Addendum 1
To the Request for Proposals for
LSC 8th Floor – Renovate Room 824
PN 16 - 118888

The following is made a part of this addendum:

1. Mandatory Meeting Attendee List – Attached
2. Questions and Answers
3. Contractor’s Statement of Experience Form - Attached

Questions and Answers

Question: Are we required to use SCPP prequalified MEP contractors for this work?

Answer: You are not required to use SCPP prequalified MEP contractors for this work. However, if you use contractors other than those on the SCPP list you must submit a pre-qualification form on them. This can occur prior to you submitting your proposal or afterwards if you are the successful bidder. We have attached a copy of the Contractor’s Statement of Experience form for your use as applicable.

Sincere Regards,

Sharon Anthony
Project Manager
Facilities Projects
University of Colorado Denver | Anschutz Medical Campus
Central Services and Administration
(303) 724-1155 phone (303) 921-2591cell (303) 724-0931 fax
sharon.anthony@ucdenver.edu

Kim Griffin
Project Manager
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Kimberly.griffin@ucdenver.edu
CONTRACTOR’S STATEMENT OF EXPERIENCE

Project Name: ____________________________

Project # ____________________________

Project Manager: ____________________________
  Phone: ____________________________
  Email: ____________________________
  Architect/Engineer: ____________________________

This is a project specific qualification form. Contractor must fill this out on each project.
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UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
CONTRACTOR’S QUALIFICATION STATEMENT

INFORMATION FORM

STATEMENT OF ____________________________________________
(Contractor)

ADDRESS ____________________________________________
(Street or PO Box) ____________________ (City) ________ (State) (Zip)

TELEPHONE/FAX NO. ____________________ ____________________
(telephone) ____________________ (fax)

DATE OF EXPERIENCE STATEMENT ____________________________

PRINCIPLE OWNER/OFFICER __________________________________
(Names(s) and Official Title(s))

Please indicate below if your company qualifies as one of the following:

Minority Business Enterprise (MBE) YES __ NO __
Justification: ____________________________________________
________________________________________________________
________________________________________________________

Woman-Owned Business Enterprise (WBE) YES __ NO __
Justification: ____________________________________________
________________________________________________________
________________________________________________________

Small Business Enterprise (SBE) YES __ NO __
Justification: ____________________________________________
________________________________________________________
________________________________________________________

Disadvantaged Business Enterprise (DBE) YES __ NO __
Justification: ____________________________________________
________________________________________________________
________________________________________________________
## UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
| CONTRACTOR’S QUALIFICATION STATEMENT |

### TYPES OF WORK

1. If you are a General Contractor interested in bidding on all types of construction, mark “All Classes of Construction” only.

2. If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

<table>
<thead>
<tr>
<th>TYPES OF WORK</th>
<th>MARK WITH (X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Classes of Construction</td>
<td></td>
</tr>
<tr>
<td>2. General</td>
<td></td>
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<tr>
<td>3. Mechanical</td>
<td></td>
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<td>4. Electrical</td>
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<tr>
<td>5. Excavating and Grading</td>
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<td>6. Concrete</td>
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<tr>
<td>7. Structural Steel</td>
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<tr>
<td>8. Steel and Miscellaneous Iron</td>
<td></td>
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<tr>
<td>9. Painting and Decorating</td>
<td></td>
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<tr>
<td>10. Laboratory Equipment</td>
<td></td>
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<td>11. Elevator Installation</td>
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<td>12. Plumbing</td>
<td></td>
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<tr>
<td>13. Heating and Ventilating</td>
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<td>14. Air Conditioning</td>
<td></td>
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<tr>
<td>15. Boiler and Equipment</td>
<td></td>
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<tr>
<td>16. Environmental (Describe)</td>
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<td>17. Other (Describe)</td>
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<td>18. Other (Describe)</td>
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<td>19. Other (Describe)</td>
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<tr>
<td>20. Other (Describe)</td>
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</tbody>
</table>
IDENTIFICATION
(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LEGAL NAME ____________________________________________

PRINCIPAL OFFICE
(Street or PO Box) (City) (State) (Zip)

____ A Corporation ______ A Copartnership _______ An Individual __ Combination

GENERAL INFORMATION

A. Are you licensed as a contractor? Yes ( ) No ( )

Licensed in Location License No.
the name of (City or State) & Type


B. How many years has your organization been in business as a contractor under your present business name? ____________________________

C. How many years experience in ____________________________ construction work has your organization had? (Type)

(a) As a prime contractor? ____________ (b) As a subcontractor?

D. Have you or your organization, or any officer or partner thereof, failed to complete a contract? ____________

If so, give details _____________________________________________


E. If you have a controlling interest in any firms presently qualified with the University, show names thereof:

___________________________________________________________

F. We normally perform ________ % of the work with our own forces.

List trades: __________________________________________________

Where qualification is based on a combination of several organizations, show the experience and equipment of the combined organizations.
G. Has your firm been involved in any litigation in the past five (5) years?  Yes (  )  No (  )
   If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).

