

Category: 200  
Number: 244

Subject: **RESPONSIBLE CONTRACTOR POLICY**

1. APPLICATION:

This Policy will be part of the Purchasing Policy and procurement of construction contractors as awarded through the request for proposal or invitation to bid or other process for bids \$50,000 and over permitted under the County's Purchasing Policy #241.

2. INTENT:

Saginaw County is committed to having responsible and ethical contractors and subcontractors on its construction projects, so that all work is performed by responsible, qualified firms that maintain the capacity, expertise, highly trained personnel, and other qualifications and resources necessary to successfully perform County projects in a safe, timely, reliable, high quality and cost-effective manner. To achieve that goal, the County will require contractors submitting bids on its construction projects to provide information relating to each of the Responsibility Criteria listed below. The purpose of this Policy is to assist the County in awarding contracts on every construction project to the most responsible bidder who provides the best value to the County.

3. DEFINITIONS:

- A. Construction Project: Any contract awarded for the construction, alteration, or repair of any public building or public work of the County of Saginaw. The labor and material necessary for the construction, renovation, repair or improvements to real property, except repair in emergency situations, which requires solicited bids so that the work, when complete, must be ready for service for its intended purpose and must require no other work to be a completed system or component.
- B. Responsible Bidder: A bidder for a construction project that has demonstrated an ability to complete the prospective contract in a way that is timely, safe, cost-effective and benefits the community. The criteria in this Policy are used to determine the relative responsibility of the contractor in relation to other bidders.
- C. Contractor: Any person, firm, corporation, partnership, association or any combination thereof, which enters into a Contract with any awarding authority of the County of Saginaw.
- D. Subcontractor: Any person not an employee who enters into a contract with a contractor to assist the contractor in performing a contract, including a contractor or subcontractor of a public lessee or licensee or sublessee or sublicensee, to perform or assist in performing services on the leased or licensed premises. The term subcontractor does not include vendors or suppliers to County purchasing contractors.
- E. Bidder: Means any person or entity that applies for any contract whether or not the application process is through an Invitation for Bid, Request for Proposal, Request for Qualifications, or other procurement process.
- F. Bid: Means any application submitted by a bidder in response to an Invitation for Bid, Request for Proposal, Request for Qualifications, or other procurement process.

4. GENERAL POLICIES:

- A. The County will request a contractor on projects \$50,000 to \$1,000,000 to pre-qualify and complete the Pre-Qualification form every three (3) years that is listed in Appendix A attached hereto. On projects over \$1,000,000, the County will have the contractor complete a Request for Qualifications which is listed as Appendix B attached hereto.
- B. The bid documents must require any contractor or subcontractor bidding on the project to submit written responses and other information and documentation regarding the listed Responsibility Criteria and any other criteria specified by the County through the bid documents. The County may request additional information or explanation from any contractor or subcontractor regarding any particular Responsibility Criteria. The bid documents must provide that the County retain the right in its discretion to reject any and all bids. All required contractor financial and privileged information must be kept from public disclosure unless otherwise required by law.
- C. For each separate bid package, The County in its discretion will weigh the information provided by the contractor or subcontractor regarding the responsibility criteria, as a whole to determine whether the contractor or subcontractor is a responsible bidder and the relative responsibility of the contractor in relation to other bidders. Except as otherwise required by law, no single criteria will necessarily be determinative in assessing responsibility or relative responsibility.

5. SUBSTANTIALLY LOW BID REVIEW:

In the event the amount of a bid appears disproportionately low when compared with estimates undertaken by or on behalf of the County and/or compared to other bids submitted, the County reserves the right to inquire further of the bidder to determine whether the bid contains mathematical errors, omissions, and/or erroneous assumptions, and whether the bidder has the capability to perform and complete the contract for the bid amount.

