

Henry Roybal
Commissioner, District 1

Anna Hansen
Commissioner, District 2

Rudy N. Garcia
Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4

Hank Hughes
Commissioner, District 5

Katherine Miller
County Manager

March 3, 2022

SANTA FE COUNTY
RFP No. 2022-0168-PW/APS
NORTHEAST/SOUTHEAST CONNECTOR PROJECT

ADDENDUM NO. 1

Dear Proponents,

This addendum is issued to reflect the following immediately. It shall be the responsibility of interested Offerors to adhere to any changes or revisions to the RFP as identified in this Addendum No. 1. This documentation shall become permanent and made part of the departmental files.

Attachment A: Revised General Contractor's Statement of Qualifications

Clarification No. 1:

This is a competitive sealed proposal: multi-step procurement, pursuant to NMSA 1978; 13-1-109. The first step is a Request for Qualifications (RFQ) or Statement of Qualifications (SOQ).

Clarification No. 2:

Page 7 E. b: Offeror's at a minimum must hold both a GA-98 and GB-98 license in good standing issued by the New Mexico Construction Industries Division.

Clarification No. 3:

Deadline for submittals of the SOQ and response to evaluation criteria (qualifications) is 2:00 PM, Local Time, Tuesday, March 29, 2022. Qualifications may be submitted in hardcopy form to Santa Fe County Purchasing Division, located at 102 Grant Avenue (1st Floor), Santa Fe, NM 87501 or may be submitted electronically via DropBox at <https://www.dropbox.com/request/4WEVm0C5ziGQrhNPknnT>.

Clarification No. 4:

Page 57 3.4: Should the Contractor neglect, refuse, or otherwise fail to complete the Work within the time specified in this Article, the Contractor agrees that Liquidated Damages in the amount of \$5,000.00 shall be assessed per each calendar day that expires after the date of substantial complete,

as adjusted by any change order, and until issuance by the County of a certificate of Substantial Completion in accordance with Paragraph 7 (Effective Date and Term) of the General Conditions.

Please add this Addendum No. 1 to the original proposal documents and refer to proposal documents, hereto as such. This and all subsequent addenda will become part of any resulting contract documents and have effects as if original issued. All other unaffected sections will have their original interpretation and remain in full force and effect. Responders are reminded that any questions or need for clarification must be addressed to Amanda Patterson-Sanchez, Procurement Specialist Senior at apatterson-sanchez@santafecountynm.gov.

GENERAL CONTRACTOR'S STATEMENT OF QUALIFICATIONS

1. ORGANIZATION

Name: _____

Address _____

Principal Office _____

Corporation Partnership Sole Proprietorship Joint Venture

Other _____

a. How many years has your organization been in business as a Contractor? _____

b. How many years has your organization been in business under its present business name? _____

c. Under what other or former names has your organization operated? _____

2. LICENSING

a. Name of license holder(s) (or qualifying party) exactly as on file with the State of New Mexico, Regulation and Licensing Department, Construction Industries Division:

b. License Classification: _____ License Code: _____

c. License Number(s): _____

d. Issue Date: _____ Expiration Date: _____

e. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes, Free of suspension or revocation No (Explain)

f. Does your firm hold all applicable Business licenses required by State of New Mexico Law?

License Number: _____ Jurisdiction: _____

Name of License Holder, exactly as it appears on file with jurisdictional authorities.

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____

Name of License Holder, exactly as it appears on file with jurisdictional authorities.

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____

Name of License Holder, exactly as it appears on file with jurisdictional authorities.

Issue Date: _____ Expiration Date: _____

g. Is your firm registered with the New Mexico Tax and Revenue Department for resident/veteran preference (Attachment A)

Resident Contractor Certificate Number: _____ Issue Date: _____

Resident Veteran Certificate Number: _____ Issue Date: _____

h. Is your firm free from formal debarment from public works, federal, state or local jurisdictions? Yes No (attach explanation)

3. EXPERIENCE

a. Has your firm completed **one (1) or more** Road Improvement projects that were subject to the NMDOT Standard Specifications for Road & Bridge Construction, 2019 Edition. Complete Attachment B for **five (5)** maximum projects listed.

Yes Number: _____ No

Project 1 Name: _____

Project 2 Name: _____

Project 3 Name: _____

Project 4 Name: _____

Project 5 Name: _____

b. State the average annual amount of construction work performed during the past five years: _____

c. Also on Attachment B list major construction projects your organization has in progress, giving the name of the project, owner, and contract amount.