H. Are there any activities or interests of officers, principle stockholders, or employees of
   your firm or other factors which would place your firm and the University of Colorado
   Denver in a position of “Conflict of Interests”?
   Yes ( )  No ( )  If yes, or in doubt, explain.

I. Has your firm ever been involved in any bankruptcy action as a bankrupt?
   Yes ( )  No ( )  If yes, explain.
PERSONNEL OF ORGANIZATION

1. Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

<table>
<thead>
<tr>
<th>Individual’s Name</th>
<th>Present Position or Office in Your Organization</th>
<th>Years of Construction Experience</th>
<th>Magnitudes and Type of Work</th>
<th>In What Capacity</th>
</tr>
</thead>
<tbody>
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</table>
UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
CONTRACTOR’S QUALIFICATION STATEMENT

PROJECT EXPERIENCE

Show the projects your organization has completed during the last five years in the following tabulation:

<table>
<thead>
<tr>
<th>Year Completed</th>
<th>Project</th>
<th>Type of Work (See Page 2)</th>
<th>Location</th>
<th>Contract Value</th>
<th>Contracting Authority</th>
<th>In what Capacity</th>
</tr>
</thead>
</table>
WORK CURRENTLY UNDER CONTRACT

<table>
<thead>
<tr>
<th>Expected Completion Date</th>
<th>Project</th>
<th>Type of Work (See Page 1)</th>
<th>Location</th>
<th>Contract Value</th>
<th>Contracting Authority</th>
<th>Architect or Engineer</th>
</tr>
</thead>
</table>
SURETIES

List the Surety Companies that have bonded your work for the past five (5) years:

<table>
<thead>
<tr>
<th>Name of Surety and Name and Address of Agent</th>
<th>Project and Location</th>
<th>Period of Bond From</th>
<th>Period of Bond To</th>
<th>General Comments</th>
</tr>
</thead>
</table>


CONTRACTOR’S QUALIFICATION STATEMENT

CORPORATION / CO-PARTNERSHIP

CORPORATION:
(If a corporation, answer this:)

When Incorporated

In What State

President’s Name

Vice President’s Name

Secretary’s Name

Treasurer’s Name

CO-PARTNERSHIP:
(If a co-partnership, answer this:)

Date of Organization

State whether partnership is general, limited, or association

Name and address of each partner:

(name)

(name)

(address)

(address)

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH MEMBER OF SUCH COMBINATION.
UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
CONTRACTOR’S QUALIFICATION STATEMENT

AFFIDAVIT FOR CORPORATION

_________________________________________ certifies and says: That he is
(Name of officer)

_________________________________________ of the __________________________
(Official capacity)

corporation submitting this statement of experience: that he/she has read the same, and
that the same is true of his/her own knowledge: that the statement is for the purpose of
inducing the University of Colorado Denver to supply the submitter with plans and
specifications, and that any vendor, or other agency therein named is hereby authorized
to supply the University of Colorado Denver with any information necessary to verify the
statement: and that furthermore, should this statement at any time cease to properly and
truly represent his/her condition in any substantial respect, it will refrain from further
bidding on University work until it shall have submitted a revised and corrected
statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on __________ at __________, __________, State of ________________
(date) (city) (county)

NOTE: Use full corporate name and
attach corporate seal here. __________________________
(Officer must sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.
UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
CONTRACTOR’S QUALIFICATION STATEMENT

AFFIDAVIT FOR CO-PARTNERSHIP

________________________________________________________________________ certifies and says: That he/she is a

partner of

(Name of partner)

the partnership of ____________________________________________________________________: That said partnership

(Name of Firm)

submitted this statement of experience: that he/she has read the same, and that the

same is true of his/her own knowledge: that the statement is for the purpose of inducing

the University of Colorado Denver to supply the submitter with plans and specifications,

and that any vendor, or other agency therein named is hereby authorized to supply the

University of Colorado Denver with any information necessary to verify the statement:

and that furthermore, should this statement at any time cease to properly and truly

represent the condition of said firm in any substantial respect, it will refrain from further

bidding on University work until they shall have submitted a revised and corrected

statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on ___________ at ___________, ___________, State of ________________

(date) (city) (county)

The foregoing statement and affidavit are hereby offered.

________________________________________________________________________

(Member of Firm must sign here)

________________________________________________________________________

(Title)

________________________________________________________________________

(Name of Firm)

(Remaining members of Firm sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.
AFFIDAVIT FOR INDIVIDUAL

_________________________________________ doing business _______________________

(Name of individual) (Name of Firm)

certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submittor with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on ___________ at __________, __________, State of _________________

(date) (city) (county)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect. __________________

(Applicant must sign here)
QUALIFICATION

The University of Colorado Denver will qualify or disqualify a Contractor on the basis of:

(1) The information contained in this statement and
(2) Past contract experience with the University.

NOTIFICATION

The University of Colorado Denver will, in writing, notify Contractors of their qualification or disqualification.