

Attachment B-1

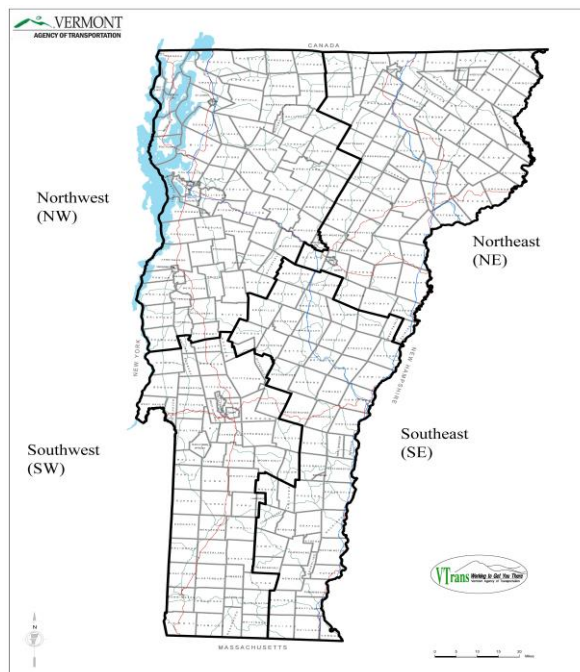
CONTRACTOR'S REQUEST FOR WORK TYPES AND REGIONS TO BE INCLUDED IN THE PRIMARY CONTRACT

Bidder:

Indicate in the box below the work types and regions you are requesting, if awarded a Primary Contract. VTrans reserves sole discretion to award less than all requested regions and/or work types.

Work types listed below are detailed in Attachment A. See Regional Map located below.

Work Type	Northwest Region (NW)	Northeast Region (NE)	Southwest Region (SW)	Southeast Region (SE)
Paving				
Surface Treatments				
Bridge Repair				
Large Culvert Repair				
Roadway Repair				
ROW Clearing				



Attachment B-2

KEY PERSONNEL RESUME FORM

Bidder:

Provide a resume, or at least the information requested below, for each person in a role as owner, manager, or superintendent whose skills and experience you would like considered by VTrans
Name & Title:
Years experience: With this Firm ____ Years With Other Firms ____ Years
Education: Educational Institution/Degree(s)/Year/Specialization:
Experience and Qualifications: List only that which is relevant to the requested work types. Indicate whether experience is with current firm or with other/prior company. Note your specific responsibilities and authorities, not those of the company. Note dates and contact information for client/owner who can verify your role and performance. You may attach up to two additional pages, per individual

BUSINESS STRUCTURE QUESTIONNAIRE FORM

Bidder:

Provide a brief summary of your financial capacity to carry out projects of the type and size for which your business is seeking a Primary Contract:

Provide a brief summary of your business's ability to manage concurrent multiple projects.

Provide a brief summary of any additional information that may assist in the review of your business structure, for example QA/QC Programs, Safety Programs etc.

Attachment B-4

PAST PERFORMANCE QUESTIONNAIRE AND REFERENCE FORM

Bidder:

Provide a summary of three (3) recent projects for each work type you are requesting. Include safety, Osha Violations, deadlines, cost savings etc. Each project should include a reference with contact information.

Project 1:

Project 2:

Attachment B-4 Continued

PAST PERFORMANCE QUESTIONNAIRE AND REFERENCE FORM

Bidder:

Provide a summary of three (3) recent projects for each work type you are requesting. Include safety, Osha Violations, deadlines, cost savings etc. Each project should include a reference with contact information.

Project 3:

Attachment B-5

Bidder:

EXPERIENCE QUESTIONNAIRE FORM

Identify projects which your business has completed that best illustrates your current qualifications relevant to PROJECTS WITHIN WORK TYPE							
a. Project Name & Location	b. Client/ Owner/ Project Manager who can verify Firm's responsibilities. Include addresses, current phone numbers, and email addresses.	c. Narrative Describing Nature of Contractor's Work on Project	d. Contract Completion Date (Original)	e. Contract Completion Date (Actual or Estimated)	f. Estimated Value (in Thousands)		
					Original Contract Value	Final or Estimated Contract Value	Dollar Value of Work for Which Firm Was/Is Responsible
(1)							
(2)							
(3)							
(4)							
(5)							

(6)							
(7)							
(8)							
(9)							
(10)							

STATE OF VERMONT
AGENCY OF TRANSPORTATION
DEBARMENT AND NON-COLLUSION AFFIDAVIT

I, _____, representing
(Official Authorized to Sign Contracts)

_____ of _____,
(Individual, Partnership or Corporation) (City or State)

being duly sworn, depose and certify under the penalties of perjury under the laws of the State of Vermont and the United States that on behalf of the person, firm, association, or corporation submitting the bid certifying that such person, firm, association, or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action, in restraint of free competitive bidding in connection with the submitted bid for the Vermont project:

(Project Name)

_____ project located on _____,
(Project Number) (Route or Highway)

bids opened at _____,
(Town or City)

Vermont on _____, 20__.
(Date)

I further depose and certify under the penalties of perjury under the laws of the State of Vermont and the United States that except as noted below said individual, partnership or corporation or any person associated therewith in any capacity is not currently, and has not been within the past three (3) years, suspended, debarred, voluntarily excluded or determined ineligible by any Federal or State Agency; does not have a proposed suspension, debarment, voluntary exclusion or ineligibility determination pending; and has not been indicted, convicted, or had a civil judgement rendered against (it, him, her, them) by a court having jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.

