March 27, 2014

NOTICE OF
PRE-QUALIFICATION OF CONTRACTORS
FOR THE CONSTRUCTION OF
SELECTED WATERSHED IMPROVEMENT PROJECTS

Gwinnett County is soliciting applications from Contractors for pre-qualification to furnish labor, materials and equipment for the construction of selected watershed improvement projects at various locations throughout Gwinnett County.

Special Conditions: The Gwinnett County Department of Water Resources shall comply with O.C.G.A § 36-91-20 as amended for mandatory pre-qualification of prospective bidders. Therefore, interested applicants should obtain a Pre-Qualification Application for the construction of selected watershed improvement projects from the Gwinnett County Purchasing Office, 75 Langley Drive, Lawrenceville, Georgia 30046 (Telephone No. 770-822-8721). Applications will be evaluated based on established criteria listed in the application. All qualified and disqualified applicants will be notified in writing. Contractor will be considered “pre-qualified” upon issuance of the notification of pre-qualification. Pre-qualified Contractors will remain “pre-qualified” until June 30, 2019 or the County determines otherwise. A pre-qualification conference will be held at 10:00am on April 16, 2014 at the Gwinnett County Purchasing Office. Questions regarding prequalification applications should be directed to Holly Cafferata by April 17, 2014. One (1) original and one (1) copy of the application must be completed and date stamped into the Gwinnett County Purchasing Office by 2:00pm on April 28, 2014. Although the Purchasing Division will take effort to notify pre-qualified Contractors of bids that are based on the established criteria of the application, it is the Contractor’s ultimate responsibility to ensure that they remain abreast of Gwinnett County’s solicitations. Depending on the scope and complexity of the work to be performed, individual projects may require a project-specific pre-qualification, independent of this pre-qualification process.

After the initial deadline stated above, applications will be accepted at any time. The review and approval process will require a minimum of three weeks from the date application is received into the Gwinnett County Purchasing Office. Contractors under consideration for pre-qualification may not submit bids for projects that have advertised prior to the contractor’s notification of pre-qualification. Questions regarding pre-qualification applications should be submitted in writing to Holly Cafferata, Purchasing Associate III, fax 770-822-8728 or e-mail, holly.cafferata@gwinnettcounty.com.

Applicant shall not attach information in lieu of completion of the application document. All information requested by the County shall be provided within the application document; however, additional pages may be attached if more space is needed or as otherwise instructed within the application document. All additional pages should be clearly labeled with the applicant’s name, section, name item number and page number.

Applicant’s qualification will be determined based upon the information presented. All questions must be answered in full, without exception. Failure to do so may result in the applicant being deemed non-responsive and therefore may not be considered for qualification.
APPLICATION FOR PREQUALIFICATION
TO BID
CONSTRUCTION OF SELECTED WATERSHED IMPROVEMENT PROJECTS

Date of Application: _________________________________________________
Project Name: Pre-qualification of Contractors for the Construction of Selected Watershed Improvement Projects
Type of Project: Stream and Watershed Rehabilitation/Restoration and BMP Construction and Retrofit
Description: Qualify Contractors to furnish labor, materials and equipment for the construction of selected watershed improvement projects at various locations in Gwinnett County.
Owner Name: Gwinnett County, Department of Water Resources
 Applicant Name: 

Note: Gwinnett County reserves the right to approve all personnel provided by the Contractor including but not limited to Project Managers, Project Superintendents and subcontractors for any portion of work resulting from this qualification process. Proposed subcontractors should be listed on the subcontractor form. Substitutions of such subcontractors AFTER award will be subject to Gwinnett County approval.

GWINNETT COUNTY DEPARTMENT OF WATER RESOURCES USE ONLY
Approved: ________ Not Approved: ________ Date: ____________ Initials: ____________
I. INSTRUCTIONS

A. Applicant SHALL NOT attach information in lieu of completion of the application document. All information requested by the County SHALL be provided within the application document, however, additional pages may be attached if more space is required or as otherwise instructed within the application document.

B. Applicant’s qualification WILL be determined based upon the information presented. All questions should be answered in full, without exception. Failure to do so may result in the Applicant being deemed non-responsive and therefore may not be considered for qualification.

