

Charlotte-Mecklenburg Schools

Request for Qualifications

Architectural & Engineering Design Services (RFQ 24-006)

for

Fueling Station Replacement at CMS Auxiliary Services
3301 Stafford Drive

November 20, 2023

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Section 1 - ADVERTISEMENT

Charlotte-Mecklenburg Schools (CMS) is soliciting proposals from Architectural/Engineering firms interested in providing Design services for an upcoming Fueling Station Replacement project at CMS Auxiliary Services, 3301 Stafford Drive. Scope of design will include Architectural, Structural, Civil, Fuel Systems, Plumbing, Electrical, Telecommunications and Estimating design disciplines.

Copies of the RFQ can be downloaded from Charlotte-Mecklenburg Schools Auxiliary Services website **beginning Monday Nov 20, 2023 at:**

https://www.cmsk12.org/Page/689

The response will be due to CMS Auxiliary Services at 3301 Stafford Drive **no later than 1:00 pm on Friday December 15, 2023**. Any proposals received after this date and time will be returned unopened.

CMS reserves the right to select, re-advertise and/or reject any proposal for any reason.

For further information email Yolanda Fergerson at yolandas.fergerson@cms.k12.nc.us.

Section 2 - INTRODUCTION AND OVERVIEW

CMS is soliciting proposals from qualified Architectural/Engineering firms interested in providing design services for the design, construction documents, and construction administration for a Fueling Station Replacement project at CMS Auxiliary Services.

Scope of designs may include but are not limited to architectural, structural, civil, fuel systems, plumbing, electrical and telecommunication components.

Section 3 - GENERAL INFORMATION

The procurement of the Architectural design contract will be based on the RFQ and the Proposer's response. A selection committee will review and evaluate the RFQ responses prior to selecting a design firm.

Addenda and Supplements to RFQ

If a Proposer who is contemplating submitting a response is in doubt as to the true meaning of any part of this RFQ or other requirements, they may submit a written request for clarification to CMS's representative **no later than Thursday December 7, 2023**. Any clarification or revisions of the RFQ will be made only by an addendum which will be posted on the CMS website **no later than Monday December 11, 2023**.

https://www.cmsk12.org/Page/689

The Proposer is required to acknowledge receipt of any/all addendum. Oral explanations will not be binding.

Request for Explanation and Information

Email questions regarding the response process to:

Yolanda Fergerson yolandas.fergerson@cms.k12.nc.us Contract Administration Manager Charlotte-Mecklenburg Schools 3301 Stafford Drive Charlotte, NC 28208

CMS has sole discretion and reserves the right to reject any and all responses received with respect to this RFQ and to cancel the RFQ process at any time prior to entering into a formal agreement. CMS reserves the right to request additional information or clarification of information provided in the response without changing the terms of the RFQ.

Section 4 - SUBMISSION REQUIREMENTS

Responses should be prepared and submitted as described in this section.

Proposers bear the responsibility of examining all parts of this RFQ and furnishing the information required by this RFQ. The Proposer shall prepare his/her response and provide one (1) original hard copy and one (1) labeled flash drive. All costs incurred in the preparation and submission of proposals shall be covered by the Proposer. All blank spaces on the Proposal Execution Page and all requirements outlined in this RFQ must be filled in and completed.

Submittals shall be made on 8.5" x 11" paper, side bound with Table of Contents and reference tabs for key sections. Response is limited to 25 pages single sided excluding engineer qualification information. All pages are to be consecutively numbered. Proposers shall submit proposals in a sealed envelope to CMS Auxiliary Services, 3301 Stafford Drive, Charlotte, NC, and Attention Yolanda Fergerson. The sealed envelope submitted by the Proposer shall carry the following information on the face of the envelope: Proposer's name, address, firm number and subject matter of response.

Each Proposer must answer all questions and provide all requested information, where applicable. If the answer to any questions is "none" or if the question is not applicable, please state in writing. Any Proposer failing to do so may be deemed to be non-responsive with respect to this qualification at the sole discretion of CMS.

A selection committee will make reasonable investigations as deemed proper to determine the ability of each proposer to perform the work. The Proposer shall be responsible to furnish all information and data requested by the RFQ. CMS reserves the right to reject any proposal if the information submitted by or investigations of the Proposer fail to satisfy CMS that the Proposer is qualified.

