

**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 11, 2022

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

**ADDENDUM NO. 3**

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 RFF as identified in this Addendum No. 3. This documentation shall become permanent and made part of the departmental files.

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***Attachment A: Revised General Contractor's Statement of Qualification***

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**Clarification No. 1:**

Please see page 6 7 a and b of Revised General Contractor's Statement of Qualification. Correction has been made to years needed.

**Please be advised deadlines for questions has passed. No more questions will be answered at this time.**

Please add this Addendum No. 3 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](mailto:apatterson-sanchez@santafecountynm.gov).

**Revised General Contractor's Statement of Qualification**

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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)

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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:

2021\_\_\_\_\_ / 2020\_\_\_\_\_ / 2019\_\_\_\_\_ / 2018\_\_\_\_\_ / 2017\_\_\_\_\_

- 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:  
 2019:\_\_\_\_\_ 2020:\_\_\_\_\_ 2021:\_\_\_\_\_ 3-year average:\_\_\_\_\_

Lost Workday Case Rate:  
 2019:\_\_\_\_\_ 2020:\_\_\_\_\_ 2021:\_\_\_\_\_ 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.

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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: \_\_\_\_\_

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(2) Project: \_\_\_\_\_

Reason for Delay: \_\_\_\_\_

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(3) Project: \_\_\_\_\_

Reason for Delay: \_\_\_\_\_

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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

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**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: \_\_\_\_\_

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### 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)

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### MAJOR PROJECTS IN PROGRESS

Name of Project	Owner	Contract Amount (\$)
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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 &amp; 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

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## **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.