



#### <u>Terminal 25 Expansion</u> Prequalification Questionnaire

THE MOSS TEAM and BROWARD COUNTY would be pleased to have your company be part of our CONSTRUCTION TEAM.

#### **Project Description:**

Terminal 25 Expansion will include the following improvements:

- 1. Demolition of Terminals 22/24 and Building 21A which houses a cooling tower, chillers, emergency generator, and FP&L Vault that currently provides power to Terminal 21 to make room for the new expansion to Terminal 25.
- 2. New Ground Transportation Area
- 3. Terminal 25 Renovation of existing structure includes removal of the existing roof, raising building roofs carrying structure, constructing a 2nd floor extending from the existing 2<sup>nd</sup> floor to the new 2<sup>nd</sup> floor, constructing a new roof, and providing new vertical transportation.
- 4. Terminal 25 expansion to provide spaces for Customs and Border Patrol (CBP), baggage screening, vertical circulation, and the main entrance two-story lobby for embarking passengers.
- 5. SITE: Selective site demolition, augercast piling, new ship moorings, earthwork, drainage modifications, domestic/fire water, sanitary, storm sewer, new asphalt paving and striping, lighting, fencing, site concrete, landscaping & irrigation, and canopies (Terminal 25 & Terminal 21).
- 6. CORE RENOVATIONS: All systems expansion including electrical, mechanical, structural, conveying systems, HVAC, fire suppression, and plumbing. New cooling towers for Terminal 25 as well as Terminal 21. New FPL Vault for Terminal 21 as well as a renovation of existing FPL Vault in Terminal 25.
- 7. Bid Package(s) to be requested include: Site Work (Cut, cap, & Make Safe); Exterior & Interior Selective Demolition; Augercast Piles; Chain Link Fencing & Gates; Landscape & Irrigation; Tree Relocation; Castin-Place Concrete and Masonry; Structural Steel and Miscellaneous Metals; Finish Carpentry; Roofing and Sheet Metal; Doors, Frames and Hardware; Overhead Doors; Glass and Glazing; Stucco; Drywall; Ceramic Tile and Carpet; Resilient Flooring; Polished Concrete Flooring; Painting; Miscellaneous Div 10 Specialties; Canopies; Identifying Devices/Signage; Elevators & Escalators; Fire Protection; Plumbing; HVAC; Electrical/Security.
- 8. Scheduled Start Date: <u>August 2017</u>. The Terminal must be substantially complete during the 4<sup>th</sup> Quarter of 2018.

**Project Location:** Port Everglades: 2021 Eller Drive (Southport, City of Hollywood).





#### **Prequalification Criteria**

For your firm to be considered for participation on the above-referenced project, the following information must be completed in its entirety and submitted to Moss as indicated below:

- 1) Completed Subcontractor Information Forms for the <u>Terminal 25 Expansion</u> are due not later than Friday 9/1/17 at 5:00 PM Local Time.
- 2) Please use the separately attached Excel file for responding.
- 3) Return Completed Subcontractor Information Forms to Moss, Milena Abarca at: mabarca@mosscm.com.
- 4) If you have questions, please submit them to Milena Abarca at <a href="mailto:mabarca@mosscm.com">mabarca@mosscm.com</a>, or call Milena at 786-350-8642.

Please be advised that all Prequalification Questionnaire responses will be evaluated by Moss to determine responsiveness. Your firm may be required to provide additional information or to meet with Moss. Moss reserves the right to waive requirements, irregularities and/or reject qualifications of any firm at its sole discretion.

A Selection Committee (SC) within Moss will evaluate all submissions and create a short list of the most qualified firms. The SC will determine the number of firms per trade to be short-listed. The short list for each trade will include a minimum of three (3) firms.

If your firm is on the short list, an Invitation to Bid (ITB) will be sent to you. The ITB will contain additional Selection Criteria including, but not necessarily limited to, proposed project personnel, resource availability, scope exclusions, CBE Participation level, references on key personnel, any qualifications to the Subcontract terms and conditions, changes in your financial profile, and past and current OSHA performance. The ITB will also contain information on the pre-bid conference, plans and specifications, and bid due date.

End of Prequalification Questionnaire.

