



# DAYTONA STATE COLLEGE

## **Facilities Planning Department APPLICATION FOR CERTIFICATION AS A PRE-QUALIFIED CONTRACTOR FOR CONSTRUCTION FOR DAYTONA STATE COLLEGE**

**Submit five (5) double-sided applications and one (1) electronic copy to:**

Facilities Planning Department  
**Daytona State College**  
1200 West International Speedway Blvd.  
Building 430A Room 108  
Daytona Beach, FL 32114-2800

**Respond to all items or indicate “not applicable”. Do not use substitute forms; however, supporting information may be submitted on additional sheets as an attachment.**

Any inaccurate or misleading statements in the application will cause disapproval, suspension, or revocation of the Certificate of Prequalification.

On behalf of \_\_\_\_\_, I wish to submit an application for certification as a prequalified contractor for construction of projects at Daytona State College (College).

It is understood that certification, if given, will be valid for a period of one (1) year from date of approval subject to the maintenance of current application information, unless suspended or terminated by the Board of Trustees.

It is understood that there may be instances when a solicitation is paid in whole or in part by a federal government agency or source. Therefore, Daytona State College will request that proposers certify with their qualification submittal attestations to adhere to Federal Government regulations including but not limited to Federal 2 CFR pt. 200.

This firm authorizes the College to request any public official, engineer, architect, surety company, bank depository, material or equipment manufacturer or distributor, or any person, firm, or corporation to furnish any information requested by the College to verify statements or information given with this application.

This firm further authorizes the Board of Trustees or its designee to disclose any and all information contained in the prequalification data below to any designated personnel of other boards in the State of Florida without liability whatsoever.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

By: \_\_\_\_\_

\_\_\_\_\_  
Title of Person Signing

(Affix seal, if a corporation)

**SWORN STATEMENT UNDER SECTION 287.133 (3) (a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted for Contractor Pre-Qualification
2. This sworn statement is submitted by [name of entity submitting sworn statement]  
whose business address is: \_\_\_\_\_  
and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_.  
(If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:)
3. My name is \_\_\_\_\_ and my relationship to the entity named above is  
\_\_\_\_\_  
**(title)**
4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Section 287.133 (1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record, relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Section 287.133(1)(a), Florida Statutes, means: (1) A predecessor or successor of a person convicted of a public entity crime; or (2) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, that statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the Final Order.]

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the Final Order.]

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date: \_\_\_\_\_  
[Signature]

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_ [name of individual signing] who after first being sworn by me, affixed his/her signature in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print, Type, or Stamp of Notary Public

Personally known to me, or Produced Identification:

\_\_\_\_\_  
Type of I.D.

**General information** about the contractor company, its principals, and its history including state and date of incorporation.

**Firm legal name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Is this a Branch Office? \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_

**E-Mail Address** *Limit to one e-mail address (This will be used for all notifications from the College regarding RFQs, RFPs or ITBs)*

Website Address: \_\_\_\_\_

**Federal ID Number:** \_\_\_\_\_

How many years has the firm provided General Contracting services? \_\_\_\_\_

Is the firm woman/minority owned? \_\_\_\_\_

Total billings, past three calendar years (submitting office)? \_\_\_\_\_

Total billings, past three calendar years (company-wide)? \_\_\_\_\_

- Select one and complete section. **Attach** the associated affidavit attachment located at the end of this document

**A. Corporation**

Date of incorporation: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_

*If out-of-state corporation currently authorized to do business in Florida, give date of authorization:* \_\_\_\_\_

Names and titles of principal officers with the date position assumed: \_\_\_\_\_

**B. Partnership**

Date of partnership: \_\_\_\_\_

Nature of Partnership: \_\_\_\_\_ (*general, limited, association*)

Names and addresses of partners: \_\_\_\_\_

**C. Individual**

Name and address of owner: \_\_\_\_\_

**D. Joint Venture**

Names and addresses of parties: \_\_\_\_\_

- Name of persons with whom you have been associated in the construction business as a partner, officer of a corporation, or any other business venture in the last five (5) years: \_\_\_\_\_

**Contractor trade categories and information** regarding the state and local licenses and license numbers held by the applicant.

