

Please complete this form at:

<https://reserve.cpd.oregonstate.edu/ContractorRIF>

OSU Reserve Program

Required Information Form


Welcome to the Oregon State University Construction Related Services Reserve Program application for 2018-2023. Please remember that you need to complete the entire application, or your application will be rejected as incomplete.

Landscapers with an LCB License, please use this form: <https://reserve-dev.cpd.oregonstate.edu/LandscaperRIF>

The application should be completed by an authorized representative that may bind your company in contract. Before you begin the application process, please READ the entire [Request For Qualifications](#). In order to complete the application you will need to provide the following information:

- Construction Contractors Board (CCB) or Landscape Contractors Board (LCB) License Number
- Federal Tax Identification Number
- The complete address for the office locations that will be providing services
- Oregon Secretary of State Business Registration Number
- Certified Minority, Women, and Emerging Small Business Certification Number, if applicable
- Detailed business experience if company has been in business less than 5 years
- Project Details for 4 completed projects in the last 2 years

Once you have submitted the form, you will receive an e-mail with a PDF copy of the submitted information and the signed respondent signature page as confirmation that your Proposal has been received

*	CCB License #	<input type="text"/>	
*	Tax ID #	<input type="text"/>	("xx-xxxxxxx" or "xxx-xx-xxxx")
*	Business Registration #	<input type="text"/>	Assigned by the Oregon Secretary of State ("xxxxxx-xx")

Please verify your firm's Registration Number at this website before submitting: http://egov.sos.state.or.us/br/pkg_web_name_srch_ing_login

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Required Information Form

Contact Information

* **Company Name**

Company d/b/a

* **Authorized Signers (List all authorized signers)**

Please enter at least one set of contact information. The street address and a contact person are required. Enter only numbers in number fields. Do not enter "(", "(", ")", or any other characters other than numbers.

[Delete This Office/Location/Contact](#)

Street Address

* **Address (line 1)**

Address (line 2)

* **City**

* **State**

* **Zip**

* **Office Phone**

Fax

Mail Address

Address (line 1)

Address (line 2)

City

State

Zip

* **E-mail (Official communications will be sent to this email address.)**

Contact

Please enter a contact below. At least one phone number is required.

* **Contact Person**

* **Office Phone**

* **Mobile Phone**

E-mail

[Add Another Office/Location/Contact](#)

Licenses & Registrations

* **CCB License Number**

* **Tax Identification Number**

* **OR Secretary of State Business Registration Number**

DEQ Abatement License Number

Business Designation

*(Check one)

- Corporation
- Partnership
- Sole Proprietorship
- Governmental/Non-Profit
- Limited Partnership
- Limited Liability Company

Minority, Women and Emerging Small Business

For statistical purposes, please indicate if your company is an Oregon Disadvantaged Business Enterprise, Minority Business Enterprise, Women Business Enterprise, or Emerging Small Business.

Disadvantaged Business Enterprise

Certification Number or Self-reported

Minority Business Enterprise

Certification Number or Self-reported

Women Business Enterprise

Certification Number or Self-reported

Emerging Small Business

Certification Number or Self-reported

Disabled Service Veteran

Certification Number or Self-reported

Category of Proposed Services

Check only those trade services provided directly by your firm. At the discretion of the OSU, contractors may be removed from inclusion in the Reserve Program for service categories that they do not directly perform.

- Concrete ⓘ
- Conveying Systems ⓘ
- Doors & Windows ⓘ
- Electrical ⓘ
- Equipment ⓘ
- Finishes ⓘ
- Furnishings ⓘ
- General Contracting
- Incidental Services ⓘ
- Masonry ⓘ
- Mechanical ⓘ
- Metals ⓘ
- Remediation
- Site Work ⓘ
- Special Construction ⓘ
- Specialties ⓘ
- Thermal & Moisture Protection ⓘ
- Wood & Plastics ⓘ
- Other

Contractor Experience

* Has your company been in the construction related service business for at least 5 years?

- Yes
- No

Ability to Respond

* Check the Oregon geographical areas in which you are willing to work.

- All sites within Oregon

* Are you willing to provide quotations and to respond to work requests within a reasonable amount of time, generally one to two weeks?

- Yes
- No

Legal Compliance

* 1. Have you read the [Request for Qualifications for Construction Related Services](#)?

