

***Request for Qualifications
for
Construction Manager at Risk
Fire Station Headquarters Project***



***Public Building Authority of the City of Sevierville
120 Gary Wade Boulevard
P. O. Box 5500
Sevierville, TN 37864-5500
Phone: (865) 868-1552
Fax: (865) 453-5518
Contact: Bob Moncrief
Email address: bmoncrief@seviervilletn.org***

June 2017

INFORMATION FOR PROPOSERS

RECEIPT AND OPENING OF PROPOSALS

The Public Building Authority of the City of Sevierville, Tennessee, as operating contractor and agent for the City of Sevierville, Tennessee (“PBA”) invites proposals from qualified Construction firms (herein called “Firms”) for **Construction Manager at Risk services for the construction of the Fire Department Headquarters Station**. The following pages summarize the scope of work and requirements for the proposal. PBA will **RECEIVE QUALIFICATIONS UNTIL 3:00 P.M.. JUNE 27, 2017** at Sevierville City Hall, 120 Gary Wade Boulevard, Sevierville, Tennessee, 37862 (Mailing address: P. O. Box 5500, Sevierville, Tennessee, 37864). The envelopes containing the proposals must be sealed, addressed to Tracy Baker, Assistant City Administrator, and must bear the following information:

Name of Construction Firm
Firm’s Address
Date and Time of RFQ Deadline
RFQ Enclosed: **Construction Manager at Risk**

PBA may consider informal any proposal not prepared and submitted in accordance with the provisions hereof, and may waive any informality or reject any and all proposals. Any proposal received after the time and date specified shall not be considered.

Note: The Firm must submit (1) one original and (5) five copies of their response as outlined below.

RFQ CRITICAL DATES

RFQ Issue Date			June 8, 2017
Pre-Proposal Conference	City Hall Conference Room	11:00 a.m.	June 16, 2017
Response Due Date		3:00 p.m.	June 27, 2017

METHOD OF AWARD

The purpose of the Request for Qualifications (RFQ) is to select the most highly qualified firm to provide Construction Manager at Risk Services, for purposes of budgeting, pricing and constructing the Fire Department Headquarters Station.

EVALUATION & SELECTION PROCESS

Proposals will be reviewed and evaluated as to each firm’s qualifications to perform the services required; the process will consider the experience of each firm and its approach to this project, experience with similar projects and the benefits presented in each proposal. The selection process will consider, but not limited to the following criteria: reputation and expertise, purchase price, quality of work or product, past relationship with city, personnel, ability of construction manager to interpret design intent, and ability of the construction manager to follow through on punch list items and warranty issues. Potential candidate(s) may or may not be interviewed during the evaluation process. Upon the results of the review and evaluation process a contractor will be recommended to the City’s Public Building Authority for its approval.

SCOPE OF SERVICE

The selected Contractor will perform typical construction manager at-risk services for the project, as per AIA Document A133 – 2009 Standard Form of Agreement between Owner and Construction Manager as Constructor where the basis of payment is the Cost of the Work Plus a Fee with a Guaranteed Maximum Price and AIA document A201 – 2007, General Conditions of the Contract for Construction, with such modifications as may be agreed upon by the parties, or such other appropriate AIA Documents as may be agreed upon by the parties.

PROJECT

The project will consist of a 16,000 – 18,000 sf main building inclusive of apparatus bays, office space, meeting rooms and living quarters. There will be a separate outbuilding approximately 3,000 sf.

OBLIGATION OF PROPOSERS

At the time of the opening of proposals, each Firm will be presumed to have read and to be thoroughly familiar with the proposal requirements. The failure or omission of any proposer to examine any form, instrument, or document shall in no way relieve any obligation in respect to a proposal. Each Firm must fill out and return the attached Title VII Information, vendor information sheet, and the W-9 as a part of the bid package.

It is the policy of the PBA not to discriminate on the basis of race, color, national origin, age, sex, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities. With regard to all aspects of this contract, the Firm certifies and warrants it will comply with this policy. For Title VII and IX compliance, we ask for voluntary disclosure information for the majority owner of the business. Please see attachment.

The following requirement applies to all Firms having five (5) or more employees. Proposer is required to include in its proposal an affidavit (please see attachment) attesting that effective no later than the proposal date, proposer operates a drug-free workplace program that complies with the requirements of Tennessee Code Annotated Section 50-9-101 through 50-9-114 OR a program at least as stringent as the program operated by the City of Sevierville.

