# INSTRUCTIONS

### Form Instructions:

Complete this form electronically. Do not complete this form by hand.

### E-Mail a copy of thE COMPLETED form AND ATTACHMENTS to:

[Joan.Archie@uchospitals.edu](mailto:Joan.Archie@uchospitals.edu)

### FORWARD AN ADDITIONAL signed COPY TO:

UNIVERSITY OF CHICAGO MEDICAL CENTER

Facilities Planning, Design, & Construction

Construction Compliance

850 E. 58th St

Chicago, Illinois 60637

ATTN: Joan Archie, Executive Director, Construction Compliance

# CAPABILITY – TRADE CATEGORY

### 1. SERVICE CATEGORY

Please select only **one (1) primary service category** below that will apply to your pre-qualification application.

GENERAL CONTRACTOR

CONSTRUCTION MANAGER

SPECIALTY CONTRACTOR

### 2. PRIMARY TRADE CATEGORY (\*\*ONLY FOR SPECIALTY CONTRACTORS AS IDENTIFIED IN SERVICE CATEGORY\*\*)

Please select only **one (1) primary trade category** below that will apply to your pre-qualification application.

Acoustic Ceilings

Asbestos Abatement

Asphalt Paving

Carpentry

Caulking & Sealants

Ceiling

Ceramic Tile

Concrete

Concrete Cutting

Concrete/Cast-In-Place

Demolition

Dumpsters

Drywall/Plaster

Electrical

Electrical/Utilities Management

Elevators

Excavation

Fencing

Final Cleaning

Fire Alarm

Fire proofing/Fire stopping

Fire Protection/Suppression

Flooring

Glass & Glazing

HVAC

Ironwork/Ornamental

Landscaping

Masonry

Mechanical

BALANCING – AIR AND WATER

CONTROLS

PLUMBING

PROCESS PIPING

HVAC

SHEET METAL

Mechanical Insulation

Metal Doors & Frames

Metal Panels

Metal Stud & Drywall

Millwork

Misc. Metals

Painting & Wallcovering

PAVING /ASPHALT

PAVING/CONCRETE

Plumbing

RF Shielding Systems

Rigging

Roofing

Security Systems

Signage

Site Utilities

Specialties

Spray Insulation

Structural Steel & Steel Erection

Surveying

Waterproofing & Air Barriers

Windows

Window Washing Systems

OTHER:

3. SECONDARY TRADE CATEGORIES **(\*\*ONLY FOR SPECIALTY CONTRACTORS AS IDENTIFIED IN SERVICE CATEGORY\*\*)**

If your company would like to qualify for any secondary trade categories, please check the appropriate boxes below.

Acoustic Ceilings

Asbestos Abatement

Asphalt Paving

Carpentry

Caulking & Sealants

Ceiling

Ceramic Tile

Concrete

Concrete Cutting

Concrete/Cast-In-Place

Demolition

Dumpsters

Drywall/Plaster

Electrical

Electrical/Utilities Management

Elevators

Excavation

Fencing

Final Cleaning

Fire Alarm

Fire proofing/Fire stopping

Fire Protection/Suppression

Flooring

Glass & Glazing

HVAC

Ironwork/Ornamental

Landscaping

Masonry

Mechanical

BALANCING – AIR AND WATER

CONTROLS

PLUMBING

PROCESS PIPING

HVAC

SHEET METAL

Mechanical Insulation

Metal Doors & Frames

Metal Panels

Metal Stud & Drywall

Millwork

Misc. Metals

Painting & Wallcovering

PAVING /ASPHALT

PAVING/CONCRETE

Plumbing

RF Shielding Systems

RIGGING

Roofing

Security Systems

Signage

Site Utilities

Specialties

Spray Insulation

Structural Steel & Steel Erection

Surveying

Waterproofing & Air Barriers

Windows

Window Washing Systems

OTHER:

**4. SELF PERFORMING CAPABILITIES**

Check all that apply.

