

SECTION 4. SOQ FORMS

SOQ Form 1

Town of Smithfield, North Carolina
Statement of Qualifications Transmittal Letter

Stephen Wensman
Planning Director
Town of Smithfield
350 E. Market Street
Smithfield, NC 27577

_____ (the “Proposer”) hereby submits its Statement of Qualifications for the Spring Branch Community Restoration Project.

Proposer accepts all of the requirements, terms, and conditions of the RFQ, including without limitation those dealing with the required performance and payment bonds and insurance. The SOQ will remain subject to acceptance for sixty (60) days after the opening of SOQs.

In submitting this SOQ, Proposer certifies, represents and warrants, that:

- A. The submittal of the SOQ has been duly authorized by, and in all respects binding upon, the Proposer.
- B. The undersigned declares that it is the Proposer or by holding the position below indicated is authorized to execute this SOQ Transmittal Letter on behalf of the Proposer and that all representations made on this form are true and accurate.
- C. Proposer has examined, carefully studied and understands and agrees to be bound by the requirements of the RFQ, the other related information identified in the RFQ, and the following Addenda, receipt of all of which is hereby acknowledged.

Addendum No.	Addendum Date	Signature Acknowledging Receipt

- D. All information and statements contained in the SOQ are current, correct and complete and are made with full knowledge that the Owner will rely on such information and statements in evaluating the SOQ.
- E. The submission of this SOQ will constitute a representation by Proposer that Proposer has complied with the requirements of the RFQ and any Addenda without exception.

- F. Proposer acknowledges that it is not aware of any existing or known future material adverse condition or change(s) in its financial position that would detrimentally impact its ability to provide the Services for this Project.
- G. Proposer certifies that each licensed design professional which is a Design-Build Team Member, including subconsultants, was selected based upon demonstrated competence and qualifications in the manner prescribed by North Carolina General Statutes Chapter 143-64.31.
- H. The Surety identified on SOQ Form 2 is authorized by law to do business in the State of North Carolina pursuant to a current certificate of authority to transact surety business.
- I. Proposer is familiar with and is satisfied as to all federal, state and local Laws and regulations that may affect furnishing the Services.
- J. Proposer has given Point of Contact written notice of all conflicts, errors, ambiguities, or discrepancies that Proposer has discovered in the RFQ and the written resolution thereof by Owner is acceptable to Proposer.
- K. If selected, Proposer will submit written evidence of its authority to do business in North Carolina not later than the date of its execution of the Agreement.
- L. Proposer further represents that this SOQ is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham SOQ. Proposer has not solicited or induced any individual or entity to refrain from making an SOQ; and Proposer has not sought by collusion to obtain for itself any advantage over any other Proposer or over Owner.

The following documents are attached to this Statement of Qualifications Transmittal Letter and made a condition of this SOQ:

- A. SOQ Forms
 - 1. SOQ Form 2 - Surety Letter of Intent
 - 2. SOQ Form 3- draft Design-Build Agreement Comments
- B. In lieu of Proposer's covenant in item L above, evidence of Proposer's authority to do business in the State of North Carolina.

The principal contact person who will serve as the interface between the Owner and the Proposer for all communications during the procurement period is:

Name: _____

Title: _____

Address: _____

Telephone: _____

Email: _____

The terms used in this letter have the meanings indicated in the RFQ. The significance of terms with initial capital letters is described in the RFQ.

Proposer agrees that venue shall lie exclusively in Johnston County, North Carolina for any legal action.

This SOQ is submitted by:

If Proposer is an Individual:

Name: _____
(typed or printed)

By: _____
(Individual's Signature)

Doing business as: _____

Business address: _____

Phone: _____ E-mail: _____

SOQ submitted on the following date: _____

A Partnership

Partnership Name: _____
(typed or printed)

Name of General Partner: _____
(typed or printed)

By: _____
(Signature of general partner -- attach evidence of authority to sign)

Doing business as: _____

Business address: _____

Phone: _____ E-mail: _____

SOQ submitted on the following date: _____

A Corporation

Corporation Name: _____
(typed or printed)

State of Incorporation: _____

Type: _____
(General Business, Professional, Service, Limited Liability)

Date of Qualification to do business in North Carolina is: _____

By: _____
(Signature -- attach evidence of authority to sign)

Name: _____
(typed or printed)

Title: _____

Attest: _____
(Signature of Corporate Secretary)

Business address: _____

Phone: _____ E-mail: _____

SOQ submitted on the following date: _____

Joint Venture

Joint Venturer Name: _____
(typed or printed)

By: _____
(Signature of joint venture partner -- attach evidence of authority to sign)

