APPENDIX A – BID SUBMISSION FORMS

Copies of these forms may be made but original signatures must be on the forms submitted to Planning, Design & Construction at the time of the submission of the bid. Forms can be accessed and filled out electronically from our website at www.design.missouristate.edu.

Bid Proposal

Statement of Qualifications

Certificate for Affirmative Action

Affidavit for Compliance with Section 285.530, RSMo (For Agreements over $5,000)

MBE/WBE Compliance Evaluation Form
   For Projects of $100,000 or more

MBE/WBE Eligibility Determination Form
   For Projects of $100,000 or more

MBE/WBE Eligibility Determination Form for Joint Ventures
   For Projects of $100,000 or more

MBE/WBE Application for Waiver
   For Projects of $100,000 or more

Request for Substitution
STATEMENT OF QUALIFICATIONS

Each bidder for the work included in the specifications and drawings and the Contract Documents shall submit with their bid the data requested in the following schedule of information. This data must be included in and made part of each bid document and contained in the sealed envelope. Failure to comply with this instruction may be regarded as justification for rejecting the Contractor's Proposal. Submit one (1) copy of this statement.

1. Company name _______________________________________________________________
2. Federal I.D. Number _____________________ DUNS Number _________________________
3. Business address ___________________________ Zip Code _________________
4. Phone number __________________________ Fax number __________________________
   Email Address _________________________________________________________________
5. When organized _________________________ Incorporated? _________________________
6. Date of Incorporation _____________________ State of Incorporation ______________________
   If not incorporated in Missouri, give certificate of authority to do business in Missouri:
   Certificate No. __________________________ Date ________________________________
7. President's Name ________________________ Vice-President's Name __________________
   Secretary's Name _______________________ Treasurer's Name ______________________
8. If a partnership, names and addresses of all partners and indicate whether general or limited partners:

9. Number of years in business_________. If not under present firm name, list previous firm names and types of organization.

10. List of major equipment owned by the company.

11. Experience in the construction of work generally similar to this project including list of structures, location and the approximate contract cost thereof.
12. List contracts on hand and important projects completed in the last five years on a type similar to the work now bid, including approximate cost.

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<th>Project &amp; Address</th>
<th>Owner</th>
<th>Owner's Representative</th>
<th>Architect</th>
<th>Amount of Contract</th>
<th>Date or % Completed</th>
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13. Have you ever failed to complete any work awarded to your company? ________________
    If so, where and why? ________________________________

14. Have you ever defaulted on a contract? ________________________________
    If so, explain __________________________________________

15. (a) Is 51% or more of your company owned by a minority?  Yes _______ No _______
    (b) Is 51% or more of your company owned by a woman?  Yes _______ No _______

16. Have any administrative or legal proceedings been started against you alleging violation of any wage or hour regulations or laws? (If yes, give details.)

17. List banking references.

The undersigned hereby authorizes the release of any information requested by Missouri State University, its agents or representatives, to verify the above stated financial information, including confidential financial information held by any financial institution, and hereby releases Missouri State University, its officers and agents, from any liability arising from attempted verification of information in this Statement of Bidders Qualifications.

Dated at ____________________ this __________________ day of __________________ 20______.

____________________________________________
Name of Organization

____________________________________________
By

____________________________________________
Title

____________________________________________
Signature
CERTIFICATE FOR AFFIRMATIVE ACTION

State of )
County of )

______________________________ first being duly sworn on his/her oath states: that he/she is the (sole proprietor, partner, or officer) of____________________________________________ (hereinafter "Contractor"), and such Contractor is duly authorized to make this affidavit on behalf of said Contractor; that under the contract known as "________________________________________________________" Project No. _______________ ______ less than 50 persons in the aggregate will be employed and therefore, the applicable Affirmative Action requirements as set forth in the General Conditions of Missouri State University have been met (if applicable).

I further certify that Contractor (has_______) (has not _______) participated in previous contracts subject to a similar equal employment opportunity clause; and (has_______) (has not _______) filed all Affirmative Action Reports due with the EEOC.

I further certify that Contractor does not and will not maintain any segregated facilities for its employees, or permit his employees to perform services in a location under his control where segregated facilities are maintained, and will obtain such certifications prior to the award of non-exempt subcontracts.

____________________________________
Signature

Subscribed and sworn to me this _______ day of ___________________________20__. 
My Commission expires______________________________, 20__.