Where proposals are sent by mail, the Proposer shall be responsible for their delivery before the advertised date and hour for the receipt of the proposals. If the mail is delayed beyond the date and hour set for the response receipt, submittals thus delayed will not be considered and will be returned unopened. **Submittals must include, at a minimum, the following:**

- Executive Summary limited to one (1) page including the name of the Proposer, location of Proposer's
 principal place of business, a brief narrative description including the age of the business, type of business
 organization and services offered. Summary should describe the Proposer's strengths and any special
 qualifications your firm and proposed sub-consultant firms may possess related to the project described.
- 2. Insurance Requirements Proposers must show proof of insurance coverage meeting the requirements identified in Section 5 (submit a copy of insurance certificate)
- 3. Completed response to Section 6 Qualifications/Proposer Information
- 4. Completed Section 7 Proposal Execution Acknowledgement Form
- 5. Complete required documents included with MWSBE Information (Section 8)
- **6.** Completed Engineer's prequalification information (Section 9)
- 7. Firm number must be affixed to submittal documents

Section 5 - INSURANCE REQUIREMENTS

Minimum limits for the following types of insurance are required:

Worker's Compensation:

- 1. N.C. Statutory Requirements
- 2. Employers Liability

\$500,000 - Each Accident

\$500,000 - Disease Policy Limits (Aggregate)

\$500,000 - Disease Each Employee

Comprehensive General Liability:

Limits of coverage shall not be less than:

1.	Bodily Injury Liability including contractual liability coverage	Ş1,
	Assumed under the indemnity agreement of the contract,	
	Products/completed operations and underground property	\$2,
	damage XCU where applicable.	

\$1,000,000 each occurrence

\$2,000,000 annual aggregate

2. Property Damage Liability including contractual liability Coverage assumed under the indemnity agreement of the Contract, products/completed operations and undergoing Property damage XCU where applicable.

\$1,000,000 each occurrence

\$2,000,000 annual aggregate

Comprehensive Automobile Liability:

Comprehensive Automobile Liability Insurance shall be maintained by the Construction Manager as to the Ownership, maintenance and use of all owned, non-owned, leased or hire vehicles with limits of not less than:

1.	Automobile Liability – All owned, non-owned and hired vehicles	\$1,000,000 each person \$2,000,000 each occurrence
2.	Automobile Property Damage Liability – all owned, non-owned and hired vehicles	\$1,000,000 each occurrence \$2,000,000 aggregate
3.	Umbrella liability limits shall not be less than	\$2,000,000 each occurrence
4.	Architects Professional Liability Insurance	\$2,000,000

Section 6 - QUALIFICATIONS/PROPOSER INFORMATION

Please organize your responses to questions below in the same order and numbering given, restating the question first, then your responses. A separate Engineer's pre-qualification questionnaire and submittal is provided and will be required from each consulting firm(s) proposed as sub-consultants if engineering services are not provided in house.

- 1. Company history, size and background
 - a. Provide current organizational structure information, date of company formation and the number of years providing design services for Fueling Station projects.
 - b. Provide the name, position, percentage ownership and years with the organization for each officer or partner.
 - c. Provide names and professional background of other company principals intended to be used on the proposed CMS work.
 - d. Provide the total number of staff directly employed by the firm regularly engaged in Fueling Station Design work. Identify the number of registered Architects and all other disciplines contained in this group of personnel. Only include the staff/office that will directly participate in this CMS work. Provide an organizational chart that represents this staffing and their relationship to the organizational management structure.
- 2. Describe your firm's and proposed sub-consultant firms approach to pre-design, design and construction administration phases of a project.
- 3. Financial Information CMS reserves the right to request financial data. If requested provide a copy of audited financial statements for the three (3) previous fiscal years and the last quarterly report. Statements must include auditor's letter of opinion, auditor's noted balance sheet, statement of income/loss.
- 4. Provide information on similar Fueling Station Replacement projects for which your firm has provided complete design through construction administration services during the past five years. Projects should be of similar size and scope as project identified in the RFQ. Information should include:
 - a. Name and address of project
 - b. Names of design staff (Senior Executive, Project Architect, Project Manager, Construction Administrator)
 - c. Name, address and phone number for Owner's Representative
 - d. Type and size of project including number of dispensers and sizes/types of tanks
 - e. Owner Budget
 - f. Actual Cost with associated cost per square foot
 - g. Design duration including dates
 - h. CA duration including dates
- 5. Provide experience and background information on key individuals proposed for the project including the Principal in Charge of the project (Project Executive), proposed project manager (the person who will be directly responsible for the design and production of working drawings), Project Architect and

Construction Administrator (person who will be directly responsible for the construction phase administration).

6. List the consulting member firms you propose to use should you be selected including the project designer for each who will be responsible for the close supervision of this design work. If performed in- house, please indicate and include resumes. Indicate which of your consultants are MWSBE owned business firms. A separate prequalification questionnaire has been provided for completion by consulting member firms and must be submitted as part of the RFQ submission. Firms providing in- house services for these disciplines and not using outside consultants shall complete this prequalification document and submit with the RFQ.

