

005000B03 DETERMINATION OF RESPONSIBILITY

UNIVERSITY OF KENTUCKY CAPITAL CONSTRUCTION PROCUREMENT SECTION

CONTRACTOR/BIDDER DETERMINATION OF RESPONSIBILITY

1. Purpose

The Commonwealth of Kentucky Model Procurement Code (KRS 45A.080) requires that a contract be awarded to the lowest responsive and responsible bidder whose bid offers the best value. KRS 45A.070(6) defines "Responsible bidder or offeror "as" a person who has the capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance," and "Best value" as "a Procurement in which the decision is based on the primary objective of meeting the specific business requirements and best interests of the Commonwealth." The information requested in this document is to be used to evaluate the "responsibility" by verifying the apparent low bidder:

- (a) Has adequate financial resources (in working capital and bonding capacity) in relation to the scope and dollar amount of the project or the ability to secure such resources.
- (b) Has the experience, organization, technical qualification, available personnel resources, and has or can acquire the equipment necessary to perform the scope of work bid.
- (c) Is able to comply with the required performance schedule or completion date, taking into account existing commitments (i.e., capacity); and
- (d) Has a satisfactory record of performance, integrity, judgment, and skills to complete the project bid.

The information provided must verify that the bidding firm has a sufficient level of expertise, experience, financial stability, and personnel resources to qualify the firm as being "responsible" prior to proceeding with an award of Contract. The determination of the firm's capability and responsibility will be made as fairly and honestly as possible using a reasonable exercise of sound judgment and discretion in the review of information provided or otherwise secured through references or other sources.

2. Application Submittal

The low responsive Bidder must complete the information requested by typing or clearly printing responses in ink. All information requested must be provided. If a question does not apply, insert "NA" for not applicable. The University of Kentucky reserves the right to request supplemental information to fully determine responsibility of the Bidder. The Bidder agrees to provide supplemental information, if requested by the University.

3. Insurance Requirements

The Successful Bidder will be required to provide proof of insurance indicating current liability coverages, including workers compensation, with limits equal to or exceeding the amounts required by the bid documents. Additionally, builders risk coverage equal to the Contract amount will be required of the successful contractor.

*NOTE: Pursuant to KRS 45A. 110, except as otherwise provided under the Open Records Act and any other applicable law, the Bidder has the right of nondisclosure to the public of certain information required by this submittal. If the Bidder wishes nondisclosure of certain information, he/she shall enclose the confidential information in a separate envelope marked CONFIDENTIAL and forward it with the information and other submittals required by this document. If this is not done, he/she waives the right of nondisclosure of this information and the signing of the Bid Proposal shall constitute written waiver of that right.

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Dated: 04/2021

**Applies to: All Projects
University of Kentucky**

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Revised 04/07/2021

***Note: The contractor offering the apparent low bid will be required to either have on file with the University or supply the information required by Part I of this submittal by twelve o'clock (12) noon of the first working day following the bid opening. If the information required by Part I is on file with the University and is current and accurate, only the information requested by Part II will be completed and submitted by the apparent low bidder. All bidders must update and keep current all previously submitted "on file" Part I information.**

Part I
Contractor/Bidder Responsibility
Determination Information Submittal

1. Name of Firm _____
Street Address _____
City, State, Zip _____
County _____
Business Phone (____) _____ Fax (____) _____

2. Mailing Address _____
City, State, Zip _____

3. Contact Person _____

4. Type of Firm () Corporation () Partnership
 () Sole Proprietorship () Individual
 () Joint Venture () Other (Explain)

5. If your firm is a corporation, provide the following:

6. Date of Incorporation _____ State of Incorporation _____

States where corporation is authorized to conduct business _____

Attach proof that corporation is in good standing with the Kentucky Secretary of State.

6. If your firm is an individual or partnership, provide the following:

Date of organization _____

If a partnership, is it limited or general? _____

Name and address of all partners and specify their respective partnership participation, i.e., limited, general, managing.

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7. If your firm is other than a corporation, individual or partnership, describe organization and identify principals.

8. In the space provided below, describe the type(s) of construction and project management expertise offered by your company.

(use additional pages if required)

9. List key persons (partners, owners, officers and directors). Include any other persons who have duties, responsibilities or authority typically delegated to partners, owners, officers or directors. Provide organization chart of the key individuals in the firm.

| <u>Name of Person</u> | <u>Position/title</u> | <u>% Ownership</u> |
|-----------------------|-----------------------|--------------------|
| <hr/> | <hr/> | <hr/> |

10. In the past five years, has the firm ever been fined for violating state or federal safety or environmental laws? _____Yes, _____No If yes, attach an explanation.

11. Has any key person with the firm ever been convicted of any state or federal crime (excluding traffic violations), including but not limited to embezzlement, theft, bribery, falsification or destruction of records, receipt of stolen property, criminal anti-trust violations or bid-rigging? ___Yes, ___No If yes, attach an explanation.

12. Has a civil court issued a judgment of \$10,000 or more against the firm in the past five years? _____Yes, _____No If yes, attach an explanation.