6. ENFORCEMENT:

Violations of this Policy may be reported to the Purchasing Department, which must investigate such complaint. Whether based upon such complaint or otherwise, if the Purchasing Department has determined that the contractor has violated any provision of this Policy or provided false information to the County, the Purchasing Department must issue a written notice to the contractor that the violation is to be corrected within ten (10) calendar days from receipt of notice. Such notice shall be sent registered mail. In the event the contractor has not corrected the violation, or taken reasonable steps to correct the violation within ten (10) calendar days, then the Purchasing Department may request the awarding authority to declare a material breach of the contract and exercise its contractual remedies thereunder, which are to include, but not be limited to, termination of the contract as outlined in the termination clause of the contract.

7. SEVERABILITY:

The terms, conditions, and provisions of this Policy are hereby declared to be severable, and, should any portion, part or provision of this Policy be found by a court of competent jurisdiction to be invalid, enforceable or unconstitutional, the County Board of Commissioners hereby declares its intent that the Policy shall have been enacted without regard to the invalid, enforceable or unconstitutional portion, part or provision of this Policy.

Approved as to Substance:  
Saginaw County Controller/CAO

Approved as to Legal Content:  
Saginaw County Civil Counsel

ADOPTED: February 16, 2021



County of Saginaw

**Pre Qualification Form (PQF)  
For Contractors**

Please submit all Pre-Qualification Forms  
to:

**County of Saginaw  
ATTN: Kelly Suppes  
111 S. Michigan Avenue  
Saginaw, MI 48602**

Company Name:		Telephone:	Fax:
Street Address:		Mailing Address:	
Date:		E-Mail Address:	
1. Officers President: Vice President: Treasurer:			
2. How many years has your organization been in business under your present firm name?			
3. Parent Company Name:			
City:	State:	Zip:	
4. Under Current Management Since (Date):			
5. Contact for Insurance Information:			
Title:	Telephone:	Email:	
6. Insurance Carrier(s)			
Name	Type of Coverage	Telephone	

7. Are you self-insured for Worker's Compensation Insurance? Yes ___ No ___		
8. Contacts for Requesting Bids (list 2):		
Name/Title:	Telephone:	Email:
9. Pre-Qualification Form completed By:		
Title:	Telephone:	Email:

### *Organization*

<p>1. Form of Business:    Sole Owner: ___    Partnership: ___    Corporation: ___</p> <p>2. Describe Services Performed:</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Construction            <input type="checkbox"/> Construction Design            <input type="checkbox"/> Original Equip. Manufacturer &amp; Installer  <input type="checkbox"/> Project Maintenance            <input type="checkbox"/> Maintenance            <input type="checkbox"/> Service Work (e.g. janitorial, clerical)  <input type="checkbox"/> Other         </p>
3. Describe Additional Services Performed:
4. List other types of work within the services you normally perform that you subcontract to others:
5. Annual Dollar Volume for the Past Three Years:

20_____	20_____	20_____
\$	\$	\$
6. Largest Job During the Last 3 Years: \$		
7. Your Firm's Desired Project Size:		
Maximum:	Minimum:	
8. Bonding Company:		
9. Bonding Capacity: \$		
10. State and local licenses and license numbers held by your organization:		
11. What are your formal training programs: a) apprentice/journeymen; b) other comparable formal training programs?		

## *Work History*

1. Largest dollar valued jobs in progress:				
Customer/Location	Type of Work	Size - \$M	Contact	Telephone
2. Largest dollar valued jobs in the past three years:				
Customer/Location	Type of Work	Size - \$M	Contact	Telephone
3. Are there any judgements, claims or suits pending or outstanding against your company?				
<input type="radio"/> Yes <input type="radio"/> No				
<input type="checkbox"/> If yes, please attach details				
4. Are you or have you ever been involved in any bankruptcy or reorganization proceedings?				
<input type="radio"/> Yes <input type="radio"/> No				

If yes, please attach details		
5. Has your organization ever failed to complete any work awarded to it?		
6. Has your organization been involved in any lawsuits or arbitration with regard to construction contracts within the last <u>five years</u> ?		
7. 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)		
8. Provide the following information on five owners that have used your services. Governmental owners preferred.		
a) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Email:
b) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Email:
c) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Email:
d) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
e) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
9. Provide the following information on five architects that you have worked with in the past five years. Governmental projects preferred.		
a) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
b) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
c) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
d) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
e) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:



## Safety and Health Performance

<p>1. Workers Compensation Experience Modification Rate (EMR) Data:</p> <p>a) EMR is: <span style="float: right;">b) EMR for last three years:</span></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Interstate Rate             </td> <td style="width: 50%; border: none; text-align: right;"> <input type="text"/> 20             </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Intrastate Rate             </td> <td style="border: none; text-align: right;"> <input type="text"/> 20             </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Monopolistic State Rate             </td> <td style="border: none; text-align: right;"> <input type="text"/> 20             </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Dual Rate             </td> <td style="border: none;"></td> </tr> </table> <p>c) State or Origin: <span style="float: right;">d) EMR Anniversary Date:</span></p>		<input type="checkbox"/> Interstate Rate	<input type="text"/> 20	<input type="checkbox"/> Intrastate Rate	<input type="text"/> 20	<input type="checkbox"/> Monopolistic State Rate	<input type="text"/> 20	<input type="checkbox"/> Dual Rate																										
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<p>2. Injury and Illness Data:</p> <p>a) Employee hours worked last three years (excluding subcontractors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Year: 20____</td> <td style="width: 50%; padding: 5px;">Hours:</td> </tr> <tr> <td style="padding: 5px;">Year: 20____</td> <td style="padding: 5px;">Hours:</td> </tr> <tr> <td style="padding: 5px;">Year: 20____</td> <td style="padding: 5px;">Hours:</td> </tr> </table> <p>b) Provide the following data (excluding subcontractor) using your OSHA 300 and 300A Forms for the past three (3) years: <i>(Notes: Data should be the best available data applicable to the work in this region or area. If your company is not required to maintain OSHA 300 and 300A forms, please provide information from your Worker's Compensation Insurance carrier itemizing all claims for the last three years).</i></p> <p>Injury related fatality:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">20__ Number:</td> <td style="width: 30%;">Rate:</td> <td style="width: 40%;"></td> </tr> <tr> <td>20__ Number:</td> <td>Rate:</td> <td></td> </tr> <tr> <td>20__ Number:</td> <td>Rate:</td> <td></td> </tr> </table> <p>Lost workday cases injuries involving days away from work, or days of restricted work activity or both:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">20__ Number:</td> <td style="width: 30%;">Rate:</td> <td style="width: 40%;"></td> </tr> <tr> <td>20__ Number:</td> <td>Rate:</td> <td></td> </tr> <tr> <td>20__ Number:</td> <td>Rate:</td> <td></td> </tr> </table> <p>Lost workday case injuries involving days away from work:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">20__ Number:</td> <td style="width: 30%;">Rate:</td> <td style="width: 40%;"></td> </tr> <tr> <td>20__ Number:</td> <td>Rate:</td> <td></td> </tr> <tr> <td>20__ Number:</td> <td>Rate:</td> <td></td> </tr> </table>		Year: 20____	Hours:	Year: 20____	Hours:	Year: 20____	Hours:	20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:		20__ Number:	Rate:	
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Injuries involving medical treatment only:	
20___Number:	Rate:
20___Number:	Rate:
20___Number:	Rate:
Total OSHA Recordable Injury Rate:	
20___Number:	Rate:
20___Number:	Rate:
20___Number:	Rate:
3. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?	
Yes ___	No ___

### *Safety and Health Programs and Procedures*

1. Highest ranking safety/health professional in the company:		
Title:	Telephone:	Fax:
2. Do you have or provide the following:		
a) Full time Safety/Health Director.	Yes ___	No ___
b) Full time Safety/Health Supervisor:	Yes ___	No ___
c) Full time Job Safety/Health Coordinator:	Yes ___	No ___
3. Do you have or provide the following:		
a) Safety/Health incentive program:	Yes ___	No ___
b) Company paid safety/health training:	Yes ___	No ___
4. Do you have a written Safety & Health Program?	Yes ___	No ___
If yes, please submit		
5. Do you have a substance abuse program including Testing?	Yes ___	No ___
6. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter?		
	Yes ___	No ___
If no, provide a description of your plan to assure that they can safely perform their jobs.		