Site Work

Earthwork

Hauling

Fencing

Earth Retention Systems

Landscaping

U/G Utilities & Sewer

Asphalt Paving

Concrete Paving

Tunnels

Demolition

Concrete

Foundations

Curbs, Gutters & Sidewalks

Cast-in-place

Pre-cast

Flatwork

Carpentry

Framing / Rough

Finish

Cabinetry / Casework

Architectural Woodwork

Drywall

Millwork & Installation

Finishes

Acoustical Treatment

Painting & Wall covering

Flooring – Tile & Terrazzo

Flooring – Marble & Granite

Flooring – Carpet & Vinyl

Windows, Glass, Glazing

Accessories

Doors, Frames & Hardware

Blinds & Accessories

Masonry

Brick / Block

Stone

Restoration

Cleaning

Electrical

High Voltage

Substations

Security Systems

Fire Alarm

Communications Systems

A / V Systems

Controls

Mechanical

Plumbing & Piping

Toilets & Accessories

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:

# ADMINISTRATIVE

### 1. BUSINESS INFORMATION

|  |  |
| --- | --- |
| FULL LEGAL NAME OF APPLICANT: |  |
| Street, PO Box: | **,** |
| CITY, STATE, ZIP: | **,** |
| cITY, STATE, zIP OF aPPLICANT’S CLOSEST OFFICE TOTHE UNIVERSITY OF CHICAGO MEDICAL CENTER: | **,      ,** |
| TAX I.D. or  S.S. NUMBER: |  |
| NUMBER OF YEARS IN BUSINESS UNDER CURRENT LEGAL NAME |  |
| COMPANY WEBSITE: |  |
| APPLICANT CONTACT’S FIRST and LAST NAME: |  |
| APPLICANT CONTACT’S TITLE: |  |
| APPLICANT CONTACT’S WORK PHONE: |  |
| APPLICANT CONTACT’S CELL PHONE: |  |
| BID INVITATION FAX NUMBER: |  |
| BID INVITATION CORPORATE EMAIL ADDRESS: |  |

List other or former names along with timeframes which your organization has operated as a contractor below:

Company NameYear(s)

### **2. ORGANIZATIONAL** STRUCTURE

Please select the company’s organizational structure and complete the corresponding information.

Corporation:

State of Incorporation:  Year:

Subsidiary / Division of:

Headquarters Address:

City, State, Zip:

DUNS Number:

Parent Company to:

List Subsidiaries & Divisions

**If a separate tax I.D. number applies to a company division or subsidiary, a separate application must be submitted for each business entity.**

Partnership

General  Limited

State & County where filed: **,**

Date of Organization:

Individual Proprietorship

Date of Organization:

### 3. KEY COMPANY PERSONNEL

List below the key officers in your organization.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Title** | **Telephone** | **Cell Phone** | **FAX** | **Email** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

List below primary external and/or internal contractor representative(s) that will be dedicated to handling project customer service and management related issues for the University of Chicago Medical Center.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Title** | **Telephone** | **Cell Phone** | **FAX** | **Email** | **Responsibilities** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Provide resumes for the company officers and key individuals of your organization indicating past and present construction experience. **Include as Attachment B. Resumes of Key Personnel**

### 4. PROFESSIONAL/TECHNICAL AFFILIATIONS AND LICENSING

List all memberships and associations to professional and trade organizations and trade unions the company has:

### 5. LIABILITY INSURANCE

University of Chicago Medical Center General Conditions require the following minimum limits of general liability insurance for construction work.

|  |  |  |
| --- | --- | --- |
|  | Item | Minimum |
|  | Commercial General Liability  Automobile Liability  Worker’s Compensation  Employer’s Liability | $5,000,000 $1,000,000  As Required by Law  $500,000 |

Confirm below that your company can provide a certificate of insurance with these limits if awarded a project.

For UCMC Projects  Yes  No

Name of Agency:

Name of Agent:

Address:

Phone:

FAX:

Email:

# CAPABILITY – PROJECT EXPERIENCE

### 1. PROJECT EXPERIENCE

List all major construction projects relevant to healthcare and sciences your firm has in progress or has completed in the past five years based out of your closest office to UCMC. Provide the project name, primary project type, owner’s organization name, architect/engineer/consultant name, your contract amount, % cost of work performed with own forces, start date, (scheduled) completion date, and % complete. **Include as Attachment C. Major Construction Project Listing**

### 2. UCMC & UC PROJECT EXPERIENCE

List all University of Chicago Medical Center and University of Chicago projects relevant to healthcare and sciences you have performed in the last five years. Provide the project name, UCM/UC project number, primary project type, primary building name/location, UCM or UC, UCM/UC project manager, architect/engineering/consultant name, your contract amount, % cost of the work performed with own forces, start date, (schedule) completion date, and % complete. **Include as Attachment D. UCM & UC Major Construction Project Listing**

