



School District of DeSoto County

Application for  
Pre-qualification as a Contractor  
For

# Facilities and Construction

School District of DeSoto County 530 LaSolona Avenue Arcadia, FL 34266

Mr. Adrian Cline, Superintendent

# Instructions for filing an application for Pre-qualification as a Contractor for Facilities and Construction for The School District of DeSoto County.

## Procedures

### 1. Introduction

Each person or firm who desires to bid on a construction project must submit an application and be approved for pre-qualification. Any inaccurate or misleading statements in the application will cause disapproval of the application or suspension/revocation of the Certificate of Pre-Qualification.

### 2. Public Entity Crimes Statement

A Public Entity Crimes Statement is included in the pre-qualification packet. This form must be completed, notarized, and included with the pre-qualification submittal.

### 3. Insurance

Certificates of insurance confirming current worker's compensation, public liability and property damage insurance as required by law must be included with the pre-qualification submittal.

### 4. License

The applicant shall submit a copy of the firm's contractor's license which authorizes the contractor to supervise work within the scope of the construction project. Contractor must provide proof that a valid contractor's license has been held for a minimum of five (5) years.

### 5. Department of Corporations

Applicant must submit documentation verifying company is registered with the Florida Department of State, Department of Corporation.

### 6. Certificate of Pre-Qualification

a. The Facilities Director and/or Review Committee will evaluate each application for pre-qualification. The information will then be submitted to the Superintendent for review and recommendation to the School Board for approval. The School Board will issue a Certificate of Pre-Qualification in accordance with State Board of Education Rules and School Board policy. The School Board has sixty (60) days from receipt of a **COMPLETE** application to either approve or disapprove the application.

b. Bidders must hold a valid Certificate of Pre-Qualification issued by the School Board before submitting a bid. Bids will be returned, unopened, unless the contractor holds an approved certificate.

## 7. Effective Period of Certificate

Certificates of Pre-Qualification shall be valid for a period of one year from the date of approval, unless suspended or terminated by the School Board or applicable license expires.

## 8. Renewal of Certificate

Pre-Qualified contractors, whose certificate has expired, may apply for pre-qualification upon notice of the next applicable project. Contractors may request a revision of their pre-qualification status at any time they believe the dollar volume of work under contract or the size or complexity of the projects should be increased if experience, staff size, staff qualification, and other pertinent data justify the action.

## 9. Directions for Mailing

Mail or deliver completed Pre-Qualification Application to: School District of Desoto County, Facilities Division, 530 LaSolona Avenue, Arcadia, FL 34266; Attn: Facilities Secretary

REMINDER.....

A complete pre-qualification application shall include:

- ❖ Signed and sealed page one of the application authorizing the Board to obtain verification of information
- ❖ Complete application packet
- ❖ Signed and notarized General Financial Information Page
- ❖ Written verification of bonding capacity
- ❖ Signed and notarized Public Entity Crimes Statement
- ❖ Certificates of Insurance confirming current worker's compensation, public liability and property damage insurance as required by law
- ❖ A copy of the firm's contractor's license which authorizes the contractor to supervise work within the scope of the construction project. Contractor must provide proof that a valid contractor's license has been held for a minimum of five (5) years
- ❖ Verification of confirming company is registered with the Florida Department of State, Department of Corporations
- ❖ Completed subcontractor and supplier reference information – if primary contact and phone number is not listed application will be rejected.

**Application for Pre-Qualification as a Contractor for Facilities and  
Construction for School District of DeSoto County**

We wish to submit our application for certification as a pre-qualified contractor for facilities and construction for the School District of DeSoto County.

A copy of the license under which our firm is engaged in the business of contracting in the State of Florida is **attached**. This license was issued in accordance with provisions of Section 489-113, Florida Statutes, and is currently valid and in force.

It is understood that certification, if given, shall be valid for a period of one year from the date of approval, unless suspended or terminated by the School Board or applicable license expires.

We authorize and request any public official, engineer, architect, surety company, bank depository, material or equipment manufacturer or distributor or any person, firm or corporation to furnish any information requested by the School District of DeSoto County, to verify statements given with this application to confirm our standing and general reputation.

It is understood that all information submitted in this application may be determined to be public record and subject to disclosure as governed by applicable Florida law. All required company financial information may be submitted separate and apart from the other required submittals in order to endeavor to protect privileged company information from public disclosure.

The costs incurred by the respondent in submitting its proposal are considered an operational cost of the respondent and shall not be passed on or borne by the School Board under any circumstances.