____________________________________
Notary Public
AFFIDAVIT FOR COMPLIANCE WITH SECTION 285.530, RSMO
(For Agreements over $5,000.00)

Before me, the undersigned Notary Public, in and for the County of _____________________, State of _____________________ personally came and appeared ______________________________, (Name)
________________________________ of the ______________________________________________ (Position) (Name of Company)
a (corporation) (partnership) (proprietorship) in carrying out the contract and work in connection with ________________________________ (Name of Project)
located at Missouri State University, after being duly sworn did depose and say:

(1) That said company is enrolled in and participates in a federal work authorization program with respect to the employees working in connection with the contracted services; and
(2) that said company does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

The terms used in this affidavit shall have the meaning set forth in Section 285.530 RSMo., et seq.

Documentation of participation in a federal work authorization program is attached to this affidavit.

__________________________________________
(Signature)

Subscribed and sworn to me this _______ day of _____________________ 20___.
My Commission expires___________________________________________, 20____.

(Notary Public)
MBE/WBE COMPLIANCE EVALUATION FORM
(For Agreements of $100,000 or More)

This form is to be completed by bidders and submitted to the Director of the Planning, Design & Construction prior to the awarding of the construction contract.

The undersigned submits the following data with respect to this firm’s assurance to meet the Owner's goal for MBE/WBE participation.

1. Project: ______________________________________________________________________
2. Name of General Contractor _____________________________________________________
3. Name of MBE/WBE Firm: _______________________________________________________
   Address: ___________________________________ Telephone: ______________________
   Type of Business: _____________________ Officer: ______________________________
4. Describe the subcontract work to be performed. (List Base Bid work and any Alternate work separately): Base Bid __________________________________________________________
   Alternate(s), (identify separately): _______________________________________________
5. Dollar amount of contract to be subcontracted to the MBE/WBE Firm:
   Base Bid: $ ___________________ Alternate(s), (identify separately): $ ______________
   __________________________________________
6. Is the proposed subcontractor listed in the Minority/Women Business Enterprise Directory maintained by the Office of Equal Opportunity, State of Missouri?
   Yes _______ No _______
   Is the proposed subcontractor certified as a MBE/WBE firm by any of the following: federal government agencies, state agencies, State of Missouri city or county government agencies?
   Yes _______ No _______
   If yes, provide details: _______________________________________________________
   If the answer is no to both questions above, please attach the information requested in the MBE/WBE Eligibility Determination Form.

_____________________________________________________________________________
Name of Organization

_____________________________________________________________________________
By

_____________________________________________________________________________
Title

_____________________________________________________________________________
Signature
MBE/WBE ELIGIBILITY DETERMINATION FORM
(For Agreements of $100,000 or More)

1. Name of firm _________________________________________________________________
2. Address of __________________________________________________________________
3. Phone Number of firm __________________________________________________________
4. Indicate whether firm is sole proprietorship, partnership, joint venture, corporation or other business entity (please specify) ___________________________________________________
5. Nature of firm's business ________________________________________________________
6. Number of years firm has been in business _________________________________________
7. Ownership of firm: Identify those who own 5 percent or more of the firm's ownership. Columns "e" and "f" need be filled out only if the firm is less than 100 percent minority-owned.

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For firms less than 100 percent minority/woman-owned, list the contributors of money, equipment, real estate, or expertise of each of the owners.

8. Control of firm: (a) Identify by name, race, sex, and title of those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for:

(1) Financial decisions __________________________________________________________
(2) Management decisions, such as:
   a. Estimating ________________________________________________________________
   b. Marketing and sales _____________________________________________________
   c. Hiring and firing of management personnel _________________________________
   d. Purchase of field operations _____________________________________________
(3) Supervision of field operations _____________________________________________
9. For each of those listed in question 8, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibilities given him or her.

10. Describe or attach a copy of any stock options or other ownership options that are outstanding, and any agreements between owners or between owners and third parties which restrict ownership or control of minority owners.

11. Identify any owner (see Item 7) or management official (see Item 8) of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners.