4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications stated below.

a. Does your assigned Project Superintendent(s) have the following minimum qualifications and experience? (Please complete this form and provide a resume for each Superintendent proposed at Attachment C)

(1) At least **ten (10)** years' experience in the construction industry?

Yes Number Years: _____ No

(2) Experience on at least **one (1)** construction project as identified in 3a?

Yes Number Projects: _____ No

(3) Experience as a Project Superintendent on **one (1)** or more construction projects valued at **\$10,000,000** or more?

Yes Number Projects: _____ No

(4) Superintendent: _____ Years with your firm: _____

Present Position/Job Title: _____ Years in this Position: _____

List other project(s) this person has had a similar role for the past ten (10) years.

Is your Superintendent a Principal or Officer of the firm? Yes No

(5) QA/QC Manager: _____ Years with your firm: _____

Present Position/Job Title: _____ Years in this Position: _____

List other project(s) this person has had a similar role for the past ten (10) years. Please complete this form and provide a resume for each QA/QC Manager proposed at Attachment C)

Is your QA/QC Manager a Principal or Officer of the firm? Yes No

5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

a. Resources.

(1) Total number of current employees:	Project Managers:	_____
	Estimators	_____
	Superintendents	_____
	Foremen	_____
	Laborors	_____

Administration _____

Others _____

(2) Does your firm have the immediate capacity to perform the work required for these projects?

Yes No

b. Please list all on-call contracts or price agreements valued over \$500,000 with scheduled expiration dates (Attachment D).

See Attachment

None

6. SURETY

a. Firm's current surety company: _____

Will this surety be used for the construction contract for these projects?

Yes No (explain)

Contact Agent: Name: _____ Telephone: _____

Years utilizing this surety: _____ Maximum Capacity: _____

Aggregate Total of current surety in force: _____

b. Is the surety company to be used on these projects licensed to do business in the State of New Mexico?

Yes No (explain)

c. Is your firm free of having any construction contracts taken over by a surety for completion in the past **five (5)** years?

Yes (Explain) No

d. Has your firm used other surety companies since 2018? Yes (list) No

Surety company

Contact

Surety company

Contact

Surety company

Contact

- e. Is your firm able to obtain bonding in the amount of **\$10,000,000** required for the completion of these projects? Please provide a notarized declaration from the surety identified above, stating the amount of bonding capacity available to your firm for these projects (Attachment E).

[] Yes [] No (Explain)

7. SAFETY

- a. Submit a letter from your insurance carrier listing your company’s Workmen’s Compensation Experience Modification Rate (EMR) for the most recent three-year policy period average. Include as Attachment F. Additionally provide the EMR for the past five (5) years below:

2022_____ / 2021_____ / 2020_____ / 2019_____ / 2018_____

- b. Provide the information requested below for the years shown using U.S. Bureau of Labor Statistics Guidelines to determine recordability and lost workdays from your firm’s OSHA 300 logs.

Total Recordable Injury/Illness Case Rate:
 2020:_____ 2021:_____ 2022:_____ 3-year average:_____

Lost Workday Case Rate:
 2020:_____ 2021:_____ 2022:_____ 3-year average:_____

- c. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

[] Yes [] No (Explain)

8. INSURANCE & CLAIMS HISTORY

- a. Is your firm free from any court judgments, pending litigation, arbitration and final agency decisions filed within the last **five (5)** years in a construction related matter in which the contractor, or any officer, is or was party?

[] Yes [] No (Explain)

- b. Has your firm during the past five **(5) years** been free of a determination by a court of competent jurisdiction that it filed a false claim with any Federal, State, or local government entity?

[] Yes [] No (Explain)

- c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at \$2M per occurrence and \$2M in the aggregate)?

[] Yes [] No (Explain)

- d. Please provide a Certificate of Liability from an insurance carrier stating showing the firm’s ability obtain insurance in the limits required by state statutes (Attachment G).

9. PROJECT SCHEDULING

a. Does your firm use computerized scheduling? Yes No

b. If yes, which programs and versions are used? Please list.

c. Has the firm been involved with a construction project within the past ten (10) years, where the schedule was not met?

Yes No

d. If yes, please indicate the projects

(1) Project: _____

Reason for Delay: _____

(2) Project: _____

Reason for Delay: _____

(3) Project: _____

Reason for Delay: _____

e. Has the firm been assessed liquidated damages due to scheduling for any project in the past **ten (10)** years?

