

SECTION 00 41 13 – TECHNICAL PROPOSAL FORM

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PART 2. TECHNICAL PROPOSAL

The Contractor is requested to submit a complete response to each of the items listed in this technical proposal form. If the question is not applicable, please provide a response after each question or section with the words: NOT APPLICABLE TO THIS PROJECT. Responses requiring additional space should be brief and submitted as an attachment to this section.

2.01 Project Schedule (4% of the 44% Quantitative Criteria.)

Provide, as an attachment to the Technical Proposal form, a GANTT chart depicting how you anticipate delivering the project in the time frame outlined in this proposal. Describe the scope of work to be completed in each phase of each school.

The Contractor's proposed schedule is a vital part of the evaluation process and sufficient information should be provided for FWISD to assess the Contractor's time frame, work plan and approach.

- A. Describe the type of software utilized to prepare the construction schedules. **(Attach proposed project schedule)**

2.02 GC's Qualifications and Relevant Experience – 21% out of 46% Qualitative Criteria

Provide no more than 10 projects with appropriate references. Answer the questions for each relevant project, with specific emphasis on school, educational, and/or renovation experience, that your organization has in-progress or completed in the last seven years, using the format below:

A member of the Evaluation Committee will verify the information with the references provided and may ask additional questions.

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Project No. _____ :

| | |
|--|--|
| Owner / Name and Location of Project: | |
| Type of Project: (Renovation, Remodeling, Addition, New Construction?) | |
| Procurement Method: (Competitive Bidding, CSP, CM at Risk, Other) | |
| Type of Contract: (Lump Sum, Cost Plus, T&M, other) | |
| Contract Amount: (at time of award) | |
| Final Contract Amount: (If in progress, contract amount to date) | |
| Contract Time: (at time of award) | |
| Percent Complete: | |
| Projected/Actual Completion Date: | |
| If completed, was the project completed on time? If in progress, is the project on schedule? | |
| What kind of delays occurred? | |
| Reporting Tools used: (Daily reports, weekly reports, monthly reports) | |
| Superintendent's Name: | |
| Owner Reference Contact Name/Telephone-Facsimile/Address: | |
| A/E Reference Contact Name/Telephone-Facsimile/Address: | |

Proposer should copy this form for use on up to 10 past projects.

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2.03 Proposed Personnel – 10% out of 46% Qualitative Criteria

Please note that FWISD requires a full-time superintendent to be assigned to each bid package and one full-time assistant superintendent at each individual job site while Work is in progress, contingent upon the continued employment of those personnel by the Contractor. Contractor’s staffing approach and organization must reflect this requirement. Contractor may not make any changes to these personnel assignments without the prior approval of the Program Manager and the Owner.

- A. Provide a Staff Organization Chart depicting your staff roles, relationships, and responsibilities.
- B. Identify the proposed key staff: Project Manager, Superintendent, Assistant Superintendent(s), Cost Estimator, Scheduler, Safety Manager, etc. by name and title and provide the following information for each. Include additional key staff as necessary.

Staff: Project Manager

| | |
|--|--|
| Name: | |
| Current Assignment: (Project name, client name and anticipated project completion date.) | |
| Total years of construction experience: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff: Superintendent

| | |
|---|--|
| Name: | |
| Current Assignment: (Project name, client name and anticipated project completion date.) | |
| Total years of construction experience: | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

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Staff: Assistant Superintendent 1 – School Name:

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|---|--|
| Name: | |
| Current Assignment: (Project name, client name and anticipated project completion date.) | |
| Total years of construction experience: | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff: Assistant Superintendent 2 – School Name:

| | |
|---|--|
| Name: | |
| Current Assignment: (Project name, client name and anticipated project completion date.) | |
| Total years of construction experience: | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff: Assistant Superintendent 3 – School Name:

| | |
|---|--|
| Name: | |
| Current Assignment: (Project name, client name and anticipated project completion date.) | |
| Total years of construction experience: | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff: Assistant Superintendent 4 – School Name:

| | |
|---|--|
| Name: | |
| Current Assignment: (Project name, client name and anticipated project completion date.) | |
| Total years of construction experience: | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

