

Required Information Form

Please complete this form at this location:

<https://apps.campusops.oregonstate.edu/retainer/ContractorRIF>

Welcome to the Oregon State University Construction Related Services Retainer Program application for 2017-2018. Please remember that you need to complete the entire application, or your application will be rejected as incomplete.

The application should be completed by an authorized representative that may bind your company in contract. Before you begin the application process, please READ the entire [Request For Qualifications](#). In order to complete the application, you will need to provide the following information:

- Construction Contractors Board (CCB) or Landscape Contractors Board (LCB) License Number
- Federal Tax Identification Number
- The Complete address for the office locations that will be providing services to institutions
- Oregon Secretary of State Business Registration Number
- Specialty License Numbers (abatement services)
- Certified Minority, Women, and Emerging Small Business Certification Number, if applicable
- Detailed business experience if company has been in business less than 5 years
- Project Details for 4 completed projects in the last 2 years

Once you have submitted the form, you will receive an e-mail with a PDF copy of the submitted information and the signed proposer signature page as confirmation that your Proposal has been received

CCB License #

Tax ID # ("xx-xxxxxxx" or "xxx-xx-xxxx")

Business Registration # Assigned by the Oregon Secretary of State ("xxxxxx-xx")

Please verify your firm's Registration Number at this website before submitting: http://egov.sos.state.or.us/br/pkg_web_name_srch_ing.login

Contact Information

Company Name:

Company d/b/a

Authorized Signers (List *all* authorized signers)

Please enter at least one set of contact information. The street address and a contact person are required.

Street Address

Address (line 1)

Address (line 2)

City

State

Zip

Office Phone

Fax

Contact

Please enter a contact below. At least one phone number is required.

Contact Person

Office Phone

Mobile Phone

E-mail

Licenses & Registrations

CCB License Number

Tax Identification Number

OR Secretary of State Business Registration Number

DEQ Abatement License Number

Business Designation

- Corporation
- Partnership
- Sole Proprietorship
- Governmental/Non-Profit
- Limited Partnership
- Limited Liability Company

Minority, Women and Emerging Small Business

For statistical purposes, please indicate if your company is an Oregon Disadvantaged Business Enterprise, Minority Business Enterprise, Women Business Enterprise, or Emerging Small Business.

Disadvantaged Business Enterprise

Certification Number or Self-reported

Minority Business Enterprise

Certification Number or Self-reported

Women Business Enterprise


















Certification Number or Self-reported

Emerging Small Business

Certification Number or Self-reported

Category of Proposed Services

Check only those trade services provided directly by your firm. Sub-contracting on Retainer Contracts is only allowed for work bid out under the category of "General Contracting."

- Abatement Services 
- Concrete 
- Conveying Systems 
- Doors & Windows 
- Electrical 
- Equipment 
- Finishes 
- Furnishings 
- General Contracting
- Incidental Services 
- Masonry 
- Mechanical 
- Metals 
- Site Work 
- Special Construction 
- Specialties 
- Thermal & Moisture Protection 
- Wood & Plastics 
- Other

Contractor Experience

Has your company been in the construction related service business for at least 5 years?

Yes No

Do the principals/owners of the company have 5 consecutive years experience providing construction related services?

Yes No

Please provide experience information below.

Name of Employer/Company Name Time Period Type of Experience

Ability to Respond

Check the Oregon geographical areas in which you are willing to work.

- All sites within Oregon
- Ashland
- Corvallis
- Eugene
- Klamath Falls
- La Grande
- Monmouth
- Portland
- Other miscellaneous sites

Are you willing to provide quotations and to respond to work requests within a reasonable amount of time, generally one to two weeks?

Yes No

Legal Compliance

1. Have you read the [Request for Qualifications for Construction Related Services](#)?

Yes No

2. Do you understand the conditions and requirements as outlined in the Request for Qualifications?

Yes No

3. Do you accept the terms & conditions of the Retainer Contract exactly as written? (The terms of the Retainer Contract are not negotiable.)