Structural Engineering

Civil Engineering

Mechanical Engineering: Fuel Systems

Mechanical Engineering: Plumbing Systems

Electrical Engineering

Telecommunications

Estimating/Cost Consultant

Note: Consulting firms presented in the proposal should not be changed without good cause. It shall be the owner's understanding that the consultant firms are integral to the proposal and shall not be changed subsequent to contract negotiations. The Prime Designer shall provide the prequalification documents to the consulting firms and retrieve them in time to incorporate them into their RFQ submission. Failure to include this will render the submission non-responsive.

7. Client References

- a. Provide a minimum of two (2) client references. It is preferred that one (1) of the client references should be from Owners similar in function to CMS Auxiliary Services or other NC municipal fleet services, but is not required. Information should include contact name, address, phone number, email and a description of services provided.
- 8. Describe your firm's experience in and approach to:
 - a. Maintaining a design schedule.
 - b. Monitoring and maintaining budget.
 - c. Coordinating. programming and design with stakeholder groups.
 - d. Tracking, responding to and validating the incorporation of design review comments by the owner, commissioning agent or other reviewers at each design phase.
 - e. Coordinating with contractors and providing prompt CA responses to RFI's, submittals, proposal and claim evaluations, change orders, etc. throughout construction.
 - f. Verification and expediting project closeout and contractor punch list completion.
 - g. Verifying Fueling Station components are properly installed, function as designed and specified and meet the owner's expectations for quality.
 - h. Technologies (voice, video, data & security).

- 9. Describe your firm's process for quality control throughout the design and construction process.
- 10. Describe your firm's experience working with and expediting permits through Mecklenburg County LUESA, Charlotte City Engineering, and other local and state approval agencies.
- 11. Prepare a graphic matrix that will provide the information noted in a, b, below. Demonstrate your manpower plan strategy for performing your services to assure the work you are proposing can be completed in accordance with the schedule(s) provided.
 - a. The percent of time devoted to this project by your Project Designer, Project Manager, and Project Executive during design.
 - The percent of time devoted to this project by the Construction Administrator/Project Manager during the construction phase
- 12. Describe previous litigation, mediation or arbitration pertaining to your design services in which your firm has been involved with during the past five (5) years.
- 13. In the past five (5) years has your firm ever paid a client due to errors or omissions found in the work?
- 14. Indicate any project(s) where your firm has been terminated and the reasons for termination.
- 15. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit, found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity, or been convicted of a crime involving any federal, state or local law?

If YES, explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.

- 16. Has your firm or any of its owners, officers or partners ever been convicted or a federal or state crime of fraud, theft, or any other act of dishonesty?
- 17. Indicate any prior or current design contracts between your firm and Charlotte-Mecklenburg Schools.
- 18. Respondents shall comply with CMS's MWSBE Program by making a good faith effort to utilize MWSBE firms in the professional service contract.
 - a. Describe how your firm will address the MWSBE objectives. This includes the forms listed below and a commitment to obtain a certain percentage.

Respondents shall include <u>in</u> their proposals the form "Identification of Minority Participation" and "Affidavit A" or the form "Identification of Minority Participation" and "Affidavit B". Also include an Appendix III signed by each MWSBE firm you plan to utilize. This is the MWSBE's acknowledgment that they are to be used on this project. The forms ask for the scope of work and the dollar amount. Respondents may not be able to give a specific dollar amount until your firm is selected for a specific project. However, you may list a percentage based on the scope of work intended to be performed by your MWSBE consultants and subcontractors.

The overall participation commitment is based upon all activities associated with the project including design sub-consultants, lower tier subcontractors, printing, courier services, suppliers, and other services.

19. Does your firm or any associate consultant own any business or financial interest that would place the firm in a conflict of interest in either the design or procurement phase?

Section 7 - PROPOSAL EXECUTION ACKNOWLEDGEMENT FORM

The undersigned hereby acknowledges having received and completed a proposal package.

FOR A SOLE PROPRIETOR OR PARTNERSHIP: If a sole proprietorship, the sole proprietor must sign this proposal. If a partnership, the proposal must be signed by a general partner and indicate authority of partner's signatory by attaching a copy of partnership agreement or other authorizing document.

FOR A CORPORATION: If signed by any person other than the President of the Corporation, a certified copy of resolution or by-laws authorizing such person to sign must accompany this proposal/response. The signature of the corporation signer must be attested to by the Secretary of the Corporation.