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Staff Position: _____.

| | |
|--|--|
| Name: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff Position: _____.

| | |
|--|--|
| Name: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff Position: _____.

| | |
|--|--|
| Name: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

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Staff Position: _____.

| | |
|--|--|
| Name: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff Position: _____.

| | |
|--|--|
| Name: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

Staff Position: _____.

| | |
|--|--|
| Name: | |
| Full Time or Part Time (For part time personnel, identify the percent of full-time participation. For example, Project Manager 50% of Full-time, etc.) | |
| Relevant experience with similar projects: | |
| Years with the Organization: | |

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2.04 Safety – 5% out of 46% Qualitative Criteria

A. List your organization's Workers Compensation Experience Modification Rate (EMR) for the current year **and include documentation from your insurance agent in this proposal to support your EMR.**

_____current year EMR

B. Complete the matrix for the five past years, as obtained from OSHA No. 300 Log, **and include your current OSHA 300 log in this proposal:**

| | Year | Year | Year | Year | Year |
|--|-------|-------|-------|-------|-------|
| | _____ | _____ | _____ | _____ | _____ |
| Number of injuries and illnesses | | | | | |
| Number of lost time accidents | | | | | |
| Number of recordable cases | | | | | |
| Number of fatalities | | | | | |
| Number of employee direct hire fixed hours worked (round to 1,000's) | | | | | |

C. Are regular project safety meetings held by Field Supervisor(s)? ____Yes ____No
 If yes, frequency: ____Weekly ____Bi-Weekly ____Monthly ____As Needed

D. Are project safety inspections conducted? ____Yes ____No
 If yes, who performs inspection? _____
 How often? ____Weekly ____Bi-Weekly ____Monthly ____As Needed

E. Does your organization have a written safety program? ____Yes ____No
 If yes, provide a copy. *(If the document has been submitted with prior responses there is no need to submit again, please indicate RFCSP # and submittal date)*

If no, then the contractor may adopt the FWISD Safety manual. Will your organization adopt the FWISD Safety Manual? ____Yes ____No

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F. Does your organization have a safety orientation program for new employees? Yes No

For employees promoted to Field Supervisor? Yes No

If yes, does your Supervisor Safety Program include instructions on the following topics?

| | Yes | No |
|-------------------------------|-----|----|
| Safety work practices | | |
| Tool box safety meetings | | |
| First aid procedures | | |
| Accident investigation | | |
| Fire protection | | |
| HazCom Program | | |
| Record keeping | | |
| Emergency response procedures | | |
| New worker orientation | | |

G. Does your organization have a written Drug and Alcohol policy in place? Yes No

If yes, provide a copy of the policy as an attachment.

If no, please note when adopting the FWISD safety manual, the contractor is also adopting the “Drug and Alcohol Policy” included within.

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2.05. Methodology – Work Plan (5% out of 46% Qualitative Criteria)

A. Briefly address each of the construction issues listed below as you feel it relates to this bid package and how those issues might affect your work plan. If this proposal involves multiple project sites, please explain below how the GC intends to manage and coordinate multiple sites simultaneously.

Contractors proposing on multi-site (Schools) bundles should describe how they intend to manage and coordinate multiple projects simultaneously. Issues such as weekly jobsite meetings, geographic proximity between sites, logistics, ordering & delivery of materials, approval of shop drawings & submittals, etc., should be addressed. Should the Contractor anticipate any significant issues or concerns that it feels must be considered by FWISD, please address them in this section.

