

**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

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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.

Revised 06/16/98

*\*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 within twenty four (24) hours of 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(\_\_\_\_) \_\_\_\_\_ Telefax (\_\_\_\_) \_\_\_\_\_

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:

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.

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

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*(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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

13. Is the firm currently a party to a pending lawsuit with a potential damages 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?

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

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.

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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.

Spec. Section	"O" or "S"	Spec. Section	"O" or "S"	Spec. Section	"O" or "S"
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. What percentage of the total work do you estimate will be performed with your own work force? \_\_\_\_\_%

14. How long has the firm been engaged in the type contracting required by this project? \_\_\_\_years\_\_\_\_ months

15. List below five of your most recently completed projects that demonstrate your ability to complete the type work required by the project being bid. (NOTE: The inability to list five such projects will not necessarily prevent a determination of responsibility.)

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.

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

B. Project Title \_\_\_\_\_ Owner \_\_\_\_\_

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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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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.

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D. 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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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.

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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.( ) \_\_\_\_\_  
Brief description of your firm's work and responsibility in this project.  
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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.

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*Attach additional pages as required.*

17. Participation of Minority and Women owned contractors and businesses.

It is the goal of the University of Kentucky that at least 10.9% of the contract dollar amount be completed by minority owned contractors and businesses and at least 6.9% of the total contract amount be completed by women owned contractors and businesses. Provide in the spaces below those contracts that will be issued to minority or women contractors and material suppliers upon award of a contract.

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.

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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.  
\_\_\_\_\_  
\_\_\_\_\_

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C. 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.  
\_\_\_\_\_  
\_\_\_\_\_

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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.  
\_\_\_\_\_  
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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.

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*Attach additional pages as required.*

17A Calculation of Total Participation by Contractor/Supplier Classification

Minority Contract	Amount	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 Minority Owned Percentage

Total Minority Owned Amount from above \$ \_\_\_\_\_ divided by the Total Contract Amount bid \$ \_\_\_\_\_ Equals \_\_\_\_\_ %.

17C. Total Women Owned Percentage

Total Women Owned Amount from above \$ \_\_\_\_\_ divided by the Total Contract Amount bid \$ \_\_\_\_\_ Equals \_\_\_\_\_ %.

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17D. If the total dollar amount of these contracts do not exceed 10.8% 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 Minority and Women 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;
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 \_\_\_\_\_