

ATTACHMENT A: FIRM'S GENERAL INFORMATION

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

NAME OF PRIMARY CONTACT: _____

EMAIL ADDRESS: _____

NAME OF AUTHORIZED CONTRACT SIGNER(S): _____

YEARS IN BUSINESS UNDER ABOVE NAME: _____ CONTRACTOR LICENSE NO: _____

CLASS: _____ STATE: _____

OTHER LICENSE(S) HELD BY FIRM: _____

BONDING COMPANY: _____ AGENT: _____

CHECK AREAS OF SPECIALTY:

- | | | | | | |
|----------------------|--------------------------|------------|--------------------------|---------------------------------|--------------------------|
| CIVIL/UTILITY | <input type="checkbox"/> | ELECTRICAL | <input type="checkbox"/> | FIRE LIFE SAFETY | <input type="checkbox"/> |
| GENERAL CONSTRUCTION | <input type="checkbox"/> | MECHANICAL | <input type="checkbox"/> | INFORMATION TECHNOLOGY SERVICES | <input type="checkbox"/> |

CHECK ALL THAT APPLY:

BUSINESS TYPE

- SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION STATE OF INCORPORATION

DIVERSITY BUSINESS OWNER DESIGNATION

- WOMEN-OWNED WOMEN-OWNED MINORITY-OWNED MINORITY-OWNED
 DISABLED BUSINESS OWNER DISABLED VETERAN DISADVANTAGED
 NON-PROFIT GOVERNMENT EDUCATION

ORGANIZATION SIZE CLASSIFICATION

- INDIVIDUAL SMALL - AZ (LESS THAN \$4M GROSS/YR OR LESS THAN 100 FTE)
 LARGE SMALL - FEDERAL (LESS THAN \$8M GROSS/YR)
 NONE OF THE ABOVE

SPECIFIC PARENT COMPANY INFORMATION, NOT ALREADY LISTED ON FORM:

ATTACHMENT B: RFQ SUBMITTAL CERTIFICATION

(Date)

Facility Services
Northern Arizona University
PO Box 6016
Flagstaff, AZ 86011

The undersigned certifies that to the best of his/her knowledge: Check one.

- There is no officer or employee of Northern Arizona University who has, or who's relative has, a substantial interest in any agreement award subsequent to this proposal/bid.

- The names of any and all public officers or employees of Northern Arizona University who have, or who's relative has, a substantial interest in any agreement award subsequent to this proposal/bid are identified by name as part of this submittal.

The undersigned further certifies that their firm IS or IS NOT currently debarred, suspended, or proposed for debarment by any federal entity. The undersigned agrees to notify the University of any change in this status, should one occur, until such time as an award has been made under this procurement action.

The undersigned further agrees that their firm or individual warrants to the University, that they have completed an internal manpower loading plan and their firm has the personnel and resources to complete this project, should their firm or an individual be awarded this project.

THE FOLLOWING ADDENDA ARE HEREBY ACKNOWLEDGED AS FOLLOWS:

ADDENDUM NUMBER: _____ DATED: _____ ADDENDUM NUMBER: _____ DATED: _____

ADDENDUM NUMBER: _____ DATED: _____ ADDENDUM NUMBER: _____ DATED: _____

FORM OF AGREEMENT. The undersigned hereby offers a statement of qualifications with acknowledgement that the Form of Agreement is not yet complete.

(Firm Name)

(Address)

(Authorized Signor's Signature)

(Phone no.)

(Printed name)

(Email Address)

(Title)

(Fed. tax id no.)

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ATTACHMENT E – FS 113 PARTICIPATION IN BOYCOTT OF ISRAEL FORM

Legislation has been enacted to prohibit the University from contracting with firms currently engaged in a Boycott of Israel. To ensure compliance with A.R.S. §35-393 and §35-393.01 this form to be completed and returned with Submittal Package.

By signing this form, Offeror certifies that it is not currently engaged in and agrees, for the duration of the Contract, to not engage in a Boycott of Israel.

