

# **PROJECT INFORMATION PACKET**



## **Mason County Evaluation & Treatment Facility**

**Building Renovation  
Shelton, Washington**

**THURSTON-MASON BEHAVIORAL HEALTH  
ORGANIZATION**

**612 Woodland Square Loop SE Ste 401  
Lacey, WA 98503**

**Submittal Due Date**

**January 25, 2018**

# MASON COUNTY EVALUATION & TREATMENT FACILITY

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## REQUEST FOR STATEMENT OF QUALIFICATIONS

**Owner:** Thurston-Mason Behavioral Health Organization  
612 Woodland Square Loop  
Lacey, WA 98503

**Project:** Mason County Evaluation & Treatment Facility Building Renovation

**Date:** January 3, 2018

Thurston-Mason Behavioral Health Organization (TMBHO) is requesting Statements of Qualification from Contractors interested in bidding on the Mason County Evaluation & Treatment Facility Building Renovation Project. Interested contractors must submit a copy of the Contractor's Qualification Statement, AIA Document A305, along with the Supplemental Questionnaire to Mark Freedman at TMBHO, via email US mail to:

612 Woodland Square Loop SE Suite 401, Lacey, WA 98503, by 4:00 PM January 25, 2018. The Contractor's Statement of Qualification submittals will be reviewed to determine if the contractors have performed satisfactorily on projects of similar size, scope, and complexities. Those contractors that can show evidence of satisfactory completion of similar projects based upon the information provided, will be invited to bid on the construction of the proposed renovations.

**Project information packets, detailing the scope of work, can be obtained at <http://tmbho.org/>.**

**Questions about this project can be submitted to [inquiries@tmbho.org](mailto:inquiries@tmbho.org).**

# REQUEST FOR PROPOSALS GENERAL CONTRACTOR

**RFP Response Deadline:** January 25, 2018, 4 pm PST

**Publication/Distribution:** Builders Exchange of Washington, [www.bxwa.com](http://www.bxwa.com), 425.258.1303  
Daily Journal of Commerce (Seattle) & Plan Center

**Owner:** Thurston-Mason Behavioral Health Organization  
Mark Freedman, Administrator

**Project:** Mason County Evaluation & Treatment Facility  
307 W Cota St., Shelton, WA 98584

**Owner Contact:** Mark Freedman  
Thurston-Mason Behavioral Health Organization  
Phone: 360-763-5791  
E-mail: [mark.freedman@tmbho.org](mailto:mark.freedman@tmbho.org)

**Architect:** Ron Wright, AIA  
Ron Wright and Associates/Architects, P.S.  
Phone: 206.728.4248  
E-mail: [rwright@rwa.com](mailto:rwright@rwa.com)

## NO FACSIMILIES WILL BE ACCEPTED

Thurston-Mason Behavioral Health Organization (TMBHO) requests Washington State licensed and bonded General Contractors to submit their qualifications to provide a bid as the General Contractor on a Guaranteed Maximum Price for the construction of Mason County Evaluation & Treatment Facility Project. Contractors are asked to complete the required forms and return them to the Owner Contact, Mark Freedman, TMBHO. Selected contractors may be invited for interviews as a part of the selection process. The owner reserves the right to reject any or all submittals.

## Project Description:

The project is the renovation to the existing two story steel framed structure located at 307 W Cota St., Shelton, WA 98584. The completed project will accommodate a Residential Treatment Facility licensed by the Washington State Department of Social and Health Services (DSHS). The existing building is approximately 14,000 square feet. The building is currently vacant.

The scope of work includes, but is not limited to, interior alternations to accommodate the Residential Treatment Facility, modifications to the building electrical, mechanical, and life safety systems, and accessibility improvements.

**Contractor Selection:**

Thurston-Mason Behavioral Health Organization will select potential contractors for the project based upon experience, references, financial stability, and willingness to work cooperatively to meet schedule and budget.

**Special Considerations:**

1. The project is subject to Washington State Commercial Prevailing Wage Rates.
2. A payment and performance bond from the contractor for 100% of the contract price will be a requirement.
3. The estimated cost for construction, exclusive of owner's insurance, completion bond and sales taxes is **ESTIMATED** to be +/- \$1.0M

**Process/Project Timeline:**

(All dates and timeline information are subject to change.)

RFP Publication in Builders Exchange of Washington starting January 3, 2018

Qualification Statements due January 25, 2018

Select Contractors by February 8, 2018

Documents available to Pre-Qualified Contractors for preparing a bid for the work, February 15, 2018.