- 1) The City of Sevierville operates a drug-free workplace program that complies with the above-referenced law. The City of Sevierville performs drug or alcohol tests at the following times: a. Job Application b. Reasonable Suspicion c. Post-Accident d. Routine Fitness for Duty e. Follow-up f. Random. All testing and specimen-handling procedures conform to the standards of the U.S. Department of Transportation guidelines. A Medical Review Officer (MRO) provides medical oversight to assure appropriate processing and accurate interpretation of the results. Failure to submit to substance abuse testing or testing positive for prohibited drugs and/or alcohol may result in discipline up to and including termination.
- 2) For further information on the program operated by the City of Sevierville, please call Jamie Tyler, Risk Manager, at (865) 453-5504.

All Responders must be licensed or prepared to be licensed as required by the state of Tennessee and all local codes and ordinances as applicable to their appropriate discipline of work. Attach a copy of Occupational License for your firm and any subcontractors.

REQUIREMENTS FOR PROPOSALS

SUBMITTAL REQUIREMENTS

Tab 1 - Qualification Data

This section presents the breadth and depth of the firm's experience in conducting similar assignments and the customer satisfaction resulting from these assignments. The proposal is to include documented experience, knowledge and performance in similar projects. The proposal must include the firm's organizational chart indicating key personnel planned for this project. List specific responsibilities and provide career resumes for each position. Demonstrate that the proposed project team members understand and use all the management systems and methods that are proposed. Detail the depth of involvement for each individual and demonstrate that the proposed team is available for the duration of the project.

I. General Company History / Qualifications

- a. Provide a brief history of the firm and the services routinely provided in house on projects of this nature.
- b. Submit resumes (include address, phone number and e-mail address) of all persons to be assigned to this project with their prospective roles.
- c. Include a description of the firm's knowledge and experience in working in Sevierville / Sevier County and adjacent communities.
- d. Present a statement regarding any pending litigation between the firm and past or current clients. If any litigation is pending, provide details and current status of all.

II. Specific Project Experience and References

Incorporate the following information on your firm's specific experience:

- a. A comprehensive list of all comparable projects, whether ongoing or completed, including references.
- b. Discussion of Contractor's experience in delivering quality preconstruction services. Provide examples of preconstruction services provided from current and past projects. Include a comparison of PBA's budget versus estimated construction value as established at the completion of each design phase estimate.
- c. In the past five (5) years, what percent of the total projects for which the firm was either the sole or associated general contractor have been accepted for beneficial occupancy or completed within the time set forth at the start of the project (not including extra time)?
- d. In the past five (5) years, what percent of the projects for which the firm was either the sole or associated general contractor have resulted in cost over-runs for any reason? If so, how much and on what cost base?
- e. In the past five (5) years, what has been the average change order amount both in dollars and as a percentage of the original project cost?

III. Subcontractor Experience and References

- a. List of proposed major subcontractors.

- b. List of similar projects and references from each of the proposed major subcontractors.

Please provide the following information in the sequence and format prescribed by this questionnaire. Supplemental materials providing additional information may be attached, but the information requested below is to be provided in this format.

IV. Specific Firm Information

- a. Legal name of the firm
- b. Legal address of the firm
- c. Phone and Fax numbers
- d. E-mail address of the firm
- e. Form of Business Organization (corporation, partnership, individual, joint venture, other?)
- f. Year Founded
- g. Primary Individual to Contact Regarding This Response

V. Organization

- a. How many years has your firm been in business in its current capacity?
- b. How many years has your firm been in business under its present name?
- c. Under what other former names has your organization operated?
- d. *If your firm is a corporation, answer the following: Date of incorporation, State of incorporation, President's name, Vice President's name(s), Secretary's name, Treasurer's name.*
- e. *If your firm is a limited liability company, answer the following: Date articles of organization were issued, State where articles of organization were issued, President's name, Vice President's name(s), Secretary's name, Treasurer's name.*
- f. *If your firm is a partnership, answer the following: Date of organization, Type of partnership (if applicable), Name(s) of general partner(s).*
- g. *If your firm is individually owned, answer the following: Date of organization, Name of owner.*
- h. *If the form of your firm is other than those listed above, describe it and Name the principals.*

