COMPTETITIVE SEALED PROPOSAL

to

THE BOARD OF REGENTS

of

THE TEXAS A&M UNIVERSITY SYSTEM

FOR THE FOLLOWING WORK

at

Prairie View A&M University

Prairie View, Texas

The undersigned, as a designated representative for the proposer, declares such firm is the only entity, as principal, with any interest in this proposal and the Proposal is made without collusion with any other entity. The proposer affirms that the form of Contract, Instructions for Competitive Sealed Proposals, Supplemental Instructions for Competitive Sealed Proposal, Addenda, selection criteria, estimated budget, Specifications and the Drawings pertaining to this Proposal have been examined and the firm has also examined the locations, conditions and classes of materials for the proposed Work and agrees to provide all necessary machinery, tools, apparatus and construction means to accomplish the Work described in the Contract Documents in the manner prescribed.

The proposer agrees the quantities of Work to be performed and materials to be furnished may be increased or decreased as may be considered necessary, in the sole opinion of the Owner’s Representative, to complete the Work as planned and contemplated. Adjustment for changes in Work will be in accordance with the Uniform General Conditions.

Proposal amounts must be shown in both words and figures. In case of discrepancy, the amount shown in words will govern.

The proposer acknowledges receipt and incorporation into this bid of the following addenda:

No. ____________ Dated ____________

No. ____________ Dated ____________

Is proposer a corporation Check One: Yes ☐ No ☐

If proposer is a Corporation, a “Certificate of Good Standing” issued by the Texas Comptroller of Public Accounts must be submitted with the Proposal.

A “nonresident proposer” is equivalent to a “nonresident bidder,” and a “Texas Resident Proposer” is equivalent to a “Texas Resident Bidder,” as defined hereafter and may be awarded a Contract in accordance with Chapter 2252, Texas Government Code, as partially quoted below.

“...Section (2) “Nonresident bidder” means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(3) “Texas resident bidder” means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.
In the space below, enter the address of the bidder’s principal place of business and if applicable, the name and address of the bidder’s ultimate parent company or majority owner.

Bidder’s name and address of principal place of business:

Ultimate parent company or majority owner’s name and address of principal place of business:

BASE PROPOSAL AMOUNT:

Total amount for the furnishing of all labor, materials, services, equipment and appliances required in conjunction with and properly incidental to all work identified as “Base Bid” (SCOPE, not including work listed as alternates) for construction of the High Voltage Electrical Switchgear Replacement Project, Prairie View A&M University, Prairie View, Texas in conformance with Drawings and Specifications prepared by Paschal Engineering and Charles D. Gooden Engineering, Houston, Texas.

__________________________________________________________ DOLLARS ($________________)  
(Amount in Figures)

CONSTRUCTION TIME:

The undersigned agrees to complete all Work in the following number of calendar days from the Notice to Proceed: University power can only be shut down during Christmas break.

__________________________________________________________  
(Words)                                           (Proposer to complete)   (Numerals)

ADD ALTERNATE PROPOSAL ITEMS:

Refer to Specification Section 01230 for detailed description of work included in each Alternate Proposal Item.

In the spaces provided below, state amounts, both in words and figures, to be added to Base Proposal Amount, in the event that any of the described Alternate Proposal Items are accepted. Include all variations in profit, overhead, bonds, insurance and similar related items. Time of completion shall not be changed due to the acceptance of either of the Alternate bids below.

A “non-response” or omission of proposal price on any Alternate may cause the total proposal to be rejected.

The Owner reserves the right to accept or reject any Alternate in the order of its own choosing.
ALTERNATE PROPOSAL ITEM NUMBER ONE
The amount to be added to the Base Proposal Amount to construct all labor, materials, services and equipment described in the plans and specifications is:

ADD:
(Amount in words)

__________________________________________________________ DOLLARS ($___________)
(Amount in figures)

Adjustment to total project time for this Alternate Proposal Item, in days: ______________
(Numerals)

ALTERNATE PROPOSAL ITEM NUMBER TWO
The amount to be added to the Base Proposal Amount to construct all labor, materials, services and equipment described in the plans and specifications is:

ADD:
(Amount in words)

__________________________________________________________ DOLLARS ($___________)
(Amount in figures)

Adjustment to total project time for this Alternate Proposal Item, in days: ______________
(Numerals)

