
CONSTRUCTION MANAGER TECHNICAL QUALIFICATION QUESTIONNAIRE

For Construction Management, NYULMC is seeking only CM at risk, not as agent.

INFORMATION TO BE FURNISHED BY A CONSTRUCTION MANAGER CONTRACTOR

(Notes: All questions on this questionnaire must be answered; do not leave blanks – where appropriate, state “None” or “Not Applicable” (N/A). If additional space is required to fully respond to any questions, please add sheets to this questionnaire and reference the questions/answers appropriately.) NYULMC reserves the right to inquire further with respect to any matter in this Questionnaire or otherwise to determine the suitability of a CM to receive an award of a contract.

GENERAL: PARTS I and II are general identification questions. PART III contains the categories of work and dollar limits for each construction project. In order to be considered for Master Contract award, CMs must be deemed qualified based on their responses to all questions. In PART III, CMs must specify the types of construction and dollar values for which they seek qualification and answer all questions in PART IV as they relate to the areas of work specified in PART III.

PART I. IDENTITY OF CONTRACTOR:

- A. Contractor’s full legal name: _____
- B. Tax ID Number (“TIN”), Employer Identification Number (“EIN”) and Social Security Number (“SSN”), as applicable: _____
Dun & Bradstreet DUNS (DUNS) # (unique nine digit number) _____
- C. Contractor’s form of legal entity (corporation, joint venture, sole proprietorship, etc.): _____

If the Contractor is a Joint Venture, or Partnership, please list all partner firms and/or parties to the Joint Venture below. All partners and/or parties listed are also required to individually complete a separate Contractor Responsibility Questionnaire.

(1) Partner/Party Name _____
TIN, EIN, or SSN _____
DUNS # _____
Percentage of Ownership: _____

(2) Partner/Party Name: _____
TIN, EIN or SSN: _____
DUNS # _____
Percentage of ownership: _____

PART II. IDENTITY OF PERSON COMPLETING THIS QUESTIONNAIRE:

- A. Name: _____
- B. Employer/Title: _____
- C. Telephone number: _____ Fax number _____
- D. Email address: _____ Mobile number _____

PART III. TYPES OF CONSTRUCTION AND DOLLAR LIMITS:

Please indicate on the chart below the type of construction and dollar limits for which you seek qualification:

Type of Construction	\$10M-\$20M	\$20M-\$50M	\$50M+
Medical Research Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic & Treatment rooms (including medical equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Patient Care (including overnight medicine, PACU, ICU, Bone marrow transplant, transplant, urgent care, and ED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Space (lecture halls and classrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Construction, including, but not limited to, institutional kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaza/landscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV. CONSTRUCTION RELATED INFORMATION:

CM is required to provide a list of contracts that clearly demonstrates the CM's ability to perform each type of construction and at the highest dollar value listed in Part III above for which it is seeking qualification. If CM is seeking qualification for different types of construction, CM will provide the information below for each type of construction. For each of the contracts listed below, CM shall provide a brief description of the work performed, the contract number, the dollar amount at award and at completion, date completed, the name, telephone number, and email address of the owner's representative, and whether or not liquidated damages were assessed. Attach additional sheets as necessary.

List all contracts completed during the last three (3) years. If more than three (3) contracts have been completed in the past three (3) years, list the last three (3) contracts completed within the type(s) of Construction for which you seek qualification (attach additional sheets as necessary). Where a specific project encompasses more than one type of construction, please note that information.

Type of Construction _____

A. Brief description of work performed: _____

Contract number: _____

Dollar amount of award: _____

Date completed: _____ Work performed as a CM at risk _____

Name/Telephone number/ email address of company and Owner's Representative: _____

Dollar Amount at completion: _____

Were liquidated damages or penalty provisions assessed? CM is to provide an explanation of the circumstances (attach additional sheets if necessary) _____

B. Brief description of work performed: _____

Contract number: _____

Dollar amount of award: _____

Date completed: _____ Work performed as a CM at risk _____

Name/Telephone number/ email address of company and Owner's Representative: _____

Dollar Amount at completion: _____

Were liquidated damages or penalty provisions assessed? CM is to provide an explanation of the circumstances (attach additional sheets if necessary) _____

C. Brief description of work performed: _____

Contract number: _____

Dollar amount of award: _____

Date completed: _____ Work performed as a CM at risk _____

Name/Telephone number/ email address of company and Owner's Representative:

Dollar Amount at completion: _____

Were liquidated damages or penalty provisions assessed? CM is to provide an explanation of the circumstances (attach additional sheets if necessary) _____

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**NYU LANGONE MEDICAL CENTER
CONSTRUCTION MANAGER TECHNICAL QUALIFICATION QUESTIONNAIRE**

AFFIDAVIT AND ACKNOWLEDGEMENT

STATE OF _____)
) SS: _____
COUNTY OF _____)

On the _____ day of _____ 201____ , before me personally came and appeared
_____ by me known to be said person, who swore under oath as follows:

1. I am _____ of _____.
(Print name and title) (Print name of firm)
2. I am duly authorized to sign this questionnaire on behalf of said firm and duly signed this document pursuant to said authorization.
3. The answers to the questions set forth in the NYU Langone Medical Center Construction Manager Technical Qualification Questionnaire are true, accurate and complete. I authorize NYU Langone Medical Center to verify any such information and to conduct any background checks it deems appropriate.
4. I acknowledge and understand that the questionnaire includes provisions which are deemed included in the contract if awarded to the firm.

Signature

Sworn to and subscribed to before me
this _____ day of _____, 201____.

Notary Public _____ County
My commission expires: _____