VI. Experience

- a. List the last five (5) projects constructed by your organization actin as a Construction Manager At-Risk with a Guaranteed Maximum Price (GMP). For each project, provide the name and type of project; size in square feet, location (city); original budget and final cost; duration of construction; completion date; and name, phone number and e-mail address of the PBA and Architect.
- b. Provide a complete list of all projects currently in progress or completed within the last three years. Indicate which projects you performed as Construction Management At-Risk with a GMP.
- c. List subcontractors, if any, in which your organization has any ownership and list the

- categories of work those subcontractors normally perform.
- d. Has your firm ever failed to complete any work awarded? If the answer is yes, please attach details.
 - e. Within the last five (5) years, has your firm failed to complete a construction contract? If the answer is yes, please attach details.
 - f. Has your firm filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? If the answer is yes, please attach details.
 - g. Has any government district or private firm in the state of Tennessee filed a lawsuit or request for mediation or arbitration against your firm with regard to construction contracts with the last five years? If the answer is yes, please attach details.

VII. Financial Information

All Respondents shall certify and provide a statement that they are financially stable and have the necessary resources, human and financial, to provide the services at the level required by PBA. The statement may be labeled Confidential

- a. Attach a financial statement including your organization's latest balance sheet and income statement.
- b. Provide the name, address and phone number of the preparer of the financial statement requested under VII.a. above.
- c. Provide name, address and phone number of your primary financial institution.
- d. Provide name, address and phone number of your bonding company and Agent. *(Labor and Material Payment and Performance Bonds equal to 100% of the contract amount for construction will be required.)*

VIII. Experience As A Construction Manager At-Risk

- a. Describe your firm's concepts for working in a Construction Manager At-Risk relationship with the Architect during construction.
- b. Describe your firm's methods for establishing the Conceptual Estimates as well as for establishing the GMP.
- c. Describe your firm's process for reviewing Contract Documents, meeting with design professionals, and coordinating with subcontractors to understand design intent and eliminate change orders.
- d. Describe your firm's process for completing punch lists and your firm's commitment during warranty periods.
- e. It is anticipated the GMP will be furnished prior to completion of construction documents. Is this acceptable to you?
- f. Describe your firm's procedures for establishing and controlling the project schedule.
- g. Describe in detail your understanding of Value Engineering ("VE") and how you plan to participate with the Architect in pre-construction VE analysis.
- h. Are you or anyone in your employ members of the Society of American Value Engineers?
- i. Describe your firm's process for making sure subcontractors understand the intent of the Contract Documents.
- j. For the projects listed in response to Question VI.a. above, provide an analysis of the Requests for Information (RFI's) submitted by the Construction Manager indicating, for

each project, the total number of RFI's, the number of RFI's that resulted in extra cost, the total dollar change associated with RFI's and the number of RFI's that resulted in credits.

IX. Personnel

- a. Identify by name the specific Construction Project Manager, Construction Superintendent, Estimator, and any other Field personnel you will assign to this Work. Note: Prior to contracting with a Construction Manager At-Risk, PBA reserves the right to interview any of the Project Personnel assigned to the Work.
- b. It is anticipated the Construction Manager At-Risk Agreement shall provide that the Construction Manager At-Risk shall not reassign the Construction Project Manager or Construction Superintendent to other Work until all Punch List items have been corrected or PBA has provided written consent to reassignment, whichever occurs first. Is this acceptable to you?

Tab 2 – MANAGEMENT, ORGANIZATIONAL AND APPROACH WITH CITY'S & ARCHITECT'S STAFF

Describe your management and organizational approach to this project. The following must be addressed in the description:

- a. Explain the team structure and responsibilities of each member.
- b. Describe your understanding of the nature and extent of construction services required.
- c. Describe how your firm will organize to provide the required construction services.
- d. Provide procedures for assisting in the development of project scheduling, construction quality control and cost control.
- e. Describe the contractor's team approach to communication and reporting with the Architect and PBA.

Tab 3 - Conflict of Interest Disclosure Form (USE ATTACHED FORMS)

All Respondents shall properly complete, have notarized and attach with their proposal the attached notarized disclosure statement of any potential conflict of interest that the Respondent may have due to ownership, other clients, contracts or interests associated with this project. The Officers & Significant Stakeholders form shall also be completed and submitted in this section.

Tab 4 - References

Provide five (5) references of previously completed similar projects. Include name, phone number, fax number and e-mail addresses of individuals the PBA may contact regarding your firm's services.