Bid Date: February, 2018

Notice to Proceed: March, 2018

Occupancy: August, 2018

**Minimum Required Qualifications:**

1. Licensed Contractor in the State of Washington
2. Successful completion as a General Contractor in the last five years of:
  - a. At least two publicly financed projects or community facilities with construction contracts in excess of \$1,000,000.
  - b. At least two publicly financed or community projects that required Washington Prevailing Wage Rates.
3. Liability Insurance of at least \$2,000,000
4. Availability to meet the Timeline above.

**Desired Qualifications:**

1. Assigned Project Manager with experience listed in item #2 above,
2. Company and Project Manager experience with projects funded with public resources.
3. Demonstrated ability of Project Manager and Site Superintendent to work with Development Manager, Architect, Owner and subcontractors to complete projects on schedule and within budget.
4. Availability to provide immediate input to the development team on design, alternative construction materials and methods, and cost saving measures.

**Required Submittals:**

1. Complete AIA Form 305, 1986 Edition, with modifications as listed below:
  - 3.5.2 Please list the projects that demonstrate your ability to meet the Minimum Required Qualifications, #2. Include the following information for each project:
    - a. Name of project and date of completion;
    - b. Amount of contract;
    - c. Brief description of the scope of work, including subcontracts;
    - d. Name, address and phone number of owner;
    - e. Name, address and phone number of architect;
    - f. Name of your company's Project Manager and superintendent; and,
    - g. Record of bid versus final costs including all change orders.
  - 3.5.3 For the projects listed under 3.5.2, please provide an explanation when the final contract amount is >5% over the original contract amount.
  - 3.6.1 List the company representative or partner in charge, project manager and other key staff who would be assigned to this project, their experience with publicly funded projects, and submit the resumes of these key team members.
  - 3.6.2 List which portion of the work you anticipate performing in house and which you intend to subcontract. Estimate the size of your company's work crew for this project.
  - 4.1 If different from 3.5.2, list three references who can verify that you meet the minimum qualifications. Include project address, contract amount, owner, owner's telephone number, architect and architect's telephone number.
2. General Contractor's License
3. Proof of Insurance
4. Current Financial Statement (see NOTE below)

NOTE: All submittals will be kept confidential within the selection committee.

# **MASON COUNTY EVALUATION & TREATMENT FACILITY**

## **SHELTON, WA**

### **Project Description**

The project is the renovation to the existing two story steel framed structure located at 307 W Cota St., Shelton, WA 98584. The completed project will accommodate a Residential Treatment Facility licensed by the Washington State Department of Social and Health Services (DSHS). The existing building is approximately 14,000 square feet. The building is currently vacant.

The scope of work includes, but is not limited to, interior alternations to accommodate the Residential Treatment Facility, modifications to the building electrical, mechanical, and life safety systems, and accessibility improvements.

# : 1 AIA Document A305" -1986

## Contractor's Qualification Statement

The Undersigned certifies under oath that the information provided herein is true and sufficient ly complete so as not to be misleading.

**SUBMITTED TO:**

**ADDRESS:**

**SUBMITTED BY:**

**NAME:**

**ADDRESS:**

**PRINCIPAL OFFICE:**

- Corporation
- Partnership
- Individual
- Joint Venture
- Other

**NAME OF PROJECT** (if applicable):

**TYPE OF WORK** (file separate form for each Classification of Work):

- General Construction
- HVAC**
- Electrical
- Plumbing
- Other (please specify)

**ADDITIONS AND DELETIONS:**

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

This form is approved and recommended by the American Institute of Architects (AIA) and The Associated General Contractors of America (AGC) for use in evaluating the qualifications of contractors. No endorsement of the submitting party or verification of the information is made by AIA or AGC.



**§ 1. ORGANIZATION**

**§ 1.1** How many years has your organization been in business as a Contractor ?

**§ 1.2** How many years has your organization been in business under its present business name?

**§ 1.2.1** Under what other or former names has your organization operated ?

**§ 1.3** If your organization is a corporation, answer the following:

**§ 1.3.1** Date of incorporation:

**§ 1.3.2** State of incorporation:

**§ 1.3.3** President's name:

**§ 1.3.4** Vice-president's name(s)

**§ 1.3.5** Secretary's name:

**§ 1.3.6** Treasurer's name:

**§ 1.4** If your organization is a partnership, answer the following :

**§ 1.4.1** Date of organization:

**§ 1.4.2** Type of partnership (if applicable):

**§ 1.4.3** Name(s) of general partner(s )

**§ 1.5** If your organization is individually owned, answer the following:

**§ 1.5.1** Date of organization:

§ 1.5.2 Name of owner:

§ 1.6 If the form of your organization is other than those listed above, describe it and name the principals:

## § 2. LICENSING

§ 2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business , and indicate registration or license num bers, if applicable.