The undersigned warrants that they are duly authorized to bind the Proposer to fully perform all duties and deliver all services in accordance with the terms and conditions set forth herein. The undersigned declares under penalty of perjury that all of the information submitted is true and correct, that the Proposer fully understands this information is being considered for this RFQ only and that being declared non-qualified for this project excludes the Proposer from award of this project.

The undersigned acknowledges receipt of addend	a:			
The undersigned agrees to be bound by and com Business Enterprise Program.	nply with the provisions of CMS's Minority, Women and Small			
contents. The responses are true of my own	e read all the foregoing responses to this RFQ and know their knowledge and belief, except as to those matters stated on elieve them to be true. I declare under penalty of perjury under pregoing is correct.			
All signatures to be sworn to before a Notary Publ	lic			
Signed	Firm Name			
Title				
Telephone	City			
	State Zip			
Corporate Seal – (requested, not required)	SUBSCRIBED AND SWORN to before me this			
	Day of 19			
	Notary Public Signature			
STATE OF	COUNTY OF			

Section 8 - CMS Minority, Women, Small Business Enterprise Program

Request for Qualifications M/W/SBE Participation Guidelines for Architecture & Engineering

In accordance with G.S. 143-64.31, it shall be the policy of the Charlotte-Mecklenburg Board of Education to promote full and equal access to business opportunities with Charlotte-Mecklenburg Schools. Minority-owned, women-owned, and small business enterprises (collectively "M/W/SBE") as well as other responsible vendors shall have a fair and reasonable opportunity to participate in CMS business opportunities.

The Superintendent shall implement an M/W/SBE Program which includes aspirational goals for M/W/SBE utilization in proportion to the availability of qualified vendors in particular areas of procurement. An annual report shall be made to the Board of Education regarding M/W/SBE utilization in comparison to the aspirational goals.

Policy Adopted: 01/12/93 Policy Amended: 07/09/96 Policy Amended: 02/22/05

Requirements

The fundamental requirement of the policy is that all contractors, vendors and consultants, who contact with the Board of Education, will: (i) not discriminate against any person in regard to race, color, religion, age, national origin, sex, or disability; and (ii) provide a full and fair opportunity for participation of M/W/SBEs in contracts. Participation shall be measured in terms of the actual dollars received by M/W/SBEs.

"Minority" as used in this policy means African American (all persons having origins in any of the African racial groups); Hispanic/Latino American (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin); Asian American (all subcontinent, or the Pacific Islands); and Native American (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

"Woman" as used in this policy means a non-minority woman who has 51% ownership, interest, holds the professional or contractor license necessary for operation as well as management, control, and have technical expertise directly related to the primary product or service of the business

"Small" as used in this policy means a business enterprise owned, operated, and controlled by one (1) or more eligible owners who have 51% ownership, interest, holds the professional or contractor license necessary for operation as well as management, control, and have technical expertise directly related to the primary product or service of the business, and is 25% or less of the applicable size standards established by the Small Business Administration.

"Socially and Economically Disadvantaged" as used in this policy means a minority, woman, or small business enterprise owned, operated, and controlled by one (1) or more eligible owners who have 51% ownership, interest, holds the professional or contractor license necessary for operation as well as management, control, and have technical expertise directly related to the primary product or service of the business, and is 25% or less of the applicable size standards established by the Small Business Administration.

Responders responding to this solicitation shall comply with the M/W/SBE Program by making a Good Faith Efforts to utilize the following aspirational goals for M/W/SBE participation under this contract for professional service and construction contracts:

Category	MBE Goal	WBE Goal	SBE Goal	Total M/W/SBE Goal
Construction	10%	6%	5%	21%
Architecture & Engineering	4%	7%	5%	16%
Professional Services (other than Architecture & Engineering)	9%	9%	5%	23%
Contracted Services (other than Architecture, Engineering, and other Professional Services)	5%	4%	5%	14%
Goods	3%	3%	5%	11%

Responders will describe how your firm will address the M/W/SBE Objectives. This may include the forms listed below and a commitment to obtain a certain overall percentage.

Responders shall include in their proposals, the following documentation:

- Minority, Women, and Small Business Enterprise Identification Form (including suppliers)
- Affidavit A (if subcontracting)

OR

- Minority, Women, and Small Business Enterprise Identification Form (including suppliers)
- Affidavit B (if self-performing all work with own workforce and upon request, provide sufficient
 information for Charlotte-Mecklenburg Schools to determine that the Proposer does not customarily
 subcontract work on this type of project)

The forms ask for the scope of work and the dollar amount. Respondents may not be able to give specific dollar amounts until you know the project scope assigned. However, you may list an overall percentage based on the scopes of work intended to be performed by M/W/SBE consultants and subcontractors.