## **Moss & Associates**

#### SUBCONTRACTOR INFORMATION FORM

THE MOSS TEAM WOULD LIKE TO THANK YOU FOR YOUR INTEREST IN WORKING WITH US ON FUTURE PROJECTS AND IN TAKING THE TIME TO COMPLETE THIS INFORMATION FORM.

WE HAVE MADE THIS FORM AS BRIEF AS POSSIBLE AND ASK THAT YOU PROVIDE <u>ALL</u> INFORMATION REQUESTED PRIOR TO RETURNING THE FORM TO OUR OFFICE.

Completed Subcontractor Information Forms are due no later than 9/1/17 at 5PM Local Time

Return Completed Subcontractor Information Forms to: Moss, Milena Abarca at: mabarca@mosscm.com

If you have questions, please submit them to Milena Abarca at mabarca@mosscm.com or call Milena at 786-350-8642

CONTACT INFORN Contact Person's Name:				Date:	
Contact Person's Name.				Date.	
Name of Company:				Office Phone:	
Address:				E-Mail:	
	STREET ADDR	RESS			
				Contact Fax:	
	CITY		STATE, ZIP CODE	Website:	
				WAREITA'	
s this address the Main Off	ice / Regional Of	fice / or Branch Offic	·•?	website.	
s this address the Main Off	ice / Regional Of	fice / or Branch Offic	e?	Website.	
s this address the Main Off	ice / Regional Of	fice / or Branch Offic	e?	Website.	
s this address the Main Off	ice / Regional Of	fice / or Branch Offic	e?	Website.	
			e?	Website.	
WORK PERFORM			e?	Website.	
WORK PERFORM	ED / SERVIC	E PROVIDED :		Website.	
WORK PERFORM	ED / SERVIC	E PROVIDED :		Website.	
WORK PERFORM	ED / SERVIC	E PROVIDED :			
WORK PERFORM  List Type of Trade Work Yo	ED / SERVIC ur Company Perfor Last	E PROVIDED :	ion" Division):	Previous Year's Billing Volume:	PRIMARY WORK
WORK PERFORM	ED / SERVIC ur Company Perfor Last \	E PROVIDED :			PRIMARY WORK
WORK PERFORM  List Type of Trade Work Yo	ED / SERVIC ur Company Perfor Last \( \text{PERFORMED} \)	E PROVIDED:  ms (by CSI "Specificat  fear's Billing Volume:	ion" Division):	Previous Year's Billing Volume:	PRIMARY WORK OTHER WORK