ALTERNATE PROPOSAL ITEM NUMBER THREE
The amount to be added to the Base Proposal Amount to construct all labor, materials, services and equipment described in the plans and specifications is:

ADD:
(Amount in words)

__________________________________________________________ DOLLARS ($___________)
(Amount in figures)

Adjustment to total project time for this Alternate Proposal Item, in days: ______________
(Numerals)

ALTERNATE PROPOSAL ITEM NUMBER FOUR
The amount to be added to the Base Proposal Amount to construct all labor, materials, services and equipment described in the plans and specifications is:

ADD:
(Amount in words)

__________________________________________________________ DOLLARS ($___________)
(Amount in figures)

Adjustment to total project time for this Alternate Proposal Item, in days: ______________
(Numerals)
NAMING OF MAJOR SUBCONTRACTORS:

The Electrical Subcontractor must be named below. Failure to name the subcontractor of the requested trade listed may cause the total proposal to be rejected.

After receipt of proposals, substitution(s) of the subcontractor listed may be made only with written approval of Owner.

ELECTRICAL: __________________________,                                             __________________________
                                            (List only one (1) Subcontractor)                                         (City)

Accompanying this Proposal is a cashier’s check or a Bid or Proposal Bond (TAMUS Form C-2) in the amount of not less than five percent (5%) of the greatest total amount of this Proposal payable without recourse to the order of the Board of Regents of The Texas A&M University System. Use of a surety company bid bond form is NOT acceptable and will constitute an irregular proposal which will be rejected.

The proposer agrees that this Proposal will not be withdrawn for a period of ninety (90) days from the date of the opening.

The proposer further agrees to pay, as Liquidated Damages, the sum of one-thousand dollars ($1,000.00) per calendar day for failure to complete the work within the contracted time in accordance with Article XXIV of the Uniform General Conditions and as established in the Contract.

The proposer’s attention is called to Items 10.1 and 10.2 in the Instructions for Competitive Sealed Proposals regarding delinquent child support payments under Chapter 231, Texas Family Code.

Failure to complete all portions of this Proposal form may cause the entire Proposal to be rejected.
Proposer:

______________________________
(Legal Firm Name)

______________________________

Federal Tax I.D. No. ________________

By: _____________________________
(Signature)

______________________________
(Print or Type Name)

Title: ____________________________

Address: _________________________

______________________________

Phone No.: _______________________

Fax No.: _________________________

Name(s) and Social Security Number(s) of individual(s), proprietor(s), partner(s), shareholder(s), or owner(s) with an ownership interest of at least 25% of the business entity executing this Bid.

Name: ___________________________

Name: ___________________________

Name: ___________________________

Name: ___________________________
PART 1

TECHNICAL PROPOSAL

COMPETITIVE SEALED PROPOSAL

(First Name)

(Address)

(City/State/Zip Code)

(Phone)  (Fax)

for

Prairie View A&M University

Prairie View, Texas

Project No.: PV-

CSP 1.1
PART 2

TECHNICAL PROPOSAL

PROPOSER’S QUALIFICATIONS

______________________________
(First Name)

______________________________
(Address)

______________________________
(City/State/Zip Code)

______________________________  _______________________
(Phone)                        (Fax)

for

Prairie View A&M University

Prairie View, Texas

Project No.: PV-

CSP 2.1
I. GENERAL

1. Qualification information submitted shall be applicable only to the company entity or regional office that will perform this Work.

2. Attach your Project Organization Chart and detailed resumes of individuals assigned to this project including projects manager and superintendent.

3. The resumes of your key personnel shall include professional affiliations such as membership in the American Institute of Constructors and if the individual is a Level I or Level II Certified Professional Constructor. In addition, a listing of other construction personnel within your organization that are members of the American Institute of Constructors shall be included and their respective level of certification. This information will be used to evaluate the proposed team and personnel.

