



Proposer Qualification Form

Design-Build Construction Cooper River County Park Revetment Waterside Improvements

Technical Qualification Requirements:

Contractors must meet requirements in the following categories to qualify, all of which will be considered of equal value:

- Contractor's License Information
- Contractor's Financial Condition
- Contractor's Surety Information
- Contractor's Insurance Information
- Contractor's Experience
- Contractor's Superintendent Experience
- Contractor's Past Performance
- Sub-Contractor Experience (if applicable)

SUBMIT TO:

Please submit the completed forms and all required attachments to the attention of Ms. Lanna Wright, CPPB, Charleston County Park and Recreation Commission, 861 Riverland Drive, Charleston, SC 29412.

Send direct questions by e-mail to prcprocurement@ccprc.com.

Technical Qualification Requirement

Part 1 – GENERAL INFORMATION

Submitted by: _____ Date: _____

Name of Contractor: _____

Principal Owners: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Federal ID No.: _____

____ Corporation ____ Partnership ____ Individual

If a Corporation, indicate state of incorporation and principal place of business.

Number of Years your organization has been in business under present business name: _____

Do you have equipment and man power to complete the project? _____

List equipment, resources and subcontractors _____

What is your current capacity for this workload, and are you currently staffed to meet the needs of this project schedule? _____

Contractor's License Number: _____

Name of Superintendent dedicated to this project: _____

Superintendent years of experience: _____

Name of Quality Control (QC) Manager (if Applicable): _____

QC Manager years of experience: _____ Training/Certification: _____

Part 2 - LICENSING AND REFERENCES

2.1 Licensing:

A. List the jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

B. List jurisdictions in which your organization's partnership or trade name is filed.

2.2 Claims and Suits. (If the answer to any of the questions below is YES, please attach details):

A. Has your organization ever failed to complete any work awarded to it? _____
If so, give the dates, location of the project, and reasons _____

B. Are there any judgments, claims, arbitration proceedings, or suites pending or outstanding against your organization or its officers: _____?

C. Has your organization filed any law suits or requested arbitration with regard to construction contracts within the past five years? _____

D. Has your corporation or organization or any partners, officers or project management personnel of your company ever been indicted or the subject of any disciplinary, suspension or debarment proceedings before any licensing authorities, state, or federal entities? _____

If yes to any of the above, identify the names of persons, the circumstances surrounding alleged misconduct and the outcome of such proceedings.

2.3 References:

A. Trade (Suppliers) References:

B. Bank References:

C. Surety:

1. Name of Bonding Company: _____

2. Bonding Capacity: _____

3. Name and address of agent:

D. Insurance References:

PART 3 – EXPERIENCE

The purpose of this section is to establish that the contractor, superintendents, and if subcontractors are used have the experience necessary to carry out the specific work required for this project.

Provide a statement to acknowledge your organization has the knowledge with working expertise in the area of shore line revetment, boardwalks, utility work and natural trails construction and have the capability to provide products and services to meet the project’s intent as described in the RFP. It is important to note the project will take place while the Park is open to the public.

3.1 Contractor Project Experience:

Please list only projects completed within the past five years. Complete and attach a Project Information Inventory to use as Reference Information for all projects listed in this section. Only one inventory should be submitted for a multiple listed project.

A. Projects: List three projects of similar scope and complexity and indicate if the project was on private or public owned land

Project: _____

Project: _____

Project: _____

B. Categories of Work: Please list the indicated number of projects involving each of the following categories of work. This list may include projects listed under Section 3.1.A above. In addition, a single project may appear many times within the list below. It is possible that a single project may have involved all or most of the required categories of work.

1. Stone Revetment and embankment repair in tidal waters for shoreline protection.

Project: _____

Project: _____

Project: _____

2. Concrete/permatrak boardwalk construction in critical area and natural trails.

Project: _____

Project: _____

Project: _____

3. Installing water utility lines and water services on boardwalks and existing piers

including dry pipe systems and back-flow installation.

Project: _____

Project: _____

Project: _____

3.2 Superintendent Experience:

A. Please attach a resume for the project superintendent.

B. Project Experience: Please list 3 projects similar in scope, budget and involving the trades and/or subcontractors required for this project, including projects with a rigorous schedule. This list may include projects listed in the section above.