# **Moss & Associates**

### SUBCONTRACTOR INFORMATION FORM

GENERAL COMPAN	IV INFORMATION:				
GENERAL COMPAN Legal Company Name:	IT INFORMATION.			Year Started:	
Type of Company:				Date of Incorporation:	
	CORPORATION / PARTNE	ERSHIP /	SUB. S CORP.		
Parent Company (if applicable	e) :			State of Incorporation:	
				·	
Address of Parent Co.:				Federal I.D. Number:	
	STREET ADDRESS			State Unemployment Number:	
	CITY	STATE.	ZIP CODE	State Onemployment Number.	
		,			
Occupational License Number	r:			Year Issued:	
Contractors License Number:				Year Started:	
Contractors License Number.				rear Starteu.	
List other Company names yo	ur Company has operated und	der (if appli	icable):		
• •	CERTIFICATION)  orporate Officers & Partners o	of the Comp	•	ore than 5% Stock in the Compar	nv :
(PLEASE PROVIDE COPY OF	CERTIFICATION)  orporate Officers & Partners o	of the Comp	•	ore than 5% Stock in the Compar POSITION POSITION	% OWNERSHIP
(PLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH	CERTIFICATION)  orporate Officers & Partners of HART)  PHONE  PHONE	of the Comp	•	POSITION	% OWNERSHIP
(PLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH NAME  NAME  List Number of Employees for	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:	of the Comp Number	of people who Own m	POSITION	% OWNERSHIP % OWNERSHIP
(PLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH	CERTIFICATION)  orporate Officers & Partners of HART)  PHONE  PHONE	of the Comp Number	•	POSITION	% OWNERSHIP
CPLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH NAME  NAME  List Number of Employees for  THIS YEAR	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	of people who Own m	POSITION  POSITION  PAST 3rd YEAR	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
CPLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH NAME  NAME  List Number of Employees for  THIS YEAR  List Two (2) Most Recent Project	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T	POSITION	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
CPLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH NAME  NAME  List Number of Employees for  THIS YEAR  List Two (2) Most Recent Project Name:	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T  Project Name:	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
CPLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH NAME  NAME  List Number of Employees for  THIS YEAR  List Two (2) Most Recent Project	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
CPLEASE PROVIDE COPY OF List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH NAME  NAME  List Number of Employees for  THIS YEAR  List Two (2) Most Recent Project Name:  Type of Work Performed:	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T  Project Name:  Type of Work Perform	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE  rmed: me:	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
CPLEASE PROVIDE COPY OF  List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH  NAME  NAME  List Number of Employees for  THIS YEAR  List Two (2) Most Recent Project Name:  Type of Work Performed:  Your Contract Volume:	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T  Project Name:  Type of Work Performs  Your Contract Volume	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE  rmed: me:	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
CPLEASE PROVIDE COPY OF  List BELOW Two (2) of the Co (PROVIDE COMPANY ORG CH  NAME  NAME  List Number of Employees for  THIS YEAR  List Two (2) Most Recent Project Name:  Type of Work Performed:  Your Contract Volume:  General Contractor:	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T  Project Name:  Type of Work Performs  Your Contract Volume  General Contractor:	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE  rmed: me:	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
Contact Name:	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T  Project Name:  Type of Work Perform  Your Contract Volume  General Contractor:  Contact Name:	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE  rmed: me:	% OWNERSHIP % OWNERSHIP PAST 4th YEAR
Contact Phone Number:	CERTIFICATION)  orporate Officers & Partners or HART)  PHONE  PHONE  PAST FIVE YEARS:  LAST YEAR	of the Comp Number	PAST 2nd YEAR  LIST - SHOW PAST T  Project Name:  Type of Work Perform  Your Contract Volume  General Contractor:  Contact Name:	POSITION  POSITION  PAST 3rd YEAR  HREE (3) YEARS WITH REFERE  rmed: me:	% OWNERSHIP % OWNERSHIP PAST 4th YEAR ENCES):

# **Moss & Associates**

### SUBCONTRACTOR INFORMATION FORM

1) Identify below, or on an attachment, any terms and conditions to Moss Standard Subcontract Agreement (including Exhibits) with which your firm cannot agree. If no exceptions are taken to this Agreement, your firm must indicate as such. A copy of the Moss Standard Subcontract Agreement is included in the email with this Form. A copy of the Moss Standard Subcontract Agreement can also be obtained by contacting Ashley Little at alittle@mosscm.com
2) Please attach to your completed Subcontractor Information Form, a current Certificate of Insurance meeting the requirements stipulated in Moss Standard Subcontract Agreement. Exhibit "F" is attached for your reference.
3) Please attach to your completed Subcontractor Information Form, a letter from your firm's Bonding Company stating that your firm is capable of providing a bond. The letter must also indicate your firm's single project limit and annual aggregate limit.
4) Submit a Statement in response to the following questions:  a. Has your company ever failed to complete any work awarded to you? If so, when, where and why?
b. Has your company ever been terminated from a contract? If so, when, where and why?  c. List all business related claims (including dollar value) and litigation history for the past five (5) years, a description of the subject matter of the dispute, and the final outcome of the claim.
d. What is your company's current backlog of work?
5) Similar project experience:  a. What experience does your company have working in environments with security restrictions?
b. What experience does your company have working on port projects?  c. What experience does your company have working at Port Everglades?
d. What experience does your company have working in occupied facilities that must maintain their operations?
6) County Business Enterprise (CBE) participation is a part of the selection criteria for this project. The total CBE goal is 28%. Submit a Declaration Statement as to whether or not you are capable of providing CBE participation for this project. If you are a CBE, please attach a copy of the certification(s) to your completed Subcontractor Information Form.
7) Please go to www.ContractorScore.net and follow instructions to obtain your Contractors Score. Enter your