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Print Firm Name/Principal

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Signature/Principal

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Date

Please submit all Pre-Qualification Forms to:

County of Saginaw  
ATTN: Kelly Suppes  
111 S. Michigan Avenue  
Saginaw, MI 48602

### ***Contractor Evaluation***

DO NOT FILL OUT - OWNER USE ONLY

The Contractor is:

- Acceptable for Approved Contractor List
  
- Conditionally Acceptable for Approved Contractor List

Conditions:

Date Contractor Notified \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II. EVALUATION CRITERIA****EVALUATION OF QUALIFICATIONS**

Applications will be evaluated based on the completeness of the information provided. Failure to provide any of the requested information may result in disqualification. The criteria listed below will be used in the evaluation of the qualifications submitted and may be modified depending on the circumstances.

**2.1. FIRMS QUALIFICATIONS (15 POINTS)**

- Firms Overall Construction Management Experience and Capability to perform the work.
- Demonstrated ability to manage construction to achieve quality of work required by the construction management contract and expected by Owner.
- Integrated approach including supply, demand, and sustainability
- Specialized experience & dedicated resources in this market
- Proximity of local resources
- Financial stability, as evidenced by payment and performance bonds and overall bonding capacity

**2.2. PERSONNEL QUALIFICATIONS (10 POINTS)**

- Quality of professional qualifications of Key personnel assigned to this project from preconstruction through project closeout. Owner expects no change in key project personnel throughout the project.
- Quality of professional qualifications of supporting personnel assigned to this project.

**2.3. PROJECT MANAGEMENT (15 POINTS)**

- Life-cycle approach to project management across planning, assessment, program implementation, services, measurement and reporting.
- Quality of approach to project management: accredited professionals, corporate standards.
- Clear assignment of responsibility for various project tasks to specific individuals.
- Demonstrated ability to coordinate construction activities and to minimize adverse construction impacts to the general public and customers of the facility.
- Demonstrated ability to work with the various subcontractors in resolving construction conflicts and ensuring safety.
- Ability to effectively manage project construction including owner's costs and to manage the project on schedule.

**2.4. SAFETY AND HEALTH PERFORMANCE (10 POINTS)**

- Workers Compensation Experience Modification Rate (EMR) Data for the past 3 years.
- Please describe your Safety/Health program (Safety/Health Director, Incentive Program, Safety Training, Substance Abuse Testing)
- Describe your Company's plan of action with regard to any health issues while working on Improvement Projects (project specific).

## **2.5. EXPERIENCE (25 POINTS)**

- Prior experience (within the last five years) in managing similar public or private construction projects.
- Construction Management Firm's experience with construction and renovations of like facilities.
- Construction Management Firm's experience with building projects in the Great Lakes Bay Region, specifically Saginaw County.
- Construction Management Firm's experience with construction projects larger than \$14 million in value.

## **2.6. FEE FOR SERVICES/COST PROPOSAL (25 POINTS)**

All Construction Management Firms will be required to submit a separate Cost Proposal with your qualifications in a Separate Sealed Envelope titled "COST PROPOSAL-CONSTRUCTION MANAGEMENT"

The Cost Proposal will not be opened until all Qualifications have been evaluated and assigned a point value. Please Complete "Attachment 1" as part of your Cost Proposal. Construction phase services will be a fixed fee plus reimbursable costs. All general Condition items (ex. Portable toilets, dumpsters, permits, temporary power, etc.) are a direct cost to the County with no mark-up. The Cost Proposal must identify what is excluded and expectations that the Construction Manager has of the Owner.

The Construction Management Firm awarded the contract will be required to provide a Payment and Performance Bond for the project. All Costs for the Bond must be included in your cost proposal.



## REQUEST FOR QUALIFICATIONS CONSTRUCTION MANAGEMENT SERVICES

### DECLARATION OF SUBMITTER

Ladies and Gentlemen:

In response to your invitation, the undersigned, as Submitter, hereby declares that the qualifications presented are made in good faith without fraud or collusion with any other parties submitting qualifications, and that the Submitter has had the opportunity to ask questions and receive clarifications regarding the request for qualifications prior to submission date.

