

Request for Qualifications (RFQ)

Description: **Task Order Contract (TOC)
Painting Services**

Solicitation No: **325-72**

Issue Date: **January 8, 2025**

Submission Due by: **January 23, 2025 at 4:00 P.M. EDT**

Solicitation Number and Opening Date must be shown on sealed envelope or email

Must Be Signed to be Valid

Authorized Signature		Printed Name/Title		Date
Company Name			State Vendor No. (If Known)	
Mailing Address			Social Security or Federal Tax No.	
City		State		Zip
Phone Number	Fax Number		Email Address	
Buyer Signature and Date (District Use Only)			Purchase Order Number (District Use Only)	

Are you a Minority Owned Vendor? Yes or No

SC Certified Minority? Yes or No

CONTRACTOR'S STATEMENT OF QUALIFICATIONS & QUESTIONNAIRE

AGENCY NAME: Greenville County School District

PROJECT/CONTRACT NAME: Task Order Contract (TOC) for Painting Services

PROJECT/CONTRACT NUMBER: 325-72

PROJECT/CONTRACT LOCATION: Greenville County, SC

AGENCY PROJECT/CONTRACT COORDINATOR: Tonya Stroud

EMAIL: tstroud@greenville.k12.sc.us **TELEPHONE:** 864-355-1281

DESCRIPTION OF PROJECT / SERVICES: Provide as-needed painting contracting services within the defined geographic area of S.C. Contractors submitting proposals for providing these services shall, at the time of submittal, and throughout the life of the contract, possess a S.C. General Contracting license with a classification equivalent to the maximum awarded amount allowed by this Task Order Contract.

Anticipated Construction Start Date: _____ *N/A*

Anticipated Construction Duration: _____ *N/A*

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- All questions or requests for information must be submitted in writing (email) to the Agency Project Coordinator listed above no later than: January 15, 2024 at 4:00 P.M. EST
 - **NO QUESTIONS WILL BE ANSWERED BY PHONE**
 - All responses to the written inquiries will be answered by email as an addendum.
 - In compliance with the Invitation and subject to all the terms and conditions set forth herein, the undersigned offers and agrees to furnish the services described.

CONTRACTOR INFORMATION *(to be completed by Contractor):*

CONTRACTOR'S LEGAL BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT NAME: _____

TITLE: _____

EMAIL: _____ **DATE:** _____

CONTRACTOR'S CLASSIFICATIONS AND SUBCLASSIFICATIONS WITH LIMITATION

SC Contractor's License Number(s): _____

Classification(s) & Limits: _____

Subclassification(s) & Limits: _____

PART I – INFORMATION

A. SUBMISSION REQUIREMENTS:

1. Submissions shall include the following documents in this order:
 - a. The completed and signed Contractor’s Statement of Qualifications & Questionnaire.
 - b. Written statements from the contractor’s bonding agent and insurance company indicating that they can provide the contract-required amount of each of these items. (The contract applicable to this project(s) will be either the SE-680, Task Order Contract (for Task Order Contracts) or the SCOSE Version of the AIA A101, Standard Form of Agreement Between Owner and Contractor (for Design-Bid-Build Prequalification)).
 - c. Attachments that are explanations or information required for a complete submittal.
2. The Agency recognizes the possible existence of confidentiality agreements between a Contractor and previous clients and fully respects such agreements. Any information requested that is considered to be confidential between the Contractor and a previous client shall be marked “Confidential” by the Contractor.
3. The Agency reserves the right to visit the office(s) of a Contractor to verify claim(s) made regarding staff, facilities, capabilities, qualifications, and any other reasonable concerns that may arise on the part of the Agency. In such an event, the Contractor must make every reasonable attempt to clarify any concerns expressed by the Agency.
4. The Agency will not be responsible for any costs incurred by a Contractor in preparing or submitting the Contractor’s Statement of Qualifications & Questionnaire.
5. In the event the Contractor discovers an error in its submission, the Contractor may correct or amend their submission up until the date and time fixed for receipt of Qualifications. If an error is discovered after the time and date of receipt, the Agency Project Coordinator must coordinate with the Contractor to determine if an error correction will be accepted by the Agency. Error corrections will not be accepted after the Evaluation Committee meeting has convened.
6. As noted above, Contractor may contact, in writing, the Agency Project Coordinator for any required clarifications on the Contractor’s Statement of Qualifications & Questionnaire. Contractor is to refrain from contacting Agency personnel for purpose of requesting tours or for any other purpose relating to the project/contract..

B. EVALUATION OF SELECTION CRITERIA

The Agency will evaluate the Contractor’s qualifications based on the information submitted by the Contractor against the criteria and requirements specified herein.