4. Attach a proposed project schedule (Bar chart acceptable).

5. Please attach all requested information to the Part 2 Technical Proposal, proposer’s qualifications.
II. History

1. ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture

State of Incorporation: ___________________________________________________

2. In Continuous business since: ____________________________________________
Remarks (if required): ______________________________________________________
___________________________________________________________________________

3. List other fully staffed offices or fully staffed branch offices of your organization:

<table>
<thead>
<tr>
<th>Name/Location</th>
<th>Branch Manager</th>
<th>Telephone Number</th>
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</thead>
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4. Corporate Officers, Partners or Owners of Organization:

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<tr>
<th>Name/Location</th>
<th>Branch Manager</th>
<th>Telephone Number</th>
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</table>

5. Check box(es) corresponding to the nature of your business:

☐ Large Business (100 or more employees)
☐ Small Business (fewer than 100 employees)
☐ HUB Business
☐ Other (Define)

6. Has your organization ever defaulted or failed to complete any work awarded?

☐ Yes ☐ No

If yes, stipulate where and why: ________________________________________________

CSP 2.3
7. Has your organization ever paid liquidated damages or a penalty for failure to complete a contract on time?
   □ Yes    □ No
   If yes, stipulate where and why: __________________________
   _______________________________________________________
   _______________________________________________________

8. Has your organization ever been charged with or paid a fine for non-compliance of State and/or Federal statues or regulations?
   □ Yes    □ No
   If yes, stipulate for which project, when and why: __________________________
   _______________________________________________________
   _______________________________________________________

III. Experience

1. Normally performs _______% of the work with own forces.  
   (List Trades) _______________________________________________________
   _______________________________________________________
   _______________________________________________________

2. Propose to perform _______% of the work for this project with own forces.  
   (List Trades) _______________________________________________________
   _______________________________________________________
   _______________________________________________________
3. **List 3 major construction projects your organization has in-progress using the format below:** (Include as an attachment identified by item and sub-item.)

**A. Name and Location of Project:**

- __________________________________________

- __________________________________________

Contract Amount: ____________________

Percent Complete: ____________________

Projected Completion Date: _________

Owner Reference Contact:

Name ______________________________________

Telephone ________________________________

Address ___________________________________

A/E Reference Contact:

Name ______________________________________

Telephone ________________________________

Address ___________________________________


**B. Name and Location of Project:**

- __________________________________________

- __________________________________________

Contract Amount: ____________________

Percent Complete: ____________________

Projected Completion Date: _________

Owner Reference Contact:

Name ______________________________________

Telephone ________________________________

Address ___________________________________

A/E Reference Contact:

Name ______________________________________

Telephone ________________________________

Address ___________________________________
C. Name and Location of Project: 

______________________________________________________________

______________________________________________________________

Contract Amount: ____________________

Date Completed: ____________________

Owner Reference Contact:

Name ____________________________________________

Telephone ________________________________________

Address __________________________________________

A/E Reference Contact:

Name ____________________________________________

Telephone ________________________________________

Address __________________________________________

4. Total number and dollar amount of contracts currently in progress:
Number ____________________ $ ____________________

5. Largest single contract amount currently in-progress: $ ____________________

Project Name: ____________________________________________

Project Completion Date: ______________________________________

6. Volume of work completed over 5 years: (Through 12/31)

2005 $ ____________________
2004 $ ____________________
2003 $ ____________________
2002 $ ____________________
2001 $ ____________________
List major construction projects your organization has completed in the last 5 years with completion dates and references. Other projects of particular significance may also be listed. (Include as an attachment identified by item and sub-item.) Project listing can be attached.

A. Name and Location of Project: _____________________________________________

___________________________________________________________________________

___________________________________________________________________________

Contract Amount: _______________________
Date Completed: _______________________
Owner Reference Contact:

Name ___________________________ Telephone ___________________________
Address ____________________________

A/E Reference Contact:

Name ___________________________ Telephone ___________________________
Address ____________________________

B. Name and Location of Project: _____________________________________________

___________________________________________________________________________

___________________________________________________________________________

Contract Amount: _______________________
Percent Complete: _______________________
Projected Completion Date: ___________
Owner Reference Contact:

Name ___________________________ Telephone ___________________________
Address ____________________________

A/E Reference Contact:

Name ___________________________ Telephone ___________________________
Address ____________________________

(Duplicate this page as needed)
8. List pending claims and/or litigation at time of submitting Proposal. (Show project name, owner and summary explanation.)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

IV. SAFETY PROGRAM

1. List your organization’s Workers Compensation Experience Modification Rate (EMR) for the last five years, as obtained from your insurance agent.
   2005 ________________
   2004 ________________
   2003 ________________
   2002 ________________
   2001 ________________

