

Franklin County Mental Health and Addiction Crisis Center

Small Emerging Business Enterprise (SEBE) In-Person Outreach Pre-Qualification Application Sessions

The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) is partnering with community stakeholders to address the continuum of crisis care in our community. The cornerstone of this continuum is the development of a new crisis center that will be the central and preferred destination in Franklin County for mental health and addiction crisis needs.

Plan to attend one of the upcoming outreach event to learn about completing and submitting the contractor prequalification application (see attached) for Small Emerging Business Enterprises (SEBE) participation on this construction project.



August 9
August 16

[Register](#)
[Register](#)

August 23
August 30

[Register](#)
[Register](#)

Only 25 slots available per session | 4:00 - 5:00 p.m. (Doors open at 3:45 p.m.)

If you have questions, please contact: Ginger Cunningham, g.cunningham@gingerllc.com
or Marleise Ryan, Marleise.Ryan@franklincountyohio.gov



@ADAMHfranklin



For additional information visit
adamhfranklin.org/crisis-center

Franklin County

CONTRACTOR PREQUALIFICATION FORM

Instructions: Please complete the following requested information. Any additional information you deem to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed Prequalification form will be maintained and utilized by Elford, Inc. as a basis for determining bidder selection. This form needs to be updated every two (2) years in order to ensure that the information is current.

PLEASE ATTACH TO THIS FORM A COPY OF YOUR CERTIFICATE OF INSURANCE INDICATING CURRENT LIMITS.

Company Name: _____	Date: _____
Address: _____	Bank Reference: _____
_____	Bank Phone #: _____
Phone #: _____	Bank Contact (if applicable): _____
Fax #: _____	Total bonding capacity: \$ _____
Date Co. began under present name: _____	Work currently bonded: \$ _____
Former Co. name: _____	Bonding Company: _____
Years performing work specialty: _____	Bonding Co.'s Best's Rating: _____
% of work performed by own forces: _____	Bonding Agent: _____
Work now under contract: \$ _____	Bonding Agent Phone #: _____
Work in place last year: \$ _____	Insurance Agent: _____
Average annual sales last 3 years: _____	Insurance Agent Phone #: _____
Federal Tax I.D. _____	Union Affiliations? _____
Merit-Shop? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of Staff Employed: Principals: _____ Project Managers: _____ Estimators: _____ Safety: _____ Field: _____

Is qualified as a Minority Business Enterprise (MBE)? ☐ Yes ☐ No Womens' Business Enterprise (WBE)? ☐ Yes ☐ No

Encouraging Diversity, Growth, and Equity (EDGE)? ☐ Yes ☐ No Veteran Owned Business? ☐ Yes ☐ No

Other disadvantaged business group: _____
(Please attach certification of the above status.)

Geographic Area(s) Where firm is interested in bidding work (i.e., City(ies), Region of State, States, etc.):

Contract Interest (That work which firm self-performs or will bid to perform):

(In designating codes, please indicate codes as listed on the last page of this form.)

Does your company bid Prevailing Wage projects? ☐ Yes ☐ No

Does your company bid Davis Bacon Wage Projects? ☐ Yes ☐ No

Has your firm had any Affirmative Action Violations in the last 5 years? ☐ Yes ☐ No If yes, submit details on a separate sheet. *Please provide a copy of your current Certificate of Compliance.*

The Bidder certifies that Bidder provides a health care medical plan for those employees working on the Project, such benefits being a part of the employees' regular compensation and not solely on the Project.

☐ Yes ☐ No

The Bidder certifies that Bidder contributes to an employee pension or retirement program for those employees working on the Project, such as benefits being a part of the employees' regular compensation and not solely on the Project.

☐ Yes ☐ No

The Bidder certifies that Bidder only uses skilled trade personnel trained or enrolled in a state or federally approved apprenticeship program or personnel with five (5) years' of experience in the specific trade.

☐ Yes ☐ No

SAFETY: Attach your OSHA 300 FORM for this year.

Attach your OSHA 300 and 300A FORMS for last year.