- Describe briefly your organization structure, including the number of permanent employees:
- Indicate type of contracting undertaken by your organization and number of years' experience **(Use TAB key at end of table to insert rows as needed)**:

Type	Years

- List state, county, or other public agencies in which your organization is qualified to perform work by some means of prequalification *(insert rows as needed)*:

Agency	Trade Qualified	Expiration Date	Approved Amount

- List state, county, or other public agencies in which your organization has been disqualified to perform work:

- State construction experience of principal members of your firm *(insert rows as needed)*:

Name	Title	Years Const. Exp.	Type of Work	Cost Range	In What Capacity

- Insert or Attach a copy of the license under which this firm is engaged in the business of contracting in the State of Florida.** This license must be issued in accordance with provisions of Section 489.113, Florida Statutes, and be valid.

**A list of all pending litigation and all litigation within the past five years, including an explanation of each. Litigation initiated by the contractor to protect the contractor's legal rights shall not be used as a basis for rejecting prequalification.**

- List all litigation where firm was the plaintiff and/or defendant within the past five years:
- Has your organization, or any officer or partner thereof, ever been party to any criminal litigation as a result of construction methods, costs, etc.?  
If yes, explain:
- Has your organization, or any officer or partner thereof, ever been involved in any litigation or had liens filed against a project as a result of competence, craftsmanship or performance?  
If yes, explain:
- Give the value of any judgment or liens outstanding against your organization: \$  
Explain:

**List of projects**

- Give contract value of work now pending award to your organization:  
 \$ \_\_\_\_\_ Amount requiring bond if awarded \$ \_\_\_\_\_

- List all prime construction contracts your organization has underway on this date (*insert rows as needed*):

Name of Job (location)	Contract Amount	Percent Complete	Design Architect/Engineer Phone/E-Mail	Owner Phone/E-Mail

- Give total contract value of work accomplished by your organization in the last three years:

Year: \$ \_\_\_\_\_

Year: \$ \_\_\_\_\_

Year: \$ \_\_\_\_\_

- Fill out the following for the past five years (*insert rows as needed*):

Project (location)	Date completed	Contracted Amount (approx.)	Delivery Method	Client Name (with email)	Design Architect or Engineer (with email)	Role(s) in Project
Project Name (city)	Month Year	\$xxx,xxx	CM/DB/HB	Last, First (email)	Last, First (email)	Primary, sub, other

**Detailed information setting forth the applicant's competence, past performance, experience, financial resources, capability and references**

- Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract?  
If within the last five (5) years, state name of individual, other organization, and reason therefore:
- Has any officer or partner of your organization ever failed to complete a construction contract handled in their own name?  
If within the last five (5) years, state name of individual, name of owner, and reason therefore:
- What is the largest contract completed by your organization?  
Year:  
Cost:  
Description:
- Contact information of one or more mechanical, plumbing and electrical subcontractors, and three other major subcontractors who have been associated with you on any of the projects listed previously and who may be used in projects with Daytona State College:

Mechanical

Name:  
Address:  
Phone Number:  
E-Mail:

Plumbing

Name:  
Address:  
Phone Number:  
E-Mail:

Electrical

Name:  
Address:  
Phone Number:  
E-Mail:

*Three (3) other major subcontractors:*

Subcontractor #1

Name:  
Address:  
Phone Number:  
E-Mail:

Subcontractor #2

Name:  
Address:  
Phone Number:  
E-Mail:

Subcontractor #3

Name:  
Address:  
Phone Number:  
E-Mail:

- **Fill out the following form** (for up to ten projects within the past five years)



**Project Information**

Project # and Title: \_\_\_\_\_ Project Location: \_\_\_\_\_

Services provided (check applicable boxes)

CM At-Risk     GC (Low Bid)     Design-Build     CM Agency     Subcontractor     Other

Pre-Construction services provided?     YES     NO

Current Status: \_\_\_\_\_ Size of project (gross square feet): \_\_\_\_\_

Program / Pre-Design Budget: \_\_\_\_\_ Design Development Budget: \_\_\_\_\_

GMP/Bid Proposal (Original): \_\_\_\_\_ Final Contract Value: \_\_\_\_\_

Construction Start (NTP) Date: \_\_\_\_\_ Original Substantial Completion Date (at NTP): \_\_\_\_\_