1. Multiple-site coordination and management
2. Site logistics and staging
3. Coordination of Shop Drawings and other project submittals
4. Weekly Meetings and Site Visits
5. Phasing and Sequencing of Work Around Existing School Operations.
6. Work at the project site on evenings, weekends, holidays, and summer breaks.
7. Safety of your construction team, students, and faculty.
8. Acknowledge feasibility of the preliminary phasing plan included in the construction documents.
9. Provide recommendations on phasing or other recommendations regarding time / cost savings idea to be implemented in work plan. **Any cost savings proposed as a result of time/cost savings ideas should be stated in your response to this item and should not be deducted from your base bid amount. These cost savings recommendations will be considered by the evaluation team. If they are considered viable, you will receive points for the recommendation. Should your firm be selected to enter contract negotiations, your cost savings recommendation will be evaluated further and either accepted or declined, at which point your base bid amount may be reduced by the proposed savings item.**
10. Describe your team members' (prime and sub-contractors) technology capability including the use of electronic mail and/or web-enabled applications.
11. Describe your firm's plan as to whether Swing Space will be used to accommodate phasing and sequencing of work. Please be as detailed as possible regarding your description of either scenario. **Swing space, if required by the Contractor's plan, will be provided by the Contractor in accordance with Section 01 52 14 Temporary Facilities for Students.**

PLEASE RESPOND TO ITEMS 1 THROUGH 11 ABOVE ON A SEPARATE ATTACHMENT

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2.06. Financials – 5% out of 46% Qualitative Criteria

Review of the contractor's financial statement and bonding information is an important part of the evaluation process and such statements are required as part of this submittal.

A. Attach Financial Statement for the past two (2) years, including profit and loss statements and other supporting schedules. If the last statement is over 12 months old, include the most current statement.

B. Bank References (Additional references may be included as attached sheets.)

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

C. Trade References (Additional references may be included as attached sheets.)

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

Organization: _____

Agent: _____

Name of Contact: _____ Telephone No. _____

Attach Financial Statement

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2.07. HUB Participation – 10% HUB Criteria

- A. Does your Company have a HUB Plan and/or Policy? Yes No
If yes, provide a copy of the same along with the Proposal. Submit documentation including, but not limited to, advertisements, written notification to subcontracting firms, contact with certifying agencies such as NCTRCA, and State of Texas HUB program.
- B. Does your Company have a history of meeting HUB utilization commitments on previous Contracts?
 Yes No

If yes, include previous Contracts, HUB businesses utilized and the percentage of HUB utilization for each Contract.

| Project Contract | Types of HUB business utilized | Percent of HUB Utilization |
|------------------|--------------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- C. Will the Contractor participate in a Joint Venture? If yes, submit a proposal that lists the name, address, and contact information for the JV firm along with the JV Agreement.
- D. Refer to the Historically Underutilized Business (HUB) Guidelines in Section 00 45 39 for pertinent information and for forms that must be submitted with this proposal.

2.08. ADDITIONAL INFORMATION:

The following information must be provided to complete the evaluation of the Contractor’s technical proposal.

- A. CONTRACTOR’S PENDING CLAIMS AND/OR LITIGATION
 - 1. Attach a list of pending claims and/or litigation at time of submitting Proposal. (Show project name, owner and summary explanation.)

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PART 3. TECHNICAL PROPOSAL FORM EXECUTION

3.01 Proposal Form Execution

| | |
|-------------------------------------|--|
| Contractor's Firm Name (legal name) | |
| Federal Tax I. D. Number | |
| Contractor's Street Address | |
| Contractor's Phone Number | |
| Contractor's Fax Number | |
| Contractor's Email Address | |

SUBMITTED BY:

(Corporation, Partnership, Individual, etc.)

Name of President of Corporation *or*
Name of Principal Owner

Name of Secretary of Corporation
(if applicable)

(Corporation, Partnership, etc.) is organized under the laws of the State of _____.

Firm: _____

By: _____

Title: _____

Legal Address: _____

Date: _____

Affix Corporation Seal here (if applicable)