§ 2.2 List jurisdictions in which your organization' s partnership or trade name is filed.

## § 3. EXPERIENCE

§ 3.1 List the categories of work that your organization normally performs with its own forces.

§ 3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

§ 3.2.1 Has your organization ever failed to complete any work awarded to it?

§ 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

§ 3.2.3 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

§ 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

§ 3.4 On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent completed and scheduled completion date.

§ 3.4.1 State total worth of work in progress and under contract:

§ 3.5 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

§ 3.5.1 State average annual amount of construction work performed during the past five years:

§ 3.6 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

**§ 4. REFERENCES**

**§ 4.1 Trade References:**

**§ 4.2 Bank References:**

**§ 4.3 Surety:**

**§ 4.3.1** Name of bonding company:

**§ 4.3.2** Name and address of agent:

**§ 5. FINANCING**

**§ 5.1** Financial Statement.

**§ 5.1.1** Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);

and Fixed Assets;

Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par value, earned surplus and retained earnings).

**§ 5.1.2** Name and address of firm preparing attached financial statement, and date thereof:



# **Additions and Deletions Report for AJA<sup>®</sup> Document A305<sup>™</sup> - 1986**

This Additions and Deletions Report, as defined on page 1 of the associated document, reproduces below all text the author has added to the standard form AIA document in order to complete it, as well as any text the author may have added to or deleted from the original AIA text. Added text is shown underlined. Deleted text is indicated with a horizontal line through the original AIA text.

Note: This Additions and Deletions Report is provided for information purposes only and is not incorporated into or constitute any part of the associated AIA document. This Additions and Deletions Report and its associated document were generated simultaneously by AIA software at 13:28:18 on 03/22/2006.

## **PAGES**

M-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 before me this                      day of                      20-20

## **Certification of Document's Authenticity**

*AIA® Document D401™ - 2003*

I, hereby certify, to the best of my knowledge, information and belief, that I created the attached final document simultaneously with its associated Additions and Deletions Report and this certification at 13:28:18 on 03/22/2006 under Order No. 1000201877\_1 from AIA Contract Documents software and that in preparing the attached final document I made no changes to the original text of AIA® Document D401™ - 2003 - Contractor's Qualification Statement, as published by the AIA in its software, other than those additions and deletions shown in the associated Additions and Deletions Report.

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*(Signed)*

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*(Title)*

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*(Dated)*

# **SUPPLEMENTAL QUESTIONNAIRE**

## **CONTRACTOR'S QUALIFICATION STATEMENT**

The following paragraphs are to be considered a supplemental part of the AIA Document A305 Contractor's Qualification Statement (1986 edition). Contractors intending to be included in the pre-qualification selection process must submit the requested information.

### **3.5 Insert the following Subparagraph 3.5.2 into Paragraph 3.5:**

3.5.2 On a separate sheet, list the projects that your organization has completed in the last five (5) years that are similar to this particular project. Examples of specific similarities include:

1. Completion of Public Works projects of similar size and dollar value
2. Compliance with State Prevailing Wage laws where it is required to submit certified payrolls monthly with each application for payment
3. Experience with major facility renovations

Information on similar projects to include:

1. Complete description of the project, listing similarities identified above, and the information requested below.
  - Original project duration and final project duration
  - Original contract amount and final contract amount
2. Owner's name and number
3. Owner's representative name and number
4. Architectural/Engineering Firm's name and number, identifying the project manager
5. Name of Contractor's project manager and superintendent that worked on the project

### **4.1 Insert the following Subparagraph 4.1.1 into Paragraph 4.1:**

4.1.1 Provide the name, phone number, and relationship of three (3) references involved in the similar projects previously listed in the above questions.



# MASON COUNTY EVALUATION & TREATMENT FACILITY

## Rating Criteria

Provided below is the rating criteria that will be used to evaluate the Statement of Qualification submittal packages.

- Complete application. All questions answered. (10 points)
- Relevant project experience. General. Ability to perform project of this size. (20 points)
- Past construction claims or lawsuits. (10 points)
- Specific project experience. (30 points)
  - Specific project experience
    - Prevailing wage requirements
    - Complete Interior Renovation
- References checks for successful completion of projects listed in Supplemental Questionnaire. (30 points)

Total possible points – 100.