Name of Offeror		
Name of Contact		Title of Contact
Address 1		Address 2
City	State	Zip Code
		-
Telephone Number		E-mail address, if available
() -		() -
Print Name of Offeror's Authorized Agent		Signature of Offeror's Authorized Agent
Title of Offeror's Authorized Agent		Date

JOC CONTRACTOR DATA SHEET

Date: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Employers Tax Identification Number or Social Security Number: _____

Phone No.: _____ Fax No.: _____

Contact Person :

_____	_____	_____
Title	First Name	Last Name
_____	_____	_____
Phone Number	Fax Number	
_____	_____	
E-mail Address	Cell Phone Number	

Principal(s):

_____	_____	_____
Title	First Name	Last Name
_____	_____	_____
Phone Number	Fax Number	
_____	_____	
E-mail Address	Cell Phone Number	
_____	_____	
License Number (if applicable)		

_____	_____	_____
Title	First Name	Last Name
_____	_____	_____
Phone Number	Fax Number	
_____	_____	
E-mail Address	Cell Phone Number	
_____	_____	
License Number (if applicable)		

Ownership and Organization Classification
(Check all that apply. Size of firm must be designated.)

Diversity Business Owner Designation

- Woman Owned
- Woman Owned Minority
- Minority
- Disabled Business Owner
- Disabled Veteran
- Disadvantaged
- Non-Profit Government Education

Organization Classification

- Individual
- Small – AZ (Per A.R.S. § 1-1001.8)
- Small – Federal (Per P.L. § 95-507)
- Large
- None Of The Above

Definition of Small Arizona Business – Has less than \$4M in revenues or less than 100 employees

Definition of Small Federal Business – Has revenues less than \$8M

I. DISCIPLINES - Please check the disciplines that your firm can self-perform / provide in-house

Acoustical/Noise/Vibration Eng (AC)	_____	Framing / Drywall (FR/DW)	_____
Architecture (A) / Design	_____	Glazing (GL)	_____
Central Plant/Chiller (CH)	_____	Interior Design (INT)	_____
Civil Engineering (CE)	_____	Landscaping (LA)	_____
Concrete (CON)	_____	Mechanical (ME)	_____
Construction Administration (CA)	_____	Roofing / Re-Roofing (RFG)	_____
Construction Management (CM)	_____	Security Systems (SEC)	_____
Continuity/Disaster Recovery (DR)	_____	Structural Engineering (SE)	_____
Electrical (E)	_____	Structural Steel (SS)	_____
Environmental Eng/Plan (ENV)	_____	Telecommunications (TEL)	_____
Excavation (EX)	_____	Utilities (UTL)	_____
Finishes (Carpet, Paint, Doors, etc.) (FN)	_____	Value Engineering (VE)	_____
Fire Alarm Installation (FD)	_____	Others (OTH)	_____
Fire Sprinkler Systems (FSS)	_____		

II. EXPERIENCE EMPHASIS

For each EXPERIENCE EMPHASIS category below, where your company has performed this type of work or worked on the type of facility described, please indicate your company's number of years of experience.

	Years		Years
ADOT Approved Signage (ADT)	_____	Music Facilities (MF)	_____
Athletic Facilities / Phys Ed (ATH)	_____	NCAA Cert Athletic Facilities (NCAA)	_____
Auditorium / Theatre (AUD)	_____	Observatories (OBS)	_____
Bridges (BR)	_____	Office Facilities (OF)	_____
Central Distribution Systems (CDS)	_____	Outdoor Recreation Sites (OR)	_____
Clean Room (CL)	_____	Parking Lots / Structures (PS)	_____
Elevators and Escalators (ELV)	_____	Pedestrian/Bicycle Thoroughfare (PB)	_____
Engineering Buildings (ENG)	_____	Recreation / Activity Centers (REC)	_____
Fine Arts / Public Art (FA)	_____	Renovation / Remodeling (RR)	_____
Food Services (FS)	_____	Research Labs (RL)	_____
General Classroom (GC)	_____	Residence Halls (RH)	_____
Hazardous Waste Facilities (HW)	_____	Retail Restaurants/Shops (RT)	_____
Heating & Refrigeration (HR)	_____	Signage / Graphics (SG)	_____
Historic Conservation (HC)	_____	Solar Energy Installations (SE)	_____
Infrastructure (INF)	_____	Stadiums (STA)	_____
Libraries (LIB)	_____	Streets (STR)	_____
Lighting (LIT)	_____	Swimming Pools and Facilities (SP)	_____
Maintenance Facilities (MNT)	_____	Teaching Labs (TL)	_____
Masonry (MY)	_____	Water Systems (WS)	_____
Medical Care / Facilities (MED)	_____	Other (OTH)	_____
Museums (MUS)	_____		