

ATTACHMENT 1
Construction Manager Questionnaire

1. General Information:

Business Entity Name (the "Firm"): _____

Firm Street Address: _____

City: _____

State: _____ Zip: _____

Mailing Address (if different):

Firm Mailing Address _____

City: _____ State _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Title: _____

Email Address: _____

Website: _____

Tax ID#: _____

Year Started: _____ State of Origin: _____

Number of: (Employees) _____ (Full-Time) _____ (Part-Time) _____

(Seasonal) _____ (1099) _____

Please list any zip codes from the priority areas where you are unable to provide service:

2. Entity Type:

If Firm is a Joint Venture, provide list of all partner firms and/or parties to the Joint Venture:

Partner/Party Name	% of Ownership

(This Questionnaire must also be completed by each Joint Venture Partner/Party noted in the table above. If M/W/DBE joint venture partner, provide copy of JV Agreement)

3. Type of Business. *(Check ALL that apply.)*

Architecture

Engineering

Consulting

General Contractor/Construction Manager

4. Business Classifications:

Check ALL that apply.

Certified Name	Certified? (Y/N)	Certifying agency	Date Issued
DBE			
MBE			
WBE			
VBE			
Other			

**List current business classification certifications & provide copy of certificate(s)
(Attach separate sheet(s) if necessary)**

4a. Have you ever been denied, decertified, or graduated out of any certification program(s)?
 Y N If "YES", Explain:

4b. Applications pending for any certification program(s) Y N
 (If "YES", provide details below)

Certified Name	Date Applied	Certifying agency
DBE		
MBE		
WBE		
VBE		
Other		

5. Safety

Written Safety Program: Y N

OSHA 30 Hr. Trained Employees (Approx. Qty.): _____

OSHA Incident Rate		Worker's Comp. EMR	
Prior Year	2 Years Prior	Prior Year	2 Years Prior

6. Insurance: (Select **ALL** that apply.)

- General Liability
- Workers' Compensation
- Auto
- Excess Umbrella
- Commercial Crime:

NOTE: If Applicant is ultimately selected to perform work under the RDC program, certificates of insurance must be provided to LISC prior to executing a contract. LISC must be a named insured and required insurance must remain in full force during the entirety of the contract.

7. Largest Completed Projects:

(Limit to three (3) largest completed within the last five (5) years.)

Client Name	Your scope	Project Name	Project Location	Contract Value	Completion Date

8. Attach a brief overview of your firm including the number of years the firm has provided construction management services. Include in your narrative the following:

Describe how your firm will determine the lowest qualified responsive bid(s) for each Project. Also describe how your firm will certify that sub-contractors use Illinois Prevailing Wage rates and follow Illinois Steel Procurement requirements.

If given a cash advance to being a Project, describe how you would manage the funds.

Describe what controls are in place to limit the occurrence of Change Orders. What criteria does your firm use to determine if a Change Order is: a) necessary to complete the Project's scope of work, and/or; b) would substantially improve the building's structure or function? Describe your firm's handling of cash allowances in sub-contractor's bids, and the handling of Change Orders during construction.

Describe the method your firm uses to develop cost estimates and schedules for Projects supervised by your firm. If software is used to develop estimates and schedules, please indicate the software specifically.

Describe the cost control methodology used at various points in your firm's design, bidding, and construction process.

Explain how your firm maintains project schedules and describe the measures in place to ensure sub-contractors meet predetermined construction schedules.

Describe the process used to determine whether sub-contractor work is sufficiently complete to generate a final punch list, and the process to determine that the final punch list has been completed.

Once each Project or phase of Project is completed, describe the standard time interval between sub-contractor invoice receipt and payment of sub-contractor invoice.

Describe your firm's approach to ensuring work is done to generally accepted quality standards that adhere to applicable building code and/or environmental regulations.

9. CERTIFICATION

The Firm or Applicant certifies to the following:

- ✓ The Firm or Applicant has not been convicted of and does not have any pending case related to Arson, fraud, bribery, or grand larceny;
- ✓ The Firm or Applicant does not have a record of default on work done under government contract;
- ✓ The Firm or Applicant has not been formally debarred or suspended from entering into contracts with any governmental agency and has not received any other notification or ineligibility for or prohibition against bidding or proposing on government contracts;
- ✓ The Firm or Applicant has not been denied a contract based on any obligation to, or unsatisfied judgment or lien held by, a governmental agency; and
- ✓ The Firm or Applicant has not been the subject of any voluntary or involuntary bankruptcy proceeding.

We/I certify that the information set forth in this application and all attachments and supporting documentation is true and correct. I understand that LISC will rely on the information in or attached to this document and that this document is submitted to induce LISC to select you as a contractor.

Signature

[This certification must be signed by one of the Individuals listed above in #1; if the Respondent Entity is a joint venture, an Individual representing each Principal of the joint venture must sign it.]