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13. Is the firm currently a party to a pending lawsuit with a potential damage alleged of \$10,000 or more?
_____ Yes, _____ No If yes, attach an explanation.

14. In the past five years, has the firm been terminated from or failed to complete any contract?
_____ Yes, _____ No If yes, attach an explanation.

15. How many years has the firm been in business? _____ years _____ months

16. Performance and Payment Bonds

Surety Company Name _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax () _____

Local Bond Agency _____
Kentucky Licensed Agent _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax () _____

17. Current level of bonding capacity authorized by the surety.
Single Limit \$ _____ Aggregate Limit \$ _____

18. Bank Reference

Bank Name _____
Street Address _____
City, State, Zip _____
Phone Number () _____ Fax () _____
Contact Person _____

NOTE: The apparent low bidder will be required to complete and submit to the University the following information by twelve (12) noon of the second working day following the bid opening or other time as may be established during the post bid review of the bid submittal. The information requested in this submittal is required to assist the University in determining contractor responsibility to complete the project being bid.

PART II

**Contractor/Bidder Responsibility
Determination Information Submittal**

1. Name of Firm _____
Street Address _____
City, State, Zip _____
County _____
Business Phone () _____ Telefax () _____

2. Mailing Address _____
City, State, Zip _____

3. Contact Person _____

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- 4. The information previously submitted under Part I of this document is current and accurate and no changes to Part I are necessary at this time. True False If False, the bidder shall submit with the Part II submittal corrections as required to update the Part I information.
- 5. In the space provided below, describe the type(s) of construction and project management expertise offered by your company to substantiate the company's experience in the type of project, type of construction, or the management of the type of construction required for this project. You should indicate a detailed plan to execute and manage this project, as well as any technological planning systems employed.

(use additional pages if required)

- 6 List the name and title of the home office administrative project manager who will be assigned and responsible for this project. A current resume of this individual shall be attached to this submittal. The resume should include a list of projects for which this project manager has been responsible within the past five (5) years.

Name of Manager _____ Title _____

- 7. List the name and title of the on-site manager that will be assigned and responsible for this project. A current resume of this individual shall be attached to this submittal. This resume should include a list of projects for which this manager has been responsible within the past five (5) years.

Name of Project Manager _____ Title _____

- 8. List the name and title of the on-site project superintendent who will be assigned and responsible for this project. A current resume of this individual shall be attached to this submittal. This resume should include a list of projects for which this superintendent has been responsible within the past five (5) years.

Name of Project Superintendent _____ Title _____

9. How many full-time, non-labor employees does the firm currently have? _____

10. How many full-time, labor/trade employees does the firm currently have? _____

11. What is your firm's average annual dollar volume of work for the past five (5) years? \$ _____

- 12. List below, by specification section, the work you plan to complete with your own work force or with subcontractors. In the blanks provided please indicate the specification section and "O" for own forces and "S" for subcontracted work.

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B. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____

Brief description of your firm's work and responsibility in this project.

C. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____

Brief description of your firm's work and responsibility in this project.

D. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____

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Architect/Engineer _____ Phone No.() _____

Brief description of your firm's work and responsibility in this project.

E. Project Title _____ Owner _____

Contract Amount _____ Completion date _____

Owner Phone Number () _____ Fax () _____

Name of Owner Contact _____

Architect/Engineer _____ Phone No.() _____

Brief description of your firm's work and responsibility in this project.

16. List below all projects that are currently under construction that demonstrate your ability to complete the type work required by the project being bid.

A. Project Title _____ Owner _____

Contract Amount _____ Completion date _____

Owner Phone Number () _____ Fax () _____

Name of Owner Contact _____

Architect/Engineer _____ Phone No.() _____

Brief description of your firm's work and responsibility in this project.

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B. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____
Brief description of your firm's work and responsibility in this project.

C. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____
Brief description of your firm's work and responsibility in this project.

D. Project Title _____ Owner _____
Contract Amount _____ Completion date _____
Owner Phone Number () _____ Fax () _____
Name of Owner Contact _____
Architect/Engineer _____ Phone No.() _____

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Brief description of your firm’s work and responsibility in this project.

E. Project Title _____ Owner _____

Contract Amount _____ Completion date _____

Owner Phone Number () _____ Fax () _____

Name of Owner Contact _____

Architect/Engineer _____ Phone No.() _____

Brief description of your firm’s work and responsibility in this project.

Attach additional pages as required.

17. Participation of Diverse Business Enterprises owned contractors and businesses.

Diverse Business Enterprises (DBE) consist of minority, women, disabled, veteran and disabled veteran owned business firms that are at least fifty-one percent owned and operated by an individual(s) of the aforementioned categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled. MBE, WBE, Veterans, Disable Veterans and Disabled make up Diverse Business Enterprises, DBE

It is the goal of the University of Kentucky that at least 10% of the contract dollar amount be completed by DBE owned contractors and businesses.