Name: _____
(typed or printed)

Title: _____

Business address: _____

Phone: _____ E-mail: _____

Proposal submitted on the following date: _____

Joint Venturer Name: _____
(typed or printed)

By: _____
(Signature of joint venture partner -- attach evidence of authority to sign)

Name: _____
(typed or printed)

Title: _____

Business address: _____

Phone: _____ E-mail: _____

SOQ submitted on the following date: _____

Contact for receipt of official communications:

Name: _____
(typed or printed)

Business address: _____

Phone: _____ E-mail: _____

Each joint venturer must sign. The manner of signing for each individual, partnership, and corporation that is a party to the joint venture should be in the manner indicated above.

Affidavits

One of the following four affidavits shall be executed and provided with this form.

AFFIDAVIT FOR CORPORATION

State _____) §

County of _____) §

_____, being duly sworn deposes and says that they are _____ of the
(Name) (Title)

Corporation submitting the foregoing form and related information; have read such documents; and that such documents are true and correct and contain no material misrepresentations; and that they are authorized to make this affidavit on behalf of the Corporation.

(Signature)

Signed and sworn to me before this _____ day of _____, 20_____.

(Notary Public)

My commission expires:

AFFIDAVIT FOR PARTNERSHIP

State _____) §

County of _____) §

_____, being duly sworn deposes and says
(Name)

that they are _____ of the
(Title)

_____ company submitting the foregoing form and related information; have read such documents; and that such documents are true and correct and contain no material misrepresentations; and that they are authorized to make this affidavit on behalf of the Partnership.

(Signature)

Signed and sworn to me before this _____ day of _____, 20_____.

(Notary Public)

My commission expires:

AFFIDAVIT FOR INDIVIDUAL

State _____) §

County of _____) §

_____, being duly sworn deposes and says
(Name)

that they are _____ of the
(Title)

_____ company submitting the foregoing form and related information; have read such documents; and that such documents are true and correct and contain no material misrepresentations.

(Signature)

Signed and sworn to me before this _____ day of _____, 20__.

(Notary Public)

My commission expires:

JOINT VENTURE STATEMENT

We the undersigned do hereby give notice to our agreement to propose as a joint venture on the Project and by submitting the foregoing form and related information; have read such documents; and that such documents are true and correct and contain no material misrepresentations.

(Name of Joint Venture)

(Name of Firm)

(Signature)

Signed and sworn to me before this _____ day of _____, 20__.

(Notary Public)

My commission expires:

(Name of Firm)

(Signature)

Signed and sworn to me before this _____ day of _____, 20__.

(Notary Public)

My commission expi

SOQ Form 2

Surety Letter of Intent

(To be typed on Surety’s letterhead)

Date:

Stephen Wensman
Planning Director
Town of Smithfield
350 E. Market Street
Smithfield, NC 27577

Re: Request for Qualifications for Design-Build Services for the Spring Branch Community Restoration Project Phase 1

Dear _____:

_____ (the “Proposer”) has submitted its Statement of Qualifications (“SOQ”) in response to the Request For Qualifications (“RFQ”), as amended by Addenda, for the Design-Build Services for the Spring Branch Community Restoration Project Phase 1 issued by the Town of Smithfield (the “Town”) on _____ 2020. The RFQ states the requirement that the selected Proposer will enter into the Design-Build Agreement (the “Agreement”) to provide the Design-Build Services (the “Services”) as described in the RFQ.

The Surety has reviewed both the Proposer’s SOQ and the RFQ. The Surety hereby certifies that, if the Proposer is selected as the Design-Builder for the Project Phase 1 and subject to the review and approval of the final terms and conditions of the Design-Build Agreement, it intends to issue on behalf of the Proposer, as security for the performance of the Proposer’s obligations under the Design-Build Agreement, a performance and payment bond meeting the requirements of North Carolina General Statutes Chapter 44A Article 3 for the benefit of the Owner, as beneficiary, in the event the Proposer is selected for the execution of the Design-Build Agreement.

This Letter of Intent shall expire 60 days from the date of this Letter of Intent and it may be extended or renewed by mutual consent of the Proposer and its Surety(s).

Name of Surety(s): _____

Name of Designated Signatory: _____

Title: _____

Signature: _____

SOQ Form 4

Financial Resources Data

Proposer Name: _____

Financial Metric (Indicate appropriate years)	2016 or 2017	2017 or 2018	2018 or 2019
A. Operating Revenues			
B. Operating Expense (not including Depreciation and Amortization)			
C. Depreciation and Amortization			
D. Operating Income (A-B-C)			
E. Net Income			
F. Total Assets			
G. Current Assets			
H. Total Liabilities			
I. Current Liabilities			
J. Net Worth (Equity) (F-H)			
Market Price per share (as of 08/10/2019)			
No. of outstanding shares (as of 08/10/2019)			

SOQ Form 5

Bank Credit Reference

Please provide the following information for the Proposer. Please sign and date this form.

