**ACCS PROJECT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[PROJECT NAME]**

**GENERAL INFORMATION:**

* All contractors must be prequalified by ACCS to perform any Large Public Works projects within ACCS.
* Once the applicant has submitted the completed and signed application, an ACCS selection committee will review the application, and once approved, will notify the applicant that they are on the approved contractor list.
* Failure to complete and provide all the information requested will be deemed non-responsive by ACCS and will be just cause for rejection of any prequalification submittal.
* Completed application should be submitted electronically to:

Architect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCS Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* General Information on Specific Project:

Prequalification Submission Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Bid Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Applicant must demonstrate to Owner’s satisfaction a proven and verifiable track record for timely completion of projects of similar in schedule, size, scope and complexity to this project.
* Applicant must have a minimum of three (3) years verifiable experience with projects similar or larger in size, scope and complexity. The Scope of Work for this project includes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**SECTION 1 – CONTRACTOR/ORGANIZATION INFORMATION**

* Provide the following Company information:
  + Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Web address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Principal office location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide primary and secondary contact information:
  + Primary name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Primary email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Secondary name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Secondary email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Secondary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many years has your organization been in business under its current name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you a licensed general contractor who is currently registered with the Alabama Licensing Board of General Contractors?

☐ YES ☐ NO

* + If yes, please submit a copy of Alabama General Contractor’s License with this application.

*[DOCUMENT REQUIRED]*

* Provide resumes of key personnel expected to be involved in this project:
  + Project Manager (must have been with the submitted company for a minimum of 1 year)
  + Superintendent (must have been with the submitted company for a minimum of 1 year)

*[DOCUMENTS REQUIRED]*

**SECTION 2 – EXPERIENCE AND WORKLOAD**

* State your organization’s total dollar value of work currently under contract. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Of the amount stated above, state the dollar value of work that remains to be completed (current domestic backlog). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide your company’s annual volume for work completed and billed in the past three (3) years.
  + 2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + 2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is your current domestic backlog less than 150% of your average three (3) year revenue?

☐ YES ☐ NO

* Is your three (3) year average revenue at least [consult with Regional Facilities Director] or greater?

☐ YES ☐ NO

* ACCS must be assured that the applicant is not “claims oriented” and does not routinely achieve its profit margin through unfair, unjustified change order pricing or claims, or by “shopping” sub-contractor prices. Architects, engineers, and owners of prior projects, when questioned, must agree that their claims experience with the applicant was reasonable and proper, that the applicant was cooperative, change order pricing was fair, applicants did not engage in frivolous or intimidating legal claims or threats, and the good will and best efforts of suppliers and sub-contractors were maintained.
* Are there any pending or outstanding judgments, claims, arbitration, mediation proceedings or lawsuits against your organization or its officers within the last three (3) years?

☐ YES ☐ NO

*[IF YES, EXPLANATION REQUIRED]*

* Has your company, within the last three (3) years, been assessed and/or paid liquidated damages after completion of a project or received a formal “Notice to Cure” on any unfinished or defective work? ☐ YES ☐ NO

*[IF YES, EXPLANATION REQUIRED]*

* The applicant must provide four (4) examples of projects deemed most compelling, similar and demanding in terms of meeting the completion schedule as this project. The projects should be similar in size and scope and that is [consult with Regional Facilities Director] or greater in cost and completed within the last five (5) years. The desired experience should be with public work – design bid build delivery method. The examples provided should have the following minimum information:
  + Project Name & Location
  + Owners Name
    - Contact Information – for reference questions
  + Architects Name
    - Contact Information - for reference questions
  + Project Delivery Method
  + Contract Amount
  + Duration
  + Description of how it is similar in scope

*[DOCUMENTATION OF PROJECT EXAMPLES REQUIRED]*

**SECTION 3 – FINANCIAL INFORMATION**

* Provide information on Surety:
  + Name of bonding company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Name of agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Bonding capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + State rating of your bonding company and provide documentation from your bonding company that your organization will be providing performance and payment bonds on this project. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[DOCUMENT REQUIRED]*

* Within the last 3 years, has your surety company made any payments on its behalf because of a default, to satisfy any claims made against a performance or payment bond issued on the applicant’s behalf or paid for completion because the applicant was in default and/or terminated by a project owner?

☐ YES ☐ NO

*[IF YES, EXPLANATION REQUIRED]*

* If your company were to be the apparent, low bidder on this project, are you willing to provide audited financial statements to verify your capacity to perform the work?

☐ YES ☐ NO

**SECTION 4 – INSURANCE REQUIREMENTS**

* Can your insurance carrier meet the following minimum limits of liability?

☐ YES ☐ NO

Minimum limits of liability for any work performed for ACCS:

Worker’s Compensation - $1,000,000

Commercial General Liability - $1,000,000 per occurrence, $2,000,000 aggregate

Commercial Business Automobile Liability - $1,000,000 per occurrence

Commercial Umbrella – $5,000,000 per occurrence, $5,000,000 Aggregate

Builder’s Risk – 100% of Contract Sum

**SECTION 5 – SAFETY INFORMATION**

* Does your company have a safety program that can be made available upon request?

☐ YES ☐ NO

* Provide your company’s current Total Recordable Incident Rate (TRIR). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide your company’s past 3 years’ Experience Modification Rate (EMR).
  + 2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + 2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you willing to make your current *OSHA 300 Log of Work-Related Injuries and Illnesses* and your *OSHA 300A Summary of Work-Related Injuries and Illnesses* available upon request?

☐ YES ☐ NO

**SECTION 6 – ADDITIONAL INFORMATION**

Note that ACCS requirements, except as modified in the Bid and Contract Documents, will be applicable to the Work of this project. The Contract award, if made, will be made to the low, responsive, and responsible Bidder.

A responsive bid shall be evidenced by:

* A Proposal Form complete in accordance with the Instructions to Bidders and Contract Documents;
* A Proposal Form not evidencing any apparent unbalanced pricing for performance of the items of work;
* A Proposal Form without excisions, alterations, special conditions or qualifications made by the Bidder;
* A Proposal Form containing no alternative bids or offerings (by inclusion, attachment, or otherwise) for any items unless such alternative bids or offers are requested in the Technical Specifications.

That a Bidder is responsible may be evidenced by the following facts:

* Bidder maintains a permanent place of business;
* Bidder has adequate financial capability for meeting the obligations contingent to the work;
* Bidder has adequate forces to properly perform the work within the time limit specified;
* Bidder has a competent and experienced organization.

In order to be considered for the award the Bidder shall present to the Owner satisfactory evidence that:

* Bidder has the necessary capital and financial resources to undertake and complete the project;
* Bidder has equipment, in good working order, adequate for performance of work within the time specified;
* Bidder has within his organization, at the time of construction, management and supervisory personnel available for assignment to the project;
* Bidder’s construction management and supervisory personnel are skilled and experienced in the particular type of work to be undertaken on the project;
* Bidder has performed and completed similar work of similar magnitude in a satisfactory manner.
* Please submit any additional information you would like to be considered in determining your organization’s competency, experience, and financial ability to successfully complete this public project.

*[IF ANY, DOCUMENT(S) REQUIRED]*

**SIGNATURE**

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Dated this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025. Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025.

Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_