRUCTORS				
DESIGNERS				

FORM L - 1

PROPOSER'S ORGANIZATION INFORMATION

Proposer Entity	Name of firm	Address / Telephone / Fax	State of Incorporation	Firm's % equity share
CONSTRUCTION INSPECTION PROFESSIONAL ENGINEERING FIRM				
MATERIAL TESTING FIRM OR LABORATORY				
OTHER ()				
OTHER ()				

FORM L - 3

AUTHORIZATION TO PROVIDE PROFESSIONAL SERVICES IN NEW YORK STATE

NAME OF PROPOSER			
NAME OF FIRM PROVIDING DESIGN AND/OR ENGINEERING SERVICES			
EITHER (1) Copy of current Certificate of Authorization to provide Engineering Services issued by the New York State Education Department is attached.	Yes (copy attached)	No (Item (2) applies)	
OR (2) Documentation is attached to this Form L-3 demonstrating the ability to obtain Certificate of Authorization to provide Engineering Services from the New York State Education Department in accordance with the New York State Education Law, Title VIII, Articles 130, 145, 147 and 148.	Yes, documentation attached and further details are given below		
If (2) applies, give details of attached documentation demonstrating ability to obtain the relevant certification / license: (Add additional lines if required.)			

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FORM MWBE/DBE
RECORD OF DIVERSITY ENTERPRISES PROGRAM EXPERIENCE

By completing the following tables, describe your firm's/team's experience in making good faith efforts to meet or exceed either contract goals concerning the use of New York State certified MWBE Enterprises, federally certified DBE Enterprises or minority-owned/women owned certified businesses by other states pursuant to statutes similar to New York State Executive Law, Article 15-A ("Diversity Enterprises") for past projects. The Design-Builder's past Diversity Enterprises experience will be evaluated based on a demonstrated record of compliance with Diversity Enterprises regulations for past contracts. Describe your firm's experience in promoting opportunities for Diversity Enterprises by completing Tables 1-5. This information should include:

- Demonstrated good faith efforts in having met or exceeded Diversity Enterprises participation goals on past contracts, preferably of similar scope.
- Demonstrated success in conducting outreach efforts/events including collaborating with local resources to allow for increased participation of small businesses including Diversity Enterprises.
- Documented system of tracking and reporting good faith efforts to solicit Diversity Enterprises proactively and ensure opportunities are communicated effectively.
- Experience coordinating and or facilitating training or mentor-protégé programs for subcontractors including Diversity Enterprises.
- Demonstrated experience utilizing a broad spectrum of Diversity Enterprises for work items and as material suppliers in operations that traditionally have been self-performed by contractors.
- A satisfactory record of integrity and business ethics as it relates in administering Diversity Enterprises program regulations.

A copy of this Form MWBE/DBE shall be completed for each Principal Participant, Constructor, Designer and Construction Inspection Professional Engineering Firm of the contract. The term "firm" includes any Affiliate including parent companies and subsidiary companies.

NAME OF PROPOSER			
NAME OF FIRM			
ROLE OF FIRM	Principal Participant:		Designer:
	Construction Inspection:		Constructor:
	Other (describe):		

Form MWBE/DBE - Table 1 RECORD OF DIVERSITY ENTERPRISES OUTREACH
Briefly provide examples of outreach efforts or events that your firm organized/developed which were used to expand the pool of available and interested Diversity Enterprises to work on contracts under your direction. Outreach examples should relate to specific highway/bridge contracts which have occurred during the most recent 5 years.

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Form MWBE/DBE - Table 2 RECORD OF DIVERSITY ENTERPRISES SOLICITATION

Briefly provide examples of effective techniques used by your firm to creatively and proactively solicit Diversity Enterprises for specific contracts under your direction. Solicitation examples should relate to highway/bridge projects which have occurred during the most recent 5 years. Include types and frequency of solicitations as well as your follow-up procedures and response expectations.

Form MWBE/DBE - Table 3 RECORD OF DIVERSITY ENTERPRISES PRACTICES

1) Describe your firm's practice of what constitutes an acceptable proposal from a Diversity Enterprises. Include specific attributes of Diversity Enterprise firms that you evaluate.