Project: _____

Project: _____

Project: _____

3.3 Subcontractor Experience

A. Please attach a resume and the construction discipline covered for any subcontractors used as part of the bid:

Note: The contractor may fulfill the requirements of some subcontractors. The contractor need not prequalify a subcontractor for the above categories if:

- 1) The contractor's crews have performed the required work listed in this section, and
- 2) The work was performed under the direct supervision of the superintendent that will manage this project.

If the contractor can meet both requirements, fill out the Projects information, and attach the Project Information Inventories (for sub-contractors).

Indicate if the sub-contractor has worked under the general contractor previously on the Project Information Inventory form.

C. Subcontractor Experience

Complete and attach Project Information Inventory for all projects listed in this section if a subcontractor will be used. Only one inventory should be submitted for a multiple listed project. If more than one sub-contractor is used for different areas of expertise, please fill out a 3 projects for each area of expertise

1. Please list three projects involving similar in scope and budget. List only projects completed within the past five years. Complete and attach Project Information Inventory for all projects listed in this section. Only one inventory should be submitted for a multiple listed project.

Area of Expertise: _____

Project: _____

Project: _____

Project: _____

2. Please list three projects involving similar in scope and budget. List only projects completed within the past five years. Complete and attach Project Information Inventory for all projects listed in this section. Only one inventory should be submitted for a multiple listed project.

Area of Expertise: _____

Project: _____

Project: _____

Project: _____

3. Please list three projects involving similar in scope and budget. List only projects completed within the past five years. Complete and attach Project Information Inventory for all projects listed in this section. Only one inventory should be submitted for a multiple listed project.

Area of Expertise: _____

Project: _____

Project: _____

Project: _____

Additional Comments:

PART 4 – CONTRACTOR STATEMENT:

I hereby attest and affirm that the information contained in this questionnaire is truthful to the best of my knowledge. I further recognize that this information is provided in order to assist Charleston County Park and Recreation Commission in its determination of whether to find me a responsible Vendor or a qualified Vendor to sell goods to Charleston County Park and Recreation Commission. I further give Charleston County Park and Recreation Commission authority and permission to verify any information contained on this questionnaire and to contact any references I have listed in order to verify the information contained herein.

_____ Date

Authorized Signature

_____ Company Name

_____ Job Title

Project Information Inventory Form

(For Contractor, Superintendents and Managers)

Photocopy this form and complete for all projects referenced. At minimum three references are required with projects completed in the last 5 years. Please fill out all blanks for all projects. Attach an overall photo image (actual photograph or enlarged photocopy) for each project.

Contractor: _____

Project Name: _____

Project Address: _____

Name of Superintendent: _____ Total Construction Cost: _____

Date of Substantial Completion: _____ Photo No. _____

Name of Owner: _____

Name of Owner's Representative: _____

Owner's Address _____

Owner's email (if available)

Owner's Phone Number: _____

Scope of Project: _____

Categories of Work (and Sub-contractors performing work, if applicable):

End of Form

Project Information Inventory Form

(For Sub-Contractors)

Photocopy this form and complete for all projects referenced. Please fill out all blanks for all projects.

Name of Sub-Contractor: _____

Project Name: _____

Project Address: _____

Contractor's License Number: _____

Name of Project Supervisor: _____

Total Construction Cost: _____ Date of Completion of Work: _____

Name of General Contractor: _____

Name of Foreman: _____

Address and Phone Number of General Contractor _____

Description of Work: _____

End of Form _____

ATTACHMENT

Equal Employment Opportunity Certification

(For Contractors/Vendors Other Than Individuals)

Charleston County Park and Recreation Commission requires compliance with State and Federal regulations governing Equal Employment Opportunity, External Equal Opportunities (EO), External On-the-Job Training (OJT), Title VI, and the Americans with Disabilities Act (ADA) programs.

Sub-recipients of federal-aid contracts must include notifications in all solicitations for bids of work or material and agreements subject to Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities. Sub-recipients, contractors and subcontractors may not discriminate in their employment practices or in the selection and retention of any subcontractor.

By signing this document, the Contractor/Vendor hereby certifies its commitment to assure nondiscrimination in its programs and activities to the effect that no person shall on the grounds of race, color, national origin, sex, age, disability or income status be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by the sub-recipient and/or its contractors.