Please provide your firm's Workers' Compensation (WC) Interstate Experience Modification Rate (EMR) on insurance company letterhead; also list your EMR below. For Ohio companies, contact your third-party administrator or the Ohio Bureau of Workers' Compensation (6446).

20__ : _____ 20__ : _____ 20__ : _____

If you have an EMR increase, or an EMR of 1.0 or higher, please explain the cause(s), on a separate piece of paper and attach.

Please use your prior three years' OSHA 300 Forms to fill in details below:

YEAR.....	20__	20__	20__
A) Manhours Worked (1).....	_____	_____	_____
B) Total Recordable Cases (2).....	_____	_____	_____
C) Total Recordable Case Rate (3).....	_____	_____	_____
D) Lost Time Incidents (4).....	_____	_____	_____
E) DART Rate (5).....	_____	_____	_____
F) Fatalities (6).....	_____	_____	_____

Do you have a written safety program? ☐ Yes ☐ No

Is your Firm OSHA-recognized VPP (Voluntary Protection Program)? ☐ Yes ☐ No

Have you received any OSHA citations in the last three years? ☐ Yes ☐ No

If YES, please attach additional sheet indicating citation date(s), description(s), and Corrective Action(s) Taken.

Does your company have a written BWC-approved Drug-Free Workplace Program? ☐ Yes ☐ No

What is the frequency of drug testing your field employees? _____

Attach separate sheet including three (3) most significant projects presently under construction. Also, attach a listing of six (6) most significant

include the following information:

- 1) PROJECT ADDRESS
- 2) ARCHITECT
- 3) CONTRACT WITH
- 4) CONTRACT AMOUNT
- 5) YEAR OF AWARD
- 6) LIST CONTACT AND PHONE # FOR REFERENCE

Please provide three (3) material vendor suppliers:

COMPANY	CONTACT NAME	PHONE

- (1) "Manhours Worked" is for all employees. It includes only the actual hours worked, not hours paid for, i.e., do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it.
- (2) "Total Recordable Cases" is the total number of injuries and illnesses: Adding the total number of entries in columns G + H + I + J on the OSHA 300 form.
- (3) "Recordable Case Rate" is the incident rate calculated using the formula: (Totals for columns G + H + I + J) X 200,000/Manhours Worked.
- (4) "Lost Time Incidents" is the total of column H on the OSHA 300 form.
- (5) "DART Rate" is the incident rate for recordable cases involving days away from work and days of restricted work activity or job transfer (DART). The rate is calculated using the formula: (Totals for columns H + I) X 200,000/Manhours Worked.
- (6) "Death" is the total for column G.

Has your firm had any lawsuits, claims or demands related to the company or organization's participation on any public contract, whether the lawsuit, claim or demand was initiated against the company or organization in its capacity as a subcontractor. (☐ Y ☐ N)

In the past five (5) years has the company or organization ever been requested by a public owner to return to address construction workmanship, performance, or installation issues? (☐ Y ☐ N)

The Bidder certifies that Bidder has not been penalized or debarred from any public contracts for falsified certified payroll records or any other violation of the Fair Labor Standards Act in the last five (5) years.

☐ Yes ☐ No

The Bidder certifies that Bidder has not been debarred from public contracts or found or determined by the state to have underpaid prevailing wage, whether intentionally or unintentionally, or whether settled subsequent to the finding, more than three (3) times in a two-year period in the last ten (10) years. Aggregating for any single project, no finding of an unpaid amount of less than \$5,000 shall be considered. No single finding based upon a journeyman-to-apprenticeship ratio shall be considered, unless as part of multiple, similar findings.

☐ Yes ☐ No

If the answer is yes to either of the preceding two questions, submit details on a separate sheet.

List any general liability losses for the last three (3) years.

20 ____ : _____

20 ____ : _____

20 ____ : _____

HAS FIRM, THE OWNER, OR ANY OFFICER: Failed to complete a contract (☐ Y ☐ N), been involved in a bankruptcy or reorganization (☐ Y ☐ N), had any pending judgments, claims or suits (☐ Y ☐ N).

