

JOHNSON COUNTY WASTEWATER

INFORMATION RELATIVE TO LISTING OF CONTRACTORS for PRIVATELY-FINANCED SEWER MAIN PROJECTS

GENERAL RULES AND REGULATIONS

Contractors must be listed on the current Johnson County Wastewater (JCW) Contractor List to perform work for all privately-financed gravity or low pressure sewer (LPS) sewer main projects. The current Contractor List is available on the Privately Financed Sewer Main Projects page at www.jcw.org. Contractors shall meet the following requirements to be considered for the Contractor List: a minimum of two years of company experience in the project category or two years experience in the project category for the managers, equipment operators and laborer personnel that will perform the work, demonstrate ownership of, or access to, all applicable equipment necessary to construct the project, demonstrate financial capability to complete work in the form of a audited GAAP financial statement for the most recent fiscal year and demonstrate contractual completion of past work.

The Chief Engineer will send a written notice to each Contractor as promptly as possible after the receipt and review of this questionnaire, advising the prospective Contractor of his findings. Please allow at least two weeks for processing.

Any Contractors not satisfied with the finding of the Chief Engineer may file a notice with the Wastewater General Manager, asking for a review of the questionnaire and qualifications.

EXPERIENCE QUESTIONNAIRE

The Contractor shall submit a completed Experience Questionnaire form to the Johnson County Wastewater Chief Engineer. The Questionnaire shall include statement of the Contractor's experience, equipment, organization and financial status on the forms provided for that purpose. Additional information sheets may be attached to the Questionnaire as needed. The statements provided in the Questionnaire will be used in determining whether the Contractor can be listed and, if listing can be provided, the listing status of the Contractor. The information provided on the experience questionnaire shall show that the Contractor's experience complies with the General Rules and Regulations set out above and demonstrate sufficient experience for the line of work for which he has requested to be listed. Accompanying each Questionnaire shall be a audited GAAP Financial Statement certified by a Certified Public Accountant for the current year(s). Questionnaires submitted without all request information and signatures will be returned for the additional information.

CORPORATION

All corporations not incorporated in the State of Kansas shall comply with KSA 17-7301 to 17-7308 of the General Statutes of the State of Kansas and shall provide a certified

copy of the certificate issued by the Secretary of State authorizing the corporation to do business in Kansas with the Questionnaire submitted to the Chief Engineer. Nonresident individuals or partnerships and nonresident corporations not already registered with the Secretary of State are required to register with the Director of Revenue, to file a bond to assure payment of taxes, and to pay a fee of \$10.00 for each contract or subcontract which exceeds \$1,000 (KSA of \$10.00 for each contract or subcontract which exceeds \$1 000 (KSA 79-1008 to 79-1014).

ONE-TIME AND FULL-TIME LISTING

“One-time only” listings are good for a period of one year from the date of the notification letter issued to the Contractor by the Chief Engineer. The Contractor shall submit an updated Experience Questionnaire if the “one-time only” work has not commenced prior to one year from the date of the notification letter. Contractors desiring full-time listing status that have been listed on a “one-time only” basis, must request full-time status listing from the Chief Engineer in writing after completion of their one-time project. The written request must include the name of the project, date the project was accepted by JCW and the scope of the project (i.e. size and type of sewer pipe, length of 8-inch and larger sanitary sewer main installed and number of manholes). Contractors that have earned full-time listing status shall be listed for a period of two years. A full-time Contractor may be removed from the list if the Contractor does not complete work within the 2-year time period. Those Contractors removed from the list shall submit an updated Experience Questionnaire for consideration. The Chief Engineer reserves the right to require the Contractor to submit a new questionnaire for consideration at any time and to refuse one-time and full-time listing if the Contractor falsifies the experience questionnaire. Nothing in the above listing shall be construed as depriving the Chief Engineer of the right to remove any Contractor from the JCW Contractor List where other circumstances and developments have, in the opinion of the Chief Engineer, changed the listing status or responsibility of the Contractor.

