

Deer Valley Airport Relocate Taxiway B and Construct B6/B9 Project No. AV31000092 FAA AIP 3-04-0028-045-2023

<u>Instructions to Bidders</u>

J Banicki Construction Inc. invites your firm to submit qualifications on the above referenced project.

Prequalification's are due May 24th, 2024 before 12 pm (MT AZ)

Proposals for the above referenced project will consist of two components; Prequalification's and Price. A separate bid proposal form is available on the J. Banicki Construction Inc. (JBCI) web site http://www.banicki.com. The Bid Proposal forms must be utilized to submit your price for evaluation.

Prequalification's:

Each potential Subcontractor shall submit their prequalification's as outlined in the following request.

Please have 3 "Subcontractor Reference Questionnaires" completed by the Owner/General Contractor and submitted by the Owner/General Contractor directly to JBCI via email at (mlambesis@banicki.com) before 12 pm May 24th, 2024.

Please fill out in its entirety the **"Subcontractor Information Sheet"** and return to JBCI via email at (mlambesis@banicki.com) by 12 pm May 24th, 2024.

Bid Proposals are Due May 29th, 2024 Before 12 PM (MT AZ)

Bid proposals must be on the provided forms and delivered in a sealed envelope to the following address:

Estimating: Deer Valley Airport Relocate Taxiway B & Construct Connectors B6/B9 GMP1

J. Banicki Construction Inc.

4720 E. Cotton Gin Loop,

Suite 240, Phoenix AZ. 85040

Late submittals will be considered non-responsive. Questions must be emailed to mlambesis@banicki.com on or before May 24th, 2024 and will be answered in the form of an addendum. All required bid forms can be found on http://www.banicki.com.



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Subcontractor Reference Questionnaire

This form is being submitted to your company for completion as a business reference for the company listed below. Please execute and email to: mlambesis@banicki.com prior to May 24th, 2024 @ 12:00PM (MT AZ).

Reference for (name of company you are providing reference for):							
Company Providing Reference:							
Contact Name and Title:							
Contact Telephone Number:							
Contac	t email address:						
Questic	ons:						
1.	In what capacity have you worked with this company in the past? Please explain the company's responsibilities. Comments:						
2.	How would you rate this company's ability to manage schedule requirements? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:						
3.	How would you rate this company's flexibility relative to changes in the project scope and schedule? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:						
4.	How would you rate the quality of this company's work? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:						
5.	How would you rate this company's ability to manage your budget? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:						

6. How would you rate this company's dedication to safety?

Comments:

(5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor)



Subcontractor Name:

Address:

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Subcontractor Information Sheet

Bid Contact for this			Name					Email			1			
Project:		Cell Phone #:					Office	Phone	#:					
Primary Field Supervisor			Name:					Email						
for this Project:			Cell Phone #:					Office	Phone	#:				
Add'l Field Supervisor for			Name:					Email	Email:					
this Pr	oject:		Cell Phone #:						Office Phone #:					
*Please attach one page resumes for Field Supervisors (Maximum of two as listed above)														
Safety	Informati	ion:												
	EMOD	Avg Employ	yee	e OSHA Recordable		Lost Work		Lost Work		Restricted or			Fatalities	
		Hours	Cases			Day - Cases		Day – Days		Transfer				
2018														
2017														
2016														
Insurai	nce & Fin	ancial Inform	ation:											
	nce Comp		Company Name:											
, ,			Agent Contact:					Phon			e #:			
Bondir	ng Compa	ny	Company Name:						Per Pr	oject L	imit:			
Inform	ation & B	onding	Agent	Contact:					Aggreg	gate Li	mit:			
Capaci	ty:		Phone		•		Rating:		Currer	nt Avai	ilable:			
*Pleas	e submit s	sample insurc	ance cer	rtificate for C	General	Liability, A	Auto & W	orkmans C	ompens	ation				
		eferences La	st Five `	Years:										
	t #1 Name													
Brief P	roject De	scription:												
Refere	nce Name	& Title						Phon	e #·					
Original Value:						Final \	Value:							
Start D							letion Da	te:						
	t #2 Name	7.												
	roject De													
Direct i	roject be	seription.												
	nce Name	& Title:						Pho	ne #:					
	al Value:					Final \								
Start Date:			Completion Date:											
	t #3 Name													
Brief P	roject De	scription:												
D- C		0 7:41						51	- 11.					
Reference Name & Title:						F!! >	/alus:	Phon	e #:					
Original Value:			Final Value: Completion Date:											
Start Date:						Comp	ietion Da	te:						