# CAPACITY

### 1. PERCENTAGE BREAKDOWN OF REVENUES BY YEAR

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

Year Year Year Year Year

20 20 20 20 20

General Contractor % % % % %

Construction Manager % % % % %

Specialty Contractor % % % % %

Totals 100% 100% 100% 100% 100%

### 2. PERCENTAGE BREAKDOWN BY PROJECT CATEGORY

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

Institutional % Institutional Subcategories (Total must equal 100%)

Commercial % Hospital/Healthcare %

Residential % Laboratory %

Industrial % Classroom %

Total: 100 % Office %

Food Service %

Parking Structure %

Other %

**3. PROJECT SIZE CAPABILITIES**

What size jobs would your firm prefer to bid?

NOTE: The minimum preferred project size must reflect the lowest dollar level that your company would be willing to establish as a minimum bidding threshold.

Minimum $ Maximum $

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

Year: 20 20 20 20 20

Total

Amount: $ $ $ $ $

### 4. PERSONNEL BREAKDOWN BY JOB CLASSIFICATION (\*\*ONLY FOR GC AND CM AS IDENTIFIED IN SERVICE CATEGORY\*\*)

Total number of full time personnel working in healthcare and sciences division: #

Field Management working in healthcare and sciences division: #

Estimating/ Engineering working in healthcare and sciences division: #

### 5. BONDING CAPACITY & SURETY INFORMATION (\*\*ONLY FOR GC AND CM AS IDENTIFIED IN SERVICE CATEGORY\*\*)

Name of Surety Company:

Name of Agent:

Address:

Phone:

FAX:

Email:

Single (per job) bond capacity: $ Aggregate bond capacity: $

Surety Rating:

# PERFORMANCE

### 1. LEGAL CLAIMS AND SUITS

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

**If the answer is yes to any of the above questions, please provide details and include in Attachment A. Supplemental Information.**

### 2. COMPLIANCE WITH THE UNIVERSITY OF CHICAGO MEDICAL CENTER CONTRUCTION SAFETY & INFECTION CONTROL REQUIREMENTS

Contractor agrees to comply with all University of Chicago Medical CenterSafety & Infection Control Requirements, listed below and attached to this document.

Contractor Safety Program, Policy Number: S04-61

Implementation of Interim Life Safety Measures, Fire System Impairments, and Fire Watch, Policy Number: S06-10

Signing the Attachment E, ACCEPTANCE FORM FOR THE UNIVERSITY OF CHICAGO MEDICAL CENTER SAFETY & INFECTION CONTROL REQUIREMENTS**,** expressly confirms your company is prepared to comply with these requirements.

### 3. SAFETY CONTACT(S)

Name of Contractor’s Safety Director/Representative(s):

Address:

Phone Number:

FAX:

Email:

### 4. SAFETY INFORMATION MATRIX

**EMR (Experience Modification Rate)** – Complete the following as verified by your insurance carrier:

Below must include EMRs for the current calendar year and previous two (2) years.

Both Interstate and Intrastate EMRs must be included for each year completed below.

If an Interstate EMR is not applicable to your company, note NA in the Interstate Section(s) above.

Year: 2020 20

Interstate EMR:

Intrastate EMR:

Insurance premium eligible for Experience Modification Rating:  Yes  No

Self Insured:  Yes  No Government Insured:  Yes  No

**5. PROJECT REFERENCES**

Reference 1: Reference 2: Reference 3:

Name:

Title:

Company:

Address:

Phone:

FAX

Email

### 6. TRADE/SUPPLIER REFERENCES

Reference 1: Reference 2: Reference 3:

Name:

Title:

Company:

Address:

Phone:

FAX

Email

### 7. FINANCIAL REFERENCES

Reference 1: Reference 2: Reference 3:

Name:

Title:

Company:

Address:

Phone:

FAX

Email

# ATTACHMENTS

**Attachment A - Supplemental Information**

**Attachment B - Resumes of Key Personnel**

**Attachment C - Major Construction Project Listing**

**Attachment D – UCM & UC Major Construction Project Listing**

**Attachment E - Acceptance Form UCM Safety & Infection Control Requirements**

**Attachment F - Acknowledgement and Authorization Form Contractor’s Application for Pre-Qualification**

**Attachment G - Contractor’s Checklist for Completed Information and Required Attachments**

### Attachment E:

### ACCEPTANCE FORM

### FOR

### THE UNIVERSITY OF CHICAGO MEDICAL CENTER

### FACILITIES PLANNING, DESIGN & CONSTRUCTION

### SAFETY & INFECTION CONTROL REQUIREMENTS

The Applicant hereby agrees to comply with all safety and infection control requirements as attached in this application. Acceptance of these requirements will be a pre-requisite for consideration of this Contractor’s Application for Pre-qualification.