The overall participation committed is based upon all activities associated with the project including design subconsultants, lower tier subcontractors, printing, courier services, suppliers and other services.

Upon receipt of notice of award, the proposer who is subcontracting anything must provide the following information:

Appendix I, II and/or III

With each pay request the prime will submit <u>Appendix IV</u> listing payments made to <u>all</u> subcontractors. Failure to submit these and all documents as requested is grounds for rejection of the bid.

Compliance Documentation

All written statements, affidavits or intentions made by Respondents shall become a part of the agreement between the Consultant and Charlotte-Mecklenburg Schools for performance on this contract. Failure to comply with any of these statements, affidavits or intentions or with the M/W/SBE Program Guidelines shall constitute a breach of contract. A finding by Charlotte-Mecklenburg Schools that any information submitted either prior to award of the contract or during the performance of the contract is inaccurate, false, or incomplete, shall also constitute a breach of the contract. Any such breach may result in termination of the contract in accordance with the termination provisions contained in the contract. It shall be solely at the option Charlotte-Mecklenburg Schools whether to terminate the contract for breach.

In determining whether a contractor has made Good Faith Efforts, Charlotte-Mecklenburg Schools will evaluate all efforts made by the Contractor and will determine compliance in regard to quantity, intensity, and results of these efforts.

Good Faith Effort Documentation – The Proposer's documentation to meet the goals set forth in these provisions shall include the following evidence:

- 1. Copies of solicitations to at least three (3) M/W/SBE firms for each sub consultant to be let under this contract. Each solicitation shall contain a specific description of the work, representative to contact, and location, date and time when responses must be received.
- 2. Copies of responses received from each firm responding to the solicitation.
- 3. A telephone log of follow-up calls to each firm sent a solicitation.
- 4. Documentation of any contacts, correspondence or conversation with M/W/SBE firms made in an attempt to meet the aspirational goals.
- 5. The successful Proposer shall maintain records relating to all commitments for a period of at least one year following acceptance of final payment.

Note: Additional Good Faith Efforts are identified in Affidavit A

After review of the Respondent's Good Faith Efforts, the Respondent may request and be granted a Waiver of the M/W/SBE aspirational goals that have not been met for that particular project. A Waiver may be granted upon review of the Respondent's documentation and determination that, in fact, a Good Faith Effort has been put forth. The Respondent's M/W/SBE Utilization Commitment shall be incorporated into the contract.

NOTE: Charlotte-Mecklenburg Schools reserves the right to waive any irregularities in M/W/SBE documentation if they can be resolved prior to award of the contract, and Charlotte-Mecklenburg Schools finds it to be in its best interest to do so and award the contract.

Charlotte-Mecklenburg Schools M/W/SBE Documentation Overview

Form	Submission Requirements	Required Form
Subcontractor / Supplier Identification Form Lists the total dollar amount of such participation by MBEs, WBEs, and SBE subcontractors and suppliers the Proposer will use on the project.	Due with bid/proposal	Minority, Women, and Small Business Enterprise Identification Form
Listing of Good Faith Efforts (GFE) Indicates the actions you undertook to recruit and solicit minority vendors, subcontractors, vendors, or suppliers for this project.	Due with bid/proposal (if subcontracting)	Affidavit A
Intent to Perform Contract with Own Workforce Indicates that the Proposer does not customarily subcontract elements of this type project, normally performs all elements of work on this project with his/her own current work force AND will not purchase any materials or supplies in the performance of the contract.	Due with bid/proposal (self-performing)	Affidavit B
Portion of Work to be Performed by M/WBE Firms Identifies minority participation that is equal to or greater than the M/W/SBE total goal for construction 21%, Other Services 14%, and/or Goods 11% of the Proposers total contract price. Appendix I is signed by the M/W/SBE.	Within three (3) business days after notification of award.	Affidavit C and Appendix I
Documentation of Good Faith Efforts (GFE) Indicates GFEs of Proposers who do not achieve the overall M/WBE goal for construction 21%, Other Services 14%, and/or Goods 11% participation by M/W/SBEs. Documentation provided should correspond with the items checked on Affidavit A. Appendix I is signed by the M/W/SBE.	Within three (3) business days after notification of award.	Affidavit D and Appendix I
Professional Services Indicates the minimum percent of the total dollar amount of the contract with M/W/SBEs. Appendix I is signed by the M/W/SBE.	Within three (3) business days after receiving Letter of Commitment	Appendix I, II and/or
Documentation for All Contract Payments Contractor shall provide with each pay request to CMS all payments to contractors, subcontractors, supplies and service providers.	Must submit with each pay request and final payment	Appendix IV