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2) Describe your firm's approach on which work items are identified to be performed by Diversity Enterprises. Provide examples of non-traditional approaches used to find work items for Diversity Enterprises on highway/bridge projects within the most recent 5 years.

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3) Describe your firm's experience in promoting opportunities for Diversity Enterprises through good faith efforts on contracts of similar complexity, within the most recent 5 years.

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4) Explain your firm's past experience of subcontracting a portion of the "primary work operations" to Diversity Enterprises that your firm would normally perform with your own workforce, within the most recent 5 years.

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New York State Thruway Authority

Form MWBE/DBE - Table 4 RECORD OF MEETING DIVERSITY ENTERPRISES CONTRACT GOALS

Provide the information requested below for all federally funded projects completed within the most recent 5 years where the firm was the prime contractor or prime consultant. Insert more rows below if needed. For every contract where the Diversity Enterprises contract goal was not achieved, attach a one page explanation. Other comments may be provided on this page below this table.

Contract Name & Contract Number	Diversity Enterprises contract goal (%)	Diversity Enterprises commit. at Award (%)	Current or Final Attainment (%) (see Note 1)	Good Faith Effort used? (see Note 2)	Customer Contact Information (Name/ Telephone / Email)

1. Attainment as of date of SOQ submittal.
2. The Good Faith Effort column is to indicate whether or not demonstrated, adequate Good Faith Efforts were made and accepted by the Authority.

Form MWBE/DBE - Table 5 RECORD OF DIVERSITY ENTERPRISES PROGRAM INTEGRITY

List all convictions, charges and/or investigations related to allegations of Diversity Enterprises fraud which have been brought against your firm or any subsidiary within the most recent 5 years. For each item listed, describe the precise reasons and circumstances which led to the charges, the outcome (if completed) and your explanation of why this happened and what your firm has done to prevent the situation from occurring again.

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FORM S

SAFETY QUESTIONNAIRE

Form S Table 1 shall be completed by the Proposer for the Key Personnel indicated.

Form S Table 2, Items 1-8 must be completed for the Constructor(s), Construction Inspection Firm(s) and the Materials Testing Firm(s) as listed in the SOQ. Forms S, Table 2, Items 9 and 10, shall be completed for the Design Firm(s).

Form S Table 1 SAFETY QUESTIONNAIRE FOR PROPOSER						
NAME OF PROPOSER						
To be completed by the Proposer. Indicate the safety record on the most recent project to which the indicated Key Personnel were assigned.						
KEY PERSONNEL	NAME OF MOST RECENT PROJECT	Total hours by all employees on that project (hours)	Number of lost workday cases on that project (number)	Number of restricted workday cases on that project (number)	Number of cases with medical attention only, on that project (number)	Number of fatalities on that project (number)
Project Manager						
Resident Engineer						

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Form S Table 2 SAFETY QUESTIONNAIRE FOR EACH FIRM

NAME OF PROPOSER

NAME OF FIRM

ITEM 1

Provide the following information for the past 3 years:

2014

2015

2016

Total number of employee hours worked (hours)
Do not include non-work time, even though paid.

Number of lost workday cases (number)

Number of restricted workday cases (number)

Number of cases with medical attention only (number)

Number of fatalities (number)

ITEM 2

(Insert additional rows if needed)

Are internal accident reports and report summaries sent to management?

To what levels of management are accident reports/summaries sent, and how frequently?

Management level

Sent?

If yes, frequency sent:

NO

YES

Monthly

Quarterly

Annually

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Form S Table 2 SAFETY QUESTIONNAIRE FOR EACH FIRM							
NAME OF PROPOSER							
NAME OF FIRM							
ITEM 3							
Do you hold site meetings for supervisors?				YES:		NO:	
How often do you hold site meetings for supervisors?							
Weekly:		Twice a month:		Monthly:		Other (specify):	
ITEM 4							
Do you conduct Project Safety Inspections?				YES:		NO:	
How often do you conduct Project Safety Inspections?							
Weekly:		Twice a month:		Monthly:		Other (specify):	
ITEM 5							
Does the firm have a Written Safety Program?				YES:		NO:	
ITEM 6							
Does the firm have an Orientation Program for new hires?				YES:		NO:	
If yes, what safety items are included in the Orientation Program for new hires? (describe below)							