Bank Reference for _____ (“Company”)

Name of banking institution or organization: _____

Address: _____

Contact Individual: _____

Phone: _____ Email: _____

Please indicate Yes or No in the appropriate box by answering the following questions and also respond to the last two questions:

Question	Yes	No
Has your organization or institution extended credit to the Company in the past three years?		
Has the Company ever defaulted on a loan with your institution or organization?		
Has the Company’s credit history included any instances of delinquent payments?		
To your knowledge, has the Company ever filed for bankruptcy or been involved in any bankruptcy proceedings?		
To your knowledge, have any of the corporate officers of the Company ever been in default on a loan?		
To your knowledge, has any creditor ever filed any criminal charges against the Company?		
Please discuss any other questions or issues that may have come out in any financial due diligence evaluation or credit check performed by your institution or organization		
Response:		
Overall, how would you rank the financial stability or credit worthiness of the Company (e.g. excellent, good, satisfactory or poor?)		
Response:		

Signature

Printed Name and Title

Date

SOQ Form 6 Proposer and Design-Build Team Member Similar Project Experience

Proposer shall complete this form.

Project Owner		Project Name		State	
Proposer or Design-Build Team Member name:					
General description of project scope of work and relevant similar project characteristics					
Project Budget and Schedule Performance					
			Initial Contract Value	\$	
	Yes/No		Final Cost	\$	
Were there change orders due to change in scope?					
Were the change orders due to Act of God or other unforeseen circumstances?					
Did project exceed budget?					
Were there delays?					

Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference)

	Name	Title/ position	Organization	Telephone	E-mail
Owner					

Disputes/Other Issues

	Yes/No
Were there any disputes that were resolved or are pending resolution by arbitration, litigation or dispute review boards?	
Were there any political or socio-economic issues? (e.g. changes in scope due to public perception, conflicts between entities)	
Was there any negative media coverage?	
If yes to any the above, please provide a two to three sentence explanation.	

SOQ Form 7

Proposed Key Personnel Matrix

KEY PERSONNEL	Key Personnel 1	Key Personnel 2	Key Personnel 3	Key Personnel 4	Key Personnel 5
<i>Personal Information</i>					
Name					
Company Affiliation					
Professional Certifications/Registrations/Affiliations					
Relevant Academic Degree(s) (list)					
Proposed Role/Function for Project					
Office Location					
Number of Years with Current Company					
<i>Projects Listed in Response to RFQ Section 3.2.3 – Indicate Role and Level of Involvement (Major/ Minor or None, as applicable)</i>					
1.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
2.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
3.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
4.	Role	Role	Role	Role	Role

	Involvement	Involvement	Involvement	Involvement	Involvement
5.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
6.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
7.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
8.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
9.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement
10.	Role	Role	Role	Role	Role
	Involvement	Involvement	Involvement	Involvement	Involvement

KEY TEAM MEMBERS	Key Personnel 1	Key Personnel 2	Key Personnel 3	Key Personnel 4	Key Personnel 5
<i>Expertise – Indicate Number of Years of Experience or Number of Projects Completed and Specify if Reporting Numbers or Years</i>					
Geomorphic surveying					
Hydrologic/hydraulic experience, incl. HEC-1, HEC-2, HEC-RAS, etc.					
Analysis of alternatives					
Benefit/cost evaluations					
Erosion control					
Conceptual plan preparation					
Prep of Construction Documents (plans, specs, bid tabs, estimates)					
Construction management					
Public education and involvement					
Stream restoration & enhancement design and/or construction					
Water quality modeling/pollutant loading analysis					
Stream geomorphic assessments, incl. pebble counts, etc.					
Biological stream assessment					
Experience working with municipality in park environment					
Vegetation selection and establishment					
Environmental site assessments					
Invasive plant management					
GIS					
Post–construction geomorphic monitoring					
Post-construction vegetation monitoring					
Monitoring report preparation					
Operating heavy equipment to construct new stream channel offline (i.e., Rosgen Priority 1)					
Operating heavy equipment to construct a new floodplain at a lower elevation (i.e., Rosgen Priority 2)					
Operating heavy equipment to improve the dimension and profile of an existing channel (i.e., Rosgen Priority 3)					
Operating heavy equipment to construct in-stream structures (i.e., constructed riffles, j-hooks, cross vanes)					