C. DENYING PREQUALIFICATION

At the Agency's sole discretion, grounds for denying prequalification may include but are not limited to the following:

1. Any judgment(s), whether one or several, entered against the Contractor for breach of contract for construction within the past ten (10) years.
2. The Contractor has:
 - a. **paid liquidated damages** for failure to complete a project by the contracted date on more than two (2) projects in the last five (5) years; or
 - b. **been terminated** for cause on a contract in the last five (5) years; or
 - c. **had Performance or Payment Bond claims paid on its behalf** in the last five (5) years.
3. The Contractor or any officer, director, project manager, procurement manager, chief financial officer, partner, or owner of the organization in the past ten (10) years has:
 - a. **been convicted** on charges relating to any **criminal activity** relating to contracting, construction, bidding, bid rigging or bribery; or
 - b. **been fined or adjudicated of** having failed to abate a citation for building code violations by a court or a local building code appeals board.
4. The Contractor or any officer, director, project manager, procurement manager, chief financial officer, partner, or owner of the construction company in the past ten (10) years has been **debarred** or **enjoined** by any agency or political subdivision of the state of South Carolina, by any agency of the United States or by any agency of another state.

PART II – GENERAL ORGANIZATION INFORMATION

Note: Information provided in response to this section may be used to confirm answers given in other sections and to investigate the history of performance of the Contractor and/or its owners and affiliated businesses. An investigation that reveals misinformation, an attempt to conceal information, or a history of poor performance by the Contractor or its owners may be grounds for disqualification as non-responsible.

A. ORGANIZATION

1. Date the organization was formed: _____
2. Type of organization
 - Corporation State in which incorporated _____ Year _____
 - Limited Liability Company State in which organized _____ Year _____
 - Partnership General Limited State and County where partnership filed _____
 - Sole Proprietorship Owner _____
 - Joint Venture

Provide the names for each member of the Joint Venture _____
3. Is the organization certified as a small or minority business by the South Carolina Division of Small and Minority Business Contracting and Certification (SMBCC)? _____

B. ORGANIZATION PRINCIPALS AND KEY PERSONNEL - In the chart below, complete the required information. "Principals" and "Key Personnel" include any of the following:

- Proprietors, partners, directors, officers
- Any manager or individual who participates in overall policy-making or financial decisions for the organization
- Any person in a position to control and direct the organization's overall operations or any significant part of its operation
- The organization's qualifying party for purposes of South Carolina licensure.

Organizations that are publicly held corporations should list the president, treasurer, and only those officers and managers who will have direct responsibility for the project.

1. Principals and Key Personnel (attach additional pages, if needed)

Person 1 Name: _____

Title: _____

Person 2 Name: _____

Title: _____

Person 3 Name: _____

Title: _____

2. At present, do any of the Principals or Key Personnel listed in Question B.1 own 25% or more of any other business? Yes No If "Yes", list below.

Person	Business Name	Address	% Owned
_____	_____	_____	_____
_____	_____	_____	_____

3. Has any owner, partner, qualifying party or (for corporations:) officer of the organization operated a construction business (other than a business listed in B.2 above) under any other name in the last five (5) years? Yes No If "Yes", list below (use additional paper if necessary)

Person	Business Name	Address	% Owned
_____	_____	_____	_____
_____	_____	_____	_____

4. Has there been any change in ownership of the organization at any time during the last three (3) years? A corporation

whose shares are publicly traded and of which no single person or entity owns more than 25% may check "No."

Yes No If "Yes," explain: _____

5. Is the organization a subsidiary, parent, holding company or affiliate of another construction business?

Yes No If "Yes," explain: _____

6. Has the organization changed names or license number in the past five (5) years?

Yes No If "Yes," explain: _____

PART III – EVALUATION CRITERIA

A. Past Performance/Recent Construction Projects Completed

Contractor shall provide information for at least three (3) construction projects of similar size and/or comparable scope within the last ten (10) years, one of those within the past five (5) years, that has been completed. The projects shall be sufficiently comparable so that the Agency may conclude that the Contractor is familiar with and capable of handling the project(s) described herein. References must be current and verifiable.

