

CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

Prepared by: AEP Consultants, Inc.

Date: August 18, 2010

Return to: **Building Committee**
Central Bank of Liberia
Warren & Carey Streets
Monrovia, Liberia

Attention: Mr. Joseph Duwana / Head

* * * * *

NOTE:

The aim of this Request for Proposal (RFP) questionnaire is to have Construction Companies Bidding for the Design-Build Contract for the completion of the construction of the Central Bank of Liberia head office building describe their abilities, experience, and competence.

Any additional information may be included in an annex and attached to this Pre-qualification Questionnaire.

The Pre-qualification Questionnaire must be duly filled out to allow for a complete evaluation of the candidate.

All information is strictly confidential. Your information can be submitted electronically at the indicated email address in this document and the public procurement notice.

The Central Bank of Liberia reserves the right to accept, verify or reject any part of the Pre-qualification information provided by the candidate.

* * * * *

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	3 of 15

1.0 GENERAL

1.1 Name of Company: _____

Physical Address: _____

Mailing Address: _____

City: _____ Prov. or State: _____ Postal/Zip Code: _____

Telephone: Area () _____ Telefax: () _____

1.2 Publicly or privately owned company: _____

1.3 If a Corporation:

Year Incorporated: _____

Place of Incorporation:

Provincial or other (name the provinces): _____

1.4 If registered:

Provinces (or other) and dates: _____

1.5 If a Company:

Date of establishment: _____

1.6 If Company is owned by an Individual:

Date of establishment: _____

1.7 Name, titles and addresses of company officers; members; owner:

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	4 of 15

1.8 Branch/Affiliated Offices

Indicate street and mailing addresses, telephone numbers and facsimile number of each office and/or affiliate. Please "X" in a functional description of each office in the appropriate boxes below. Attach additional sheets if necessary.

Complete Legal Name: _____	Detailed Design: <input type="checkbox"/>
_____	Fabrication: <input type="checkbox"/>
Address: _____	Purchasing: <input type="checkbox"/>
_____	Inspection: <input type="checkbox"/>
City and Province: _____	Construction: <input type="checkbox"/>
Postal Code: _____	Other (Engineering): <input checked="" type="checkbox"/>
Contacts/Positions: _____	

Telephone Number: _____	
Facsimile Number: <u>N. A.</u>	

1.9 Organization Chart of the Company

(Please attach the organizational chart of the company).

1.10 Number of Employees

- Engineers _____
- Architects _____
- Estimators _____
- Project Managers _____
- Site Supervisors _____
- Others _____

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	5 of 15

1.11 If valid engineering or construction licenses are held, provide the licenses numbers, dates, places and issuing authorities. State what type of work(s) you are licensed for.

If registered to operate in Liberia, state registration particulars, as applicable, to show compliance with any legislation or regulations pertaining to working in Liberia.

1.12 Describe the scope of architecture, engineering and construction services available through your company.

1.13 Indicate the types of field work in which you are interested and qualified to carry out.

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	6 of 15

2.0 FINANCIAL

2.1 Approximate annual value of construction and engineering services work carried out in the last five years:

2005____ 2006____ 2007____
 2008____ 2009____

2.2 Bank references:

Bank(s): _____

Names and titles of persons to contact: _____

Telephone numbers: _____

2.3 Is your parent company, if any, willing to provide a letter of guarantee of financial responsibility for any work awarded to your company? YES NO

2.4 Bonds

(Performance/Payment bonds) Yes _____
 No

If yes, name of the bond company: _____

Telephone no.: _____

Name and title of person to contact: _____

2.5 Financial Statement plus Turnover Information

- Enclosed: Yes No
- Available upon request: Yes No

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	7 of 15

2.6 Indicate the approximate fixed contract dollar range within which you prefer and are currently able to bid (e.g. \$50,000.00 to \$500,000.00; \$500,000.00 to \$2,000,000.00, ≥ \$10,000,000, etc).

2.7 Insurance

a) We are currently insured for an amount of:

covering wrap up comprehensive general liability insurance, and site "All risk" insurance.

b) We are currently insured for an amount of:

covering automobile liability.

c) Other details for insurance:

2.8 • Has your company ever cancelled a contract before completion of the work?

Yes

No

• Have you ever declared bankruptcy or restructured the company to avoid bankruptcy?

Yes

No

• Do you have any judgments, claims, or lawsuits pending?

Yes

No

If yes, provide details:

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	8 of 15

3.0 EXPERIENCE

3.1 Draw up a list of contracts completed in the last three years:

Project: _____

Type of Work: _____

Value \$ M: _____

Contractor or Subcontractor:* _____

Start & completion dates _____

Owner: _____

Contact: _____ Tel. No.: _____

Eng./ Proj. Manager: _____

Contact: _____ Tel. No.: _____

* * * *

Project: _____

Type of Work: _____

Value \$ M: _____

* if subcontractor, provide name of contractor

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	9 of 15

Contractor or Subcontractor:* _____

Date of completion of work: _____

Owner: _____

Contact: _____ Tel. No.: _____

Eng./ Proj. Manager: _____

Contact: _____ Tel. No.: _____

* * * *

Project: _____

Type of Work: _____

Value \$ M: _____

Contractor or Subcontractor:* _____

Start & completion dates: _____

Owner: _____

Contact: _____ Tel. No.: _____

Eng./Proj. Manager: _____

Contact: _____ Tel. No.: _____

* if subcontractor, provide name of contractor

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	10 of 15

3.2 Draw up a list of engineering contracts in progress (Executed through Techsult Liberia Inc.)

Project: _____

Type of Work: _____

Value \$ M: _____

Contractor or Subcontractor:* _____

Start & completion dates: _____

Owner: _____

Contact: _____ Tel. No.: _____

Eng./Arch.: _____

Contact: _____ Tel. No.: _____

* * * * *

Project: _____

Type of Work: _____

Value \$ M: _____

Contractor or Subcontractor:* _____

Date of completion of work: _____

* if subcontractor, provide name of contractor

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	11 of 15

Owner: _____

Contact: _____ Tel. No.: _____

Eng./Arch.: _____

Contact: _____ Tel. No.: _____

* * * *

Project: _____

Type of Work: _____

Value \$ M: _____

Contractor or
Subcontractor:* _____

Start & completion
dates: _____

Owner: _____

Contact: _____ Tel. No.: _____

Eng./Arch.: _____

Contact: _____ Tel. No.: _____

* * * *

Project: _____

* if subcontractor, provide name of contractor

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	12 of 15

Type of Work: _____

Value \$ M: _____

Contractor or Subcontractor:* _____

Start & completion dates: _____

Owner: _____

Contact: _____ Tel. No.: _____

Eng./ Proj. Manager

Contact: _____ Tel. No.: _____

_____ ** if subcontractor, provide name of contractor*

Note: Complete on additional sheets as necessary

3.3 On the average, what percentages of your contracts are awarded to subcontractors?

_____ %

4.0 IMPLEMENTATION OF WORK

4.1 How do you normally organize your resources to carry out work for a client?

4.2 Describe and provide an organization chart showing responsibilities and reporting routes.

4.3 Would the terms "Task Force" or "Matrix" fully describe your normal organization?

4.4 If a Task Force type configuration is adopted by you how does your corporate line Management maintain functional quality control of personnel assigned to the Task Force?

4.5 If a Matrix type configuration is adopted by you how does your Project Manager obtain priorities for the work?

AEP Consultants, Inc.	CAPABILITY PREQUALIFICATION QUESTIONNAIRE	Input Data	
		Contract File Location	
		Page	13 of 15

5.0 SAFETY

5.1 Provide the Company's organization chart showing the position of personnel responsible for safety. State if the corporate safety manual is available and whether Preventive Maintenance and Safety Training programs are in place.

5.2 Please give the following data for the past three years:

	19__	20__	20__
Number of lost workday cases:	_____	_____	_____
Number of restricted workday cases:	_____	_____	_____
Number of cases with medical attention only:	_____	_____	_____
Number of fatalities:	_____	_____	_____
Total employee hours worked last year <i>(do not include any non-work time, even though paid)</i>	_____		
	19__	20__	20__
Frequency = $\frac{\text{Number of Lost Time Accidents} * 1\,000\,000}{\text{Number of Hours Worked}}$	_____	_____	_____
Severity = $\frac{\text{Number of Days Lost} * 1\,000\,000}{\text{Number of Hours Worked}}$	_____	_____	_____

* Note: Lost time means an absence from the job site for more than 24 hours due to job accident

6.0 OTHER INFORMATION

Provide additional pertinent information for contractor's prequalification.

7.0 LOSS CONTROL

Do you have a program? Yes No

8.0 ENVIRONMENTAL PROTECTION

Do you have a program? Yes No

Name of Manager Responsible _____

9.0 RESEARCH AND DEVELOPMENT

Do you have a program? Yes No

Name of Manager Responsible _____

10.0 Indicate whether contracts are managed using a manual or computerized system.

11.0 REFERENCES

Please provide 3 references for work carried out by your organization during the last 2 years.

Company	Contact Person	Email	Phone #

12.0 PLANT & EQUIPMENT CAPABILITIES

Please provide an exhaustive list of all plant, equipment and tools available to your company.

13.0 CONSTRUCTION YARD

14.0 HOURLY RATE INCLUDING OVERHEAD AND PROFIT

Position	Rate (US\$/hour)
Project Manager	
Senior Architect / Engineer	
Architect / Engineer	
CAD Operator / Technician	
Secretarial	
Site Supervisor – Civil	
Site Supervisor – Structural	
Site Supervisor – Mechanical / Piping	
Site Supervisor - Electrical	
Procurement Specialist	
Surveyor	

15.0 I hereby declare that this information is, to the best of my knowledge, true.

Name: _____ Title: _____

Signature: _____ Date: _____