C. Only complete and accurate information shall be provided by the Applicant, the Applicant hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Applicant SHALL complete the applicant certification form from this application. The Applicant also acknowledges that the Owner is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a question was provided by the Applicant, knowing it was false, it shall constitute grounds for the County to deem the Applicant as non-responsive and thus non-eligible for award. The Owner shall also have and retain any other remedies provided by law.

D. If there are any questions concerning the completion of this form, the Applicant is encouraged to contact the Owner’s representative, Holly Cafferata, Purchasing Associate III, at the Gwinnett County Purchasing Division, at holly.cafferata@gwinnettcouynty.com, telephone 770-822-8721, or fax 770-822-8728.

E. The original completed form must be date stamped into the Gwinnett County Purchasing Office by April 28, 2014. The envelope should be clearly marked with the title of the pre-qualification.
II. MINIMUM QUALIFICATION CRITERIA

IMPORTANT MINIMUM QUALIFICATION CRITERIA

A. Regarding Section IV Company Experience – Similar Projects, projects similar to the type of work to be performed MUST be submitted for review. Projects must meet all criteria stated below.

1) At least TWO (2) contracts MUST demonstrate rehabilitation/restoration of a perennial stream involving natural channel design and construction techniques (National Engineering Handbook Parts 653, 654. USDA, NRCS) including in-stream rock and/or log structures within the past FIVE (5) years where length of stream was 500 linear feet or more for EACH PROJECT. Installation MUST include aforementioned in-stream structures. Bank armoring or re-grading alone will not qualify.

2) At least ONE (1) contract MUST demonstrate the satisfactory installation of at least one (1) subsurface stormwater drainage system which could include inlet(s), ≥18 inch pipe(s)/culvert(s), manhole(s) AND outlet(s) with headwall and erosion/scour protection within the past FIVE (5) years. System MUST have been installed according to Georgia Department of Transportation’s Standard Specifications: Construction of Transportation Systems, Gwinnett County’s Development Regulations Standard Drawings or other state/local government plans and specifications.

3) At least ONE (1) contract MUST demonstrate the satisfactory installation of at least one (1) stormwater management facility (detention, extended detention, constructed wetland, and/or bioretention pond) within the past FIVE (5) years. Facility, including inlet(s) and outlet control structure(s) (OCS), MUST have been installed according to Georgia Department of Transportation’s Standard Specifications: Construction of Transportation Systems, Gwinnett County’s Development Regulations Standard Drawings or other state/local government plans and specifications.

4) At least ONE (1) contract within the past FIVE (5) years MUST have been completed adjacent to or within parcels zoned residential or commercial with satisfactory repair of manicured lawn or other landscaped space.

B. Gwinnett County reserves the right to reject a project reference on the grounds of poor performance of the Applicant. A poor reference may be grounds for the County to deem the Applicant non-qualified and therefore ineligible to bid on projects in this category.

C. Corporations (including principal/corporate officers), Partners and/or Individuals interested in being considered for award with Gwinnett County SHALL NOT be currently under indictment for criminal misconduct involving any local, state, or federal government entity.

D. Applicant MUST be staffed and equipped to complete at least 50 percent of the work with personnel directly employed by the Applicant. Subcontractors do not qualify.

E. Applicant MUST be able to provide full time, on-site presence by a person with a minimum Level 1A certification by the Georgia Soil and Water Conservation Commission (GSWCC) for implementation of the Manual for Erosion and Sediment Control in Georgia, or “Green Book,” (latest version). Applicant MUST provide the name, certification number, level and expiration for proposed person in Section III.

F. Contractors performing utility work must have a valid State of Georgia Utility Contractor’s License.
III. GENERAL BACKGROUND

A. Current name and address of Applicant:

1. Applicant Name: 
   Mailing Address: 
   City: 
   State and Zip: 
   Business Address: 
   City: 
   State and Zip: 
   Contact Person: 
   Telephone and Fax: 
   Email

2. Applicant is: □ Corporation □ Partnership □ Individual
   (Complete appropriate affidavit form[s] from this application.)