Exceptions: _____ No _____ Yes. (If yes complete back of this form.)

Sworn to before me this

_____ day of _____, 20__

(Name of Individual, Partnership or Corporation) L.S.

(Signature of Official Authorized to Sign Contracts) L.S.

(Notary Public)

(Name of Individual Signing Affidavit) L.S.

(My commission expires _____)

(Title of Individual Signing Affidavit) L.S.

Exceptions will not necessarily result in denial of award, but will be considered in determining bidder responsibility. For any exception noted, indicate below to whom it applies, initiating agency, and dates of action. Providing false information may result in criminal prosecution or administration sanctions.

EXCEPTIONS:

CONTRACTOR'S EEO CERTIFICATION FORM

Certification with regard to the Performance of Previous Contracts of Subcontracts subject to the Equal Opportunity Clause and the filing of Required Reports.

The bidder _____, proposed subcontractor _____, hereby certifies that he/she has _____, has not _____, participated in a previous contract or subcontract subject to the equal opportunity clause, as required by Executive Orders 10925, 11114, or 11246 as amended, and that he/she has _____, has not _____, filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance, a Federal Government contracting or administering agency, or the President's Committee on Equal Employment Opportunity, all reports due under the applicable filing requirements.

Company	By	Title
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NOTE: The above certification is required by the Equal Employment Opportunity regulations of the Secretary of Labor (41 CFR 60-1.7(b) (1)), and must be submitted by bidders and proposed subcontractors only in connection with contracts and subcontracts which are subject to the equal opportunity clause. Contracts and subcontracts which are exempt from the equal opportunity clause are set forth in 41 CFR 60-1.5 (Generally only contracts or subcontracts of \$10,000 or under are exempt.) Currently, Standard Form 100 (EEO-1) is the only report required by the Executive Orders or their implementing regulations.

Proposed prime contractors and subcontractors who have participated in a previous contract or subcontract subject to the Executive Orders and have not filed the required reports should note that 41 CFR 60-1.7 (b) (1) prevents the award of contracts and subcontracts unless such contractor submits a report covering the delinquent period or such other period specified by the Federal Highway Administration, or by the Director, Office of Federal Contract Compliance, U.S. Department of Labor.

ATTACHMENT

RFP/PROJECT NAME & NUMBER:
DATE:

WORKER CLASSIFICATION COMPLIANCE REQUIREMENT

**Self Reporting
Form 1 of 2**

This form must be completed in its entirety and submitted as part of the response for the proposal to be considered valid.

The Vermont Agency of Transportation, in accordance with Section 32 of Act 54 (2009), as amended by Section 17 of Act 142 (2010) and further amended by Section 6 of Act 50 (2011), and for total projects costs exceeding \$250,000.00, requires bidders comply with the following provisions and requirements.

Bidder is required to self report the following information relating to past violations, convictions, suspensions, and any other information related to past performance and likely compliance with proper coding and classification of employees. The Agency of Transportation is requiring information on any incidents that occurred in the previous 12 months. Attach additional pages as necessary. If not applicable, so state.

Summary of Detailed Information	Date of Notification	Outcome

WORKER CLASSIFICATION COMPLIANCE REQUIREMENT: Bidder hereby certifies that the company/individual is in compliance with the requirements as detailed in Section 32 of Act 54(2009), as amended by Section 17 of Act 142 (2010) and further amended by Section 6 of Act 50 (2011).

Date: _____

Name of Company: _____

Contact Name: _____

Address: _____

Title: _____

Phone Number: _____

E-mail: _____

Fax Number: _____

By: _____

Name: _____

Signature (Request/Report Not Valid Unless Signed) *

(Type or Print)

*Form must be signed by individual authorized to sign on the bidder's behalf.

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY	
VDOL CHECKED RE: ACT 54 2009, AND AMENDMENTS	<input type="checkbox"/>

WORKER CLASSIFICATION COMPLIANCE REQUIREMENT

**Subcontractor Reporting Form
Form 2 of 2**

This form must be completed in its entirety by the Contractor and included in all requests to sublet or assign work as outlined in Section 108.01 of the Standard Specifications for Construction. This form must be updated as necessary and provided to the State as additional subcontractors are hired.

The Agency of Transportation in accordance with Act 54, Section 32 of the Acts of 2009 and for total project costs exceeding \$250,000.00 requires the contractor to comply with the following provisions and requirements:

The Contractor is required to provide a list of subcontractors on the job along with lists of subcontractor's subcontractors and by whom those subcontractors are insured for workers' compensation purposes. Include additional pages if necessary. This is not a requirement for subcontractor's providing supplies only and no labor to the overall contract or project.