We have not been disqualified by any public agency in Florida except as follows: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

Title of Person Signing: \_\_\_\_\_

**If corporation, affix seal**

## Contractor's Statement of Experience

1. Indicate the trades in which you seek pre-qualification.

\_\_\_\_\_ General Construction                      \_\_\_\_\_ Roofing  
\_\_\_\_\_ Mechanical Engineering                      \_\_\_\_\_ Site Work  
\_\_\_\_\_ Electrical Engineering                      \_\_\_\_\_ Other \_\_\_\_\_

Write a brief narrative of the type of work you are licensed to perform:

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2. Person to contact with questions regarding this application: \_\_\_\_\_

Contact's phone number \_\_\_\_\_ E-mail address: \_\_\_\_\_

Send Legal Notices for Bids to the attention of: \_\_\_\_\_

3. Legal Name: \_\_\_\_\_

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

Mailing Address if different from above: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

4. Check one: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Joint Venture \_\_\_\_\_ Other \_\_\_\_\_

5. How many years has your organization been in business as a Contractor? \_\_\_\_\_

6. How many years has your organization been in business under its present business name? \_\_\_\_\_

7. Under what other or former names has your organization operated? \_\_\_\_\_

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8. If your organization is a corporation, answer the following:

Date of incorporation \_\_\_\_\_ State of incorporation \_\_\_\_\_

If Out of State Corporation, currently authorized to do business in Florida, give date of authorization \_\_\_\_\_

9. Name and Title of principal officers:	Yrs. Construction Experience	Date position assumed
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. If your company is a partnership, answer the following:

Date of organization \_\_\_\_\_

Type of partnership (if applicable) \_\_\_\_\_ (general, limited, association)

Name(s) and address(es) of general partner(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. If your organization is individually owned, answer the following:

Date of organization \_\_\_\_\_

Name and address of owner \_\_\_\_\_

\_\_\_\_\_

12. If the form of your organization is other than a corporation, partnership, or individually owned, describe it and name the principals:

\_\_\_\_\_

\_\_\_\_\_

13. List the type license and trade categories in which your organization is legally qualified to do business; include license numbers, if applicable:

Certified/Registered	Trade Category	License # (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Has your organization ever failed to complete any work awarded to it? \_\_\_\_\_ If so, give details:

\_\_\_\_\_

\_\_\_\_\_

15. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? \_\_\_\_\_ if yes, include a copy of the complaint filed, a copy of the answer filed, and a copy of any counter claim filed.

16. List any judgments, claims, and arbitration proceedings of suits against your organization or its officers within the past five years. Include evidence of satisfactory resolution for each claim listed.

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17. Within the last five years, has your organization filed any lawsuits or requested arbitration with regard to construction contracts? \_\_\_\_\_ If yes, give details:

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18. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? \_\_\_\_\_ If yes, state name of individual, other organization and reason therefore:

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19. Name, address, and phone number of one mechanical, plumbing, and electrical subcontractor and one major supplier who have been associated with you and any of the projects listed on pages five or six. Please make this the primary contact person and phone number as reference will be checked.

Mechanical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Electrical: \_\_\_\_\_

One major supplier: \_\_\_\_\_

20. List ALL prime construction projects, applicable to the project you are pre-qualifying for, your organization has in progress on this date.

Name of Project	Contract Amount	Percent Complete	Scheduled Completion date	Design Architect or Engineer and Address	Contact	Phone #

State total worth of work in progress and under contract \_\_\_\_\_



21. List ALL prime construction projects, applicable to the project you are pre-qualifying for, your organization has completed in the past five years. If pre-qualifying in more than one trade, evidence of experience must be provided for each trade and identified appropriately.

Name of Project	Contract Amount	Date of Completion	Project Applies to What Trade	Name of Owner and Address (Must List Name of Contact Person)	Phone Number/Fax #	Project Scope

State average annual amount of construction work performed during the past five years \_\_\_\_\_

## General Financial Information

1. Name and address of applicant's bank:

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2. Give name of current bonding company:

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3. Give name, phone number, and address of Florida resident agent for current bonding company:

(State Requirements for Educational Facilities requires that the bond be with a surety insurer authorized to do business in Florida).

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

4. Attach written verification of bonding capacity. The verification must be submitted by a licensed surety company rated excellent ("A-" or better) in the current A.M. Best Guide and qualified to do business in the State of Florida.

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

(The application must be signed by an authorized officer of the company, the owner, or sole proprietor, as appropriate.)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority,  
\_\_\_\_\_ (name of individual signing) who, after being sworn by me,  
affixed his/her signature in the space provided above on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
My Commission expires: \_\_\_\_\_ NOTARY PUBLIC

## PUBLIC ENTITY CRIMES STATEMENT

### SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY  
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Application for Pre-qualification as a Contractor for Educational Facilities Construction.
2. This sworn statement is submitted by \_\_\_\_\_ (name of entity submitting sworn statement) whose business address is \_\_\_\_\_ and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_).
3. My name is \_\_\_\_\_ (please print name of individual signing) and my relationship to the entity named above is \_\_\_\_\_.
4. I understand that a “Public Entity Crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Bid or Contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in federal or state trial court of record relating to charges brought by indictment or information after July, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:  
  
A predecessor or successor of a person convicted of a public entity crime; or

An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The Term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one (1) person of shares

constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arms' length agreement shall be a prima facie case that one (1) person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Contract and which bids or applies to bid on Contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement: **Indicate which statement applies.**

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, **AND indicate which additional statement applies.**

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **Attach a copy of the final order.**

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **Attach a copy of the final order.**

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. **Describe any action taken by or pending with the State of Florida, Department of General Services.**

\_\_\_\_\_ Date: \_\_\_\_\_ (Signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority,  
\_\_\_\_\_ (name of individual signing) who, after first being sworn by me,  
affixed his/her signature in the space provided above on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ NOTARY PUBLIC

My commission expires:

SAMPLE