

Board of Commissioners Port of New Orleans
Requests for Technical Proposals for Design-Build Services
Riverfront Cold Storage Facility Project

TECHNICAL PROPOSAL

Appendix E

Required Forms to be Submitted with Technical Proposal

See Request for Technical Proposal for Instructions

Board of Commissioners Port of New Orleans Riverfront Cold Storage Facility Project

BUSINESS PROFILE AND HISTORY

(Required only for Subcontractors and Subconsultants Listed on Form 1, BUT NOT PREVIOUSLY SUBMITTED IN THE STATEMENTS OF QUALIFICATIONS)

1. Complete only the profile for the type of business applicable to only the Design-Build Entity

Firm Name: _____

For Corporations:

1a. Date incorporated: _____

1b. Under the laws of what state: _____

1c. Provide all the following information for each person who is either (a) an officer of the corporation (president, vice president, secretary, treasurer), or (b) the owner of at least ten percent of the corporation's stock.

Name	Position	Years with Co.	% Ownership

1d. Identify every licensed construction or engineering firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, "owner" and "partner" refer to ownership of ten per cent or more of the business, or 10 per cent or more of its stock, if the business is a corporation.

Person's Name	Firm Name	Dates of Person's Participation with Firm

For Partnerships:

- 1a. Date of formation: _____
- 1b. Under the laws of what state: _____
- 1c. Provide all the following information for each partner who owns 10 per cent or more of the firm.

Name	Position	Years with Co.	% Ownership

1d. Identify every licensed construction or engineering firm that any partner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, “owner” and “partner” refer to ownership of ten per cent or more of the business, or en per cent or more of its stock, if the business is a corporation.

Person’s Name	Firm Name	Dates of Person’s Participation with Firm

For Sole Proprietorships:

- 1a. Date of commencement of business: _____
- 1b. Identify every licensed construction or engineering firm that the business owner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, “owner” and “partner” refer to ownership of ten per cent or more of the business, or en per cent or more of its stock, if the business is a corporation.

Person’s Name	Firm Name	Dates of Person’s Participation with Firm

For Joint Venture:

- 1a. Date of commencement of joint venture: _____
 1b. Provide all of the following information for each firm that is a member of the joint venture that will participate as the Design-Build Entity Applicant:

Name of Firm	% Ownership of Joint Venture

For Limited Liability Corporation:

- 1a. Date of commencement of Limited Liability Corporation: _____
 1b. Under the laws of what state: _____
 1c. Provide all of the following information for each Partner of the Limited Liability Corporation.

Name	Position	Years with L.L.C.	% Ownership

- 1d. Provide all of the following information for each person who is either (a) an officer of the LLC (president, vice president, secretary, treasurer), or (b) the owner of at least ten percent of the LLC stock:

Person's Name	Position	% Ownership

- 1e. Identify every licensed construction and/or engineering firm that any partner has been associated with (as owner, general partner, limited partner, or officer) at any time during the last five years.

Person's Name	Firm Name	Dates of Person's Participation with Firm

2. Has there been any change in ownership of the firm at any time during the last three years?

NOTE: A corporation whose shares are publicly traded is not required to answer this question.

Yes No

If "yes", explain on a separate signed page.

3. Is the firm a subsidiary, parent, holding company, or affiliate of another firm?

NOTE: Include information about other firms if one firm owns 50 per cent or more of another, or if an owner, partner, or officer of our firm holds a similar position in another firm.

Yes No

If "yes", explain on a separate signed page.

4. Are any corporate officers, partners or owners connected to any other design or construction or design-build firms?

NOTE: Include information about other firms if an owner, partner, or officer of holds a similar position in another firm.

Yes No

If "yes", explain on a separate signed page

5. State the firm's gross revenues for each of the last three years:

Year: _____ \$ _____

Year: _____ \$ _____

Year: _____ \$ _____

6. How many years has the firm conducted business in Louisiana under its present business name and license number? _____ years

7. Is the firm currently the debtor in a bankruptcy case?

Yes No

If "yes", please attach a copy of the bankruptcy petition, showing the case number, and the date on which the petition was filed.

8. Has the firm declared bankruptcy at any time during the last five years? (This question refers only to a bankruptcy action that was not described in answer to question 7, above)

Yes No

If "yes", please attach a copy of the bankruptcy petition, showing the case number and the date on which the petition was filed, and a copy of the Bankruptcy Court's discharge order, or of any other document that ended the case, if no discharge order was issued.