In submitting qualifications, it is understood the **COUNTY** reserves the right to accept or reject any or all qualifications submitted, to waive irregularities and/or formalities and, in general, to make award in any manner deemed by it, in its sole discretion, to be in its best interest. By signing below you confirm that you are authorized by your firm to sign all future documents related to this project on behalf of your firm.

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Signature

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Name and Title (Please print or type)

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Name of Firm

---

Date



## REQUEST FOR QUALIFICATIONS SUBMITTAL REQUIREMENTS

NAME OF FIRM \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Submittals should be as complete and concise as possible, and include the following information in the order and format outlined below:

### **Firm Organization:**

#### A. General Information:

- Firm ownership structure and principals of the firm.
- Brief description of firm history, size, and growth including number of year's firm has been in operation and number of year's firm has been in operation under its current ownership.
- Number of permanent employees.
- Number of employees with jail construction experience.

#### B. Features distinguishing your firm from your competitors.

#### C. Contact information for authorized negotiator(s).

- #### D. Provide an explanation and information regarding any project you worked on, or were not selected to work on, that resulted in litigation.

### **Project Experience of Firm:**

Using Attachment #2, provide the information requested for institutional projects, especially \_\_\_ facility projects on which this team is serving, or has served, as Construction Manager. In the Project Name/Description, provide information about the firm's specific responsibilities for each project and any relevant information about the firm's role vis-à-vis the variances in construction cost estimates, construction delays, unusual circumstances, etc.



**Staff Qualifications:**

- A. Identify the key management staff for the project. Provide an Organizational Chart identifying all your key staff members and showing how each interacts with other staff members assigned to this project. For each key staff member, please include a detailed resume, which at a minimum summarizes the following:
- Education, including name of institution, field of study, degree(s) earned, and year(s) received.
  - Professional registrations and/or professional society membership(s).
  - Number of years of experience and number of years with the firm.
  - Project experience including size (cost/area), start/completion dates, and description of project (type, complexity, new, renovation, addition, on-going occupancy, etc.).
  - Availability for this project

**Work Plan:**

Include a narrative description of your plan for accomplishing the work of this project. Indicate the various tasks, labor hours allocated for various tasks, major benchmarks, and decision points in your work plan.

**Concurrent Work Load:**

Provide a listing and description including size, cost, and duration of anticipated concurrent projects of the firm. Provide an indication of how this anticipated workload compares to your firm's previous workload levels. Provide a brief explanation of the impact these projects will have on this project.

**Project Budget/Schedule:**

Include an example of a project budget and schedule.

## Construction Management Fee/Reimbursable Cost Breakdown

	Included in Fee	Reimbursed Expenses
Accounting and Payroll		
Transportation Exp.		
Field Office Personnel		
Building Permits – Secure		
Expediting Expenses		
Field Office & Furnishings		
Change Orders		
Clerk / Clerical		
Labor Relations		
Main Office Expenses and Personnel		
Out of Town trips w/Prior Approval by Owner		
Overhead & Profit		
Payment Applications and Approvals		
Procuring Bids		
Program and Plan Review w/Owner – A/E		
Project Insurance (Builders risk by Owner)		
CM General Liability		
Receiving of Pre-Purchased Materials		
Safety & Fire Protection		
Scheduling		
Shop Drawing Review		
Transportation Cost of Project Manager		
Utilities Related to Field Office		
Writing Contracts		
On-Site Vehicle		
Reproduction Expenses (except construction Documents)		
Telephone Expenses / Fax Machine Expenses		
Postage/UPS		
	\$	\$

**Project Experiences**  
Required format-Use one for each project

Firm Name: \_\_\_\_\_

<b>Project Name/Description</b>	
<b>Start/Completion Date</b>	
<b>Architect's Name</b>	
<b>General Contractor</b>	
<b>Delivery Method</b>	
<b>Architect's Estimated Cost</b>	
<b>Original Construction Cost</b>	
<b>Final Construction Cost</b>	
<b>Total Square Footage</b>	
<b>Number of Jail Beds (indicate whether single or double bunked)</b>	
<b>Owner Information:</b> Contact Name Title Entity Name Address Phone Email Address	