

# **PRE-QUALIFICATION APPLICATION**

## **DEMOLITION AND RELATED SITE CLEARANCE PROJECTS NOT TO EXCEED \$500,000.00**

**PLEASE SUBMIT COMPLETED APPLICATION TO:**

**City of Jacksonville  
Procurement Division  
214 N. Hogan Street, 8<sup>th</sup> Floor  
Jacksonville, Florida 32202**

**APPLICATION PACKAGE FOR PRE-QUALIFYING  
WITH THE CITY OF JACKSONVILLE FOR  
DEMOLITION AND RELATED SITE CLEARANCE WORK NOT TO  
EXCEED \$500,000.00**

**GENERAL INFORMATION**

Completion of this application will give your company the opportunity to pre-qualify with the City of Jacksonville (City) and be included in our vendor database. This will allow your company to be considered for future demolition and related site clearance bid awards and possibly future demolition business with the City. However, completing this application does not guarantee your company will receive an Invitation to Bid or a contract from the City, nor does it imply that your company has any type of procurement/contractual relationship with the City now or in the future. Information provided by your company will be treated in a reasonable manner and will be subject to disclosure pursuant to the laws of the State of Florida.

The Procurement Division of the City of Jacksonville is with responsible for the procurement of demolition and services for the use by the City and its independent agencies. Procurement facilitates the selection of entities to provide demolition and services based on evaluation of best price, quality and service.

**Contractors currently approved and listed on the City of Jacksonville's Pre-qualified Bidders List for construction projects *exceeding* \$500,000.00 in the VERTICAL category will be included on the Pre-qualified Bidders List for demolition and related site clearance *not to exceed* \$500,000.00 without need to apply.**

Procurement is committed to the growth and development of the City. Concurrent with this policy, our department conducts its procurement activities and formal bid processes in a competitive environment that fosters equal opportunity for qualified companies to provide services that meet our requirements.

## **GENERAL INFORMATION (CONTINUED)**

Please be advised that this application must be completed within itself without reference to any previous application or statement. All sections of the application must be completed. If any of the requested information does not apply, it must be indicated as "NONE" or "N.A." as applicable.

The City shall act upon the application for pre-qualification within 30 days from the date it is stamped by Procurement.

In the event the City finds the application to be incomplete or does not contain the information requested for processing, the City shall require in writing that the applicant provide the necessary information. If the requested information is not furnished to Procurement within 30 days of the written request, the application shall be rejected without prejudice to re-apply.

**IF YOU BELIEVE YOUR COMPANY ALSO CAN MEET THE REQUIREMENTS FOR A JACKSONVILLE SMALL EMERGING BUSINESS AND DESIRE TO BE CERTIFIED AS SUCH, PLEASE CONTACT THE FOLLOWING OFFICE FOR PROPER CERTIFICATION FORMS:**

**Equal Business Opportunity Office  
City of Jacksonville  
214 N. Hogan Street, 8<sup>th</sup> Floor  
Jacksonville, Florida 32202  
Attention: EBO Office  
PHONE: (904) 255-8840**

If you should have any questions regarding this application package, please call Robert Wicker at (904) 630-1170.

## GENERAL INFORMATION (continued)

1. Each item must be answered in full, and wherever explanation is requested it must be given in detail.
2. Failure to fill in any item will cause delay by having to return the application for completion.
3. Signature(s) are required on page 4.
4. Do not use any substitute forms. No other form or statement will be accepted.
5. Provide complete answers. If sufficient space is not provided, insert additional pages.
6. Once pre-qualification status is established, pre-qualified bidders that wish to remain on the Pre-Qualified Bidders List shall submit a notice of intent together with any change in the organization's managerial status within sixty (60) days of the pre-qualification expiration date. Procurement shall review the notice and advise the contractor of its pre-qualification status.
7. Provide insurance certificate minimums as outlined in contract documents for demolition and related site clearance.

**CATEGORY(S)/WORK CODES**

The City is authorized by Ordinance(s) to maintain a current list of pre-qualified bidders, from which a successful bidder should come if an award is to be made in one or more of the following categories not to exceed \$500,000.00 and it is in the City's best interest to so award said contract(s).

Please check each or all of the categories in which your organization is applying for pre-qualification:

- \_\_\_\_\_ (1) Demolition and Related Site Clearance, Demolition of Buildings, including multiple level structures *exceeding* 3 stories and/or 50 feet in height.
  
- \_\_\_\_\_ (2) Demolition and Related Site Clearance, Demolition of Buildings, including multiple level structures *not to exceed* 3 stories and/or 50 feet in height.

The undersigned hereby authorize(s) and request (s) any person, firm or corporation to furnish any and all information requested by the City of Jacksonville, which the City deems necessary to verify the statements made in this application or regarding the past performance of the applicant.

DATED AT \_\_\_\_\_  
Name of Organization

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By: \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Officer's Signature

## APPLICANT PROFILE

BEFORE COMPLETING THIS FORM, READ  
EACH QUESTION CAREFULLY AND ANSWER COMPLETELY  
(This application must be plainly filled in with ink or typewritten)

<b>DEMOLITION AND RELATED SITE CLEARANCE PRE-QUALIFICATION APPLICATION</b>
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Entity Name: \_\_\_\_\_  
 Entity Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Entity Classification: Corporation \_\_\_\_\_, Partnership \_\_\_\_\_, Sole Proprietorship \_\_\_\_\_, Other \_\_\_\_\_ (please explain)  
 (If Corporation, State where incorporated \_\_\_\_\_, Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_) \_\_\_\_\_

All applicants answer this:

