



Project Name: ARTS Ft. Logan Reno Building 16
Type of Original Notice: Ad for Bid/Pre-Bid Walk Questions
Notice Number: PN22-106819

Wednesday, December 14, 2022

ADDENDUM 1

QUESTIONS/RESPONSES:

Question: Can you please verify that MEP's DO NOT have to be pre-approved for this project?

Answer: Any subcontractor that is not on our SCPP list will need to fill out the Subcontractor Prequalification document (see attached) and send to Stephanie Menke prior to the bid submission date.

ADDITIONAL INFORMATION:

There is lead paint present in the space so the contractor should employ the OSHA Safe Work Practices when handling painted surfaces. It is understood that the existing wood trim will not be sanded for the new paint.

Sheet A-101 Keynote D14: Do not salvage the existing trim (casings, rosettes, apron and stool) to be reused on the opposite side to trim out the recessed area. ON the opposite side recessed area between the hall and kitchen on kitchen side near keynote D17 remove the existing casing, apron, rosette. Cut existing stool flush with wall. Install new paint grade pine flush casings, rosettes, apron and stool to match the existing widths, lengths and thickness. Matching the existing profiles is not required, just use flush pieces to provide the same look with the profile detail.

Sheet A-101 Keynote D14: The second D14 keynote referring to the existing electrical service should be removed. Refer to the electrical drawings for electrical information.

The owner will be correcting the ceiling damage in the kitchen due to the pipe leak prior to the contractor starting work on the kitchen reno.

The gas range, dishwasher, microwaves, commercial refrigerator and freezer will be owner provided and owner hooked up. GC is responsible to provide the utility to the point to the point of connection per plan.

END OF ADDENDUM

SECTION 00 45 17 – SUBCONTRACTOR PREQUALIFICATION

PART 1 - GENERAL

1.1 RELATED DOCUMENTS (Not Applicable)

1.2 SUMMARY (Not Applicable)

1.3 DEFINITIONS (Not Applicable)

1.4 SUBCONTRACTOR PREQUALIFICATION

A. FORM: University of Colorado Denver | Anschutz Medical Campus “Subcontractor’s Statement of Experience.”

B. A copy of the above noted document is attached to the end of this section.

1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 45 17



University of Colorado
Denver | Anschutz Medical Campus
Facilities Management

SUBCONTRACTOR'S STATEMENT OF EXPERIENCE

Project Name: ARTS Ft Logan Kitchen Reno

Project # PN 22-106819

Project Manager: Stephanie Menke

Phone: 303.949.4364

Email: stephanie.menke@cuanschutz.edu

Architect/Engineer: Joe Marshall-Architect Workshop

- This is a project specific qualification form. Subcontractor must fill this out on each project.

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**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

INFORMATION FORM

STATEMENT OF _____
(Subcontractor)

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
SUBCONTRACTOR'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.

TYPES OF WORK	MARK WITH (X)
1. All Classes of Construction	
2. General	
3. Mechanical	
4. Electrical	
5. Excavating and Grading	
6. Concrete	
7. Structural Steel	
8. Steel and Miscellaneous Iron	
9. Painting and Decorating	
10. Laboratory Equipment	
11. Elevator Installation	
12. Plumbing	
13. Heating and Ventilating	
14. Air Conditioning	
15. Boiler and Equipment	
16. Environmental (Describe)	
17. Other (Describe)	
18. Other (Describe)	
19. Other (Describe)	
20. Other (Describe)	

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

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

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR’S QUALIFICATION STATEMENT

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:

Individual’s Name	Present Position or Office in Your Organization	Years of Construction Experience	Magnitudes and Type of Work	In What Capacity

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT

PROJECT EXPERIENCE

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

Year Completed	Project	Type of Work (See Page 2)	Location	Contract Value	Contracting Authority	In what Capacity

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT

WORK CURRENTLY UNDER CONTRACT

Expected Completion Date	Project	Type of Work (See Page 1)	Location	Contract Value	Contracting Authority	Architect or Engineer

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR’S QUALIFICATION STATEMENT

SURETIES

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

Name of Surety and Name and Address of Agent	Project and Location	Period of Bond From	Period of Bond To	General Comments

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'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
SUBCONTRACTOR'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 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: 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
SUBCONTRACTOR'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 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 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)

(Remaining members of Firm sign here) (Name of Firm)

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

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

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 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: Statement will be returned unless
affidavit is completed in EVERY respect. _____
(Applicant must sign here)

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

BIDDING INFORMATION

QUALIFICATION

The University of Colorado Denver will qualify or disqualify a Subcontractor 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.