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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Responder’s Qualification FormConstruction projects up to $50,000 for MPCA ContractsSection 3*Doc Type: Contract* |

*Note to MPCA Contractor:*

***The Responder’s Qualification Form is an optional form.*** *The MPCA Contractor and the MPCA Project Manager should determine if a Qualification Form is required for a specific project. The MPCA Contractor can add additional qualifications if necessary upon approval by the MPCA Project Manager. If the MPCA Contractor and MPCA Project Manager determine that this form is not necessary for the project, then do not include this form in the solicitation package.*

*All qualifications must be objective and measurable. There must not be any subjective qualifications. There are no points, no evaluation, nor weighted values. All qualifications must be judged on a pass/fail basis. Responders who meet the qualification requirements can be considered for award. Responders who do not meet the qualifications must be rejected. [This must be site specific and match the solicitation criteria.]*

This form must be completed by the responder and must be submitted with its response to this solicitation (or within 48 hours after form has been requested). If the Qualification Form is not received in the time specified, the Subcontractor’s response will be rejected.

Each Responder must answer all of the questions and provide all requested information contained herein. Because answering all of the questions and providing all of the requested information is a requirement, any Responder failing to meet this requirement may be deemed to be non-responsive at the sole discretion of the State. If a responder is deemed to be non-responsive, their response will be rejected.

Before an award is made, the State (or its representative) reserves the right to clarify/verify qualification information submitted to determine that all qualifications listed below have been met.

If the qualification requirements listed below are not met, either on the face of the submitted information or after such clarification/verification as the State may request, the response shall be rejected.

1. **Requirement:** Contractor has been in business under current business name or current Federal Employer ID Number for       years from the solicitation bid due date. *A written justification has to be supplied to OSP if using more than 2 years.*

***(Contractor must check Yes or No.)***

[ ]  Yes, my company has been in business under current business name or current Federal Employer ID Number for a minimum of       from the solicitation bid due date.

If Company name changed within the last       but Federal Employer ID remained the same then list the Previous

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| Company name: |       |

[ ]  No, my company has not been in business under the current Federal Employer ID Number for a minimum of       from the solicitation bid due date. We acknowledge that our response will be rejected due to not meeting the minimum requirement of       under current business name or current Federal Employer ID Number.

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| 2. | [ ]  Yes – Each individual that will be responsible for this project has had at least: |       | years (number) of |
|  | experience with this type of project: List the individuals who will be responsible for this project. |
|  |  |
| Name: |       | Present position: |       |
|  |  |  |  |
| **Years of experience** | **Type of work** | **In what capacity?** |
|       |       |       |
|       |       |       |
|       |       |       |
|  |  |  |  |
| Name: |       | Present position: |       |
|  |  |  |  |
| **Years of experience** | **Type of work** | **In what capacity?** |
|       |       |       |
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|       |       |       |

3. **Requirement**: My Company has substantially completed the work for at least       contracts since       for      . Each of these projects must have had a project value of (Project Manager and Consultant agree on what dollar amount is to be placed in this field, the dollar amount cannot exceed the estimated dollar amount of this project)<form field> or greater.

The State (or its representative) reserves the right to contact the references listed. If the State or its representative receives information that in the State’s sole discretion indicates the responder is non-responsible, the State will reject the response. Information considered includes, but is not limited to: 1) project milestones – meeting substantial and final completion dates; 2) communication with project owner and subcontractors; 3) on-site supervision; 4) coordination of subcontractors; and 5) nonpayment of subcontractors.

**\*Property owner information:** (List below the required information for your previous projects.)

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| Owner name: |       | Contact person: |       |
| Owner phone: |       | Contact phone: |       |
| Dollar amount of contract: | $       | Substantial completion date (mm/dd/yyyy): |       |

Contract substantially completed under **(check one):**

[ ]  Current company name [ ]  Previous company name

|  |  |  |  |
| --- | --- | --- | --- |
| Owner name: |       | Contact person: |       |
| Owner phone: |       | Contact phone: |       |
| Dollar amount of contract: | $       | Substantial completion date (mm/dd/yyyy): |       |

Contract substantially completed under **(check one):**

[ ]  Current company name [ ]  Previous company name

|  |  |  |  |
| --- | --- | --- | --- |
| Owner name: |       | Contact person: |       |
| Owner phone: |       | Contact phone: |       |
| Dollar amount of contract: | $       | Substantial completion date (mm/dd/yyyy): |       |

Contract substantially completed under **(check one):**

[ ]  Current company name [ ]  Previous company name

\**The term “Property Owner” means the person or entity identified as the owner of the property wherein the above referenced work was performed.*

Note to MPCA Contractor: Add any additional qualifications here.