12. What are the gross receipts of the firm for each of the last two years?
   Year ending _______________  $ _______________________________________________
   Year ending _______________  $ _______________________________________________

13. Name, address, and telephone number of bonding company, if any:

   ______________________________________________________________

   Bonding limits: __________________________________________________

   Source of letters of credit, if any: _______________________________________

14. Are you authorized to do business in the State of Missouri as well as locally, including all necessary business licenses? Yes _______ No _______

15. Indicate if this firm or other firms with any of the same officers have previously received or been denied certification or participation as an MBE and describe the circumstances. Indicate the name of the certifying authority and the day of such certification or denial.
Affidavit

“The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of (name of firm) as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or directly to the Owner current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.”

Note - If, after filing this information and before the work of this firm is completed on the contract covered by this regulation, there is any significant change in the information submitted, you must inform the Owner of the change either through the prime contractor or directly.

Signature __________________________________________________________________________

Name _____________________________________________________________________________

Title _______________________________________________________________________________

Date ______________________________________________________________________________

Corporate Seal (where appropriate)

Date ______________________________________________________________________________

State of ____________________________________________________________________________

County of __________________________________________________________________________

On this ____ day of ______________, 20 ____, before me appeared (name) __________________ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) ______________________________________________________________________ to execute the affidavit and did so as his or her own free act and deed.

(Seal)

Notary Public _______________________________________________________________________

Commission expires __________________________________________________________________
MBE/WBE ELIGIBILITY DETERMINATION FORM FOR JOINT VENTURES
(For Agreements of $100,000 or More)

This form does not need to be filled in if each of the firms in the joint venture is minority/woman-owned.

1. Name of joint venture __________________________________________________________

2. Address of joint venture _________________________________________________________

3. Phone Number of joint venture ___________________________________________________

4. Identify the firms that comprise the joint venture. (The MBE partner must complete the
   MBE/WBE Eligibility Determination Form.)
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

   (a) Describe the role of the MBE firm in the joint venture.
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

   (b) Describe very briefly the experience and business qualifications of each non-MBE coventurer.
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

5. Nature of the joint venture _______________________________________________________

6. What is the claimed percentage of MBE ownership? ________________________________

7. Ownership of joint venture. Attach a copy of the joint venture agreement. (The following need
   not be filled in if described in the joint venture agreement.)
   ___________________________________________________________________________
   ___________________________________________________________________________

   (a) Describe the profit and loss sharing of the joint venture.
   ___________________________________________________________________________
   ___________________________________________________________________________

   (b) Description of capital contributions, including equipment.
   ___________________________________________________________________________
   ___________________________________________________________________________

   (c) Description of other applicable ownership interests.
   ___________________________________________________________________________
   ___________________________________________________________________________

8. Control and participation in this contract. Identify by name, race, sex, and “firm” those individuals
   (and their titles) who are responsible for day-to-day management and policy decision making,
   including, but not limited to, those with prime responsibility for:
   ___________________________________________________________________________
(1) Financial decisions __________________________________________________________

(2) Management decisions, such as:
   a. Estimating __________________________________________________________
   b. Marketing and sales _________________________________________________
   c. Hiring and firing of management personnel _____________________________
   d. Purchase of major items or supplies ___________________________________

Affidavit
“The undersigned swears that the foregoing statements are true and correct and include all
material information necessary to identify and explain the operation of our joint venture and the
intended participation by each joint venturer in the undertaking. Further, the undersigned
covenant and agree to provide through the Owner current, complete and accurate information
regarding actual joint venture arrangements and to permit the audit and examination of books,
records and files of the joint venture, or those of each joint venturer relevant to the joint venture,
by authorized representatives of the Owner. Any material misrepresentation will be grounds for
terminating any contract which may be awarded and for initiating action under federal or state
laws concerning false statements.”

Note - If, after filing this information and before the completion of the joint venture’s work on the contract
covered by this regulation there is any significant change in the information submitted, the joint venture
must inform the Owner of the change either directly or through the prime contractor.

_______________________________________   _______________________________________
Name of Firm                                      Name of Firm

_______________________________________   _______________________________________
Signature                                      Signature

_______________________________________   _______________________________________
Printed Name                                    Printed Name

_______________________________________   _______________________________________
Title                                           Title

_______________________________________   _______________________________________
Date                                             Date
Joint Venture Firm ___________________________ Date __________________
State of _______________________________________
County of ______________________________________

On this _____ day of ____________, 20____, before me appeared (name)_________________ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _______________________________ to execute the affidavit and did so as his or her own free act and deed.