2. Complete matrix for the five past years, as obtained from OSHA No. 200 Log:

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</thead>
<tbody>
<tr>
<td>Injuries</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>Lost Time Accidents</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>Recordable Cases</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>Fatalities</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
<td>__</td>
</tr>
<tr>
<td>Employee Direct Hire Fixed Hours Worked</td>
<td>__</td>
<td>__</td>
<td>__</td>
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</tr>
</tbody>
</table>

(Round to 1,000's)

3. Are regular project safety meetings held for Field Supervisor(s)?
   □ Yes □ No
   If yes, frequency: □ Weekly □ Bi-monthly □ Monthly □ As Needed

4. Are project safety inspections conducted?
   □ Yes □ No
   If yes, who performs inspections? ____________________________________________
   ____________________________________________
   How often? ____________________________________________
   ____________________________________________
   Who is required to attend? ____________________________________________
   ____________________________________________

CSP 2.8
5. Does organization have a written safety program?
   □ Yes  □ No
   If yes, provide a copy. It will become a compliance document upon contract award.

6. Does your organization have a safety orientation program for new employees?
   □ Yes  □ No
   For employees promoted to Field Supervisor?
   □ Yes  □ No
   If yes, does your Supervisor Safety Program include instructions on the following:
   - Safety work practices  □ Yes  □ No
   - Tool box safety meetings  □ Yes  □ No
   - First aid procedures  □ Yes  □ No
   - Accident investigations  □ Yes  □ No
   - Fire protection  □ Yes  □ No
   - New worker’s orientation  □ Yes  □ No

V. QUALITY CONTROL PROGRAM

1. Submit a complete quality control program which will become a compliance document upon contract award.

2. This plan should address all aspects of quality control including responsibility for surveillance work, acceptance, rejection, documentation and resolution of deficiencies, trend analysis and corrective action and interface with Owner’s inspectors.

VI. FINANCIAL

1. Attach audited Financial Statement for past two (2) years including:
   - including profit and loss statements (income statements),
   - balance sheets,
   - and other supporting schedules,
   - if the last audited statements are over 12 months old, include the most current unaudited statements.
   - Financial statements will be received 3 days after proposal reading. If delivered by mail send financial statement to: ATTN: Project No.: PV-0423, High Voltage Electrical Replacement Project

CSP 2.9
Dianne H. Walker, Construction & Planning Manager, Prairie View A&M University, Physical Plant Administration, Building at Anne Preston & Reda Bland, Construction & Planning Office, Mail Stop #1411, P.O. Box 0519, Prairie View, Texas 77446.

2. Surety Company: ______________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

3. Total Bonding Capacity: _________________________________________________________

   Limit per project:________________________________________________________________
   Current unencumbered bonding capacity:____________________________________________

4. **Trade References (Additional references may be included as attached sheets.)**

   Organization: _________________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

   Organization: _________________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

   Organization: _________________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

5. **Bank Reference (Additional references may be included as attached sheets.)**

   Organization: _________________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

   Organization: _________________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

   Organization: _________________________________________________________________
   Agent: _______________________________________________________________________
   Name of Contact:________________________ Telephone No.: _________________________

CSP 2.10
PART 3

TECHNICAL PROPOSAL

HUB SUBCONTRACTING PLAN

____________________________________
(First Name)

____________________________________
(Address)

____________________________________
(City/State/Zip Code)

____________________________________
(Phone)                        __________________________________
(Fax)

for

Prairie View A&M University

Prairie View, Texas

Project No.: PV-

CSP 3.1
Subject: HUB Subcontracting Plan  
Project Number: 0423  
High Voltage Electrical Switchgear  
Replacement Project  
Prairie View A&M University  
Prairie View, Texas 77446

Dear Sir/Madam:

I am pleased to forward this HUB Subcontracting Plan as an integral part of our written response submitted in connection with your Competitive Proposal solicitation for Project Number PV-0423.

I have read and understand The Texas A&M University System’s Policy for Prairie View A&M University on Utilization of Historically Underutilized Business(HUBs) and the goals for HUB participation.