3. Applicant is: Licensed to conduct utility business in the State of Georgia?
   □ Yes □ No
   If Yes, Provide Applicants State of Georgia Utility License Number? ____________
   If No, Provide name of proposed licensed sub-contractor? _______________
   Provide Sub-contractor State of Georgia Utility License Number? ________________

B. Principals/Officers/Individuals authorized to sign contracts:

   Name and Title: 
   Name and Title: 
   Name and Title: 
   Name and Title: 
   Name and Title: 

C. What percentage of the work will the Applicant perform with its own employees? % __________

D. Is Applicant currently under indictment for criminal misconduct involving any local state or federal
   government entity? __________________________
   Has Applicant ever been indicted involving any local, state, or federal government entity?
   ________________
   If so what was the disposition of the charges? __________________________

E. Name, certification level, certification number, and expiration of person certified by GSWCC for
   erosion and sediment control?
   Name: 
   Certification Level: 
   Certification Number: 
   Expiration: 

PQ4
IV. COMPANY EXPERIENCE – SIMILAR PROJECTS

Project No. 1

Project Name: ____________________________________________
Location: ____________________________________________

Project Owner: ____________________________________________
Address: ____________________________________________
Contact Person*: ____________________________________________
Contact Person Telephone*: ________________________________

Project Engineer: ____________________________________________
Address: ____________________________________________
Contact Person*: ____________________________________________
Contact Person Telephone*: ________________________________

Contract Bid Amount: $ ________________________________
Final Contract Amount: $ ________________________________

Contract Completion Time: Established Days: ________________________________
Actual Completion Days: ________________________________

Contract Dates: Notice to Proceed: ________________________________
Final Completion Date: ________________________________

Project Elements:

Did the project involve perennial stream rehabilitation/restoration utilizing natural channel design and construction techniques including in-stream rock and/or log structures?
YES □  NO □

If YES, indicate Linear Feet: ________________________________

Did the project involve the satisfactory completion of a subsurface stormwater drainage system (per Section II)?
YES □  NO □

Did the project involve the satisfactory installation of a stormwater management facility (per Section II)?
(mark all that apply)
YES □  NO □

Bioretention Pond
Constructed Wetland
Detention or Extended Detention Pond

Was this work performed adjacent to or within parcels zoned residential or commercial with satisfactory repair of manicured lawn or landscaped space?
YES □  NO □

Description:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

[attach additional project description sheet(s) as desired]

* It is the vendor’s responsibility to submit accurate and current contact information of a person knowledgeable of the project. Failure to do so may result in rejection of application.
Project No. 2

Project Name: ____________________________________________________________
Location: __________________________________________________________________

Project Owner:
Address: __________________________________________________________________
Contact Person*: __________________________________________________________
Contact Person Telephone*: _______________________________________________

Project Engineer:
Address: __________________________________________________________________
Contact Person*: __________________________________________________________
Contact Person Telephone*: _______________________________________________

Contract Bid Amount: $ ______________________________
Final Contract Amount: $ ______________________________

Contract Completion Time: Established Days: _________________________________
Actual Completion Days: ___________________________

Contract Dates: Notice to Proceed: ________________________________
Final Completion Date: ____________________________

Project Elements:

| Did the project involve perennial stream rehabilitation/restoration utilizing natural channel design and construction techniques including in-stream rock and/or log structures? |
|---|---|
| YES ☐ | If YES, indicate Linear Feet: ________________________________ |
| NO ☐ |

<table>
<thead>
<tr>
<th>Did the project involve the satisfactory completion of a subsurface stormwater drainage system (per Section II)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐</td>
</tr>
<tr>
<td>NO ☐</td>
</tr>
</tbody>
</table>

Did the project involve the satisfactory installation of a stormwater management facility (per Section II)? (mark all that apply)

<table>
<thead>
<tr>
<th>☐ Bioretention Pond</th>
<th>☐ Constructed Wetland</th>
<th>☐ Detention or Extended Detention Pond</th>
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</table>

Was this work performed adjacent to or within parcels zoned residential or commercial with satisfactory repair of manicured lawn or landscaped space?

| YES ☐ | NO ☐ |

Description:_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

[attach additional project description sheet(s) as desired]

* It is the vendor’s responsibility to submit accurate and current contact information of a person knowledgeable of the project. Failure to do so may result in rejection of application.
Project No. 3

Project Name: ________________________________
Location: ________________________________

Project Owner:
Address: ________________________________
Contact Person*: ________________________________
Contact Person Telephone*: ________________________________