The University requests that all DBE Suppliers be documented according to ethnic origin as categorized below or if they are woman owned:

- **Asian**
- **Black/African American**
- **Hispanic or Latino**
- **Native American**

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- **Native Hawaiian/Pacific Islander**
- **White**
- **Other**

Provide in the spaces below those contracts that will be issued to DBE contractors and material suppliers upon award of a contract. Under “Contractor/Vendor Classification” use the above list for ethnic origin or if a woman owned business, list as such.

A. Name Subcontractor/Material Supplier _____
Contractor/Vendor Classification _____ Contract Amount _____
Contractor/ Supplier Address _____
Owner Phone Number (____) _____ Fax (____) _____
Name of Owner Contact _____
Brief description of the Subcontractor/Material supplier work or responsibility on this project.

B. Name Subcontractor/Material Supplier _____
Contractor/Vendor Classification _____ Contract Amount _____
Contractor/ Supplier Address _____
Owner Phone Number (____) _____ Fax (____) _____
Name of Owner Contact _____
Brief description of the Subcontractor/Material supplier work or responsibility on this project.

C. Name Subcontractor/Material Supplier _____
Contractor/Vendor Classification _____ Contract Amount _____
Contractor/ Supplier Address _____
Owner Phone Number (____) _____ Fax (____) _____
Name of Owner Contact _____

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Brief description of the Subcontractor/Material supplier work or responsibility on this project.

D. Name Subcontractor/Material Supplier _____

Contractor/Vendor Classification _____ Contract Amount _____

Contractor/ Supplier Address _____

Owner Phone Number (____) _____ Fax (____) _____

Name of Owner Contact _____

Brief description of the Subcontractor/Material supplier work or responsibility on this project.

E. Name Subcontractor/Material Supplier _____

Contractor/Vendor Classification _____ Contract Amount _____

Contractor/ Supplier Address _____

Owner Phone Number (____) _____ Fax (____) _____

Name of Owner Contact _____

Brief description of the Subcontractor/Material supplier work or responsibility on this project.

Attach additional pages as required.

17A Calculation of Total Participation by Contractor/Supplier Classification from this DBE (Ethnic Minority) list and list women owned businesses separately:

- Asian
- Black/African American
- Hispanic or Latino

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- **Native American**
- **Native Hawaiian/Pacific Islander**
- **White**
- **Other**

| DBE (Ethnic) Contract | Amount | DBE (Women) Contract | Amount |
|-----------------------|----------------|----------------------|----------------|
| 1. | _____ \$ _____ | 1. | _____ \$ _____ |
| 2. | _____ \$ _____ | 2. | _____ \$ _____ |
| 3. | _____ \$ _____ | 3. | _____ \$ _____ |
| 4. | _____ \$ _____ | 4. | _____ \$ _____ |
| 5. | _____ \$ _____ | 5. | _____ \$ _____ |
| 6. | _____ \$ _____ | 6. | _____ \$ _____ |
| 7. | _____ \$ _____ | 7. | _____ \$ _____ |
| 8. | _____ \$ _____ | 8. | _____ \$ _____ |
| 9. | _____ \$ _____ | 9. | _____ \$ _____ |
| 10. | _____ \$ _____ | 10. | _____ \$ _____ |
| TOTAL | | TOTAL | |
| | \$ _____ | | \$ _____ |

17B Total DBE (Minority) Owned Percentage

Total DBE (Minority) Owned Amount from above \$ _____ divided by the Total Contract Amount bid \$ _____ Equals _____ %.

17C. Total DBE (Women) Owned Percentage

Total DBE (Women) Owned Amount from above \$ _____ divided by the Total Contract Amount bid \$ _____ Equals _____ %.

17D. If the total dollar amount of these contracts do not exceed 10.9% for minority owned and 6.9% for women owned contractors and suppliers you must provide documentation of your efforts to meet the established goal of participation.

We made the following efforts to involve Diverse Business Enterprise Owned Contractors and material suppliers on this project. (List efforts made and attach proof of these efforts)

Certification and Signature:

I hereby certify that I am an authorized principal of the firm and I:

1. Have read and understand the reason for submitting this information.
2. Agree, upon request, to provide any additional information that may be necessary for determination of contractor responsibility.
3. Will, upon request, provide complete financial statements within five business days.

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- 4. Swear or affirm that all information provided on this submittal is true.
- 5. Understand that if any of the responses are found to be materially untrue, the firm will be ineligible to be awarded a contract

Your signature on this document is a sworn statement to the University of Kentucky. This document must be signed by the firm's CEO, president, vice-president, partner, or sole owner.

Under penalties of perjury, I hereby swear or affirm, warrant, and represent that the above answers and information have been personally provided by me, and that I have the authority to execute this document on behalf of this firm.

Signature _____
 Name _____
 Title _____

State of _____)
 County of _____)

Subscribed and sworn to before me on this _____ day of _____, 199 __, by

_____, _____ acting for and on behalf of
 (name) (office held)

_____.
 (firm)

 Notary Public _____, Kentucky
 My Commission expires _____