**Board of Commissioners Port of New Orleans
Riverfront Cold Storage Facility Project**

PAST PERFORMANCE QUESTIONNAIRE FOR USE BY REFERENCES

(Required only for Subcontractors and Subconsultants Listed on Form 1, BUT NOT PREVIOUSLY SUBMITTED IN THE STATEMENTS OF QUALIFICATIONS)

_____ (company name) is submitting qualifications to the Board of Commissioners Port of New Orleans to provide design-build services for the Riverfront Cold Storage Facility Project in New Orleans under the design-build application of _____ (design-build applicant name). This questionnaire may be submitted to the Board to attest to our past performance on the project listed below. We request that your response be submitted by **8 a.m. Monday, February 1, 2010.**

Upon completion of this form, please email directly to the Board of Commissioners Port of New Orleans Port Development Division, Office of the Division Director at kellerd@portno.com or fax to 504-528-3475. Do not return this form to our office. Thank you.

A. Project Owner's Name: _____

Address (City, State and Zip Code): _____

B. Project Number: _____ Status: Active Completed

C. Project Title: _____

Location: _____

D. Original Award Amount in U.S. Dollars: _____ Final Amount in U.S. Dollars: _____

E. Years of Services Provided: _____

F. Project Description: _____

RESPONDENT IDENTIFICATION

A. Name: _____

B. Title: _____

C. Phone Number: _____

D. Email: _____

E. Date questionnaire was completed: _____

PAST PERFORMANCE QUESTIONNAIRE (Continued for _____)

OFFEROR RATING

1. In this section of the questionnaire you are asked to rate the firm who provided the services on this project. Please indicate the rating that best applies. If you wish to elaborate on any of your answers, please provide comments at the end of this section. If more space is needed, continue your comments on a separate sheet of paper and attach it to this questionnaire.
2. You are urged to supplement your own knowledge of this firm's performance with the judgment of others in your organization. Any marginal rating should be supplemented with an explanatory narrative in the remarks block of this survey.
3. The following definitions are applicable rating levels for the firm's performance:

(e) Excellent/High Confidence	Based on the firm's performance record, essentially no doubt exists that the firm has/will successfully perform the required effort.
(G) Good/Significant Confidence	Based on the firm's performance record, little doubt exists that the Firm has/will successfully perform the required effort.
(S) Satisfactory/Confidence	Based on the firm's performance record, some doubt exists that the Firm has/will successfully perform the required effort.
(N) Neutral/Unknown Confidence	No performance record identifiable.
(M) Marginal/Little Confidence	Based on the firm's performance record, substantial doubt exists that the firm has/will successfully perform the required effort. Changes to the firm's existing processes may be necessary in order to achieve the contract requirements.
(P) Poor/No Confidence	Based on the firm's performance record, extreme doubt exists that the firm has/will successfully perform the required effort.
(N/A) Not Applicable	Not applicable to the project or the firm's services

(Past Performance Questionnaire continued for _____)

COMPANY REFERENCES	
1. Rate the firm's ability to effectively manage and control multi-discipline design or construction categories.	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
2. How effective was project management, including management of subconsultants and/or subcontractors?	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
3. Rate the firm's overall responsiveness in terms of quality and performance.	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
4. Rate the firm's ability to meet milestones.	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
5. Did the firm submit fair and reasonable price proposals for modified scope of work?	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> N/A
6. How successful was the completion of the project? Indicate if show cause or sure notices were issued, or any default action.	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
7. How would you rate the firm's responsiveness towards safety issues?	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> N/A
8. How would you rate the firm's ability to cooperate and effectively deal with your customers and your personnel?	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
9. Was the firm cooperative in solving problems and negotiating changes?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10. Did the firm stay on schedule and meet the completion date?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. Rate the firm's OVERALL performance for this project	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
12. Would you consider this firm for future work?	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P
13. How responsive was the firm towards taking action for any errors and omissions on its part	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> N/A
REMARKS: Please provide any objective comments/concerns relating to this Firm.	

**Board of Commissioners Port of New Orleans
Riverfront Cold Storage Facility Project**

**PROFESSIONAL TRAINING AND EXPERIENCE OF KEY PERSONNEL
PROPOSED FOR THIS PROJECT**

a. Employee's Name:	b. Domiciled Location:
c. Name of firm by which employed full-time	d. Years experience: With this firm:_____ With other firms:_____
e. Education: Degree(s)/Years/Specialization	f. Active registration: Year registered:_____ License Type:_____ State:_____ License No._____
g. Other experience and qualifications relevant to this project:	
<p>(Required only for Subcontractors and Subconsultants Listed on Form 1, BUT NOT PREVIOUSLY SUBMITTED IN THE STATEMENTS OF QUALIFICATIONS)</p>	
<p>This form is required for the key personnel of the Design-Build Applicant Entity and each Subcontractor or Subconsultant listed on Form 1 in order to establish professional training and experience in design and/or construction as related to this project.</p>	

