

REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165



4 - STANDARD FORM

STATEMENT OF QUALIFICATIONS FOR CMAR SERVICES

SOQ's are to be bound with clearly marked tabs that correspond to the sections of the SOQ. Total pages are limited by the SOQ form and additional pages set out in SOQ instructions. Other pages should not be included. The response boxes can be expanded to fit more information; however, the tables must remain the same size. Typically, font size shall be 8 pt. or larger.

0.1 PROPOSER'S GENERAL INFORMATION

Is SOQ being submitted by a Joint Venture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Proposer's legal name:			
Proposer's assumed names (if any):			
Proposer's local address:		Proposer's Headquarters Address (if different than local address):	
Contact Name for SOQ: Email address: Telephone number:		Federal Tax ID Number:	

REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

0.2 JOINT VENTURE FIRM(S) INFORMATION. *If submitting as a joint venture, the following information is required for each additional joint venture firm. Insert additional tables, if necessary.*

Firm's legal name:			
Firm's assumed names (if any):			
Firm's local address:		Firm's Headquarters Address (if different than local address):	
Federal Tax ID Number:			

REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

1.1 PROPOSER'S EXPERIENCE. *Proposers should select **three** representative projects of similar size, scope, and delivery method. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Construction Firm Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
<i>Attach up to two pages of photographs behind this sheet.</i>			

REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

1.1

Construction Firm Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

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1.1

Construction Firm Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.1 PROPOSED KEY PERSONNEL. *List the Key Personnel proposed for this project. Include the Preconstruction Project Manager, Constructability/Document Coordination Reviewer, Estimator, Construction Project Manager, and the Project Superintendent.*

SOQ Project Role	Describe Functions of Project Role	Personnel Name	Corporate Title	Active Registrations / Certifications / Licenses	Years of Experience
Preconstruction Project Manager					
Constructability and Document Coordination Reviewer					
Estimator					
Construction Project Manager					
Project Superintendent					

REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.2 EXPERIENCE OF PRECONSTRUCTION PROJECT MANAGER. *Proposers should select **three** representative projects of similar size, scope, and delivery method for the Preconstruction Project Manager. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Preconstruction Project Manager Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Preconstruction Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.2

Preconstruction Project Manager Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Preconstruction Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.2

Preconstruction Project Manager Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Preconstruction Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.3 EXPERIENCE OF CONSTRUCTABILITY/DOCUMENT COORDINATION REVIEWER *Proposers should select **three** representative projects of similar size, scope, and delivery method for the Constructability/Document Coordination Reviewer. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Constructability/Document Coordination Reviewer Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Constructability/Document Coordination Reviewer:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.3

Constructability/Document Coordination Reviewer Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Constructability/Document Coordination Reviewer:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

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2.3

Constructability/Document Coordination Reviewer Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Constructability/Document Coordination Reviewer:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.4 EXPERIENCE OF ESTIMATOR *Proposers should select **three** representative projects of similar size, scope, and delivery method for the Estimator. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Estimator Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Estimator:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.4

Estimator Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Estimator:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.4

Estimator Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Estimator:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.5 EXPERIENCE OF CONSTRUCTION PROJECT MANAGER *Proposers should select **three** representative projects of similar size, scope, and delivery method for the Construction Project Manager. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Construction Project Manager Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
<i>Attach up to two pages of photographs behind this sheet.</i>			

REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.5

Construction Project Manager Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.5

Construction Project Manager Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.6 EXPERIENCE OF CONSTRUCTION SUPERINTENDENT *Proposers should select **three** representative projects of similar size, scope, and delivery method for the Construction Superintendent. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Construction Superintendent Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Superintendent:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

Project Name / Number: North Belt Police Station/G-000165

2.6

Construction Superintendent Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Superintendent:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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REQUEST FOR PROPOSALS (RFP)

FOR CONSTRUCTION MANAGER AT RISK SERVICES

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2.6

Construction Superintendent Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		New Construction or Renovation:	
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Superintendent:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any):			
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3.1 PRECONSTRUCTION APPROACH. *Attach up to five pages describing the following:*

- a. Describe the Proposer's concepts for working in a team relationship with the City of Houston, Architect, and Engineering Consultants during the Preconstruction Phase Services.*
- b. Describe the methodology of reviewing completed construction documents, site conditions and proposed phasing. Discuss methods of documenting and proposing changes to construction documents.*
- c. Describe the plan for coordination of phasing, security, and operations.*
- d. Describe the participation of possible subcontractors in the preconstruction phase.*
- e. Describe the scheduling and estimating efforts during the preconstruction phase.*
- f. Describe the subcontracting plan. Include the methodology of advertising, negotiating, and awarding contracts for subcontracted work.*

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4.1 SAFETY: *Attach current Workers Compensation Modifier Rating forms from the National Council on Compensation Insurance (Attach documents behind this page). If “No” is indicated below for the Safety Program Manual, the SOQ will not be evaluated.*

Current Worker’s Compensation Modifier Numbers for the last five (5) years. Start with most recent and include year.					
Does your company have a Safety Program Manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

5.1 HIRE HOUSTON FIRST: *Proposers answer one of the following City of Houston designations, as defined in the Code of Ordinances Section 15-176.*

Designated as a “City Business Enterprise”?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Designated as a “Local Business Enterprise”?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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REQUEST FOR PROPOSALS (RFP)

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6.1 REQUIRED FORMS. *All Construction Management Proposers must include with the SOQ the following forms.*

- City of Houston Campaign Finance Ordinance Form – 00452
<http://purchasing.houstontx.gov/forms.shtml>
- City of Houston Affidavit of Ownership or Control Form - 00455
<http://purchasing.houstontx.gov/forms.shtml>
- POP1 - Pay or Play Acknowledgement Form - 00460
<http://www.houstontx.gov/obo/popforms.html>