Minority, Women, and Small Business Enterprise Identification Form

Firm Name, Address and Phone #	Work Type	*M/W/SBE Category

Attach this form and AFFIDAVIT A or this form and AFFIDAVIT B to the Bid

Attach AFFIDAVIT A or AFFIDAVIT B to the Bid

State of North Carolina AFFIDAVIT A – Listing of the Good Faith Effort

County of
Affidavit of
(Name of Proposer)
I have made a good faith effort to comply under the following areas checked:
Proposer must earn at least 50 points from the Good Faith Efforts list to be considered responsive. 1 - (10 Points) Contacted minority businesses that reasonably could have been expected to submit a quote and that were known to the contractor or available on State or local government maintained lists, at least 10 days before the bid date and notified them of the nature and scope of the work to be performed. 2 - (10 Points) Made the construction plans, specifications and requirements available for review by prospective minority businesses, or providing these documents to them at least 10 days before the bids are due. 3 - (15 Points) Broken down or combined elements of work into economically feasible units to facilitate minority participation. 4 - (10 Points) Worked with minority trade, community, or contractor organizations identified by the Office of Historically Underutilized Businesses and included in the bid documents that provide assistance in recruitment of minority businesses. 5 - (10 Points) Attended pre-bid meetings scheduled by the public owner. 6 - (20 Points) Provided assistance in getting required bonding or insurance or provided alternatives to bonding or insurance for subcontractors. 7 - (15 Points) Negotiated in good faith with interested minority businesses and did not reject them as unqualified without sound reasons based on their capabilities. Any rejection of a minority business based o lack of qualification should have the reasons documented in writing. 8 - (25 Points) Provided assistance to an otherwise qualified minority business in need of equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letters of credit, including waiving credit that is ordinarily required. Assisted minority businesses in obtaining the same unit pricing with the Proposer's suppliers in order to help minority businesses in establishing credit. 9 - (20 Points) Negotiated joint venture and partnership arrangements with minority businesses in orde to increase

In accordance with GS143-128.2(d) and Board of Education Policy the undersigned will enter into a formal agreement with the firms listed in the Identification of Minority, Women, and Small Business Participation schedule conditional upon execution of a contract with the Owner. Failure to abide by this statutory provision will constitute a breach of the contract. The undersigned hereby certifies that he or she has read the terms of the Minority, Women, and Small Business Enterprise commitment and is authorized to bind the Proposer to the commitment herein set forth.

Date:	Name of Aut	thorized Officer:			
	Signature:				
	Title:				
State of		, County of			
Subscribed and sworn to befo	ore me this		day of	20	
Notary Public:					
My commission expires:					

Attach AFFIDAVIT A or AFFIDAVIT B to the Bid

DO NOT USE AFFIDAVIT 'B' UNLESS YOU ARE ONLY PROVIDING LABOR AND NOT PURCHASING ANY MATERIALS OR SUPPLIES

State of North Ca		tent to Perform Contract h Own Workforce.
County of		
Affidavit of		
	(Name of Bidder)	
	our intent to perform 100% of the work required for t	
	(Name of Project)	
project, and normally per with his/her own current the contract	on, the Bidder states that the Bidder does not customs forms and has the capability to perform and will perform work forces; AND the bidder will not purchase any twide any additional information or documentation recovide any additional information or documentation recovery.	form alelements of the work on this project naterials or supplies in the performance of
statement.		, , , , , , , , , , , , , , , , , , , ,
The undersigned hereby commitments herein cont	certifies that he or she has read this certification and ained.	s authorized to bind the Bidder to the
Date:	Name of Authorized Officer:	
	Signature:	
SEAL	Title:	
	State of	, County of
	Subscribed and sworn to before me this	day of20
	Notary Public	
	Mu sammissian aminas	

APPENDIX I LETTER OF INTENT TO PERFORM AS A SUBCONTRACTOR OR SUBCONSULTANT (PROVIDE MATERIALS OR/& SERVICES)

PROJECT:		
TO	(Project Name)	
TO:	(Name of Proposer/Architect)	
The undersigned intends to pe	erform work in connection with the above p	project as:
Minority Business Er	nterprise Women	's Business Enterprise
Small Business Enter	prise	
	ndersigned is/is not certified by the City of Cily of Oil or other governmental entities. Our M/V	•
connection with the above pro	o perform the following described work or oject (specify in detail particular work items orice:	, materials or services to be performed
You have projected the follow completion of such work as fo	ing commencement date for such work, an llows:	d the undersigned is projecting
Items	Projected Commencement Date	Projected Completion Date
shall be used for M/W/SBE su	st be reported and is subject to all M/W/SB bcontracting at any level.	E compliance requirements. This form
Date:	(Name & Phone No. of N	/I/W/SBE Company)
	(Name & Title of Author	ized Office)
	(Signature)	

