|  | Company Name & Address:  Contact Name & Information: |  |
| --- | --- | --- |
|  | QUESTION | COMMENTS |
|  | 3.7.3  A. Background, Qualifications and Experience | |
|  | 1. Provide a brief description of Company’s qualifications to perform the Scope of Services requirements. |  |
|  | Does your company have previous experience working with re-heat systems in the past 3 years? If yes, provide details of applicable projects. |  |
|  | Does your company have experience with the following healthcare procedures and/or policies: |  |
|  | * Infection Control |  |
|  | * Fire Safety |  |
|  | Does your company have any letters of recommendations that can be submitted as a part of this RFP? If yes, please include. |  |
|  | How long has your company been in business? |  |
|  | Have you ever operated under another business name? If yes, please list the name(s) and date(s). |  |
|  | What state is your company incorporated in? |  |
|  | How many employees does your company employ? (Direct employees only.) |  |
|  | What is the shortest timeframe an employee has worked with you and what is the longest? |  |
|  | In what types of projects do you specialize? |  |
|  | What sets you or your company apart from your competitors? |  |
|  | What does your company offer its employees by way of job education? |  |
|  | What is the longest amount of down-time your company experienced between jobs and why? |  |
|  | Have you, individually or as a part of your company, ever failed to complete any construction project? If yes, explain why. |  |
|  | Identification of litigation currently impacting the Company, if any. State “NONE”, if none. |  |
|  | Identification of any fines or violations received in the past 3 years relative to safety and environmental issues. State “NONE”, if none. |  |
|  | State your Experience Modification Rate (EMR). This can be obtained from your insurance company. |  |
|  | Have you had any legal action brought against you as the result of work you have performed? If yes, why, and what was the outcome? |  |
|  | Have you or any of your company’s ever declared bankruptcy? |  |
|  | How will you identify with which sub-contractors to work on this Project? |  |
|  | Describe your Company’s warranty program. |  |
|  | Describe your project close-out process. |  |
|  | Is your company bondable for 100% of the project cost for both performance and payment? | Yes or No |
|  | 1. Project Management | |
|  | How much lead-time does your company need to begin dedicating resources to this project once the contract is signed? |  |
|  | Will there be a supervisor or lead carpenter on site or will the project be managed from a different location? |  |
|  | * Supervisor must be knowledgeable in all aspects of managing a construction site. Site Supervisor must be able to communicate from the site via electronic means. |  |
|  | Conflicts between Company and KCH may occur from time to time during this project; how do you anticipate mitigating disagreements as well as resolving them? |  |
|  | Do you have a project management plan to ensure cost-effective, efficient and timely performance of all project tasks? If yes, please describe. If not, |  |
|  | How do you track and manage questions, resolutions, decisions, directions and other information matters throughout your projects? |  |
|  | If your company does not have a West Hawaii office, will you be willing to discuss partnering with a locally based contractor? |  |
|  | How many projects will your company have occurring at the same time as this project? |  |
|  | * If multiple projects, how will your company successfully manage all projects at the same time? |  |
|  | How many outstanding bids does your company have at this time? |  |
|  | In order to execute the project by the agreed upon completion date, what will you require of HHSC? What do you see as HHSC’s responsibilities? |  |
|  | Submit a detailed yet approximate project timeline. A separate sheet behind the mandatory questions may be used if necessary. |  |
|  | What steps will your company take to execute the project in a cost-effective, efficient and timely manner? |  |
|  | How familiar are you with special requirements for Hospital construction? State the concerns applicable to this project and how OFFEROR proposes to minimize risk associated with the concerns. |  |
|  | What potential project risks or issues are anticipated and how will they be addressed in order to minimize risk? |  |
|  | 1. Financial | |
|  | What is your company’s legal structure? |  |
|  | What is your OH&P percentage for this project? |  |
|  | How is OH&P calculated? |  |
|  | How do you calculate OH&P on additive and deductive change orders? |  |
|  | How do you ensure your subcontractors are providing fair pricing? |  |
|  | What is your Company’s bonding capacity? |  |
|  | If it is determined some work must be performed on off-work or weekend, how will the upcharge be computed with this being a fixed fee agreement? |  |
|  | Do you bill monthly or according to milestones? Please explain in detail your billing method as well deposit requirements, if any. |  |
|  | 1. References | |
|  | Provide a brief description of three (3) past and/or present contracts demonstrating Company’s qualifications, experience and performance with regard to performance of the Scope of Services requirements. Include customer name, contact name, email address and telephone number. |  |
|  | If KCH was to contact any of your subcontractors for a reference, what do you think they would tell us about your company and your projects? |  |
|  | Who are your top 3 material suppliers? |  |
|  | * Are your accounts in good standing? If not, why? |  |
|  | Why should KCH hire your company to perform the requirements of this project? |  |
|  | Is there any additional information that might be valuable to KCH in determining which company to award the Surgical Services Storage HVAC project? |  |