If the answer is yes to any of the preceding three questions, submit details on a separate sheet.

Have you ever been involved in the following:

A judgment or conviction for any business-related conduct constituting a crime under federal, state or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct. ☐ Yes ☐ No

A criminal investigation or indictment for any business-related conduct constituting a crime under federal, state or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct. ☐ Yes ☐ No

An unsatisfactory judgment, injunction or lien for any business-related conduct obtained by any federal, state, or local government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any federal, state or local government agency. ☐ Yes ☐ No

An investigation for a civil or criminal violation for any business-related conduct by any federal, state or local agency. ☐ Yes ☐ No

A grant of immunity for any business-related conduct constituting a crime under federal, state or local governmental law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct.

☐ Yes ☐ No

An administrative proceeding or civil action seeking specific performance or restitution in connection with any federal, state or local contract or lease. ☐ Yes ☐ No

A sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license. ☐ Yes ☐ No

A consent order with the Ohio Environmental Protection Agency, or federal, state or local government enforcement determination involving a violation of federal, state or local environment laws. ☐ Yes ☐ No

Please provide us contact information of at least three contacts (Attach a separate page if wish more contacts). Place a check in at least three individuals that you wish bid information to be sent to via e-mail.

CONTACT NAMES	TITLE	CELL PHONE	E-MAIL ADDRESS

TYPING THE NAME OF THE OFFICER, OR OTHER PERSON SO AUTHORIZED, BELOW CONSTITUTES A SIGNATURE ATTESTING TO THE FACTS CONTAINED HEREIN.

_____ does hereby state that the above information is true and correct to the best of our knowledge.
(Company Name)

Type of Firm: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Corporation

Typed Name & Title of Authorized Company Officer

CSI Divisions – Master List

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
00010	General Contractors	05400	Ltgauge Metal Frmg	09200	Stucco	11170	Waste Handling Equip.
00020	Architects	05500	Metal Fabrications	09250	Drywall/Mtl Studs (Acc.)	11200	Water Supply & Trtmt
00030	Interior Design	05700	Ornamental Metals	09260	Premfd. Column Cvr.	11400	Food Service Equip.
00040	Surveyors	05710	Prefab Metal Stairs	09300	Tile & Marble	11450	Residential Equipment
00060	Equipment Rental	05750	Decorative Handrails	09310	Ceramic Tile	11460	Unit Kitchens
00070	Engineers	05800	Expansion Control	09340	Marble Sills	11470	Darkroom Equipment
00080	Printing & Misc. Srvcs.	05900	Metal Finishes	09400	Terrazzo	11500	Ind'l & Process Equip.
00170	Cleaning Services	05910	Galvanizing	09500	Acoustic Ceilings	11600	Laboratory Equipment
00800	Minority Bus. Ent.	06100	Rough Carp. & Frmrs.	09510	Spray Acoustical Trtmt	11700	Medical/surgery
01170	Pest Control	06101	Lumber	09550	Wood Flooring	11900	specialty Equipment
00159	Field Office Trailers	06102	Wood Truss Manuf.	09650	Resilient Floors, Base	12300	Mnf'd Casework
01660	Testing	06130	Heavy Timber Constr.	09680	Carpet	12400	Furnishings & Access.
01890	Final Clean-Up	06170	Prefab Structural Wood	09700	Epoxy Floors	12500	Furniture
02060	Conc. Cutting/Boring	06200	Millwork & Cabinetry	09900	Painting	12700	Systems Furniture
02100	Site Preparation	06201	Finish Carpentry	09950	Wallcovering	13030	Audiometric Rooms
02110	Demolition	06400	Architectural Wdwrk.	09800	Special Coatings	13036	Clean Rooms
02180	Asbestos Removal	06500	Prefab Struct. Plastic	10110	Chalk & Tackboards	13080	Snd/Vibration/Seismic
02200	Sitework	06600	Plastic Fabrications	10150	Compartmts & Cubicles	13090	Radiation protection
02250	Underpinning	07100	Waterproofing	10160	Toilet Partitions	13100	Lightning Protection
02300	Earthwork	07150	Dampproofing	10190	Hospital Cubicles	13120	Pre-Eng'd Structures
02410	Manhole Materials	07200	Insulation	10200	Louvers	13130	Bleachers
02490	Site Furnishings	07214	Foam-in-Place Insul.	10240	Grilles & Screens	13140	Vaults
02600	Paving	07300	fireproofing	10260	Wall & Corner Guards	13150	Swimming Pools
02630	Cement Brick Pavers	07400	Wall & Roof Pnls, Sdg	10270	Access Flooring	13160	Sauna
02700	Fencing	07410	Preformed Siding	10340	Prefab Steeples, Spires	13200	Liquid/Gas & Water Tanks
02710	Piped Utilities	07420	EIFS	10350	Flagpoles	13510	Rest. Undergrnd Pipeline
02740	Irrigation Systems	07500	Roofing Membrane	10400	Signage	13700	Security Access/Surv.
02800	Landscaping	07510	Built-Up Roof System	10450	Pedestrian Control Dev.	13850	Fire Alarm
03010	Concrete Finishing	07600	Flashing & Sheet Metal	10500	Lockers	14100	Dumbwaiters
03100	Concrete Formwork	07810	Skylights	10520	Fire Ext., Cabs, Access.	14200	Elevators & Lifts
03200	Concrete Reinforcing	07820	Entrance Canopy	10530	Canopies & Awnings	14310	Escalators
03220	Post-Tensioning	07900	Caulking & Sealants	10550	Postal Specialties	14400	Lifts
03250	Concrete Accessories	07950	Window Wall Panel	10555	Misc. Specialties	14450	Vehicle Lifts
03300	concrete Subs	08100	HM Doors & Frames	10605	Wire Mesh Partitions	14500	Material Handling Sys.
03330	Concrete Sidewalks	08200	Wood Doors	10620	Folding Partitions	14560	Chutes
03340	Concrete curbs	08210	Plastic Lam. Doors	10650	Operable Partitions	14580	Pneumatic Tube Sys.
03350	Conc. Sawing & Drill	08300	Special Doors	10670	Storage Shelving	15086	Pipe Insulators
03400	Precast Concrete	08310	Rolling Steel Doors	10750	Telephone Enclosures	15300	Fire Prot. & Sprinklers
03410	Precast Conc. Material	08330	Coiling Doors	10800	Toilet Accessories	15400	Plumbing
03450	Precast Conc. Suppl.	08360	Overhead Doors	10900	Closet Specialties	15500	HVAC
03500	Concrete Suppliers	08400	Entrances/Storefronts	11020	Security & Vault Equip.	15600	Refrigeration Equip.
03700	Conc. Rest. & Cleaning	08450	Revolving Doors	11030	Checkroom Equipment	15720	Air Handling Units
04200	Masonry	08490	Auto Door Operators	11040	Ecclesiastical Equip.	15800	Air Distribution
04201	Masonry Acc. & Supp.	08500	Windows	11050	Library Equipment	15900	Controls & Instrmnts
04500	Masonry Restoration	08600	Wood & Plstc Wndws	11060	Stage Equipment	16000	Electrical Contractors
04650	Mausoleum Crypts	08610	Labor to Hang Doors	11070	Musical Equipment	16120	Cabling & Conductors
05020	Metal Bldg. Erectors	08650	Special Windows	11100	Mercantile Equip. Inst.	16300	CCTV
05030	Rigging Contractors	08700	Glass Coating & Tint	11110	Comm. Lndry/Dry Cln	16600	Special Systems
05100	Structural Steel	08710	Finish Hardware	11130	Audio/Visual Equip.	16700	Communications
05110	Stainless Steel	08800	Glass, Glazing & Alum.	11140	Service Station Equip.	16720	Nurse Call System
05150	Steel Erectors	08900	Glazed Curtain Walls	11150	Parking Equipment		
05200	Metal Joist	09100	Metal Support System	11160	Loading Dock Equip.		