New York State Thruway Authority

Form S Table 2 SAFETY QUESTIONNAIRE FOR EACH FIRM				
NAME OF PROPOSER				
NAME OF FIRM				
ITEM 7				
Does the firm have a program for newly hired construction or field services staff and newly promoted staff engaged in construction or field services?	YES:		NO:	
If yes, does the program for newly hired or promoted staff engaged in construction or field services include the following topics?				
Safety work practices	YES:		NO:	
Safety supervision	YES:		NO:	
On-site meetings	YES:		NO:	
Emergency procedures	YES:		NO:	
Accident investigation	YES:		NO:	
Fire protection and prevention	YES:		NO:	
New worker orientation	YES:		NO:	
ITEM 8				
Does the firm hold safety meetings that extend to site laborer level?	YES:		NO:	
If yes, how often do you hold safety meetings that extend to site laborer level?				
Daily:		Weekly:		Twice a month:
				Other (specify):

New York State Thruway Authority

Form S Table 2 SAFETY QUESTIONNAIRE FOR EACH FIRM				
NAME OF PROPOSER				
NAME OF FIRM				
ITEM 9				
Does the firm have a safety program and training for existing and newly hired staff for general safety and for field services?	YES:		NO:	
If yes, does the program for newly hired or promoted staff engaged in construction or field services include the following topics?				
Safety work practices	YES:		NO:	
Office Safety meetings	YES:		NO:	
Emergency procedures	YES:		NO:	
Accident investigation	YES:		NO:	
Fire protection and prevention	YES:		NO:	
New worker orientation	YES:		NO:	
ITEM 10				
Does the firm hold safety meetings prior to engaging in field activities on or near construction sites?	YES:		NO:	
If yes, how often do you hold safety meetings that extend to field activities level?				
Daily:		Weekly:		Twice a month:
				Other (specify):

Please provide the EMR for the current insurance policy: _____
 Please provide the EMR for the previous insurance policy (if required): _____
 Please provide the EMR for the previous insurance policy (if required): _____
 If the rate exceeds 1.2 for the most recent year provided, a written explanation, limited to one page, attached to this form, shall be provided and the two previous years EMRs shall be provided by the Workers Compensation Insurance Carrier. For Firms that do not have an EMR, due to work experience outside the US, a frequency rate table or accident incident rate or similar statistics shall be provided indicating the safety record over the last five years.

Each firm must all submit a letter from their current workers compensation insurance carrier stating the expiration date of the policy and the current EMR rate. The letter is to be included in Volume 2, Section 8 of the SOQ.

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FORM R
SUMMARY OF INDIVIDUAL'S EXPERIENCE

Form R shall be completed by the Proposer for the Key Personnel indicated in Section 4.4.2.5.

Add lines/pages as necessary. Under "Contact Information", provide the contact name, phone number, and e-mail address for the Project Owner. NYSTA reserves the right to contact any Project Owner to verify the information provided. "Project Owner" is not a Prime Consultant or Prime Contractor for which the Firm served as a subconsultant or subcontractor. "Project Name" should include the relevant contract number if available.

Name of Proposer:					
Name of Firm:					
Individual's Name:					
Is Applicant Licensed as a Professional Engineer in the State of New York?			Yes:		No:
NYS Professional Engineering License Number					
Education:					
Years of Experience					
Years with this Firm					
Title for this Project:					
12 Month period (beg mo - end mo)	Percentage	12 Month period (beg mo - end mo)	Percentage	12 Month period (beg mo - end mo)	Percentage
Total number of years experience meeting requirements stated in Appendix A for Title above:					
Please complete the information below to confirm the total years experience stated above					
Project Name:					
Project Owner:					
Contact Information:					
Project Cost Value					
Title on Project:					
% Qualifying time spent on Project					
Individual's Start Date on Project:		Individual's End Date on Project:		Individual's Total Time on Project *:	
Project Description:					
Individual's Duties and Responsibilities:					
Project Name:					
Project Owner:					