Yes No

f. If Yes, List Projects

10. LABOR CODE VIOLATIONS

- a. Has your firm, during the past **five (5)** years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects?
 Yes No (Explain)
- b. Please provide documentation to substantiate this (Attachment H)
- c. Is the firm free of all Sub-contractor Fair Practices Act violations for the past **five (5)** years?
 Yes No (Explain)

11: NEW MEXICO PRODUCED WORK

Number of New Mexico based employees that will be part of the project team: _____

Percentage of New Mexico produced work: _____%

12. CLARIFICATIONS/EXPLANATIONS (if necessary)

- a. Please provide further explanation of items indicated requiring explanation, or other additional information to further explain any of the questions asked in this Qualification Statement (Attachment I).
- b. Additional information provided as outlined in the Invitation for Bid will be attached as (Attachment J).

The undersigned certifies that all of the Qualification information submitted with this form is true and correct.

Name and Title	Firm Name
Signature	Address of Firm

SUBSCRIBED AND SWORN to before me this ____ day of _____ 2022.

NOTARY PUBLIC

My Commission Expires _____

ATTACHMENTS INCLUDED:

(Please check all attachments included in this Submittal)

- A Resident Contractor Certificate and/or Resident Veteran Certificate
- B Road Projects subject to NMDOT Standard Specifications for Road & Bridge Construction
- C Resumes of Proposed Key Personnel
- D Projects Currently Valued Over \$10,000,000
- E Letter (on Letterhead) of Surety Company
- F Letter from Insurance Carrier for Workmen's Compensation Experience Modification Rate (EMR)
- G Certificate of Liability
- H Affidavit of Non-Violation of Labor Codes
- I Clarifications, and Explanations
- J Additional Information (Optional)

ATTACHMENT A

Resident Business Certificate and/or Resident Contractor Certificate

ATTACHMENT B

COMPLETE ONE FORM FOR EACH PROJECT LISTED ON THE QUESTIONNAIRE (MAXIMUM 5)

PROJECT DESCRIPTION

Project Type: _____ Contact Title: _____

Project Name: _____ Contact Name: _____

Owner: _____ Contact Phone No: _____

DESIGN PROFESSIONAL

Name: _____ Phone Number: _____

Contact: _____ Title: _____

Project Start Date: _____ Completion Date: _____

Original Contract Amount: \$ _____ Original Contract Duration (days) _____

Final Contract Amount With all Change Orders: \$ _____
Final Contract Duration (days) With All Time Extensions: _____

PROJECT EXECUTION

Were Liquidated Damages Assessed on this Project? No Yes days _____ \$ _____

Percentage of Work Subcontracted: _____% Contract Type: Competitive Bid Lump Sum
 Negotiated Lump Sum
 Guaranteed Maximum Price
 Other (Describe)

MAJOR PROJECTS IN PROGRESS

Name of Project	Owner	Contract Amount (\$)
-----------------	-------	----------------------

Name of Project	Owner	Contract Amount (\$)
-----------------	-------	----------------------

Name of Project	Owner	Contract Amount (\$)
-----------------	-------	----------------------

Name of Project	Owner	Contract Amount (\$)
-----------------	-------	----------------------

Name of Project	Owner	Contract Amount (\$)
-----------------	-------	----------------------

ATTACHMENT C
RESUMES OF PROPOSED KEY PERSONNEL

ATTACHMENT D

PROJECTS CURRENTLY VALUED OVER \$10,000,000

<u>PROJECT TITLE & LOCATION</u>	<u>START DATE</u>	<u>PROJECTED COMPLETION</u>
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ATTACHMENT E
ON LETTERHEAD OF SURETY COMPANY

ATTACHMENT F

**LETTER FROM INSURANCE CARRIER FOR WORKMEN'S COMPENSATION
EXPERIENCE MODIFICATION RATE (EMR)**

ATTACHMENT G
CERTIFICATE OF LIABILITY

ATTACHMENT H

AFFIDAVIT OF NON-VIOLATION OF LABOR CODES.

IFB: #

Title:

TO: Santa Fe County

The undersigned officer of _____ hereby states that _____ has, during the past five years, been free of any determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects.

Name

Title

Signature

NOTARY

State of _____)

)

County of _____)

Signed or attested before me on _____ by _____

seal

My Commission Expires: _____

ATTACHMENT I

CLARIFICATIONS AND EXPLANATION

Additional written explanations or comments required for clarification of items contained in the Statement of Qualifications.

ITEM REF

NUMBER

COMMENTS

ATTACHMENT J

ADDITIONAL INFORMATION

Additional written qualifications (optional) are limited to a maximum of fifteen (15) pages of text/photos, single sided, excluding a single cover letter, title page, table of contents, dividers and covers. Material should be limited to 8-1/2" x 11" format.