## **Rock County, Wisconsin**

51 South Main Street Janesville, WI 53545 (608)757-5518



#### **General Services**

- -Facilities Management
- -Maintenance
- -Duplicating
- -Central Stores

## GENERAL SERVICES COMMITTEE TUESDAY, JULY 5, 2016 – 8:00 A.M. CONFERENCE ROOM N-1 – FIFTH FLOOR ROCK COUNTY COURTHOUSE-EAST

### Agenda

- 1. Call to Order and Approve Agenda
- 2. Citizen Participation
- 3. Approval of Minutes June 21, 2016
- 4. Transfer
- 5. Discussion and Possible Action on Pre-Qualification Statement Policy Review
- 6. Discussion and Possible Action on Courthouse Window Specifications
- 7. Facilities Management Update
  - A. Process Change Request for Change Orders / Contingency Funds
- 8. Project Updates & Change Orders
  - A. Courthouse Brick Repairs
  - B. Capital Projects Update
  - C. Building Automation System Efficiencies
  - D. Courthouse Security
- 9. Communications, Announcements and Information
- 10. Adjournment

# Rock County Transfer Request - Over \$5,000

TO: FINANCE DIRECTOR Date Requested By Facilities Managem Department		6 Transfer No. 16-19 Brent Sutherland Department Hea	
		TO	ANACHINIT
FROM:	AMOUNT	TO:	AMOUNT
Account #: 18-1815-0000-67200		Account #: 18-1849-0000-67200	
Description: HCC bldg. complex operational	\$159,010	Description: HCC Complex- capital projects	\$159,010
Current Balance: \$159,010			
Account #:		Account #:	
Description:		Description:	
Current Balance:			
Account #:		Account #:	
Description:		Description:	
Current Balance:			
Account #:		Account #:	
Description:		Description:	
Current Balance:			
REASON FUNDS ARE AVAILABLE	FOR TRANSFER	R - BE SPECIFIC	
Funds were carried over from prior year for capit	al projects not yet com	ppleted.	
REASON TRANSFER IS NECESSA	RY - <u>BE SPECIF</u>	TIC .	
For accounting purposes so all funds for capital p	projects at the HCC bu	illding are in the same account.	
FISCAL NOTE:		ADMINISTRATIVE NOTE:	
Sufficient funds are available for transfer. 🦝	514	Recommended W 633-(6	
REQUIRED APPROVAL	DATE	COMMITTEE CHA	<u>AIR</u>
Governing Committee			
√] Finance Committee			

Distribution: **EMAIL** Sherry Oja and Susan Balog

## **BIDDER'S QUALIFICATION STATEMENT**

# INVITATION TO BID PROJECT NUMBER PROJECT NAME

# **ATTACH AND SUBMIT WITH BID**

NAME OF FIRM					
FIRM CONTACT		· · · · · · · · · · · · · · · · · · ·			
ADDRESS AND/OR PO BOX					
CITY-STATE-ZIP				 	
TELEPHONE NUMBER			 		
FAX NUMBER					
E-MAIL					
WHEN ORGANIZED					
WHERE INCORPORATED					
1	1				

Has your firm ever defaulted on any contract or failed to complete any work awarded to you?	YES	NO
Have any of your contracts resulted in lawsuits?	YES	NO
Has your firm or any member thereof, while performing work of the nature to which is being bid, ever filed bankruptcy?	YES	NO
Does your firm possess all technical qualifications and resources, including equipment, personnel, and financial resources, necessary to perform the work required for this project?	YES	NO
Does your firm possess all valid, effective licenses, registrations or certificates required by federal, state, county or local law, but not limited to, those for any type of trade work or specialty work?	YES	NO
Does your firm maintain a substance abuse policy for employees?	YES	NO
Will all employees assigned to this work have been through a safety training program within the last year?	YES	NO
Has your firm committed a willful violation of federal, state, or local government safety laws determined by a final decision of a court or government agency authority?	YES	NO
All employees assigned to this work will have to pass a Rock County Law Enforcement Background Check. Will your firm pre-screen these employees before they are submitted for a County Law Enforcement Background Check?	YES	NO
Has your firm had any type of business contracting or trade license, certification or registration revoked or suspended?	YES	NO
Has your firm been debarred by any federal, state or local government agency?	YES	NO

<u>CURRENT CONTRACTS HELD</u>: List contracts your organization has in progress as of the date of this statement. If contract is as a sub, give the name of the prime contractor, amount of total contract and amount of sub contract.

To adequately describe the scope of work, please feel free to attach a separate sheet with relevant information.

CONTRACT AMOUNT	SCOPE OF WORK	COMPLETION DATE	OWNER PHONE #	ARCHITECT PHONE #
		•		

## **LIST LAST FIVE CONTRACTS COMPLETED:**

CONTRACT AMOUNT	SCOPE OF WORK	COMPLETION DATE	OWNER PHONE #	ARCHITECT PHONE #

In order for a bidder to be considered for an award of Contract, the County shall be satisfied that the bidder meets the following requirements:

- Has completed at least one (1) project of at least fifty percent (50%) of size, or value of work being bid.
- Said project shall have been of the scope and type currently being bid as outlined in the Specifications of this Project Manual.

AMOUNT	SCOPE OF WORK	DATE	OWNER PHONE #	PHONE #
To adequately information.	describe the scope of work, please for	eel free to attach a	a separate sheet	with relevant
•	any objection to our inquiring about an If yes, describe the circumstances:	ny or all of the proj	ects Yes	□ No□
	e, skilled superintendent or foreman ca work under the Contract be assigned		Yes	⊐ No□
	d superintendent or foreman actually k work under the Contract?	pe entrusted with	Yes	□ No□
If no, please e	explain:		·	
		·		
List the trainin	ng and experience of the superintende	nt or foreman:		
				-

**EQUIPMENT**: List all major equipment to be used on this project.

DESCRIPTION	OWNED/LEASED	QTY	CONDITION
·			
	22 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		

- Financing: Financial Statement must be provided upon request.
- List any additional information or references on company letterhead.