CCPRC Contract Number: **2026-011**

Project Name: D/B Cooper River County Park Revetment Waterside Improvements

Contractor/Vendor Name: _____

Address: _____

Authorized Representative Name and Title: _____

Signature of Authorized Representative: _____

Witness (Print Name and Sign): _____

ATTACHMENT 1

NON-COLLUSION OATH

COUNTY OF: _____

STATE OF: _____

Before me, the Undersigned, a Notary Public, for and in the County and State aforesaid, personally appeared _____ and made oath that the Contractor herein, his agents, servants, and/or employees, to the best of his knowledge and belief, have not in any way colluded with anyone for and on behalf of the Contractor, or themselves, to obtain information that would give the Contractor an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Contractor, or themselves, to gain any favoritism in the award of the contract herein.

SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20__

Authorized Signature for Contractor

NOTARY PUBLIC FOR THE

Please print Contractor's name and address:

STATE OF _____

My Commission Expires: _____

Print Name: _____

Phone Number: _____

Address: _____

(Note: Notary seal required for foreign Contractor.)

ATTACHMENT 1

Charleston County Park and Recreation Commission **Drug-free Workplace Certification** **(Contractor/Vendor Other Than Individuals)**

This certification is required by the Drug-free Workplace Act, Section 44-107-10 et seq South Carolina Code of Laws (1976, as amended). The regulations require certification by Contractors/Vendors prior to award, that they will maintain a drug-free workplace as defined below. The certification set out below is a material representation of fact upon which reliance will be placed when determining the award of a contract. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of contract, or suspension or debarment from the right to submit bids or proposals for Charleston County Park and Recreation Commission projects.

For purposes of this Certification, "Drug-free Workplace" is defined as set forth in Section 44-107019 (1), South Carolina Code of Laws (1976, as amended). The aforesaid Section defines workplace to include any site where work is performed to carry out the Contractor's/ Vendor's duties under the contract. Contractor's/Vendor's employees shall be prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the Drug-free Workplace Act.

By signing this document, the Contractor/Vendor hereby certifies that it will provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's/Vendor's workplace and specifying the actions that will be taken against employees for violation of the prohibition;
- (2) Establishing a drug-free awareness program to inform employees about:
 - (a) The dangers of drug abuse in the workplace;
 - (b) The Contractor's/Vendor's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug violations;
- (3) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (1) above;
- (4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the contract, the employee will:
 - (a) Abide by the terms of the statement: and

- (b) Notify the employer of any criminal drug statue conviction for a violation occurring in the workplace no later than Five (5) Days after the conviction;
- (5) Notifying the using agency within Ten (10) Days after receiving notice under subparagraph (4) (b) from an employee or otherwise receiving actual notice of the conviction;
- (6) Taking one of the following actions, within Thirty (30) Days of receiving notice under subparagraph (4) (b) with respect to any employee who is convicted:
 - (a) Taking appropriate personnel action against the employee, up to and including termination; and
 - (b) Requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6) above.

CCPRC Contract Number: 2026-011

Project Name: D/B Cooper River County Park Revetment Waterside Improvements

Contractor/Vendor Name: _____

Address: _____

Authorized Representative Name/Title: _____

Signature: _____ **Date:** _____

Witness: _____

Note: This certification form is required for all contracts for a stated or estimated value of \$50,000 or more.

ATTACHMENT 1

COMPLIANCE WITH ILLEGAL IMMIGRATION ACT

By signing a bid/proposal, the Bidder/Offeror certifies that it will comply with the applicable requirements of Title 8, Chapter 14 of South Carolina Code of Laws and agree to provide to the State upon request any documentation required to establish either; (a) that Title 8, Chapter 14 is inapplicable to the Bidder/Offeror and its subcontractors or sub-subcontractors; or (b) that the Bidder/Offeror and its subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14.

Pursuant to Section 8-14-60, “A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony and, upon conviction, must be fined within the discretion of the Court or imprisoned for not more than five years, or both.”

Bidder/Offeror agrees to include in any contracts with subcontractors, language requiring subcontractors to (a) comply with applicable requirements of Title 8, Chapter 14, and (b) include in its contracts with the sub-contractors language requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14.