Tab 5 – YOUR PROPOSAL FOR FEES ON THE PROJECT

Submit, in a clearly labeled, separate envelope, your proposal for fees on this project, as follows:

- Fee Percentage
- Preconstruction Services Fee, to be paid prior to construction commencing
- Percentage Mark-ups for Change Orders for Overhead, Profit
- Proposed "Shared Savings" Clause

Tab 6 – COMPETITIVE SEALED PROPOSAL FORM

Place Competitive Sealed Proposal Form behind this tab

The suggested form is reproduced on the following page (page 14)

QUESTIONS REGARDING REQUEST FOR QUALIFICATIONS

The Firm shall immediately refer the discovery of any conflicts or omissions in the RFQ Documents or any requests for clarifications to the individual named below. Instructions are to be accepted only from that individual. When necessary, a written clarification will be furnished to all Firms. Oral clarifications will not be binding.

Direct RFQ Questions to: Bob Moncrief
 Project Manager
 City of Sevierville
 PO Box 5500
 310 Robert Henderson Road
 Sevierville, TN 37864-5500
 Phone: (865) 868-1552
 Fax: (865) 453-5518
 Email: bmoncrief@seviervilletn.org

ATTACHMENTS

- A. Title VII Information
- B. Drug-Free Workplace Affidavit
- C. Insurance Requirements
- D. Vendor Information Sheet
- E. W-9

TITLE VI INFORMATION

The City of Sevierville complies with all applicable federal and state civil rights laws, including but not limited to Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000e.), and the City does not discriminate based on race, color, gender, religion, age or national origin. By virtue of submitting a response to this solicitation, bidders agree to comply with the same non-discrimination policy.

Bid Item/Project Name: _____

Bid Date: _____

*For Title VI compliance, we ask for voluntary disclosure of the following information for the majority owner of the business:

Gender: ___ Male ___ Female
Race: ___ Caucasian ___ African American
 ___ Other (please specify)

Company Name: _____

AFFIDAVIT REGARDING DRUG-FREE WORKPLACE PROGRAM

STATE OF _____

COUNTY OF _____

The undersigned, having been duly sworn, deposes and says as follows:

1. I am over 18 years of age, and I have personal knowledge of the matters stated herein.
2. I am the _____ of _____
(Position) (Name of Company)
hereinafter referred to as "the Bidder".
3. As of the date of the submittal of its bid, the Bidder has a drug-free workplace program that complies with the requirements of Tennessee Code Annotated Section 50-9-101, seq. OR a program at least as stringent as the program operated by the City of Sevierville.

Authorized Signature

Name (Printed)

Title

Date

Sworn to and subscribed before me, this _____ day of _____ 2017.

Notary Public Signature

My commission expires _____

Notary Seal

End of Affidavit

CONTRACTOR INSURANCE REQUIREMENTS

Types of Coverage: Construction Management firm shall purchase and maintain, and cause all Subcontractors and Sub-subcontractors to purchase and maintain, the insurance coverage's described below. (Sub-subcontractors shall provide the insurance coverage specified under the "Contractor" column only.)

	<u>CM</u>	<u>Contractors</u>
a) Workers' Compensation	Statutory	Statutory
b) Employers Liability	\$1,000,000	\$1,000,000
c) Comprehensive (or Commercial) General Liability – (Project-specific)	\$2,000,000	\$2,000,000
(Combined Single Limit, Including Products and Completed Operations for ten years from commencement of Agreement).		
d) Automobile Liability – (all vehicles):		
	<u>CM</u>	<u>Contractors</u>
	\$2,000,000	\$2,000,000

Commercial General and Auto Liability insurance may be written under policies for the full limits required or by a combination of underlying policies with the balance provided by an Excess or Umbrella Liability policy.

Property Insurance: Contractors and each Subcontractor and Sub-subcontractor shall purchase and maintain property insurance insuring its personal property for full cost of replacement at time of loss. The insurance required by this subparagraph shall provide "All Risk" coverage for physical loss or damage including, at least theft, vandalism, malicious mischief, transit, off-site storage, collapse, and flood.

General Requirements: All policies shall be issued by companies licensed and admitted in the state of Tennessee with an A.M. Best rating of at least A- and a financial size category of at least VII. The policies shall contain a provision requiring that the insurer provide to PBA at least thirty- (30) days' prior written notice of any cancellation, expiration or amendment. All Contractor, Subcontractor and Sub-subcontractor policies shall be primary to any insurance carried by PBA or by the City of Sevierville.