1. How many years has your organization been operating under your present business name? \_\_\_\_\_
2. List all previous business names of your organization: \_\_\_\_\_
3. How many years experience in category(s) applied for has your organization had as a:  
 (A) Prime Contractors \_\_\_\_\_ (B) Subcontractor \_\_\_\_\_
4. Enter your Federal Employer Identification Number (FEIN): \_\_\_\_\_  
 Dunn & Bradstreet Number (D&B): \_\_\_\_\_

5. List the following for all owners, partners, officers, and directors of your organization:

FIRST NAME	MI	LAST	TITLE	BUSINESS ADDRESS	CITY	STATE	ZIP

6. List the following for all individuals, co-partnerships, companies, and/or corporations owning 10% or more of your organization (applicant):

NAME	PERCENT OWNED	ADDRESS	CITY	STATE	ZIP

7. List the following for all co-partnerships, companies and/or corporations in which your organization has at least 10% ownership:

NAME	PERCENT OWNED	ADDRESS	CITY	STATE	ZIP

Florida Statute 337.165(1)(a) defines the term "affiliate" as follows: The term "affiliate" means a predecessor or successor of a contractor under the same, or substantially the same, control or a group of business entities which are connected or associated so that the entity controls or has the power to control each of the other business entities. The term "affiliate" includes the officers, entity of a controlling interest in another business entity or a pooling of equipment or income among business entities shall establish factual evidence that one business entity is an affiliate of another.

**PLEASE COMPLETE QUESTIONS EIGHT (8), NINE (9), AND TEN (10) USING THE ABOVE DEFINITION OF "AFFILIATE".**

8. List the following for all affiliated entities: (Include companies listed in Questions 6 and 7 as well as any additional companies)

NAME AND ADDRESS	STATES QUALIFIED IN	Explain in detail your connection and whether or not this entity is pre-qualified with The City of Jacksonville

9. Has the firm, an affiliate, an officer, a director, an agent, an employee or a member of your firm, or that of an affiliate, ever been indicted, had criminal information filed against it, pled guilty, pled no contest, or been convicted of any act prohibited by state or federal criminal law which involves fraud, bribery, collusion, conspiracy, violation of state or federal antitrust laws, or material misrepresentation committed in any federal or state jurisdiction with respect to any public contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

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

10. Please state whether you or any of your affiliates are presently or have every been barred or suspended from bidding or contracting on any demolition and related site clearance public contract(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

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

11. Within the past 7 years, have you failed to successfully complete any demolition and related site clearance work awarded to you?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

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

12. Has any owner, officer, partner or director of your organization ever been an owner, officer, partner or director of some other organization that has failed to complete a demolition and related site clearance contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

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

13. Have you or your firm ever filed under protection of the bankruptcy court, have pending any petition in bankruptcy court or an assignment for the benefit of creditors?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

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

14. Have you provided demolition and related site clearance services to the City of Jacksonville within the past 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was the total revenue in whole dollars generated from the City of Jacksonville in the past 12 months?  
\$ \_\_\_\_\_

15. Total number of full time, regular employees in your company: \_\_\_\_\_ If this number has changed in the past 2 years, please explain \_\_\_\_\_  
\_\_\_\_\_

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16. **Claims/Litigations**

1. Has your organization ever filed suit or a formal claim against a project owner (prime or subcontractor)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach additional sheet(s) to include:

- Description of every action
- Amount at issue
- Amount actually recovered (if any)
- Captions of the Litigation or Arbitration
- Name(s) of the attorneys representing all parties
- Name(s) of the project owner(s)/manager(s) to include address and phone number

16a. **Liquidated Damages**

1. Has a project owner ever withheld liquidated damages from your final payment for failure to complete a contract on time?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_  
\_\_\_\_\_

17. **DEMOLITION EXPERIENCE/SITE CLEARANCE**

What is the demolition experience of the principal supervisory personnel of your Organization? (Include from foreman level and up.)

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE	TYPE OF WORK PERFORMED	YEARS OF EXPERIENCE	IN WHAT CAPACITY

18. **SURETY INFORMATION**

List the name, address, and telephone number of your Payment/Performance Bonding Company(s) for the past 2 years. (Attach additional sheet(s) if needed.)

COMPANY NAME	ADDRESS	PHONE NUMBER	AGENT
1.			
2.			

If for any reason you have had a bond request rejected, please explain why \_\_\_\_\_

List your ***TOTAL*** Bonding capacity \$ \_\_\_\_\_  
 (Attach a letter from your bonding company verifying capacity.)

What amount of your total capacity is currently unencumbered? \$ \_\_\_\_\_

Have you ever abandoned a job, been terminated, or had a performance/surety bond called to complete a job?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

19. **LICENSES**

Please attach copies of all local, state, and federal licenses that your organization holds that are required for the category(s) applied for.

**(Note: Copies must be attached to application for processing.)**

**CONTRACTS ON HAND**

20. Give full information about demolition/site clearance contracts on hand **that pertain to the category(s) applied for**, whether prime or subcontracts, regardless of its location and with whom contracted.

1	2	3	4	5	6	7
CLASSES OF WORK CODE *	PROJECT, OWNER, AND LOCATION OF WORK YOU ARE PERFORMING	CONTRACT (OR SUBCONTRACT) AMOUNT	AMOUNT SUBLET TO OTHERS	BALANCE OF CONTRACT AMOUNT	AS PRIME CONTRACTOR	AS SUB-CONTRACTOR
		\$	\$	\$	\$	\$
Totals					\$	\$

**IMPORTANT: If attachments are used the Total of columns 6 and 7 must be filled in and must agree with related attachment(s) if furnished.**

\*Give sufficient detail for the City to evaluate your experience in the types of work you are requesting pre-qualification to perform (i.e.: Demolition, Site Clearance, and Asbestos Removal and Abatement)