Notary Public _______________________________________
Commission expires _________________________________
(seal)

Joint Venture Firm ___________________________ Date __________________
State of _______________________________________
County of ______________________________________

On this _____ day of ____________, 20____, before me appeared (name)_________________ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _______________________________ to execute the affidavit and did so as his or her own free act and deed.

Notary Public _______________________________________
Commission expires _________________________________
(seal)
MBE/WBE APPLICATION FOR WAIVER FORM  
(For Agreements of $100,000 or More)

This form is to be completed when appropriate and submitted to the Supervisor of Planning, Design & Construction. Firms wishing to be considered for award are required to demonstrate that a good faith effort has been made to include minority/woman-owned enterprises as subcontractors. This form will be used to evaluate the extent to which a good faith effort has been made.

1. List pre-bid conferences your firm attended where MBE/WBE requirements were discussed.

2. Identify advertising efforts undertaken by your firm which were intended to recruit potential minority/women subcontractors for various aspects of this project. Provide names of newspapers, dates of advertisements and copies of ads that were run.

3. Note specific efforts to contact in writing those MBE/WBE capable of and likely to participate as subcontractors for this project.

4. Describe steps taken by your firm to divide work into areas in which MBE/WBE would be capable of performing.

5. What efforts were taken to negotiate with prospective MBE/WBEs for specific sub-bids? Include the names, addresses and telephone numbers of MBE/WBEs contacted, a description of the information given to MBE/WBEs regarding the plans and specifications for the assigned work, and a statement as to why additional agreements were not made with MBE/WBEs.

6. List reasons for rejecting a MBE/WBE which has been contacted.

7. Describe efforts your firm may have taken to assist a MBE/WBE in overcoming legal or other requirements which may have to be met.
8. Describe follow-up contacts with MBE/WBEs made by your firm after the initial solicitation.

9. Describe the efforts made by your firm to provide interested MBE/WBEs with sufficiently detailed information about the plans, specifications and requirements of the contract.

10. Describe your firm’s efforts to locate MBE/WBEs not on the directory list and assist MBE/WBEs in becoming certified as such.

Based on the above stated good faith efforts made to locate and supply MBE/WBEs, the bidder hereby requests that the MBE/WBE percentage goal set by this regulation be waived and that the percentage goal for this project be set at ______________ percent.

The undersigned hereby certifies, having read the answers contained in the foregoing Application for Waiver, that they are true and correct to the best of his/her knowledge, information and belief.

________________________________________________________________________
Name of Organization

________________________________________________________________________
By

________________________________________________________________________
Title

________________________________________________________________________
Signature
REQUEST FOR SUBSTITUTION

CHECK THE APPROPRIATE BOX:

☐ Substitution PRIOR to bid opening
   (Submit a minimum of seven (7) calendar days prior to the time established for the receipt of bids.)

☐ Substitution FOLLOWING the award of a project
   (Submit within sixty (60) calendar days from the Notice to Proceed.)

Project Name: ______________________________________________________________________

Project Number (Number as shown on the plans): __________________________________________

Consultant Name: ___________________________________________________________________

Bidder/Contractor requesting substitution: ______________________________________________

Bidder/contractor hereby requests acceptance of the following product or systems as a substitution in accordance with the provisions of the General Conditions.

Specified Product, material, equipment, or system: _______________________________________

_________________________________________________________________________________

Specification Section Number: ____________________ Drawing Sheet No: _________________

Proposed Substitution: ______________________________________________________________

_________________________________________________________________________________

Provide the following documentation and other information as appropriate to indicate compliance with the requirements for substitutions:

☐ Product Data, including drawings and descriptions of projects, fabrication and installation procedures.

☐ Samples.

☐ A detailed comparison of significant qualities of the proposed substitution with those specified.

☐ A list of changes or modifications needed to other parts of the Work and to construction performed by the Owner or separate Contractors, that will be necessary to accommodate the proposed substitution.

☐ A statement indicating the substitution’s possible effect on the Construction Schedule compared to the schedule without approval of the substitution.

Describe any performance, warranty, or other items that differ from the original specification.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

I/we have investigated the proposed substitution and believe that it is equal or superior in all respects to the specified project except as noted above and will pay costs to modify other parts of the Work as may be needed to make all parts of Work complete and functioning as a result of this substitution.

Name: ___________________________________ Signature: ________________________________

Firm: ___________________________________ Address: __________________________________

Phone: _________________________________ Fax: _________________________________________