Yes No

Will you comply with the following:

4. Bureau of Labor and Industry (BOLI) prevailing wage rates

Yes No

5. Federal and State regulatory requirements

Yes No

6. State and Local Building Codes

Yes No

7. National Fire Protection Association Rules and Regulations (when relevant)

Yes No

8. Is your company eligible to obtain a performance and payment bond (You will be required to obtain one for all projects over \$100,000)?

Yes No

9. Has your company ever obtained a performance and payment bond for a project (You will be required to obtain one for all projects over \$100,000)?

Yes No

10. What is the maximum amount of your company's individual project performance bond capacity (Required for all projects over \$100,000)?

\$

11. What dollar range of contract work is your firm willing to undertake (The maximum project amount entered below should not exceed your firms performance bond capacity entered in Question 10.):

\$ - \$

Insurance Coverage

If awarded work on a project, will you be able to provide proof of the required insurance coverages listed below (exact amounts to be included in Supplement)?

1. Workers Compensation

Yes No

2. Commercial General Liability

Yes No

3. Commercial Automobile Liability

Yes No

4. Professional Liability (required for projects with Delegated design elements)

Yes No N/A

5. Pollution Liability (required for Asbestos, Mold, Lead, Silica Abatement projects)

Yes No N/A

6. Property Insurance (either Builders Risk or Installation Floater)

Yes No N/A

7. Do your current Insurance limits meet or exceed the required limits associated with this contract as stated in the General Conditions for Retainer Contracts?

Yes No

8. Is your company willing and capable of attaining the insurance coverage associated with this contract as stated in the General Conditions for Retainer Contracts?

Yes No

9. What are your current Commercial General Liability insurance limits?

\$ per claim

\$ per occurrence

10. What are your current Automobile Liability insurance limits?

\$ per claim

\$ per occurrence

11. If issued a supplement, are you willing and able to purchase insurance that complies with Section G 3 of the General Conditions for Retainer Contracts?

Yes No

Safety

1. If requested, will you provide a copy of your company's OR-OSHA 200 log for the prior three (3) years?

Yes No N/A

2. Has your company had any OSHA citations in the last three (3) years?

Yes No N/A

3. If yes, provide detail of the citation(s):

Contracting with other State of Oregon Public Agencies

If selected, are you willing to perform work for other State of Oregon Public Contracting Agencies within the Retainer Contract program?

Yes No

References

List Four (4) Commercial Projects and References for those Commercial Projects Completed in the Last Two Years:

Project 1

Project Name

Dollar Value (numbers only - no \$ or alphabetic characters should be input)

Customer

Customer Contact

Phone

Mailing Address

Address Line 2

City

State

Zip

Project 2

Project Name

Dollar Value (numbers only - no \$ or alphabetic characters should be input)

Customer

Customer Contact

Phone

Mailing Address

Address Line 2

City

State

Zip

Project 3

Project Name

Dollar Value (numbers only - no \$ or alphabetic characters should be input)

Customer

Customer Contact

Phone

Mailing Address

Address Line 2

City

State

Zip

Project 4

Project Name

Dollar Value (numbers only - no \$ or alphabetic characters should be input)

Customer

Customer Contact

Phone

Mailing Address

Address Line 2

City

State

Zip

RESPONDENT SIGNATURE PAGE AND NON-DISCRIMINATION CERTIFICATION

In order to complete the Response, furnish an electronic signature. **INCOMPLETE RESPONSES WILL BE REJECTED.**

Electronic Signature

By the electronic signature below of its authorized representative, Contractor acknowledges having read and understood the Request for Qualifications (RFQ) for Construction Related Services. Contractor certifies that all the information provided on this form is true to the best knowledge, and agrees to be bound by the terms and conditions of the Retainer Contract and by the representations made in this Response. This Construction Related Services Required Information Form will become part of the Retainer Contract and any misrepresentations found in the information provided on this form will result in termination of the Retainer Contract. Contractor certifies that it has not discriminated against minority, women or emerging small business enterprises in obtaining any required subcontracts.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with Oregon State University. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or electronic signature satisfies that requirement.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Name

Title

Electronic Signature (retype your name) /s

Date