THE PRIME CONTRACTOR OR ARCHITECT MUST GET THIS FORM COMPLETED BY THE SUBCONTRACTORS/SUPPLIERS

APPENDIX II M/W/SBE UTILIZATION COMMITMENT FORM FOR PROFESSIONAL SERVICES

We,			do certify th	at on the
	(Architec	t)		
	(Project N	Name)		
(Project Nu	mber)	,(D	ollar Amount of Bid)	
If the Proposer intends to s	subcontract, this form	must be comple	ted regardless of the amou	int or lack of
M/W/SBE participation att				
I will expend a minimum of small business enterprises. providers of professional se	M/W/SBEs will be e	mployed as cons	truction subcontractors, ve	endors, suppliers or
Attach additional sheets if r	equired			
Name and A	Address	*M/W/SBE Category	Work description	Dollar Value
The undersigned will enter in this schedule conditional Failure to fulfill this commit	upon execution of a c ment may constitute a rtifies that he or she ha	ontract with the contract of the contract of the contract of the terms	Charlotte-Mecklenburg Boa ontract	ord of Education.
the Proposer to the commit	ment herein set forth			
Date:	Name of Authori	zed Officer:		
	Signature:			
	Title:			
State of		County of		
Subscribed and sworn to b	efore me this	da	ay of 20	
Notary Public:				
My commission expires:				

APPENDIX III

M/W/SBE UTILIZATION COMMITMENT FORM FOR PURCHASES OF GOODS & OTHER SERVICES

We,		do certify that on the				
	(Proposer)					
	(Project Name)					
(Projec	t Number)	, (D	ollar Amount of Bid)			
If the Proposer intends	s to subcontract, this forn	n must be complet	ed regardless of the amo	unt or lack of		
M/W/SBE participation			-			
small business enterpr	ises. M/W/SBEs will be	employed as const	unt of the contract with r ruction subcontractors, v d to the following firms list	endors, suppliers or		
Attach additional sheet	s if required			T		
Name	and Address	*M/W/SBE Category	Work description	Dollar Value		
The undersigned will en in this schedule conditi Failure to fulfill this cor	Socially and nter into a formal agreem onal upon execution of a mmitment may constitute	ent with Minority/contract with the (a breach of the co	Women/ Small Business F Charlotte-Mecklenburg Bo	irms for work listed ard of Education.		
	mmitment herein set forti		or this communicate and r	s dutilonized to billa		
Date:	_ Name of Author	Name of Authorized Officer:				
	Signature:					
	Title:					
State of		, County of				
Subscribed and sworn to before me this		da	y of 20			
Notary Public:						
My commission expire						

APPENDIX IV DOCUMENTATION FOR <u>All PAYMENTS TO CONTRACTORS</u>, SUBCONTRACTORS, SUPPLIERS AND SERVICE PROVIDERS

rime Contractor/Archite	ect:					
Address & Phone:						
Project Name:						
y Application #: Period:						
Current Requested Paym	ent Amount:					
The following is a list of put he above-mentioned pe	-	ade to all contract	ors/suppliers & ot	ther providers on	this project for	
Firm Name a	nd Address	*M/W/SBE Category	Amount to be Paid form this pay Request	Total Payments to date	Total Amount Committed	
Totals						
L *M/W/SBE categories: B Fe		rican (B), Hispanic , or Socially and Ec			 nerican Indian (N),	
Date:	Approved	/Certified By:	Name			
			Title			
			Signa	ture		

^{**}THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT**

APPENDIX V WAIVER REQUEST FOR GOOD FAITH EFFORTS

PROJECT:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	
CONTACT PERSON:	PHONE NO:	
TITLE:		
The said company request a Full () or Partial () waiv project for the following reasons:	er for the M/W/SI	BE aspirational goals for this particular
Signature:		Date:
CMS	USE ONLY	
Good Faith Efforts Verified:		
Request of Waiver Granted: YES () NO (_)	
Comments:		
		<u> </u>
M/WBE Administrator:		Date:

Section 9 - ENGINEERS QUALIFICATIONS/PROPOSER INFORMATION

Please organize your responses to questions below in the same order and numbering given, restating the question first, then your response. (Note: if engineering services are provided "in house" this section can be combined with architectural)