SOQ Form 8

Proposer Safety Performance Questionnaire

Proposer Safety Performance Questionnaire			
Proposer Name			
Health and Safety			
Please use your OSHA No. 200/300 logs to record the number of injuries and illnesses for the last three (3) years.			
Year (state the applicable years)	2016 or 2015	2015 or 2014	2014 or 2013
Number of Fatalities			
Lost Work Day Cases Incident Rate -1			
OSHA Recordable Incident Rate -2			
Number of Hours Worked			
Total Number of Employees on Your Payroll			
Owner requires Design-Builder provide the above accident statistics, even though certain companies may not be statutorily required to keep OSHA 200/300 logs.			
-1 The following formula is used for calculating the Lost Work Day Incident Rate:	=	(Number of Lost work Day Cases x 200,000) divided by Number of Hours Worked	
-2 The following formula is used for calculating the OSHA Recordable Incident Rate:	=	(Number of Recordable Cases X 200,000) divided by Number of Hours Worked	
List your Worker's Compensation (WC) Experience Modification Rate (EMR) for the three (3) most recent years:			
Year (state the applicable years)	Interstate	Intrastate	
2016 or 2015			
2015 or 2014			
2014 or 2013			
Is a letter from your WC insurance carrier certifying the above EMRs attached?	Yes		No
If your WC carrier has not issued an EMR because you have not accrued enough WC costs, is a copy of your WC Loss Run (available from your WC carrier) attached?	Yes		No
If the current EMR is greater than 1.0, is a comprehensive written explanation of the safety methods and procedures that are being implemented to reduce this rate attached?	Yes		No
Has Proposer received an OSHA (or State OSHA) citation within the last five (5) years?	Yes		No
If answered yes to immediately above question, is there a copy of the citation(s)	Yes		No
Was the citation(s) contested/vacated?	Yes		No
If answered yes to immediately above question, please describe			
What specific corrective actions were taken to prevent further injuries/ penalties?			
Does Proposer have a written occupational safety and health program?	Yes		No
Does Proposer conduct field safety inspections to determine compliance with applicable regulations and procedures?	Yes		No
Who conducts these inspections (provide position/title)?			
How often are safety inspections conducted?			

Does Proposer have the following on your staff or on retainer?				Yes	No	How Many	Staff	Retainer	If yes, list certification number(s)	
Occupational Physician										
Certified Industrial Hygienist										
Certified Safety Professional										
Certified Health Physicist										
Does Proposer have an orientation program for new hires?								Yes	No	
Has Proposer implemented any of the following training programs? If yes, please provide the last date this training was provided or place a "N/A" if the training is not applicable										
Yes	No	Date	Training Program	Yes	No	Date	Training program			
			Asbestos				Hazardous Waste (40 Hour)			
			Blasting/Explosives				Hearing Conservation			
			Blood Borne Pathogens				Heavy Equipment Operation			
			Confined Space Entry				Laboratory Safety			
			Construction (OSHA Certified 10 hours)				Ladder/Scaffolding			
			Construction (OSHA Certified 30 hours)				Lead			
			Cranes Operations				Lockout/Tag Out			
			Electrical Safety				Personal Protective Equipment			
			Excavation Competent Person				Power-actuated Tools			
			Fall Protection				Process Safety Management			
			Fire Extinguishers				Radiation Protection			
			First Aid/CPR				Respiratory Protection			
			Forklift Operations				Welding/Cutting			
Who conducts training (Name and Title)										
Does Proposer have a program in place to discipline workers that perform unsafe work practices?								Yes	No	
Does Proposer have written Accident Investigation Procedures?								Yes	No	
Does Proposer currently maintain a program in compliance with applicable State "Right to Know" laws and the OSHA Hazard Communication Standard?								Yes	No	
Does Proposer hold "tailgate/toolbox safety meetings?"								Yes	No	
If you answered yes, how often are such meetings held?										
Does Proposer have a written Alcohol and Substance Abuse Program?								Yes	No	
If you answered yes to the immediately above question, does it include?										
10-panel substance testing?								Yes	No	
Pre-employment/pre-job assignment testing within 30 days of employment or pre-job assignment?								Yes	No	
Post-accident drug and alcohol testing?								Yes	No	
Random testing (10 percent per month)?								Yes	No	
Reasonable suspicion drug and alcohol testing?								Yes	No	

The undersigned warrants and represents that he/she is authorized to sign this document and that the data and information provided on this document is accurate in all respects.

Name of Proposer

Name

Title

Signature

Date