MAILING ADDRESS

Please send the completed Questionnaire, Financial Statement and, if applicable, Corporation status document to the following address:

JOHNSON COUNTY WASTEWATER
11811 S. Sunset Dr.
Suite 2500
Olathe, KS 66061-7061

AAW/BB/JSH:jsh
8/24/18

EXPERIENCE QUESTIONNAIRE

SUBMITTED TO: Chief Engineer, Johnson County Wastewater (JCW)
11811 S. Sunset, Suite 2500, Olathe, Kansas 66061-7061

SUBMITTED FOR: Contractor Listing to construct sanitary sewers and appurtenances for projects which are not financed by JCW within the Consolidated Main Sewer District. Check the type of **sanitary sewer** construction you wish to be listed for:
Gravity Mains & Appurtenances _____
Low Pressure Sewer Systems (LPS)* _____

*LPS systems include small diameter force main.

Please include verifiable experience information for each category you select. Consideration for listing will be given only to those categories for which experience is indicated in Items 5, 6 and 7.

SUBMITTED BY: _____
Company Name

Check one: A Corporation, LLC, etc ___ A Co-partnership ___ An Individual ___
If a corporate type organization, State in which incorporated: _____
If not incorporated in the State of Kansas, provide a certified copy of the certificate issued by the Secretary of State authorizing the corporation to do business in Kansas with this questionnaire.

Principal Office Address: _____
Telephone number: _____ Fax number: _____
E-mail address: _____

- 1. How many years has your organization been in business as a Contractor under your present name _____.
- 2. How many years experience in sewer construction work has your organization (not individual) had?
(a) As General Contractor _____
(b) As a Sub-Contractor _____
- 3. Have you ever failed to complete any work awarded to you? _____

- 4. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? _____
If so, state name of individual, name of owner and reason therefore. _____

5. In addition to the completing the following list for the applicable individuals, provide the resumes and references for the principal individuals in your organization (project managers, equipment operators and laborers) that will be performing the sanitary sewer construction work. Resumes shall demonstrate a minimum of 2 years sanitary sewer construction experience and references shall be provided to allow JCW to confirm the referenced experience.

Individual's Name	Present Position	Years Sanitary Sewer Construction	Magnitude & Type Of Work	In What Capacity
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6. List below or attach a separate list of **all sanitary sewer main** projects completed in the last two years. Provide an information summary including the following for each project:

Please provide the name of the Jurisdictional Agency (JA) that accepted each project. Please also provide the name, title and phone number of the JA contact person most familiar with the project. Please note that the Jurisdictional Agency must be a Sewer District, City, State, etc. and not a property owner, contractor, developer, etc.

Project Information for Gravity Sewer: number of manholes, quantity and size of 8-inch and larger sanitary sewer main pipe, and list the testing requirements for acceptance of the sanitary sewer project by the applicable Jurisdictional Agency (i.e. air, mandrel, vacuum, televising, compaction, etc.).

Project Information for Low Pressure Sewer Systems: type and manufacturer for the low pressure sewer pump system; quantity size and type of pipe installed for low pressure sewers or small diameter water lines; HDPE installation experience; directional drilling experience; and list of the testing requirements for acceptance of the low pressure sewers or small diameter water lines by the applicable Jurisdictional Agency (i.e. pump testing, hydrostatic testing, etc.)

Jurisdictional Agency (JA Name; Address; Contact Person, title and telephone number)	Date Completed	Contract Amount (Sanitary Sewer Portion Only)	Project Information
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7. List below or attach a separate list of **all sanitary sewer main** projects presently under contract. Provide an information summary for each project including the information noted in item 6 above.

Jurisdictional Agency (JA Name; Address; Contact Person, title and telephone number)	Percent Completed	Contract Amount (Sanitary Sewer Portion Only)	Project Information
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8. List below or attach a separate list of and describe all Construction Equipment owned.

Quantity	Equipment	Description	Date Acquired	Age "Years"
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9. An **Audited GAAP Financial Statement** for the most recent fiscal year certified by a Certified Public Accountant shall be submitted with this Questionnaire.

10. All corporations not incorporated in the State of Kansas shall comply with KSA 17-7301 to 17-7308 of the General Statutes of the State of Kansas and shall provide a certified copy of the certificate issued by the Secretary of State authorizing the corporation to do business in Kansas.

The signatory of this Questionnaire guarantees the truth and accuracy of all foregoing statements and answers to interrogations made in conjunction with this application for Qualification.

Dated this _____ day of _____, 20____.

By:

Signature

Print or type name

Title

NOTARY
State of _____)
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ Notary Public

My commission expires _____

Questionnaires submitted without all request information and/or signatures will be returned for the additional information.