Certificates of Insurance: CM Firm shall deliver to PBA, promptly after the execution of this Agreement, certificates of insurance evidencing all coverage required by this paragraph. Contractors, Subcontractors and Sub-subcontractors shall furnish Certificates of Insurance promptly upon award of construction contracts. The Certificates of Insurance shall name the PBA and the City of Sevierville as additional insureds.

VENDOR INFORMATION FORM

Name: _____

Federal Tax ID Number: _____

Business License Number: _____

County and State of License: _____

Mailing Address: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Email Address: _____

Corporation, Limited Liability Company, Sole Proprietor, or Partnership:

(If the business is a sole proprietor the owners name): _____

NEW VENDORS WILL BE ADDED AFTER RECEIPT OF THIS COMPLETED FORM AND VERIFICATION OF A CURRENT BUSINESS LICENSE. VENDORS WITHOUT A CURRENT BUSINESS LICENSE WILL NOT BE ACCEPTED. IT IS THE RESPONSIBILITY OF THE FINANCE DEPARTMENT TO ENTER AND UPDATE ALL VENDOR INFORMATION. THANK YOU.

Revised 1/22/2015

**Request for Taxpayer
Identification Number and Certification**

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) _____

Business name, if different from above _____

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) _____ Requester's name and address (optional) _____

City, state, and ZIP code _____

List account number(s) here (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

COMPETITIVE SEALED PROPOSAL FORM

To: The Public Building Authority of the City of Sevierville
c/o Tracy Baker, Assistant City Administrator
The City of Sevierville, Tennessee
120 Gary Wade Boulevard
Sevierville, TN 37864

Project: The Fire Department Headquarters Station Construction Management "At Risk" / Contractor Services

Date: June 27, 2017

Offer: Company Name: _____

Address: _____

Telephone & Fax: _____

E – mail _____

We, the undersigned, hereby offer to enter into a Contract to furnish Construction Management "At Risk/Contractor Services for the following Fee Structure as outlined below.

PROPOSAL

Section A _____ %

We propose a fee to provide Construction Management/Contractor services as the following percentage of the Cost of the Work. The Cost of the Work shall be the sum of the actual costs of the General Conditions work set forth in section B, plus the actual amount of all subcontracts, material and equipment contracts.

Section B _____ %

Provide General Conditions for the work (The items listed below shall be provided for the project)

General Condition items shall include: On-site superintendent (full time); Project Manager; Secretary; Field Engineering; Field Office; Safety; Small Tools; Ice Water and cups; Telephone and Fax Service; Storage Buildings; Sanitary Facilities; Waste Containers; Temporary Electrical Power; Temporary Water; Project Sign; Barricades and Lights; Temporary Fencing; General Clean-up; "As-Built" Drawings; and Scheduling. (Note: General building permits and tap fees shall be obtained by the Construction Manager and paid for by the PBA. Trade permits shall be provided by each trade.

ACCEPTANCE

This offer shall be open to acceptance and is irrevocable for sixty (60) days from _____, 2017.

PROPOSAL FORM SIGNATURES(S)

Signature of Authorized Signing Officer _____

Title _____

If the proposal is a joint venture or partnership, add additional forms of execution for each member of the joint venture or partnership in the appropriate form or forms as above.

CONFLICT OF INTEREST DISCLOSURE FORM

I HEREBY CERTIFY that

1. I (printed name) _____ am the
(Title) _____ and the duly
Authorized representative of the firm (Firm name) _____
Whose address is _____

And that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting; and,

2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and,
3. This proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

EXCEPTIONS (List)

Signature: _____
Printed Name: _____
Firm Name: _____
Date: _____

Sworn to and subscribed before me this _____ day of _____ 2004.

Personally known _____

OR Produced identification _____
Notary Public - State of _____
My Commission expires _____
(Type of Identification) _____

(Printed, typed or stamped commissioned name of Notary Public)

Officers and Significant Stakeholders

Please complete this form OR provide a Securities and Exchange Form 10K in lieu of this form.

Failure to list all officers and significant stakeholders of the business may prevent the proposal offer from being considered for award.

BUSINESS OFFICERS

President: Name _____

Address: _____

Vice President: Name: _____

Address: _____

Secretary: Name: _____

Address: _____

Treasurer: Name: _____

Address: _____

SIGNIFICANT STAKEHOLDERS

A significant stakeholder means any person, corporation, partnership, individual, sole proprietorship, joint venture, joint stock company, or any legal entity that has a ten percent (10%) or more equity interest in the business.

Name:

Address:

USE ADDITIONAL PAGES TO ADD ALL NAMES AND ADDRESSES.