New York State Thruway Authority

Contact Information:					
Project Cost Value					
Title on Project:					
% Qualifying time spent on Project					
Individual's Start Date on Project:		Individual's End Date on Project:		Individual's Total Time on Project*:	
Project Description:					
Individual's Duties and Responsibilities:					
Project Name:					
Project Owner:					
Contact Information:					
Project Cost Value					
Title on Project:					
% Qualifying time spent on Project					
Individual's Start Date on Project:		Individual's End Date on Project:		Individual's Total Time on Project*:	
Project Description:					
Individual's Duties and Responsibilities:					

* Refers to the individual's time spent on the project meeting the experience required for the Title on the Design-Build project

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FORM TA-W2111-9

CERTIFICATE OF COMPLIANCE WITH THE AUTHORITY/CORPORATION GUIDELINES REGARDING PERMISSIBLE CONTACTS DURING A PROCUREMENT AND THE PROHIBITION OF INAPPROPRIATE LOBBYING INFLUENCE

To protect the integrity and fairness of the procurement process and maintain public confidence in the Thruway Authority/Canal Corporation's (Authority/Corporation) stewardship role, all Authority/Corporation procurement decisions must be based on the merits of proposals, free of any inappropriate lobbying influence. Toward that end, the Authority/Corporation has adopted Guidelines Regarding Permissible Contacts During a Procurement and the Prohibition of Inappropriate Lobbying Influence (TAP-335), Guidelines with which all vendors/firms/proposers must comply. A copy of these Guidelines is available in the Purchasing Services section of the Authority's website at www.thruway.ny.gov or in the Doing Business section of the Corporation's website at www.canals.ny.gov. Further, Authority/Corporation funds may not be used to reimburse a vendor/firm for its outside lobbying expenses. Authority/Corporation payments made under a contract cannot be used to pay outside lobbying costs and a vendor/firm is prohibited from seeking reimbursement of such costs.

Certification

The undersigned certifies that the vendor/firm/proposer has read, understands and agrees to comply with the Authority/Corporation Guidelines Regarding Permissible Contacts During a Procurement and the Prohibition of Inappropriate Lobbying Influence (TAP-335). Further, the undersigned certifies that the vendor/firm/proposer will not utilize Authority/Corporation payments made under a contract or agreement, including an amendment, extension, renewal or change order to an existing contract, to pay outside lobbying expenses and will not seek reimbursement of such costs. The undersigned also certifies that he or she is authorized to bind the vendor/firm/proposer contractually.

_____	_____
Contract No.	Description
_____	_____
Vendor/Firm Name	Telephone No.
_____	_____
Print Name	Title
_____	_____
Signature	Date

New York State Thruway Authority

FORM TA-W3053-9

**New York State Finance Law Sections 139-j and 139-k
Disclosure of Prior Non-Responsibility Determinations**

Contract/Project/Transaction Description:

Contract # (if applicable): _____ Date: _____

Name of Offerer/Applicant: _____

Address: _____

Name and Title of Person Submitting this Form
(if different from above): _____

Has any governmental entity* made a finding of non-responsibility regarding the Offerer/Applicant in the previous four years where:

the basis for the finding of the Offerer/Applicant's non-responsibility was due to a violation of State Finance Law Section 139-j?

No Yes

the basis for the finding of the Offerer/Applicant's non-responsibility was due to the intentional provision of false or incomplete information to a governmental entity?

No Yes

If yes, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-responsibility (attach additional sheets if necessary):

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law Section 139-k is complete, true and accurate.

By: _____
Signature

Date

Name (please print)

Telephone No.

Title

New York State Thruway Authority

* A "governmental entity" is: (1) any department, board, bureau, commission, division, office, council, committee or officer of New York State, whether permanent or temporary; (2) each house of the New York State Legislature; (3) the unified court system; (4) any public authority, public benefit corporation or commission created by or existing pursuant to the Public Authorities Law; (5) any public authority or public benefit corporation, at least one of whose members is appointed by the Governor or who serves as a member by virtue of holding a civil office of the State; (6) a municipal agency, as that term is defined in paragraph (ii) of subdivision (s) of section one-c of the Legislative Law; or (7) a subsidiary or affiliate of such a public authority.

For engineering agreements and construction contracts, submit this form to the Department of Engineering, 200 Southern Blvd., Albany, 12209. All other form submissions should be forwarded to the address listed on the solicitation material or application.

If you have any questions, please call the contact person listed on the solicitation material or application.

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