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Owner's Contact Name & Phone	_____
Architect/Engineer	_____
A/E Contact Name & Phone	_____
Type of Project	_____
Total Value of Construction	_____
Construction Manager Name & Phone	_____
Original Scheduled Completion Date	_____
Time Extensions Granted (days)	_____
Actual Date of Completion	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Owner's Contact Name & Phone	_____
Architect/Engineer	_____
A/E Contact Name & Phone	_____
Type of Project	_____
Total Value of Construction	_____
Construction Manager Name & Phone	_____
Original Scheduled Completion Date	_____
Time Extensions Granted (days)	_____
Actual Date of Completion	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Owner's Contact Name & Phone	_____
Architect/Engineer	_____
A/E Contact Name & Phone	_____
Type of Project	_____
Total Value of Construction	_____
Construction Manager Name & Phone	_____
Original Scheduled Completion Date	_____
Time Extensions Granted (days)	_____
Actual Date of Completion	_____

1. At any time in the last five (5) years, has the organization been assessed or paid delay damages (liquidated or actual) on any public or private construction project?
Yes No If “Yes,” attach a signed explanation identifying all such projects by owner, owner’s address, the date of completion of the project, amount of delay damages assessed and all other information necessary to fully explain the assessment of delay damages. If delay damages were assessed by a general contractor or construction manager provide their name and address.

2. In the last five (5) years, has the organization, parent organization, any subsidiary business, or any business with which any of the organization’s owners, officers, partners, or qualifying parties were associated, been debarred, disqualified, removed, or otherwise prevented from bidding on, completing, or contracting to perform any government agency or public works project for any reason? “Associated with” refers to another construction organization in which an owner, partner or officer of the organization held a similar position, and which is listed in response to questions B.2 and B.3 of Part II of this form.
Yes No If “Yes, attach a signed explanation stating whether the business involved was the organization applying for prequalification here or another organization. Identify by name of the company, the name of the person within the organization who was associated with that company, the year of the event, the owner of the project, the project, and the basis for the action. Provide contact information for the government agency involved.

3. In the last five (5) years, has the organization been denied an award of a public contract based on a finding by any public agency (Federal, state, or local) that the organization was not a responsible contractor, i.e., not qualified?
Yes No If “Yes,” attach a signed explanation identifying the year of the event, the owner, the project, and the basis for the finding by the public agency.

B. Ability of Proposed Project Personnel

The successful Contractor shall provide and maintain an experienced, professional project team that is tailored to the size, complexity, and scope of work of the Project. It is recognized that the composition of the team may vary in response to the needs of the Project; however, the Contractor is obligated to provide sufficient staffing with the qualifications required to expertly manage all construction activities relating to the Project at all times.

By submitting a response, the Contractor agrees that neither of the following individuals assigned to the Project shall be removed from the Project without the prior consent of the Agency:

List at least three (3) projects in the last ten (10) years of similar or comparable scope, one of those within the past five (5) years, for each of the following personnel proposed for this project:

1. Project Manager:_____

The Project Manager most likely to be assigned to this project(s) must have **served as Project Manager on at least three (3) projects in the last ten (10) years of similar or comparable scope, one of those within the past five (5) years.** Equivalent or comparable experience may be considered, at the Agency’s sole discretion; however, it shall be sufficiently similar so that the Agency may conclude that the proposed Project Manager is familiar with and capable of handling the project(s) described herein.

Project Name	_____
Project Number	_____
Project Location	_____
Owner’s Name	_____
Architect/Engineer	_____
Type of Project	_____
Total Value of Construction	_____

Project Name	_____
Project Number	_____
Project Location	_____

Owner's Name	_____
Architect/Engineer	_____
Type of Project	_____
Total Value of Construction	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Architect/Engineer	_____
Type of Project	_____
Total Value of Construction	_____

2. Superintendent:_____

The Superintendent most likely to be assigned to this project(s) must have **served as Superintendent on at least three (3) projects in the last ten (10) years of similar or comparable scope, one of those within the past five (5) years.** Equivalent or comparable experience may be considered, at the Agency's sole discretion; however, it shall be sufficiently similar so that the Agency may conclude that the proposed Superintendent is familiar with and capable of handling the project(s) described herein.

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Architect/Engineer	_____
Type of Project	_____
Total Value of Construction	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Architect/Engineer	_____
Type of Project	_____
Total Value of Construction	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner's Name	_____
Architect/Engineer	_____
Type of Project	_____
Total Value of Construction	_____

C. Financial Information Regarding the Ability to Provide Required Bonding and Insurance

1. Organization's Insurance Information

Provide a statement from the insurance agent listed below indicating the Contractor's capability of providing the contract-required amount of insurance.

Name of Primary Insurance Agent or Broker: _____

Address: _____ Telephone: _____

In the last five (5) years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for the organization?

Yes No If "Yes," attach a signed explanation setting forth the name of the insurance carrier, the form of insurance and the year of the refusal.

2. **Organization's Bonding Information**

Provide a statement from the bonding agent listed below indicating the Contractor's capability of providing the contract-required amount of bonding.

