

**ATTACHMENT B**  
**QUALIFICATION OF BIDDERS**

**COMPLETE THE QUALIFICATIONS OF BIDDERS – CONSTRUCTION FORM IN BID ATTACHMENTS TAB. BIDDERS ARE TO COMPLETE FORM IN ITS ENTIRITY AND UPLOAD THE COMPLETED FORM TO THE RESPONSE ATTACHMENTS TAB FOR THE BID IN THE EBID SYSTEM**

To demonstrate qualifications to perform the Work, and to be considered for award, each Bidder must submit written evidence, such as previous experience, present commitments and other such data as may be called for below (or in SUPPLEMENTARY CONDITIONS). Each Bid must contain evidence of Bidder’s qualification to do business in the State where the Project is located or covenant to obtain such qualification prior to executing the Agreement.

1        How many years has your organization been in business as a General Contractor?  
\_\_\_\_\_

2        State of Florida Contractor’s license # \_\_\_\_\_

Broward County Certificate of Competency #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3        What is the last project of this nature that you have completed?  
\_\_\_\_\_

4        Have you ever failed to complete work awarded to you? If Yes, where and why?  
\_\_\_\_\_  
\_\_\_\_\_

5        List all relevant work performed over the last year.

Project Name \_\_\_\_\_

Owner’s Name \_\_\_\_\_

Owner’s Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Nature of Work \_\_\_\_\_

Original Contract Completion Time (Days) \_\_\_\_\_

Original Contract Completion Date \_\_\_\_\_

Actual Final Contract Completion Date \_\_\_\_\_

Original Contract Price \_\_\_\_\_

Actual Final Contract Price \_\_\_\_\_

(Attach additional information as required)

6 List all work of similar type, complexity, and comparable value as described within the RFP's section 3.1, as well as the nature of work performed. (Attach additional information on separate sheet)

**Project Name A**

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Nature of Work \_\_\_\_\_

Original Contract Completion Time (Days) \_\_\_\_\_

Original Contract Completion Date \_\_\_\_\_

Actual Final Contract Completion Date \_\_\_\_\_

Original Contract Price \_\_\_\_\_

Actual Final Contract Price \_\_\_\_\_

**Project Name B**

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Nature of Work \_\_\_\_\_

Original Contract Completion Time (Days) \_\_\_\_\_

Original Contract Completion Date \_\_\_\_\_

Actual Final Contract Completion Date \_\_\_\_\_

Original Contract Price \_\_\_\_\_

Actual Final Contract Price \_\_\_\_\_

**Project Name C** \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Nature of Work \_\_\_\_\_

Original Contract Completion Time (Days) \_\_\_\_\_

Original Contract Completion Date \_\_\_\_\_

Actual Final Contract Completion Date \_\_\_\_\_

Original Contract Price \_\_\_\_\_

Actual Final Contract Price \_\_\_\_\_

7 The following are names as three (3) individuals or corporations for which you have performed work of this nature and to which you list as references, excluding the City of Pompano Beach.

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>CONTACT PERSON</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8 Have you personally inspected the proposed work and have you a complete plan for its performance?

\_\_\_\_\_

9 Will you sub-contract any part of this work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list all proposed subcontractors to be used on this project if the Bidder is awarded the Contract for this project. The successful Bidder shall submit a COMPLETE list of any work that he proposes to subcontract and the proposed subcontractors prior to execution of the contract.

CLASSIFICATION  
OF WORK

NAME AND ADDRESS  
OF SUBCONTRACTOR

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

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

(Submit any additional contractors to be used on a separate sheet.)

10 The following information shall be provided for this project:

- (a) Estimated total construction manhours \_\_\_\_\_
- (b) Percent manhours to be performed by Contractor's permanent staff \_\_\_\_\_
- (c) Percent manhours to be performed by direct hire employees \_\_\_\_\_
- (d) Percent manhours to be performed by Subcontractors \_\_\_\_\_