- Yes
- No

* 2. Do you understand the conditions and requirements as outlined in the Request for Qualifications?

- Yes
- No

* 3. Do you accept the terms & conditions of the Reserve Contract exactly as written? (The terms of the Reserve Contract are not negotiable.)

- Yes
- No

Will you comply with the following:

* 4. Bureau of Labor and Industry (BOLI) prevailing wage rates

- Yes
- No

* 5. Federal and State regulatory requirements

- Yes
- No

* 6. State and Local Building Codes

- Yes
- No

* 7. National Fire Protection Association Rules and Regulations (when relevant)

- Yes
- No

* 8. Is your company eligible to obtain a performance and payment bond (You will be required to obtain one for all projects over \$150,000)?

- Yes
- No

*9. Has your company ever obtained a performance and payment bond for a project (You will be required to obtain one for all projects over \$150,000)?

- Yes
- No

*10. What is the maximum amount of your company's individual project performance bond capacity (Required for all projects over \$150,000)?

\$

*11. What dollar range of contract work is your firm willing to undertake

(The maximum project amount entered below should not exceed your firms performance bond capacity entered in Question 10.):

\$ - \$

Insurance Coverage

If awarded work on a project, will you be able to provide proof of the required insurance coverages listed below (exact amounts to be included in Supplement)?

*1. Workers Compensation

- Yes
- No

*2. Commercial General Liability

- Yes
- No

*3. Commercial Automobile Liability

- Yes
- No

*4. Professional Liability (required for projects with Delegated design elements)

- Yes
- No
- N/A

*5. Pollution Liability

- Yes
- No
- N/A

*6. Property Insurance (either Builders Risk or Installation Floater)

- Yes
- No
- N/A

*7. Do your current Insurance limits meet or exceed the required limits associated with this contract as stated in the General Conditions for Reserve Contracts?

- Yes
- No

*8. Is your company willing and capable of attaining the insurance coverage associated with this contract as stated in the General Conditions for Reserve Contracts?

- Yes
- No

*9. If issued a supplement, are you willing and able to purchase insurance that complies with Section G 3 of the General Conditions for Reserve Contracts?

- Yes
- No

Safety

*1. If requested, will you provide a copy of your company's OR-OSHA 200 log for the prior three (3) years?

- Yes
- No
- N/A

*2. Has your company had any OSHA citations in the last three (3) years?

- Yes
- No
- N/A

*3. If yes, provide detail of the citation(s):

References

List Four (4) Commercial Projects and References for those Commercial Projects Completed in the Last Two Years:

Project 1

*Project Name

*Dollar Value (numbers only - no \$ or alphabetic characters should be input)

*Customer

*Customer Contact

*Phone

*Mailing Address

Address Line 2

*City

*State

*Zip

Project 2

* Project Name

* Dollar Value (numbers only - no \$ or alphabetic characters should be input)

* Customer

* Customer Contact

* Phone

* Mailing Address

Address Line 2

* City

* State

* Zip

Project 3

* Project Name

* Dollar Value (numbers only - no \$ or alphabetic characters should be input)

* Customer

* Customer Contact

* Phone

* Mailing Address

Address Line 2

* City

* State

* Zip

Project 4

* Project Name

* Dollar Value (numbers only - no \$ or alphabetic characters should be input)

* Customer

* Customer Contact

* Phone

* Mailing Address

Address Line 2

* City

* State

* Zip

RESPONDENT SIGNATURE PAGE AND NON-DISCRIMINATION CERTIFICATION

In order to complete the Response, furnish an electronic signature. **INCOMPLETE RESPONSES WILL BE REJECTED.**

Electronic Signature

By the electronic signature below of its authorized representative, Contractor acknowledges having read and understood the Request for Qualifications (RFQ) for Construction Related Services. Contractor certifies that all the information provided on this form is true to the best knowledge, and agrees to be bound by the terms and conditions of the Reserve Contract and by the representations made in this Response. This Construction Related Services Required Information Form will become part of the Reserve Contract and any misrepresentations found in the information provided on this form will result in termination of the Reserve Contract. Contractor certifies that it has not discriminated against minority, women or emerging small business enterprises in obtaining any required subcontracts.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with Oregon State University. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or electronic signature satisfies that requirement.

* Name

* Title

* Electronic Signature (retype your name) /s

* Date

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Submit Response