The Applicant

Dated this  day of , 20

Name of Organization:

Title of Applicant:

Name of Applicant:

By:

(Signature)

### Attachment F:

### ACKNOWLEDGEMENT AND AUTHORIZATION FORM

### FOR

### THE UNIVERSITY OF CHICAGO MEDICAL CENTER

### FACILITIES PLANNING, DESIGN & CONSTRUCTION

The undersigned hereby acknowledges that he or she has read and understands the instructions and requirements as requested within this Contractor’s Application for Pre-qualification.

By signing below, the undersigned acknowledges that he or she is a duly authorized, expressed agent of the company listed below and as such agrees with the validity and accuracy of all provided information as to the best of his or her knowledge.

The Applicant

Dated this  day of , 20

Name of Organization:

Title of Applicant:

Name of Applicant:

By:

(Signature)

### Attachment G:

### CHECKLIST FOR COMPLETED INFORMATION AND REQUIRED ATTACHMENTS

All Sections within this checklist must be completed and returned with your Application. As each item is completed, place a checkmark next to the referenced Section.

By checking the box within the checklist, you confirm that you have completed the information, including the required Attachments as requested in the Application document.

If any Section is not checked, an explanation must be provided within Attachment A and returned with your Application. Otherwise, your Application will be considered incomplete and will not be given further consideration.

### Sections Requiring Completion Checklist for Completing Requirements

|  |  |
| --- | --- |
| **CAPABILITY** |  |
| 1. Service Category | One (1) service category checked only. |
| 2. Primary Trade Category | Selected one (1) primary trade category, if applicable. |
| 3. Secondary Trade Categories | Selected secondary trade categories, if applicable. |
| 4. Self Performing Capabilities | Selected self performing capabilities. |
| **ADMINISTRATIVE** |  |
| 1. Business Information | All fields complete |
| 2. Organizational Structure | At least one checkbox and corresponding fields complete. |
| 3. Key Company Personnel | All fields complete  **Attachment B – Resumes of Key Personnel** |
| 4. Professional/Technical Affiliations & Licensing | Any and all affiliations/licensing listed |
| 5. Liability Insurance | Confirmation (Yes) of ability to provide certificate of insurance for UCMC projects.  All fields complete for insurance agency information. |
| **CAPABILITY – PROJECT EXPERIENCE** |  |
| 1. Project Experience | All project information included per instructions.  **Attachment C - Major Construction Projects Listing** |
| 2. UCM & UC Project Experience | All project information included per instructions. Information specific to UC & UCMC projects only.  **Attachment D – Major UCM & UC Construction Projects Listing** |
| **CAPACITY** |  |
| 1. Percentage Breakdown of Revenues by Year | Each column complete and totals 100% |
| 2. Percentage Breakdown by Project Category | Each column complete and totals 100% |
| 3. Project Size Capabilities | Both minimum and maximum dollar amounts complete.  Maximum dollar amount does not exceed individual bonding capacity.  Annual dollar amounts complete for each year in business. |
| 4. Personnel Breakdown by Job Classification | All fields complete |
| 5. Bonding Capacity & Surety Information | All fields complete for surety company  Both single/aggregate bonding capacity and rating noted. |
| **PERFORMANCE** |  |
| 1. Legal Claims and Suits | All checkboxes complete  **Attachment A - Supplemental Information, if applicable.**  Claims and Lawsuit Details or  Not Applicable |
| 2. Safety & Infection Control | Attachment E - Acceptance Form UCM Safety & Infection Control Requirements |
| 3. Safety Contacts | All fields complete. |
| 4. Safety Information Matrix | EMRs noted for the current calendar year and previous two years. |
| 5. Project References | All fields complete. |
| 6. Trade/Supplier References | All fields complete. |
| 7. Financial References | All fields complete. |