Additionally, the Contractor shall collect and retain evidence of subcontractors' workers' compensation insurance, such as the ACORD insurance coverage summary sheet. Agency of Transportation will periodically verify the Contractors' compliance.

Subcontractor	Insured By		Subcontractor's Sub	Insured By

Date: _____

Name of Company: _____

Contact Name: _____

Address: _____

Title: _____

Phone Number: _____

E-mail: _____

Fax Number: _____

By: _____

Name: _____

Failure to adhere to Act 54, Section 32 of the Acts of 2009 and submit Subcontractor Reporting: Worker Classification Compliance Requirement will constitute non-compliance and may result in cancellation of contract and/or forfeiture of future bidding privileges until resolved.

Send Completed Form to: Vermont Agency of Transportation

One National Life Drive
Montpelier, VT 05633-5001

VERMONT AGENCY OF TRANSPORTATION
CERTIFICATE VERIFYING WORKERS' COMPENSATION COVERAGE
(PRIME CONTRACTOR)

REQUIRED FOR CONTRACTS OVER \$250,000, PER ACT 54 OF 2009 & ACT 50 OF 2011

VTrans Project: _____

Prime Contractor: _____

Vermont statutes and standard State contract provisions require contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work for the State.

Evidence of coverage, including but not limited to this Certificate, must be provided prior to commencement of work.

1. The undersigned organization certifies that it either:

A. Has workers' compensation insurance

Insurance Company: _____

Policy Expiration Date: _____

-OR-

B. Is approved by the Vermont Department of Labor to operate as a self-insured for workers' compensation

2. The undersigned organization certifies that it has verified that its workers' compensation coverage contains a rider or non-cancellation clause reading in substance (per 2011 Standard Specifications for Construction §103.04(e)) as follows:

Anything herein to the contrary notwithstanding, no cancellation, termination, or alteration of this policy by the company or the assured shall become effective unless and until notice of cancellation, termination, or alteration has been given by registered mail to the Director of Program Development of the Vermont Agency of Transportation, National Life Building, Montpelier, Vermont 05633-5001, at least 30 calendar days before the effective cancellation, termination, or alteration date unless all work required to be performed under the terms of the Contract is satisfactorily completed as evidenced by the formal, final acceptance of the project by the Agency.

Signature (must be by a person authorized to sign for contractor)

Date

Print name of person signing

Title

VERMONT AGENCY OF TRANSPORTATION
CERTIFICATE VERIFYING WORKERS' COMPENSATION COVERAGE
(SUBCONTRACTORS AND SUBCONTRACTORS' SUBCONTRACTORS)

REQUIRED FOR CONTRACTS OVER \$250,000, PER ACT 54 OF 2009 & ACT 50 OF 2011

VTrans Project: _____

Prime Contractor: _____

Subcontractor: _____

Vermont statutes and standard State contract provisions require contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work for the State.

Evidence of coverage, including but not limited to this Certificate, must be provided prior to commencement of work.

1. The undersigned organization [subcontractor] certifies that it either:

A. Has workers' compensation insurance

Insurance Company: _____

Policy Expiration Date: _____

-OR-

B. Is approved by the Vermont Department of Labor to operate as a self-insured for workers' compensation

2. The undersigned organization [subcontractor] certifies that it has verified that its workers' compensation coverage contains a rider or non-cancellation clause reading in substance (per 2011 Standard Specifications for Construction §103.04(e)) as follows:

Anything herein to the contrary notwithstanding, no cancellation, termination, or alteration of this policy by the company or the assured shall become effective unless and until notice of cancellation, termination, or alteration has been given by registered mail to the Director of Program Development of the Vermont Agency of Transportation, National Life Building, Montpelier, Vermont 05633-5001, at least 30 calendar days before the effective cancellation, termination, or alteration date unless all work required to be performed under the terms of the Contract is satisfactorily completed as evidenced by the formal, final acceptance of the project by the Agency.

Signature (must be by a person authorized to sign for subcontractor) Date

Print name of person signing Title

TO BE COMPLETED BY PRIME CONTRACTOR:

Prime Contractor (print name) _____ has specifically verified the above-claimed coverage by using the Vermont Department of Labor's on-line portal for checking workers' compensation coverage, and has retained and will retain a print-out or other recorded image of such verification for the duration of the project plus three years, to be made available upon request to the Vermont Agency of Transportation or other unit of the State of Vermont.

Signature (must be by a person authorized to sign for subcontractor) Date

Print name of person signing Title

Consultant and Sub-Consultants Information

Use additional pages as necessary

Name of Your Company	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	

Submitted By (Your Company):	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
Name of Company (sub)	
Mailing Address	
Office Telephone	
Contact Person #1 Name	
Telephone	
Email	
Contact Person #2 Name	
Telephone	
Email	