Project Engineer:
Address: ________________________________
Contact Person*: ________________________________
Contact Person Telephone*: ________________________________

Contract Bid Amount: $ ________________________________
Final Contract Amount: $ ________________________________

Contract Completion Time: Established Days: ________________________________
Actual Completion Days: ________________________________

Contract Dates: Notice to Proceed: ________________________________
Final Completion Date: ________________________________

Project Elements:

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<thead>
<tr>
<th>Did the project involve perennial stream rehabilitation/restoration utilizing natural channel design and construction techniques including in-stream rock and/or log structures?</th>
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</thead>
<tbody>
<tr>
<td>YES ☐  If YES, indicate Linear Feet: ________________________________</td>
</tr>
<tr>
<td>Did the project involve the satisfactory completion of a subsurface stormwater drainage system (per Section II)?</td>
</tr>
<tr>
<td>YES ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the project involve the satisfactory installation of a stormwater management facility (per Section II)? (mark all that apply)</th>
</tr>
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<tbody>
<tr>
<td>YES ☐  Bioretention Pond</td>
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</table>

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<tr>
<th>Was this work performed adjacent to or within parcels zoned residential or commercial with satisfactory repair of manicured lawn or landscaped space?</th>
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<tr>
<td>YES ☐</td>
</tr>
</tbody>
</table>

Description:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

[attach additional project description sheet(s) as desired]

* It is the vendor’s responsibility to submit accurate and current contact information of a person knowledgeable of the project. Failure to do so may result in rejection of application.
Project No. 4

Project Name:__________________________________________________________
Location:______________________________________________________________
Project Owner:_________________________________________________________
Address:________________________________________________________________
Contact Person*: ______________________________________________________
Contact Person Telephone*: _____________________________________________
Project Engineer:________________________________________________________
Address:________________________________________________________________
Contact Person*: ______________________________________________________
Contact Person Telephone*: _____________________________________________
Contract Bid Amount: $____________________________________________________
Final Contract Amount: $___________________________________________________
Contract Completion Time: Established Days: _________________________________
                      Actual Completion Days: _________________________________
Contract Dates: Notice to Proceed: ________________________________
                     Final Completion Date: __________________________

Project Elements:

<table>
<thead>
<tr>
<th>Project Elements</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Did the project involve perennial stream rehabilitation/restoration utilizing</td>
<td></td>
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<tr>
<td>natural channel design and construction techniques including in-stream rock</td>
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<tr>
<td>and/or log structures?</td>
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<td></td>
</tr>
<tr>
<td>YES ☐ If YES, indicate Linear Feet:</td>
<td></td>
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<tr>
<td>NO ☐</td>
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<tr>
<td>Did the project involve the satisfactory completion of a subsurface stormwater</td>
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<td>drainage system (per Section II)?</td>
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<tr>
<td>YES ☐</td>
<td></td>
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<tr>
<td>NO ☐</td>
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<tr>
<td>Did the project involve the satisfactory installation of a stormwater management</td>
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<tr>
<td>facility (per Section II)? (mark all that apply)</td>
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<tr>
<td>YES ☐ Bioretention Pond ☐ Constructed Wetland ☐ Detention or Extended Detention</td>
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<tr>
<td>Pond</td>
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<td></td>
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<tr>
<td>NO ☐</td>
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Was this work performed adjacent to or within parcels zoned residential or       |     |    |
commercial with satisfactory repair of manicured lawn or landscaped space?      |     |    |
YES ☐                                                                           |     |    |
NO ☐                                                                           |     |    |

Description:________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

[attach additional project description sheet(s) as desired]

* It is the vendor’s responsibility to submit accurate and current contact information of a person knowledgeable of the project. Failure to do so may result in rejection of application.
### Project No. 5

**Project Name:** ____________________________________________

**Location:** ____________________________________________

**Project Owner:** ____________________________________________

- **Address:** ____________________________________________
- **Contact Person***: ____________________________________________
- **Contact Person Telephone***: ____________________________________________

**Project Engineer:** ____________________________________________

- **Address:** ____________________________________________
- **Contact Person***: ____________________________________________
- **Contact Person Telephone***: ____________________________________________