Sincerely,

(Signature)  
(Printed Name)  
(Printed Title)
PART 4

TECHNICAL PROPOSAL

SUBCONTRACTOR’S QUALIFICATIONS

AND

COST REDUCTION CONSIDERATION

______________________________________________________________________________
(First Name)

______________________________________________________________________________

______________________________________________________________________________
(Address)

______________________________________________________________________________
(City/State/Zip Code)

______________________________________________________________________________
(Phone)                                                  (Fax)

for

Prairie View A&M University

Prairie View, Texas

Project No.: PV-

CSP 4.1
VII. PROJECT TEAM: SUBCONTRACTORS

1.0 The following major Subcontractors and Suppliers are identified as members of this project team. In the order listed, prepare an individual submittal providing all information requested under Section 2.0 for each Subcontractor or Supplier. If a particular alternate will result in the change in any of the following subcontractors or suppliers, please provide all information requested on both the base proposal subcontractor and the alternate subcontractor for each particular category affected and identify each.

1.1 Electrical Subcontractor
1.2 Metal Building Subcontractor
1.3 Foundation Subcontractor

2.0 (Category from Paragraph 1.0)

2.1 Performed By:

2.1.1 __________________________________________
  (Subcontractor Supplier)

2.1.2 __________________________________________
  (Subcontractor Supplier)

2.1.3 __________________________________________
  (Subcontractor Supplier)

2.1.1 __________________________________________
  (Installation Subcontractor)

2.1.2 __________________________________________
  (Installation Subcontractor)

2.1.3 __________________________________________
  (Installation Subcontractor)
2.2 Have you worked previously for this General Contractor

☐ Yes  ☐ No

If yes, Name project(s):

________________________________________________________

________________________________________________________

________________________________________________________

2.3 Attach Subcontractor Project Organization Chart and Resumes of Individuals named.

2.4 Volume of Work completed in last five (5) years: (Through 12/31)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>$_________</td>
</tr>
<tr>
<td>2004</td>
<td>$_________</td>
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<tr>
<td>2003</td>
<td>$_________</td>
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<td>2002</td>
<td>$_________</td>
</tr>
<tr>
<td>2001</td>
<td>$_________</td>
</tr>
</tbody>
</table>

2.5 List (3) major construction projects this subcontractor has completed in the last five (5) years using the following format. Other projects of particular significance may also be listed. Your project listing may be attached.

2.5.1 Name and Location of Project:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

2.5.1 Contract Amount $_____________________________

2.5.1 Date Project was completed: ____________

If in progress:  Percent Complete: _______________________

Projected Completion Date: _______________________

CSP 4.3
2.5.1 Owner’s Reference Contact:

(Name/Title) __________________________  (Telephone) __________________________

(Address) __________________________

2.5.1 A/E’s Reference Contact:

(Name/Title) __________________________  (Telephone) __________________________

(Address) __________________________

2.5.2 Name and Location of Project:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2.5.2 Contract Amount $__________________________

2.5.2 Date Project was completed:__________

If in progress: __________________________

Percent Complete: __________________________

Projected Completion Date: __________________________
2.5.2 Owner’s Reference Contact:

_________________________________________________________________

(Name/Title) (Telephone)

_________________________________________________________________

(Address)

_________________________________________________________________

2.5.2 A/E’s Reference Contact:

_________________________________________________________________

(Name/Title) (Telephone)

_________________________________________________________________

(Address)

_________________________________________________________________

2.5.3 Name and Location of Project:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

2.5.3 Contract Amount $__________________________

2.5.3 Date Project was completed:________

If in progress: Percent Complete:__________________________

Projected Completion Date:__________________________

CSP 4.5
2.5.3 Owner’s Reference Contact:

(Name/Title) ____________________________ (Telephone)

(Address)

2.5.3 A/E’s Reference Contact:

(Name/Title) ____________________________ (Telephone)

(Address)

2.4 Certification:

I hereby certify that all foregoing statements contained herein are true and correct.

Name of Organization: ____________________________
Address: ____________________________
By: ____________________________
Title: ____________________________
Date: ____________________________
VIII. POSSIBLE COST REDUCTION ITEMS:

1. The proposer is encouraged to suggest to the Owner possible cost reduction items to be taken into consideration prior to awarding a construction contract. Proposer may include this listing as a referenced attachment if additional space is needed. Identify need to revise the construction sequencing and schedule as specified in the summary of the work, if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________