1. Company General Information

- a. Firm
 - 1. Name
 - 2. Address and contact information (name, phone, email) for principal office
 - 3. Address and contact information (name, phone, email) for North Carolina office providing services
 - 4. Provide appropriate current organizational structure information, date of company formation and the number of years under the present business name
 - (i) Corporation type, date of incorporation, state of incorporation, President, Secretary, NC registration #
 - (ii) Partnership, date of organization, names of partners, % of ownership
 - (iii) Sole Proprietorship, date of organization, name of Owner
 - 5. Provide any other names the business has operated under and the number of years operated in that name
 - 6. Is firm a Hub or MWSBE firm? Is firm certified with the City of Charlotte?

b. Staff

- 1. Identify engineering disciplines provided by firm and intended for this project.
- 2. Provide the total number of staff directly employed by the principal firm regularly engaged in Fueling Station design work. Provide the total number of staff directly employed by the North Carolina office of the firm regularly engaged in Fueling Station design work. Provide names and professional background & North Carolina license/registrations information of staff intended to be used on the proposed CMS work.

2. Previous Experience

- a. Provide information on similar Fueling Station Replacement projects for which your firm has provided design and construction administration services during the past five years. Information should include:
 - 1. Name and address of project
 - 2. Names of Engineers staff (Senior Executive, Project Designer, Project Manager, Construction Administrator)
 - 3. Name, address and phone number for Owner's Representative
 - 4. Type and size of project
- b. Provide information on any other Fueling Station Replacement projects your firm has provided design and construction administration services for over the past five years. Information should include:

- 1. Name and address of project
- 2. Names of engineers staff (Senior Executive, Project Architect, Project Manager, Construction Administrator)
- 3. Name, address and phone number for Owner's Representative
- 4. Type and size of project
- c. Provide experience and background information on key individuals proposed for the project including the Principal in Charge of the project (Project Executive), proposed project manager (the person who will be directly responsible for the design and production of working drawings), Engineer and Construction Administrator (person who will be directly responsible for the construction phase administration).
 - 1. Name projects similar to projects identified in the RFQ completed by your proposed project key individuals in the last 5 years. Describe their role in these projects.
- d. Describe your firm's experience working with and expediting permits through Mecklenburg County LUESA, Charlotte City Engineering, and other local and state approval agencies.
- e. Client References
 - 1. Provide a minimum of two (2) client references. One (1) of the client references should be from Owners similar in function to CMS Auxiliary Services or other municipal fleet service. Information should include contact name, address, phone number, email and a description of services provided.

3. Project Approach

- a. Describe your firm's experience in and approach to:
 - 1. Maintaining a design schedule.
 - 2. Monitoring and maintaining budget.
 - 3. Tracking, responding to and incorporating design review comments by the owner, commissioning agent or other reviewers at each design phase.
 - 4. Coordinating with contractors and providing prompt CA responses to RFI's, submittals, proposal and claim evaluations, change orders, etc. throughout construction.
 - 5. Coordinating with separately contracted designers and consultants throughout design and construction (telecommunications, commissioning, etc.).
 - 6. Verification and expediting project closeout and contractor punch list completion.
 - 7. Verifying Fueling Station components are properly installed, function as designed and specified and meet the owner's expectations for quality.
 - 8. Describe your firm's process for quality control throughout the design and construction process.
 - 9. Describe your firm's knowledge of and experience in integrating the following items into the design along with examples how they have been implemented on past projects:
 - (i) Technologies (voice, video, security & data).

4. Legal Information

a. Identify any judgments, claims, and suits pending or outstanding against your firm or its officers.

- b. Describe previous litigation, mediation or arbitration pertaining to your design services in which your firm has been involved with during the past five (5) years.
- c. In the past five (5) years has your firm ever paid a client due to errors or omissions found in the work?
- d. Indicate any project(s) where your firm has been terminated and the reasons for termination.
- e. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit, found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity, or been convicted of a crime involving any federal, state or local law related to construction?
- f. If YES, explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.
- g. Has your firm or any of its owners, officers or partners ever been convicted or a federal or state crime of fraud, theft, or any other act of dishonesty?

5. Insurance Information

- a. Does your firm carry professional liability insurance?
- b. Indicate current practice limits
- c. Can you provide separate project liability insurance coverage?
- d. Has your firm provided project liability insurance in the past?
- e. What was the highest insurance limit provided?
- f. Provide name of liability insurance company
- g. Provide Policy Number
- h. Provide principal insurance company address
- i. Provide name & address of local agent

SIGNATURE

Dated at	this	day
of20	<u>_</u> :	
Name of Organization:		
Ву:		<u>.</u>
Title:		
Duly sworn deposes and says that the informat	tion provided herein is true and sufficie	ntly complete so
as not to be misleading.		
Subscribed and sworn before me this		day
of	20	
Notary Public:		
My Commission Expires:		