**Board of Commissioners Port of New Orleans
Riverfront Cold Storage Facility Project**

PAST AND CURRENT PROFESSIONAL ACCOMPLISHMENTS

For each Subcontractor and Subconsultant listed on Form 1, but who did not submit this form in the Statements of Qualifications, shall provide information about its completed public works projects and its largest completed private projects within the last five years. Please limit to a total of no more than six projects per firm. Names and references should be current and verifiable. Also include awards, citations or commendations on separate sheets. Use separate forms for each project that contain all of the following information:

Firm Name: _____

Firm Name at Time of Providing Scope of Work if Different Than Above: _____

Work Provided as: Prime or Sub to a Prime

Scope of Work Performed by this firm: _____

Estimated Total Value of Work Performed by this firm: _____

Project Name: _____

Description of Project: _____

Location: _____

Owner: _____

Owner Contact (name and current phone number or email address):

Name: _____

Phone: _____ Email: _____

Prime firms responsible for design and/or construction are as shown below:

Contact (name and current phone number or email address):

Name: _____ Firm Name: _____

Phone: _____ Email: _____

**Board of Commissioners Port of New Orleans
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**CAPACITY FOR TIMELY COMPLETION OF WORK CONSIDERING CURRENT AND PROJECTED
WORKLOAD, AND PROFESSIONAL AND SUPPORT MANPOWER**

**This form is required for the Subcontractors and Subconsultants listed on Form 1, who did not
submit this form in the Statements of Qualifications.**

FIRM NAME: _____

NUMBER OF CONTRACTS CURRENTLY IN FORCE: _____

TOTAL U.S. DOLLAR VALUE OF CONTRACTS CURRENTLY IN FORCE: \$ _____

ESTIMATED U.S. DOLLAR VALUE OF WORK REMAINING FOR CONTRACTS CURRENTLY IN
FORCE:

FOR 2010: \$ _____

FOR 2011: \$ _____

FOR 2012 AND BEYOND: \$ _____

ESTIMATED U.S. DOLLAR VALUE OF WORK PENDING AWARD OF BID OR PROPOSAL WITHIN
THE NEXT 12 MONTHS: \$ _____

Board of Commissioners Port of New Orleans

Riverfront Cold Storage Facility Project

WORK AWARDED BY THE OF BOARD OF COMMISSIONERS PORT OF NEW ORLEANS FOR DESIGN AND/OR CONSTRUCTION SERVICES SINCE 1990

For projects shown, indicate the firm's name under which work was performed							
Firm Name: _____							
Project Title:	As Prime	As Sub	Design	Construction	Other	Percent of Work Performed on Project	Contract Fees Paid to Firm for work performed
	Indicate how work was contracted.		Indicate the category of work performed for each contract.				
This form is for the each Subcontractor and Subconsultant listed on Form 1, who did not submit this form in the Statement of Qualifications.							

Board of Commissioners Port of New Orleans

Riverfront Cold Storage Facility Project

DEMONSTRATED EXPERIENCE IN SUCCESSFUL DESIGN AND CONSTRUCTION OF AN INDUSTRIAL AND/OR MARITIME WAREHOUSE TERMINAL OF SIMILAR SIZE

Firm Name: _____

Check applicable: Design Experience Construction Experience

Project Name & Location	Project Description	Firm's responsibility	Key Personnel	Project Owner's Name	Year of Completion	Contract Fee Paid

This form is for the each Subcontractor and Subconsultant listed on Form 1, who did not submit this form in the Statement of Qualifications.

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Riverfront Cold Storage Facility Project

DEMONSTRATED EXPERIENCE IN SUCCESSFUL DESIGN AND CONSTRUCTION OF A REFRIGERATED WAREHOUSE OF SIMILAR SIZE, CAPACITY AND CONSTRUCTION

Firm Name: _____

Check applicable: Design Experience Construction Experience

Project Name & Location	Project Description	Firm's responsibility	Key Personnel	Project Owner's Name	Year of Completion	Contract Fee Paid

This form is for the each Subcontractor and Subconsultant listed on Form 1, who did not submit this form in the Statement of Qualifications.

Board of Commissioners Port of New Orleans

Riverfront Cold Storage Facility Project

DEMONSTRATED EXPERIENCE IN SUCCESSFUL DESIGN AND CONSTRUCTION OF A PROJECT LOCATED ON THE BANK OF DEEP-DRAFT WATERWAY OR ON A COMPARABLE HYDROCOLOGICAL/GEOTECHNICAL CONDITIONS AS THIS PROJECT

Firm Name: _____

Check applicable: Design Experience Construction Experience

Project Name & Location	Project Description	Firm's responsibility	Key Personnel	Project Owner's Name	Year of Completion	Contract Fee Paid

This form is for the each Subcontractor and Subconsultant listed on Form 1, who did not submit this form in the Statement of Qualifications.