**Contract Bid Amount:** $ ____________________________

**Final Contract Amount:** $ ____________________________

**Contract Completion Time:**

- **Established Days:** ____________________________
- **Actual Completion Days:** ____________________________

**Contract Dates:**

- **Notice to Proceed:** ____________________________
- **Final Completion Date:** ____________________________

**Project Elements:**

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<th>Did the project involve perennial stream rehabilitation/restoration utilizing natural channel design and construction techniques including in-stream rock and/or log structures?</th>
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<tbody>
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<td>YES [ ] If YES, indicate Linear Feet: [ ] NO [ ]</td>
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<tr>
<th>Did the project involve the satisfactory completion of a subsurface stormwater drainage system (per Section II)?</th>
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<td>YES [ ] NO [ ]</td>
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<tr>
<th>Did the project involve the satisfactory installation of a stormwater management facility (per Section II)? (mark all that apply)</th>
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<tbody>
<tr>
<td>[ ] Bioretention Pond [ ] Constructed Wetland [ ] Detention or Extended Detention Pond</td>
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<tr>
<td>YES [ ] NO [ ]</td>
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**Description:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

[attach additional project description sheet(s) as desired]

*It is the vendor’s responsibility to submit accurate and current contact information of a person knowledgeable of the project. Failure to do so may result in rejection of application.*
LIST OF SUBCONTRACTORS

Name of Prime Contractor:___________________________________________________________

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SUBCONTRACTOR</th>
<th>TYPE OF WORK PROPOSED</th>
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Proposed subcontractors MUST be listed on the subcontractor form. Substitutions of such subcontractors AFTER award will be subject to Gwinnett County approval.
AFFIDAVIT FOR CORPORATION

STATE OF )
               SS.
County of )

__________________________________), being duly sworn, deposes and says:

Name

That he/she is __________________________ of __________________________,       

Title Company

The corporation submitting the attached Application for Prequalification that he/she has read the same that he/she has personal knowledge of the facts and statements made therein and that he/she certifies that the facts and statements made therein are true and correct.

Sworn to before me this ____________ day of ________________ 201__.

________________________________________________________________________

Officer must sign here

Sworn to and subscribed before me this

____________________________________ day of

____________________________________ 201__.

________________________________________________________________________

Notary Public

My Commission Expires:

________________________________________________________________________
COMPANY NAME:  
APPLICATION FOR PREQUALIFICATION  
PAGE: PQ 12

AFFIDAVIT FOR PARTNERSHIP

STATE OF ___________ )
County of ___________ )

________________________, being duly sworn, deposes and says:

Name

That he/she is __________________ of ______________________________.

Title Company

The partnership submitting the attached Application for Prequalification, that he/she has read the same and that the same is true and correct.

Sworn to before me this ___________ day of ______________________ 201__.

________________________________________
General Partner must sign here

Sworn to and subscribed before me this ___________ day of ______________________ 201__.

________________________________________
Notary Public

My Commission Expires:

________________________________________
Seal
AFFIDAVIT FOR INDIVIDUAL

STATE OF  
County of  

_________________________, being duly sworn, deposes and says:

Name

That he/she is ___________________________ of ___________________________,

Title Applicant

The applicant submitting the attached Application for Prequalification, that he/she has read the same and that the same is true and correct.

Sworn to before me this ___________ day of _________________ 201__.

_________________________, Applicant must sign here

Sworn to and subscribed before me this _________________ day of _________________ 201__.

_________________________, Notary Public

My Commission Expires:

_________________________, Seal
APPLICANT CERTIFICATION

I certify to the Owner that the information and responses provided on this application for Qualification are true, accurate and complete. The Owner, or its designated representative, may contact any entity or reference listed in this Application. Each entity or reference may make any information concerning the Applicant available to the Owner or its designated representative.

Sworn to before me this _____________ day of __________________________ 2013.

APPLICANT:

__________________________________________

By: _______________________________________
Title: ______________________________________

Sworn to and subscribed before me this
_________________________ day of
_________________________ 2013.

__________________________________________

Notary Public

My Commission Expires:

__________________________________________

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<table>
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<tr>
<th>#</th>
<th>Project Name:</th>
<th>Contact Person:</th>
<th>Telephone:</th>
<th>Date Contacted:</th>
<th>Comments:</th>
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End of Application