CCPRC Contract Number: 2026-011

Project Name: D/B Cooper River County Park Revetment Waterside Improvements

Contractor/Vendor

Name: _____

Address: _____

Authorized Representative Name and Title: _____

Signature of Authorized Representative: _____

Witness (Print Name and Sign): _____

ATTACHMENT

INSURANCE REQUIREMENTS (Contracts Greater Than \$50,000)

Contractors working for the Charleston County Park and Recreation Commission are required to procure and maintain for the duration of their contract with the County insurance against claims for injuries to persons or damages to property which may arise from or in connection with work performed by the Contractor, his agents, representatives, employees or subconsultants. The cost of such insurance shall be the responsibility of the Contractor.

- A. The Contractor shall carry liability insurance with a reliable company licensed to do business in South Carolina. Coverage shall be at least broad as:
 - 1. Insurance Services Office Commercial General Liability Coverage Form (“occurrence”) CG 00 01 10 93 or equivalent.
 - 2. Insurance Services Office Business Auto Coverage Form CA 00 01 6 92 covering automobile liability, code 8 and 9 non-owned or hired.
- B. The Contractor shall carry workers’ compensation as required by the State of South Carolina and Employers Liability insurance (including applicable occupation disease provisions and all state endorsements.)
- C. The Contractor shall maintain limits no less than the following:
 - 1. **GENERAL LIABILITY:** \$1,000,000 combined single limit per occurrence for bodily injury, property damage, and personnel injury with a \$2,000,000 general aggregate limit.
 - 2. **AUTOMOBILE LIABILITY:** \$1,000,000 combined single limit per accident for bodily injury and property damage.
 - 3. **WORKERS’ COMPENSATION:** Statutory limits are required by South Carolina State Law, and employer’s liability limits of \$100,000 per accident.
- D. Required policies are to contain, or be endorsed to contain, the following provisions:
 - 1. General Liability and Automobile Liability Coverage

The Charleston County Park and Recreation Commission, its officials, employees and volunteers are to be covered as additional insured as respects: Liability arising out of activities performed by or on behalf of the Contractors; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protection afforded to Charleston County Park and Recreation Commission, its officials, employees or volunteers. To accomplish this objective, Charleston County Park and Recreation Commission shall be named as an additional insured under the Contractor’s general liability policy by attaching “Who Is An Insured” Endorsement. Contractors’ insurance

coverage shall be primary insurance as respects the Charleston County Park and Recreation Commission, its officials, employees and volunteers. Any insurance or self-insurance maintained by Charleston County Park and Recreation Commission, its officials, employees, or volunteers shall be in excess of the Contractor's insurance and shall not be required to contribute. To accomplish

this objective, the following wording should be incorporated in the previously referenced additional insured endorsement.

Other Insurance: This insurance is primary, and our obligations are not affected by any other insurance carried by the additional insured whether primary, excess, contingent or on any other basis.

Any failure to comply with reporting provisions of the Contractor's policies shall not affect coverage provided to the Charleston County Park and Recreation Commission, its officials, employees or volunteers.

2. Workers' Compensation

The Contractor shall agree to waive all rights of subrogation against the Charleston County Park and Recreation Commission, its officials, employees and volunteers for losses arising from work performed by the Contractor for the Charleston County Park and Recreation Commission.

- E. Any deductibles or self-insured retentions larger than \$5,000 must be declared to and approved by the Charleston County Park and Recreation Commission.
- F. Each insured policy required by Charleston County Park and Recreation Commission shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the Charleston County Park and Recreation Commission
- G. All coverages for subconsultants shall be subject to all the requirements stated herein.
- H. Insurance must be placed with an approved insurance company with current Best's rating of A+, A, or A-. Exceptions to this requirement must be approved in writing by the Department of Risk Management.
- I. The Contractor shall furnish the Charleston County Park and Recreation Commission with Certificates of Insurance noting the endorsements. The Certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by Charleston County Park and Recreation Commission, Procurement Department, before work commences. Charleston County Park and Recreation Commission reserves the right to require complete, certified copies of all required insurance policies, at any time.

Required certificates should be mailed to:

Charleston County Parks and recreation Commission
861 Riverland Drive
Charleston, South Carolina, 29412

SUBCONTRACTOR DATA FORM

List all subcontractors to be used on this project that have been identified prior to submitting your bid. Attach additional copies of this form if more space is needed.

Solicitation No. 2026-011 Total Bid Amount _____ Contractor _____

Subcontractor's Business Name, Address, Phone, and email Please Print	Short Description of Goods or Services to be Provided by Subcontractor	Is this business a certified Charleston County SBE?	Dollar Amount of Subcontract	Subcontract Percentage of Total Bid Amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		