Actual Substantial Completion Date: \_\_\_\_\_ Green Certified (if any)? \_\_\_\_\_

BIM Project?     YES     NO

**Staffing Information (for this project)**

Principal: \_\_\_\_\_ Project Manager: \_\_\_\_\_

Pre-Construction Staff: \_\_\_\_\_ Project Engineer: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Narrative description of facility, including space type(s), major building components, and construction type(s):

**Owner Contact Information**

Owner/Client: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Designer Contact Information**

Architect/Eng.: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Subcontractor #1 Information (highest dollar value trade contract on this project)**

Sub-Contractor: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_

CSI Division/Trade: \_\_\_\_\_ Value of Sub-Contract: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Subcontractor #2 Information (second highest dollar value trade contract on this project)**

Sub-Contractor: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_

CSI Division/Trade: \_\_\_\_\_ Value of Sub-Contract: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Audited financial information current within the past 12 months. (Only (1) copy needed)**

- **Insert or Attach certificate of insurance** confirming current workers' compensation, public liability, and property damage insurance as required by law.
- **Insert or Attach letter from bonding company** showing value of contract work for which you could obtain a bond on single and aggregate projects (*Written verification must be submitted by a licensed surety company rated excellent in the current A.M. Best Guide and qualified to do business within the state*).
  - How much bonding is unencumbered and available as of this date?
  - Give name, address and phone number of Florida resident agent for above bonding company:
  - Has any surety company refused to write you a bond on any construction work?  
If yes, explain:
  - Give names of bonding companies under which you have functioned in the last three years:
- What is the dollar value of the largest project you consider your organization is qualified to undertake? \$
- **Insert or Attach an audited financial statement** prepared and signed by a public accountant certified in the State of Florida, including contractor's latest balance sheet and income statement showing current assets, net fixed assets, other assets, current liabilities, and other liabilities.

**AFFIDAVIT BY CORPORATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the Application for Prequalification. That he/she is familiar with the books of said corporation showing its financial condition, and that the financial statement attached to said corporation's Application for Prequalification and made a part thereof is a true and correct statement of the financial condition of said corporation, as of the date thereof. And, that the statements made and answers given in response to the request for information contained in the Application for Prequalification are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature (seal)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:

(seal)

**AFFIDAVIT BY PARTNERSHIP**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is a partner of the firm of \_\_\_\_\_, and that the financial statement attached to said partnership's Application for Prequalification and made a part thereof, is a true and correct statement of the financial condition of said firm as of the date thereof. And that the statements made and answers given in response to the request for information contained in the Application for Prequalification are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature  
(seal)

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:

(seal)

**AFFIDAVIT BY INDIVIDUAL**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that the financial statement attached to said affiant's Application for Prequalification and made a part thereof, is a true and correct statement of his/her financial condition as of the date thereof. And that the statements made and answers given in response to the request for information contained in the Application for Prequalification are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature

(seal)

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires:

(seal)

**AFFIDAVIT FOR JOINT VENTURE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, and \_\_\_\_\_, being sworn, deposes and says he/she is (title) \_\_\_\_\_, of the \_\_\_\_\_ and (title) \_\_\_\_\_, of the \_\_\_\_\_, respectively, and that they have entered into an agreement to enter upon a joint venture to qualify for submitting a proposal on the project as described hereafter:

The parties hereto agree to be fully bound, individually and collectively, to all the terms of the contract for said project, if the same be awarded to them. The undersigned hereby agree that this agreement for a joint venture will terminate upon their completion of all responsibilities assumed in connection with the above project.

\_\_\_\_\_  
Member or Officer of Firm

\_\_\_\_\_  
Member or Officer of Firm

On this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_ personally appeared before me the undersigned authority, \_\_\_\_\_ and \_\_\_\_\_, (title) \_\_\_\_\_ and (title) \_\_\_\_\_, respectively, of the afore described joint venture, who acknowledged that they executed the foregoing affidavit in the same capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: