

# Construct a Health Sciences Building Southern Illinois University Edwardsville

CDB Project No. 825-030-075

March 29, 2022

# Introductions

Capital Development Board

- **Brent Lance**

Design-Build Selection Committee Chair

- **Mark Hendricks**

Project Manager

# Introductions

Southern Illinois University Edwardsville

- **Craig Holan**

Director of Facilities Management

- **Roberto Canessa-Amador**

SIUE Architect

- **Bruce Capelle**

SIUE Project Manager

# Introductions

HOK

- **David Coleman**  
Principal in Charge
- **Barb Anderson**  
Project Manager
- **Scott Anderson**  
Project Architect

# Introductions

Farnsworth Group

- **Michael Wolf**

Principal in Charge

# Scope Overview

# Phase I Schedule

- March 18, 2022 - RFP Issued
- March 29, 2022 - Pre-Submittal Meeting
- April 11, 2022 – Last Day to Submit Questions (5:00PM)
- April 18, 2022 – Submittals Due by 2:00PM
  - *Electronic Submittals Only*
  - *Hand Carried Submittals will not be accepted*

## 2 Phase Selection Process

Design-Build

- Phase I – Qualifications
- Phase II – Technical & Cost Proposal

# Phase I

## Section 1 – General Documents

- Proposal Transmittal Form (DB-PTF)
- Standard Business Terms and Conditions
- Financial Disclosures and Conflicts of Interest
- Illinois State Board of Elections Certificates
- Joint Venture Agreement (if applicable)

# Proposal Transmittal Form (DB-PTF)

**PROPOSAL TRANSMITTAL FORM for DESIGN-BUILD PROJECTS (DB-PTF)**

Project Number: 825-030-075 Date RFP posted March 15, 2022  
 Project Description Construct a Health Sciences Building  
 Project Location Edwardsville, Madison County, Illinois  
 Project Manager Mark Hendricks Date due April 18, 2022 2:00PM (Phase I)  
3rd Floor August 22, 2022 2:00PM (Phase II)  
301 South Spring Street  
Springfield, IL 62706 Submit Proposal via filet.illinois.gov to:  
 Phone Number \_\_\_\_\_ To: CDB.825-030-075@illinois.gov  
 Fax Number \_\_\_\_\_  
 e-mail CDB.825-030-075@illinois.gov

**Brief Description of Project:**

Elements of the project will include for construction of a Health Sciences Building, connections to two existing buildings, and renovation to the existing buildings.

**Project Includes:**

- Schools of Pharmacy, Nursing, and related Health Sciences Programs will be accommodated in the building
- Classrooms
- Teaching/Research Laboratories
- Expansion of the Nursing Simulation Laboratory
- Faculty Offices/Administrative Spaces
- Student Resources and Study Spaces
- Parking Lot and Site Circulation Design/Improvements.

Bridging documents include narratives to provide basis of design and convey the programmatic requirements for the project. Also included is a sample concept design for reference or it may be used as the basis of a design-proposal. Teams are not required or necessarily expected to rely on the sample concept when developing their proposals for Phase II.

Project Budget (Design and Construction) Project \$ 87,000,000.00  
 Time (Design and Construction) from ATP 640 Days

Attachments:

# Proposal Transmittal Form (DB-PTF)

**DB-PTF Part 2 To be completed by Offeror**

<b>Required Information</b>		Date submitted	
Firm Name		Contact person	(name)
Address	(Address1)		(phone)
	(Address2)		(fax)
	(Address3)		(e-mail)
	(Address4)		
		Phase 1 submittal	<input type="checkbox"/>
TIN number		Phase 2 submittal	<input type="checkbox"/>

**Acknowledgment of Amendments (Phase 1 and Phase 2)**

Amendment No.									
Date									

Offeror and Design Team must be identified below at the time of the Phase I submittal. Additional subcontractors should be included if known at time of the Phase I submittal, but must be included for the Phase II submittal.

List the firms providing the following work (per 00 42 10.3B.). Financial Disclosures must be provided by each firm listed. The Offeror should be included in this listing.

	Firm name/CDB firm no.	TIN
Architect		
Engineer		
General		
Plumbing		
Heating		
Ventilating		
Electrical		

**Statement of Compliance**

\*Offeror hereby certifies that all items submitted in this proposal and final design documents (after contract award) comply with the RFP requirements. The criteria specified in the RFP for Project No. 102-311-099 are binding contract criteria and in case of any conflict after award between the RFP and the contractor's proposal, the Request for Proposal criteria shall govern unless there is a written and signed agreement between the contractor and the CDB waiving a specific requirement. Should this proposal result in the award of a contract this statement will be included on each sheet of the drawings and on the cover of the specifications.

Name of Person Authorized to Sign Proposal	Signature	Date
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Exceptions attached:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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# Proposal Transmittal Form (DB-PTF)

- Form must be signed by someone with the authority to contractually bind the company.
- The Offeror must include themselves in the appropriate category (ie., General) on the form.
- You must include Standard Terms & Conditions, Board of Elections Certificates, and Financial Disclosures and Conflicts of Interests documents for every firm identified on the DB-PTF.
  - *Failure to include the Financial Disclosures and Conflicts of Interest is a Material Deficiency and will result in rejection.*

# Phase I

## Section 2 – Past Performance

- Design-Build Entity Qualifications Form (DBQ)
- Past Performance Evaluation Questionnaire
- Past Performance MBE/WBE/VBE
- *Phase I Utilization Plan MBE/WBE/VBE/PBE*

# Phase I

## Section 2 – Past Performance

- This section of the submittal is limited to 50 pages of information (excluding the Past Performance Questionnaires).
- It includes the Offeror's DBQ and any discussion and/or additional information, awards, letters, etc. concerning past performance.

# Design-Build Entity Qualifications Statement (DBQ)

# Design-Build Entity Qualifications Statement (DBQ)

## DESIGN-BUILD ENTITY QUALIFICATIONS STATEMENT - Instructions

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### GENERAL INSTRUCTIONS

The Design-Build Entity Qualifications Statement (DBQ) is to be submitted with the Phase 1 proposal. Carefully comply with RFP instructions when preparing and submitting this form. Be as concise as possible and provide only the information requested by the RFP.

### DEFINITIONS

**Branch Office:** A geographically distinct place of business or subsidiary office of a firm that has a key role on the team.

**Discipline:** Primary technical capabilities of key personnel, as evidenced by academic degree, professional registration, certification, and/or extensive experience.

**Key Personnel:** Individuals who will have major contract responsibilities and/or provide unusual or unique expertise.

### SPECIFIC INSTRUCTIONS

#### Section A. Contract Information.

**Title and Location.** Enter the title and location of the contract for which this form is being submitted, exactly as shown in the RFP.

**Public Notice Date.** Enter the posted date of the agency's notice on the CDB website.

**Project Number.** Enter the project number, exactly as shown in the RFP.

#### Section B. DB Entity Point of Contact

**Name, Title, Name of Firm, Telephone Number, Fax (Facsimile) Number and Email Address.** Provide information for a representative of the prime contractor or joint venture that the agency can contact for additional information.

#### Section C. Proposed Team.

**Firm Name, Address, and Role in This Contract.** Provide the contractual relationship, name, full mailing address, and a brief description of the role of each firm that will be involved in performance of this contract. List the DB entity or joint venture partners first. If a firm has branch offices, indicate each individual branch office that will have a key role on the team. The named subcontractors and outside associates or consultants must be used, and any change must be approved by the contracting officer. Attach an additional sheet in the same format as Section C if needed.

Be sure to include the CDB firm ID number for each firm which must be prequalified with CDB. If the firm is a design firm, include the Design Firm Registration number. If the firm is a contractor, include the name(s) of the United States Department of Labor approved Apprenticeship and Training program(s) the firm is a member of (per SD-DB 00 21 05.1 B.).

*The Financial Disclosures and Conflicts of Interest form shall be submitted for all firms identified on the DB-PTF. Failure to submit will result in rejection of submittal. The form is available as an attachment to the RFP or in the Reference Library Section of CDB's website at [www.illinois.gov/cdb/Pages/default.aspx](http://www.illinois.gov/cdb/Pages/default.aspx).*

*The Board of Elections Registration Certificate shall be submitted for all firms identified on the DB-PTF.*

#### Section D. Organizational Chart of Proposed Team.

As an attachment after Section C, present an organizational chart of the proposed team showing the names and roles of all key personnel listed in Section E and the firm they are associated with as listed in Section C.

#### Section E. Resumes of Key Personnel Proposed for This Contract

Complete this section for each key person who will participate in this contract. Group by firm, with personnel of the DB entity firm(s) first. The following blocks must be completed for each resume:

Name. Self-explanatory.

Role in This Contract. Self-explanatory.

# Design-Build Entity Qualifications Statement (DBQ)

Years Experience. Total years of relevant experience, and years of relevant experience with current firm, but not necessarily the same branch office.

Firm Name and Location. Name, city and state of the firm where the person currently works, which must correspond with one of the firms (or branch office of a firm, if appropriate) listed in Section C.

Education. Provide information on the highest relevant academic degree(s) received. Indicate the area(s) of specialization for each degree.

Current Professional Registration. Provide information on current relevant professional registration(s).

Other Professional Qualifications. Provide information on any other professional qualifications relating to this contract, such as education, professional registration, publications, organizational memberships, certifications, training, awards, and foreign language capabilities.

Relevant Projects. Provide information on up to five projects in which the person had a significant role that demonstrates the person's capability relevant to her/his proposed role in this contract. These projects do not necessarily have to be any of the projects presented in Section F for the project team if the person was not involved in any of those projects or the person worked on other projects that were more relevant than the team projects in Section F. Use the check box provided to indicate if the project was performed with any office of the current firm. Include LEED v. 4 experience, including responsibility related to LEED certification. If any of the professional services or construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description and Specific Role.

## Section F. Example Projects Which Best Illustrate Proposed Team's Qualifications for This Contract.

Select projects where multiple team members worked together, if possible, that demonstrate the team's capability to perform work similar to that required for this contract. Complete one Section F for each project. Present up to five projects, unless otherwise specified by the RFP. Complete the following blocks for each project:

Example Project Key Number. Start with "1" for the first project and number consecutively.

Title and Location. Title and location of project or contract.

Year Completed. Enter the year completed of the professional services (such as planning, engineering study, design, or surveying), and/or the year completed of construction, if applicable. If any of the professional services or the construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description of Project and Relevance to This Contract.

Project Owner. Project owner or user, such as a government agency or installation, an institution, a corporation or private individual.

Point of Contact Name/Phone Number. Provide name and phone number of a person associated with the project owner or the organization which contracted for the professional services, who is very familiar with the project and the firm's (or firms') performance.

Brief Description of Project and Relevance to This Contract. Indicate scope, size, cost, principal elements and special features of the project. Discuss the relevance of the example project to this contract and indicate LEED version and level where applicable. Enter any other information requested by the agency for each example project.

Firms from Section C Involved with This Project. Indicate which firms (or branch offices, if appropriate) on the project team were involved in the example project, and their roles. List in the same order as Section C.

## Section G. Key Personnel Participation in Example Projects.

This matrix is intended to graphically depict which key personnel identified in Section E worked on the example projects listed in Section F. Complete the following blocks (see example below).

Names of Key Personnel and Role in This Contract. List the names of the key personnel and their proposed roles in this contract in the same order as they appear in Section E.

Example Projects Listed in Section F. In the column under each project key number, and for each key person, place an "X" under the project key number for participation in the same or similar role.

Example Projects Key. List the key numbers and titles of the example projects in the same order as they appear in Section F.

## Section H. List of References.

# Design-Build Entity Qualifications Statement (DBQ)

List all individuals/organizations from whom references are being requested by the DB entity and listed subcontractors. Request at least one reference for each project listed in Section F. Each firm listed in Section A shall request at least three references (projects need not be the same as those listed in Section F).

**Section I. Additional Information.**

Use this section to provide additional information specifically requested by the RFP or to address selection criteria that are not covered by the information provided in Sections A-G.

**Section J. Authorized Representative**

An authorized representative of a joint venture or the prime contractor must sign and date the completed form. Signing attests that the information provided is current and factual, and that all firms on the proposed team agree to work on the project. Joint ventures selected for negotiations must make available a statement of participation by a principal of each member of the joint venture.

**SAMPLE ENTRIES FOR SECTION G (MATRIX)**

NAMES OF KEY PERSONNEL (From Section E)	FIRM ASSOCIATED WITH	ROLE IN THIS CONTRACT (From Section E)	EXAMPLE PROJECTS LISTED IN SECTION F (Fill in "Example Projects Key" section below before completing table. Place "X" under project key number for participation in same or similar role.				
			1	2	3	4	5
Jane A. Smith	Design Associates, Inc	Chief Architect	X		X		
Joseph B. Williams	Design Associates, Inc	Chief Mech. Engineer	X	X	X	X	
Tara C. Donovan	Engineering Assoc, Ltd.	Chief Elec. Engineer	X	X		X	
Elwyn Jones	ABC Construction Co	Project Superintendent		X		X	

**EXAMPLE PROJECTS KEY**

Key Number	TITLE OF EXAMPLE PROJECT (FROM SECTION F)
1	Federal Courthouse, Denver, CO
2	Justin J. Wilson Federal Building, Baton Rouge, LA
3	XYZ Corporation Headquarters, Boston, MA
4	Founder's Museum, Newport, RI

# Design-Build Entity Qualifications Statement (DBQ)

## DESIGN-BUILD ENTITY QUALIFICATIONS STATEMENT (DBQ)

### A. CONTRACT INFORMATION

PROJECT NUMBER: \_\_\_\_\_

RFP DATE: \_\_\_\_\_

TITLE AND LOCATION *(City and State)*: \_\_\_\_\_

### B. DB ENTITY POINT OF CONTACT

NAME AND TITLE: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### C. PROPOSED TEAM *(Complete this section for joint venture partners, design consultants and all subcontractors as identified on the DB-PTF including all trade contractors required by Section 30-30 of the Illinois Procurement Code.)*

FIRM NAME: _____	JOINT-VENTURE PARTNER?	Yes	No
ADDRESS _____	CDB Firm ID Number: _____		
_____	Certified by CMS as an MBE/WBE/VE firm?	Yes	No
_____	Design Firm Registration Number or		
_____	Apprenticeship and Training program _____		
ROLE IN THIS CONTRACT _____	IF BRANCH OFFICE CHECK		

FIRM NAME: _____	JOINT-VENTURE PARTNER?	Yes	No
ADDRESS _____	CDB Firm ID Number: _____		
_____	Certified by CMS as an MBE/WBE/VE firm?	Yes	No
_____	Design Firm Registration Number or		
_____	Apprenticeship and Training program _____		
ROLE IN THIS CONTRACT _____	IF BRANCH OFFICE CHECK HERE:		

FIRM NAME: _____	JOINT-VENTURE PARTNER?	Yes	No
ADDRESS _____	CDB Firm ID Number: _____		
_____	Certified by CMS as an MBE/WBE/VE firm?	Yes	No
_____	Design Firm Registration Number or		
_____	Apprenticeship and Training program _____		
ROLE IN THIS CONTRACT _____	IF BRANCH OFFICE CHECK HERE:		

# Design-Build Entity Qualifications Statement (DBQ)

FIRM NAME: _____	JOINT-VENTURE PARTNER? Yes No
ADDRESS _____	CDB Firm ID Number: _____
_____	Certified by CMS as an MBE/WBE/VE firm? Design Firm Registration Number or Apprenticeship and Training program Yes No
_____	IF BRANCH OFFICE CHECK HERE: _____
ROLE IN THIS CONTRACT _____	
<hr/>	
FIRM NAME: _____	JOINT-VENTURE PARTNER? Yes No
ADDRESS _____	CDB Firm ID Number: _____
_____	Certified by CMS as an MBE/WBE/VE firm?? Design Firm Registration Number or Apprenticeship and Training program Yes No
_____	IF BRANCH OFFICE CHECK HERE: _____
ROLE IN THIS CONTRACT _____	
<hr/>	
FIRM NAME: _____	JOINT-VENTURE PARTNER? Yes No
ADDRESS _____	CDB Firm ID Number: _____
_____	Certified by CMS as an MBE/BE firm? Design Firm Registration Number or Apprenticeship and Training Yes No
_____	IF BRANCH OFFICE CHECK HERE: _____
ROLE IN THIS CONTRACT _____	
<hr/>	
FIRM NAME: _____	JOINT-VENTURE PARTNER? Yes No
ADDRESS _____	CDB Firm ID Number: _____
_____	Certified by CMS as an MBE/WBE/VE firm? Design Firm Registration Number or Apprenticeship and Training program Yes No
_____	IF BRANCH OFFICE CHECK HERE: _____
ROLE IN THIS CONTRACT _____	
<hr/>	
FIRM NAME: _____	JOINT-VENTURE PARTNER? Yes No
ADDRESS _____	CDB Firm ID Number: _____
_____	Certified by CMS as an MBE/WBE/VE firm? Design Firm Registration Number or Apprenticeship and Training program Yes No
_____	IF BRANCH OFFICE CHECK HERE: _____
ROLE IN THIS CONTRACT _____	

\* Attach additional sheets as needed.

D. ORGANIZATIONAL CHART OF PROPOSED TEAM Attached  $\Delta$

# Design-Build Entity Qualifications Statement (DBQ)

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**  
(Present as many projects as requested by the RFP or up to 5 projects if not specified. )

**EXAMPLE PROJECT - KEY NUMBER 1**

TITLE AND LOCATION (City and State):

YEAR COMPLETED - DESIGN:

YEAR COMPLETED - CONSTRUCTION (if applicable):

PROJECT OWNER:

PROJECT OWNER'S POINT OF CONTACT NAME/PHONE NUMBER:

BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT (include scope, size, and cost):

FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

FIRM NAME	FIRM LOCATION (City and State)	ROLE

**EXAMPLE PROJECT - KEY NUMBER 2**

TITLE AND LOCATION (City and State):

YEAR COMPLETED - DESIGN:

YEAR COMPLETED - CONSTRUCTION (if applicable):

PROJECT OWNER:

PROJECT OWNER'S POINT OF CONTACT NAME/PHONE NUMBER:

BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT (include scope, size, and cost):

FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

FIRM NAME	FIRM LOCATION (City and State)	ROLE

**EXAMPLE PROJECT - KEY NUMBER 3**

TITLE AND LOCATION (City and State):

YEAR COMPLETED - DESIGN:

YEAR COMPLETED - CONSTRUCTION (if applicable):

PROJECT OWNER:

PROJECT OWNER'S POINT OF CONTACT NAME/PHONE NUMBER:



# Design-Build Entity Qualifications Statement (DBQ)

## H. LIST OF REFERENCES REQUESTED

	Firm Requesting Reference	Organization reference requested from	Contact Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
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22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			

\*Attach additional sheets as necessary.

## I. ADDITIONAL INFORMATION

PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE RFP. ATTACH ADDITIONAL SHEETS AS NEEDED:

## J. AUTHORIZED REPRESENTATIVE

The foregoing is a statement of facts.

SIGNATURE OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

NAME AND TITLE OF SIGNER \_\_\_\_\_

# Design-Build Entity Qualifications Statement (DBQ)

- A minimum of 5 contracts must be represented (maximum of 7).
- At least 3 of the projects must reflect the experience of the Offeror.
- At least 2 of the projects must reflect the experience of the Design Team.
- Failure to submit the required information is a MATERIAL DEFICIENCY.

# Reference Questionnaire Package

# Reference Questionnaire Package

## REFERENCE QUESTIONNAIRE PACKAGE INFORMATION AND FORMS

### Instructions to Offeror/Subcontractor for sending Reference Questionnaire Forms:

Offerors must prepare and send a reference questionnaire package for each project listed in the Design Build Entity Qualifications Statement (DBQ). A minimum of three (3) references must reflect the experience of the Offeror and a minimum of two (2) references must reflect the experience of the design team (or, contractor if the Offeror is a design firm). At least one of the above references for either the Offeror or the Design Team should be for a LEED v4 project. For Government contracts, send to Contracting Officer or Technical Representative. For commercial references send to personnel with duties similar to those for Government contracts. It is your responsibility to follow-up and to encourage your references to send in their questionnaire. Your questionnaire package should contain the following.

Cover Letter (See attached SAMPLE)  
Past Performance Evaluation Questionnaire

Complete Part 1 (To Be Completed by Firm Requesting Reference) of each Questionnaire before sending it to the individual who will be providing the reference.

**PLACE THE NAME OF THE DB ENTITY MAKING THE SUBMITTAL TO CDB AND THE CDB PROJECT NUMBER IN THE HEADER SO THEY APPEAR ON EACH QUESTIONNAIRE PAGE**

OFFEROR SHOULD DELETE THESE INSTRUCTIONS BEFORE SENDING OUT QUESTIONNAIRES

# Reference Questionnaire Package

## SAMPLE TRANSMITTAL LETTER

Your Company Letterhead

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We have listed you as a reference for work we have performed for your firm as noted on the attached questionnaire. Our firm intends to submit a proposal under a project advertised by the Illinois Capital Development Board (CDB) for *Construct a Health Sciences Building*. In accordance with CDB's Rules and Regulations, they will evaluate our firm's past performance. Your candid response to the attached questionnaire will assist the evaluation team in this process. We understand that you have a busy schedule and your participation in this evaluation is greatly appreciated. Please complete the enclosed questionnaire as thoroughly as possible. Space is provided for comments. Under CDB Rules, your response will be available for review by the firm requesting the reference.

Please send your completed questionnaire to the following address to arrive NOT LATER THAN Monday, April 18, 2022.

*Brent Lance*

Email: [CDB.825-030-075@Illinois.gov](mailto:CDB.825-030-075@Illinois.gov)

Questionnaires should be emailed to the above address.

If you have questions regarding the attached questionnaire, or require assistance, please contact the individual named above. Thank you for your assistance.

**Signature and Title**

# Reference Questionnaire Package

CDB Project Number: \_\_\_\_\_  
OFFEROR NAME \_\_\_\_\_

## PAST PERFORMANCE EVALUATION QUESTIONNAIRE

### Part 1 (To Be Completed by Firm Requesting Reference)

1. Name/Title, Firm Name & Address (City and State):  
\_\_\_\_\_  
\_\_\_\_\_

2. Title of Project/Contract Number: \_\_\_\_\_ Design-Bid-Build  or Design-Build

3. Description of Project for Which Reference is Requested (Include type of work/trades performed):  
\_\_\_\_\_  
\_\_\_\_\_

4. Complexity of Work: High \_\_\_\_\_ Mid \_\_\_\_\_ Routine \_\_\_\_\_

5. Location of Work: \_\_\_\_\_

6. Role on Project:  Prime  Subcontractor/Sub-consultant

7. Contract Amount: \_\_\_\_\_

8. Date of Award: \_\_\_\_\_

9. Status: Percent complete \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_ Scheduled  Actual

### Part 2 (To Be Completed by Person Providing Reference)

Reference is provided by: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Contract: \_\_\_\_\_

### If the information provided in Part 1 is not accurate, please indicate and correct.

To obtain an electronic version of the form (Design-Build Reference Questionnaire) please go to the Reference Library on [www.cdb.state.il.us](http://www.cdb.state.il.us)

Return completed questionnaire (pages 1-4) via FAX (*\*number*), or via email to *\*email address*, or forms may be mailed to: *\*Name, Address*. Mark cover sheet of fax/subject line of email/outside of envelope: Attention: Project Number \*999-999-999 "Reference Questionnaire"

# Reference Questionnaire Package

CDB Project Number: \_\_\_\_\_  
OFFEROR NAME \_\_\_\_\_

**1. QUALITY OF WORK: WAS THIS EFFORT DESIGN BUILD? Yes \_\_\_\_\_ No \_\_\_\_\_**  
Evaluate performance in complying with contract requirements, quality achieved and overall technical expertise demonstrated.

Excellent Quality  
Above Average Quality  
Average Quality  
Below Average Quality  
Unsuccessful or Experienced Significant Quality Problems  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

**2 TIMELINESS OF PERFORMANCE:**  
To what extent were contract performance requirements met? Consider also such things as; contract performance period requirements; provided submittals in a timely manner; timely completion of punch-list items; timely submission of close out documents, i.e., "as builts". Was timely and satisfactory response to warranty issues after project completion provided?

Completed Substantially Ahead of Schedule  
Completed on Schedule with no Time Delays  
Completed on Schedule with Minor Delays Under Extenuating Circumstances OTHER (explain) \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

**3. DOCUMENTATION**  
To what extent were reports, submittals and other required documentation accurate, complete?  
Excellent Quality  
Above Average Quality  
Average Quality  
Below Average Quality  
Unsuccessful or Experienced Significant Quality Problems  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

**4. COORDINATION**  
How well were subcontractors, sub-consultants, suppliers, and/or the labor force managed and coordinated? Or, if firm was a subcontractor, how well did they respond to coordination efforts and work with other subs? Were there any problems and, if so, how were they handled?  
Excellent  
Above Average  
Average  
Below Average  
Unsuccessful  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

# Reference Questionnaire Package

CDB Project Number: \_\_\_\_\_

OFFEROR NAME \_\_\_\_\_

## 5. GENERAL MANAGEMENT PRACTICES

How well managed were the firm's general business practices? Consider such things as ; provided quality, experienced managers, technical and administrative personnel throughout the project; was promptly available when needed, and responded in a prompt and acceptable manner to resolve problems, provided accurate price proposals.

Excellent

Above Average

Average

Below Average

Unsuccessful

Remarks: \_\_\_\_\_

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## 6. MBE/FBE PROGRAM

Did the contractor utilize MBE/FBE subcontractor/suppliers? Were MBE/WBE goals (if any) met? Did the contractor have a good relationship with the MBE/FBE firms on the project?

Excellent

Above Average

Average

Below Average

Unsuccessful

Not Applicable

Remarks: \_\_\_\_\_

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## 7. OVERALL SAFETY PROGRAM

How well did the contractor manage the construction as it relates to safety? Discuss any Safety issues that arose during the course of the construction.

Excellent

Above Average

Average

Below Average

Unsuccessful

Remarks: \_\_\_\_\_

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## 8. BUDGET

How well did the firm conform to the project budget? Did the applicant initiate unwarranted change orders or change order requests?

Excellent

Above Average

Average

Below Average

Unsuccessful

Remarks: \_\_\_\_\_

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07/07

# Reference Questionnaire Package

CDB Project Number: \_\_\_\_\_  
OFFEROR NAME \_\_\_\_\_

## 9. CLAIMS/LITIGATION

Was the applicant involved in any claims or litigation surrounding the project?

Yes  No If "Yes", please explain

Remarks: \_\_\_\_\_  
\_\_\_\_\_

## 10. CUSTOMER SATISFACTION:

To what extent were the end users satisfied with: Quality? Cost? Schedule?

Exceptionally Satisfied Q \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_

Highly Satisfied Q \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_

Satisfied Q \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_

Somewhat Dissatisfied (please explain) Q \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_

Remarks: \_\_\_\_\_

If given the opportunity, would you work with this firm again?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER REMARKS:

Use the space below to provide other information related to the contractor's performance. This may include selection of subcontractors/sub-consultants, flexibility in dealing with contract challenges, payment issues, their overall concern for the client's interest (if applicable), project awards received, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Reference Questionnaire Package

- Failure to submit a minimum of five (5) and a maximum of seven (7) performance questionnaires is a *Technical* Deficiency.
- At least one reference should be for a LEED v4 project.

# MBE/WBE/VBE/PBE Phase I Utilization Plan

**MBE/WBE/VBE Phase I Utilization Plan**

**INCLUDE WITH PHASE I PROPOSAL**

**CDB PROJECT NO. 825-030-075**

**Name of Offeror:** \_\_\_\_\_

A. Please list the consultants that will be performing any portion of basic design services for this project. Any firm providing architectural, engineering, or land surveying must be prequalified with CDB. Consultants that are not providing the aforementioned regulated services do not have to be prequalified with CDB, but should be registered with CDB as a sub-consultant. These may include cost consultants, food service consultants, etc. The firms listed below are considered first tier consultants and shall hold a contract directly with the firm submitting this 255 Form. Failure of the consultants, providing regulated design services, to be prequalified, will result in rejection of the Offeror's submittal.

	CDB Prequalification or Registration Number, Name of MBE/WBE/VBE Firm Address City State Zip	Proposed Percentage of Subcontract	Telephone Number	MBE/WBE/VBE Designation And Certifying Agency	Trade Performed or Supply Provided	Description / Scope of Work	CDB Use Only CMS Expiration Date
1.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
2.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
3.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
4.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
5.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
6.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
7.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			

# MBE/WBE/VBE/PBE Phase I Utilization Plan

**MBE/WBE/VBE Phase I Utilization Plan  
INCLUDE WITH PHASE I PROPOSAL**

**Name of Offeror:** \_\_\_\_\_

**CDB PROJECT NO.** 825-030-075

The Offeror represents to CDB that, to the best of its knowledge and belief:

1. Each of the subcontractors and suppliers listed is certified by Central Management Services under the provisions and definitions of the Minority/Women/Veterans Business Enterprise Program Acts as a minority, women or veteran owned business.
2. The subcontract(s) which will be executed by the Offeror for the first and/or second level subcontractors and suppliers if the offeror is awarded this contract by CDB will meet or exceed the specified MBE/WBE goals, and will comply with all provisions of the Business Enterprise for Minority, Women and Persons with Disabilities Act.
3. The subcontract(s) which will be executed by the Offeror for the first and/or second level subcontractors and suppliers if the offeror is awarded this contract by CDB will meet or exceed the specified VBE goals.

**Offeror agrees to and certifies that it will comply with the contractual requirements specified in Article 00 43 39 of CDB's Standard Documents for Construction, and the most current Supplement, regarding the Business Enterprise for Minority, Women and Persons with Disabilities Act and the Veterans Business Program.**

\_\_\_\_\_  
**Signature, Title**

\_\_\_\_\_  
**Date**

**SIGNATURE IS REQUIRED**

# MBE/WBE/VBE/PBE Phase I Utilization Plan

**MBE/WBE/VBE Phase I Utilization Plan**

**INCLUDE WITH PHASE I PROPOSAL**

**CDB PROJECT NO. 825-030-075**

**Name of Offeror:** \_\_\_\_\_

A. Please list the consultants that will be performing any portion of basic design services for this project. Any firm providing architectural, engineering, or land surveying must be prequalified with CDB. Consultants that are not providing the aforementioned regulated services do not have to be prequalified with CDB, but should be registered with CDB as a sub-consultant. These may include cost consultants, food service consultants, etc. The firms listed below are considered first tier consultants and shall hold a contract directly with the firm submitting this 255 Form. Failure of the consultants, providing regulated design services, to be prequalified, will result in rejection of the Offeror's submittal.

	CDB Prequalification or Registration Number, Name of MBE/WBE/VBE Firm Address City State Zip	Proposed Percentage of Subcontract	Telephone Number	MBE/WBE/VBE Designation And Certifying Agency	Trade Performed or Supply Provided	Description / Scope of Work	CDB Use Only CMS Expiration Date
1.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
2.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
3.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
4.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
5.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
6.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			
7.				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> PBE <input type="checkbox"/> Certified by CMS			

# MBE/WBE/VBE/PBE Phase I Utilization Plan

MBE/WBE/VBE/PBE Utilization Plan	
Exceeds stated goals by 30% or more	Maximum Points
Exceeds stated goals by 25% or more	Maximum Points x 2/3
Meets but does not exceed goals	Maximum Points x 1/3
Meets at least 75% of the goals	Maximum Points x 1/4

# Phase I

## Section 3 – Technical Capability

- Technical Approach Narrative
- Offeror's Team Experience
- Other Capabilities

# Technical Approach Narrative

- Maximum of 5 pages.
- “Fast Track” construction
- Discuss proposed organization and roles/responsibilities of all parties.
- Proposed process for handling field problems.

# Offeror's Team Experience

- Maximum of 5 pages.
- Example Projects no more than 10 years old.
- Information from Section 2 - Past Performance may be considered
- See detailed requirements outlined on Pages 10-11 of the RFP.
- Discuss MBE/WBE/VBE/PBE programs, goals, strategy.

# Other Capabilities

- Maximum of 2 pages.
- Describe office capabilities for using BIM and other forms of technology.
- Describe capabilities for scheduling along with software used and experience of staff. (A sample schedule is not desired.)
- Describe your office capabilities for ensuring proper administration of a project of this size and complexity.

# Phase I

## Section 4 – Financial Capability

- Bonding
- Insurance
- Bank References

# Phase I Evaluation Criteria

## Phase I Evaluation

Evaluation Criteria		Possible Points
1	** Experience of Personnel Assigned to the Project	120
2	** Successful Experience with Similar Project Types	100
3	Experience with construction of projects on University Campuses	100
4	Experience with construction of higher education laboratories	100
5	Experience of personnel in successfully leading a design-build project team through integrative design processes.	120
6	Experience in successful delivery of LEED v4 Silver projects of similar size & scope.	100
7	** Financial Capability	100
8	** Timeliness of Past Performance	75
9	** Experience with Similarly Sized Projects	75
10	** Successful Reference Checks of the Firm	80
11	** Commitment to assign personnel for the duration of the project and qualifications of the entity's	75
12	** Past Performance in meeting MBE/WBE/VBE goals on prior projects	100
13	Level of Proposed MBE/WBE/VBE/PBE Participation on Team	75
Total Maximum Points		1220

*\*\* Criteria Required by the Design-Build Act*

# Phase II Schedule

- May 23, 2022 – Phase II Invitations will be issued
- June 8, 2022 - Pre-Proposal Meeting
- June 15<sup>th</sup> & 16<sup>th</sup>, 2022 – Proprietary Meetings
- August 22, 2022 – Phase II Proposals Due by 2:00PM
  - *Electronic Submittals Only*
  - *Hand Carried Submittals will not be accepted*
- September 7, 2022 – Interviews
- October 11, 2022 – Tentative Date for Board Approval of Selection

# Phase II

- Offerors are expected to provide a means by which they can deliver the project at or near the published budget amount of \$87,000,000.
- Any proposal where the Base Bid plus Deviations (line 18 on the pricing schedule) exceeds the published budget by more than \$10% will be considered to be materially deficient and will be rejected.

# Site Visits

- Teams are allowed to visit the site but must adhere to all requirements for other visitors.
  - Structured Site Visits will be provided early in Phase II.

# Construct a Health Sciences Building Southern Illinois University Edwardsville

CDB Project No. 825-030-075

March 29, 2022

Questions?

# Construct a Health Sciences Building Southern Illinois University Edwardsville

CDB Project No. 825-030-075

March 29, 202

**Thank you.**