Name of Bonding Agent: _____

Address: _____ Telephone: _____

At any time during the past five (5) years, has any surety company made any payments on the organization's behalf because of a default to satisfy any claims made against a performance or payment bond issued on the organization's behalf, in connection with a construction project, either public or private?

Yes No If "Yes," attach a signed explanation setting forth the name and telephone number of the surety, the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

D. Location of Proposed Office in Relation to the Project Area

- 1. Provide the location of the Contractor's office responsible for managing this project. _____
- 2. How often does this office conduct documented safety meetings for construction employees and field supervisors during a project? _____

3. Has any OSHA (Federal or state) cited and assessed penalties against the organization for any violations of its safety or health regulations in the past five (5) years?

Yes No If "Yes," attach a signed explanation describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, and the amount of penalty paid, if any. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.

E. General Project Experience

Contractor or Contractor's office that will handle this project must have undertaken *at least three (3) construction projects of similar size and/or comparable scope within the last ten (10) years*. The projects shall be sufficiently comparable so that the agency may conclude that the Contractor is familiar with and capable of handling the project(s) described herein.

- 1. Has the South Carolina contractor's license, or contractor's license issued by any other state, been revoked at any time in the last five (5) years? Yes No
- 2. Has a surety company completed a contract on your behalf, or paid for completion because the organization was default terminated by the project owner within the last five (5) years? Yes No
- 3. At the time of submitting this form, is the organization ineligible to bid, be awarded, or perform as a subcontractor on a public contract for the Federal Government or any state? Yes No
- 4. At any time during the last five (5) years, has the organization or any of its owners, officers or qualifying parties been convicted of a crime involving the awarding of a contract of a Federal, state, or local government construction project, or the bidding or performance of a Federal, state, or local government contract? Yes No
- 5. During the last five (5) years, has the organization ever been denied bond coverage by a surety company? Yes No If "Yes," explain: _____
- 6. How many years has the organization been in business as a contractor under the present business name? _____
- 7. Has any contractor's license held by the organization or its Qualifying Party been suspended within the last five (5) years? Yes No If "Yes," attach a signed explanation listing the issuing state and the license

number.

8. List below the organization Worker’s Compensation Insurance Experience Modification Rate (EMR) for the past three (3) years:

Year One	Year Two	Year Three
_____	_____	_____

F. Experience with State Contracts Awarded

Contractor shall provide information about the last three (3) construction projects awarded to the organization by an agency of the State of South Carolina. The projects may be complete or under construction. References must be current and verifiable.

Project Name	_____
Project Number	_____
Project Location	_____
Owner’s Name	_____
Owner’s Contact Name & Phone	_____
Architect/Engineer	_____
A/E Contact Name & Phone	_____
Type of Project	_____
Total Value of Construction	_____
Construction Manager Name & Phone	_____
Original Scheduled Completion Date	_____
Time Extensions Granted (days)	_____
Actual Date of Completion	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner’s Name	_____
Owner’s Contact Name & Phone	_____
Architect/Engineer	_____
A/E Contact Name & Phone	_____
Type of Project	_____
Total Value of Construction	_____
Construction Manager Name & Phone	_____
Original Scheduled Completion Date	_____
Time Extensions Granted (days)	_____
Actual Date of Completion	_____

Project Name	_____
Project Number	_____
Project Location	_____
Owner’s Name	_____
Owner’s Contact Name & Phone	_____
Architect/Engineer	_____
A/E Contact Name & Phone	_____
Type of Project	_____
Total Value of Construction	_____
Construction Manager Name & Phone	_____
Original Scheduled Completion Date	_____
Time Extensions Granted (days)	_____
Actual Date of Completion	_____

G. Other Criteria included in the Solicitation

If the Agency attaches additional Criteria to solicitation, the Contractor shall provide information requested on a separate attachment (*list the Attachments below*).

PART IV - CONTRACTOR’S CERTIFICATION

I, the undersigned, certify and declare that I have read all the foregoing answers to this Questionnaire and know their contents. The matters stated in the Questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters, I believe them to be true. I declare under penalty of perjury under the laws of the State of South Carolina, that the foregoing is correct.

By submitting this proposal, I agree to be bound by the Terms and Conditions of the Task Order Contract (SE-680) and the General Conditions to Task Order Contract (SE-685) (for Task Order Contracts), or the SCOSE Version of the AIA A101, Standard Form of Agreement Between Owner and Contractor (for Design-Bid-Build Prequalification).

BY: _____ **DATE:** _____
(Print Name)

TITLE: _____

SIGNATURE: _____

Attachments:

