
Form A – Submittal Letter

[*Submission Date*]

To: Ms. De’Nerika Johnson
Construction Procurement Supervisor
Department of Capital Programs
13300 Old Marlboro Pike, Trailer 10
Upper Marlboro, MD 20772

REFERENCE: RFQ No. DCP001-23 - Statement of Qualifications for PGCPS Blueprint Schools Phase 2

Dear Madam:

Pursuant to the Request for Qualifications No. DCP001-23 dated October 28, 2022, ([as amended by addenda [●]]¹ [*Name of Respondent*] hereby submits this RFQ Response in conformity with the terms and conditions set forth in the subject RFQ, whose provisions we accept in their entirety, without reservation or restriction.

We are submitting our Qualifications in association with: [*Insert a list with full name and address of each Major Participant*]. [We confirm that we have designated [*insert full name and address of Lead Member*] as the Lead Member of our Consortium.]² We have designated [*Name of Registered Representative*] of [*Name of Major Participant*] as our Registered Representative.

[*Name of Respondent*] hereby represents and warrants that all information and statements included in this RFQ Response are complete and accurate in all respects and accepts that any inaccurate or misleading information contained in this RFQ Response may result in disqualification.

[*Name of Respondent*] hereby warrants that it:

- (i) has read the RFQ [(including all addenda)]³ and
- (ii) agrees to abide by the contents and terms of the RFQ and the statements and commitments in this RFQ Response.

[*Name of Respondent*] confirms that:

- (i) it acknowledges and accepts that, under the terms of the RFQ, PGCPS reserves the right to cancel the procurement or declare it void or otherwise without effect for any reason whatsoever, and that such action shall not entitle the Respondent to any claim whatsoever against PGCPS, the County, or any of their respective representatives, advisors or consultants, and
- (ii) it accepts all costs and expenses incurred by it in preparing this RFQ Response and, except as may be set forth in the RFP, all costs and expenses from participating in the procurement process will be borne solely by the Respondent,

¹ The “as amended.....” language should only be included if there have been addenda to the RFQ which have made amendments. Otherwise, delete bracketed language

² [*Delete in case no association is foreseen.*]

³ Delete if not applicable.

- (iii) it acknowledges and accepts the participation goals for Minority Business Enterprises and County-Based Businesses and the equity investment goals for Minority Business Enterprises and community investors set forth in the RFQ and agrees that, if selected as the successful Proposer, it will undertake to meet such goals; and
- (iv) accepts the exclusive application of Federal laws and the laws of the State of Maryland with respect to this qualification and procurement process.

[Name of Respondent] hereby designates _____ as its Respondent Registered Representative to receive notices with respect to this tender process:

Name: [●]
Title:⁴ [●]
Employer: [●]
Address: [●]
Phone (office): [●]
Phone (mobile): [●]
Email: [●]
Fax (if any): [●]

Under penalty of perjury, I hereby swear and affirm that I am authorized to act on behalf of the Respondent in signing and delivering this letter and acknowledge that PGCPS is relying on my representation to this effect.

Sincerely,

Respondent: [Name of Respondent]
By: _____
Printed Name: [insert Respondent Registered Representative name]
Title: Respondent Registered Representative

⁴ List individual's current job title, other than "Respondent Registered Representative".

Form B – Certifications

Form B.1. – Delegations and Authorizations [required from each Major Participant]

In the event that a Respondent is comprised of various team members, each Major Participant shall, under penalty of perjury, certify the following:

[Certification Date]

To: Ms. De’Nerika Johnson
Construction Procurement Supervisor
Department of Capital Programs
13300 Old Marlboro Pike, Trailer 10
Upper Marlboro, MD 20772

REFERENCE: Certification of Delegation and Authorization

With reference to RFQ No. DCP001-23, in representation of [name of Major Participant], under penalty of perjury, I hereby certify the following:

- (i) [Respondent Registered Representative] is authorized to sign the Submittal Letter on behalf of [name of Major Participant];
- (ii) the representations, certifications, statements, disclosures, authorizations and commitments made, and information contained, in the RFQ Response (including, for the avoidance of doubt, in Form B (Certifications) and Form C (Legal Disclosures)) in respect of [name of Major Participant] have been authorized by [name of Major Participant], and is or are correct, complete and not materially misleading; and
- (iii) I am duly authorized to act on behalf of [name of Major Participant].

[role of Major Participant]:
[insert Major Participant name]
By: _____
Printed Name: [insert name]
Title: [insert title]

Form B.2. – Certification

B.2.1. Instructions

In addition to the requirements stipulated in Section V (Submission Requirements), please note the following:

- a) In Section B.2.2.2 of this Form B.2, references to an entity include the relevant experience of any entity to which it is a successor or assign (but only to the extent the experience is legally deemed to be that of the firm as a result of the relevant succession or assignment) or with respect to an investment fund, the successor is under common Control with such predecessor fund and both the predecessor fund and successor fund receives investment advice from the same investment adviser.
- b) An authorized representative of each Major Participant is required to sign the certification set out at the end of the form of certifications in Section B.2.2 of this Form B.
- c) If a response to any question is limited by a confidentiality agreement, protective order or similar document, indicate this in the response.
- d) The signature block on Form B.2.2.2 may be modified as needed to properly reflect the authority of the person signing.

For the purposes of this Form B.2, "**Affiliate**" means an Affiliate that:

- a) within the past five years has been engaged in business or investment; or
- b) has been involved, directly or indirectly, in the debt or equity financing, credit assistance, design, construction, management, operation, or maintenance for any project listed in Form F1 (Technical Experience – Design-Build), Form F2 (Technical Experience - Services), and Form G1 (Equity Member Experience).

B.2.2. Certifications

Respondent Name: [Respondent to provide]

B.2.2.1. Summary of Certifications

Table B.2.2.1 Summary of Certifications

No	Entity providing a completed <u>Section B.2.2. of Form B</u>	Role of such Entity ⁵	Answered Yes to One or More Certifications?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

⁵ E.g., Equity Member, Lead Architect, Lead Architect Member, Lead General Contractor, Lead General Contractor Member, Lead Services Provider, Lead Services Provider Member, or Guarantor.

B.2.2.2. Certifications

Respondent Name: [Respondent to provide]

Name of Team Member: [Respondent to provide]

- Role on Respondent:**
- Equity Member
 - Lead Architect
 - Lead Architect Member
 - Lead General Contractor
 - Lead General Contractor Member
 - Lead Services Provider
 - Lead Services Provider Member
 - Guarantor for [Respondent to provide relevant entity]

Table B.2.2.2. Certifications

No.	Certification Questions	Yes	No
(1)	<p>Has the entity or any Affiliate or any current officer thereof, been indicted or convicted of or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (U.S. Federal, state, or local or foreign government) transaction; violation of Federal or state or foreign antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or material misrepresentations, or receiving stolen property, collusion, conspiracy or other contract-related crimes or violations or any other felony or serious misdemeanor within the past ten years?</p> <p><i>If yes, please explain, including the name of the relevant prosecuting agency, the applicable law(s) and the status of any appeal(s).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<p>Has the entity or any Affiliate ever sought protection under any provision of any U.S. or foreign bankruptcy act, law or regulation in any jurisdiction within the past ten years?</p> <p><i>If yes, please explain, including identification of the relevant jurisdiction(s) and applicable laws, and the status or outcome of any resulting bankruptcy process.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<p>Has the entity or any Affiliate ever been disqualified, removed, debarred or suspended from performing work for the U.S. Federal government, any U.S. state or local government, or any foreign governmental entity within the past ten years?</p> <p><i>If yes, please explain, including the name of the relevant public agency, the date, grounds and results of any such action.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<p>Has the entity or any Affiliate ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity (U.S. federal, state or local or foreign government) within the past ten years?</p> <p><i>If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Table B.2.2.2. Certifications

No.	Certification Questions	Yes	No
(5)	<p>Has any construction or project or operations and maintenance contract performed or managed by the entity or, to the knowledge of the undersigned, any Affiliate involved repeated or multiple failures to comply with U.S. federal, state or local or foreign government safety rules, regulations or requirements within the past ten years?</p> <p><i>If yes, please explain, and provide owner contact information, including current telephone and fax numbers and email addresses.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<p>Has the entity or any Affiliate been found, adjudicated or determined by any Federal or state court or agency, or foreign government court or agency to have violated any laws or regulations relating to worker safety within the past ten years?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<p>Has the entity or any Affiliate been found, adjudicated or determined by any Federal court, Federal agency, state court or state agency or foreign government (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable state governmental agency) to have violated any law or executive order relating to employment discrimination or affirmative action within the past ten years, (including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000 et seq.); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar state or foreign law)?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(8)	<p>Has the entity or any Affiliate been found, adjudicated, or determined by any Federal court, Federal agency, state court or state agency, or foreign government court or agency to have violated or failed to comply with any law or regulation of the United States or any state, or any foreign government law or regulation within the past ten years governing prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(9)	<p>Has the entity or any Affiliate been found, adjudicated or determined by any Federal or state court or agency (including the Environmental Protection Agency) or foreign government court or agency to have violated any laws or regulations relating to protecting the environment?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(10)	<p>Has the entity or any Affiliate been found, adjudicated or determined by any Federal, state or local court or agency or foreign government, court or agency or local government to have violated the terms of any community benefits agreement of which it was a signatory?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Table B.2.2.2. Certifications

No.	Certification Questions	Yes	No
(10)	<p>With respect to each of Questions 1-10 above, if not previously answered or included in a prior response on this Form, is any notice, warning, investigation, proceeding, claim, matter, suit, indictment, etc. currently pending against the entity that could (assuming subsequent necessary actions are taken) result in the entity being found liable, guilty or in violation of any of laws or regulations referenced in Questions 1-9 above and/or subject to debarment, suspension, removal or disqualification by the Federal government, any state or local government, or any foreign governmental entity?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(11)	<p>Has the entity or any Affiliate been established or operated in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
(12)	<p>Is the entity or any Affiliate a successor, assignee, subsidiary, or affiliate of a suspended or debarred business?</p> <p><i>If yes, please explain.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Under penalty of perjury, the undersigned certifies on behalf of the entity for which he or she signs that each of the foregoing representations, certifications, statements and disclosures is correct, complete and not materially misleading:

[Role of team member]: *[insert entity name]*

By: _____

Printed Name: *[insert name]*

Title: *[insert title]*

[End of Form B]

Form C – Legal Disclosures

C.1. Instructions

In addition to that set forth in Section V (Submission Requirements), please note the following:

- a) For purposes of this Form C, the relevant experience of an entity is deemed to include experience on any Reference Project in which its level of involvement was at least equivalent to the relevant threshold set out in Form F1 (Technical Experience – Design-Build) and Form F2 (Technical Experience – Services).
- b) For the relevant project owner’s (“**Owner**”) or contract counterparty’s (“**Counterparty**”) contact information, please submit a current name, title, phone number and email address of an individual employed by the Owner or Counterparty involved in the relevant dispute, breach of contract or termination.
- c) If the relevant circumstances described in either question do not apply to any of the Respondent’s Major Participants, or any Affiliate of any of them, replace the relevant table with "None applicable".

For the purpose of this Form C, "**Affiliate**" means an Affiliate that:

- a) within the past five years, has been engaged in business or investment; or
- b) has been involved, directly or indirectly, in the debt or equity financing, credit assistance, design, construction, management, operation or maintenance for any project listed in Form F1 (Technical Experience – Design-Build), Form F2 (Technical Experience - Services), and Form G1 (Equity Member Experience).

C.2. Summary of Legal Liabilities and Proceedings

Respondent Name: *[Respondent to provide]*

List and briefly describe all instances (including any resolution) during the last ten years involving Reference Projects, or any other project with a contract price of \$50 million or more, in relation to which any Major Participant or any Affiliate of any of them:

- a) was determined by a court of law or in an arbitration proceeding, a dispute review board proceeding or any other dispute resolution proceeding to be liable for a material breach of contract; or
- b) had a contract terminated for cause; or
- c) was or is currently involved in a claim or dispute with the project owner(s) (or any public-private partnership project company, concessionaire, developer or the equivalent) in an amount in excess of \$5,000,000.

Table C2. Summary of Legal Liabilities and Proceedings

<i>[Role of Entity in Respondent]: [Entity Name]</i>	
(1)	Description:
	Owner's or Counterparty's Representative:
<i>[Role of Entity in Respondent]: [Entity Name]</i>	
(2)	Description:
	Owner's or Counterparty's Representative:

C.3 Contractors in Legal Proceedings with PGCPS

Respondent Name: *[Respondent to provide]*

Does any Major Participant or Affiliate currently hold a contract or purchase order agreement with PGCPS or with another party through which the Major Participant or Affiliate is acting as a subcontractor to an entity holding a contract or purchase order agreement with PGCPS?

- Yes
- No

If yes, are there currently any pending or contemplated legal proceedings, whether in court or an alternative dispute forum?

- Yes
- No

If yes, please provide the Major Participant or Affiliate name and the contract or purchase order number associated with the current or contemplated legal proceedings below:

Table C3. Contractors in Legal Proceedings with PGCPS

(1)	<i>[Role of Entity in Respondent]: [Entity Name]</i>
	Associated Contract/Purchase Order Number
	Description of Dispute
	Status of Dispute
(2)	<i>[Role of Entity in Respondent]: [Entity Name]</i>
	Associated Contract/Purchase Order Number
	Description of Dispute
	Status of Dispute

[End of Form C]

Form D – Request for Confidentiality / Proprietary Information

Please note that PGCPS will not accept blanket designations marking information and materials as "CONFIDENTIAL". PGCPS may, in its sole discretion, and subject to applicable law, treat the whole of the relevant section(s)/document(s) that are subject to such a blanket designation as subject to disclosure pursuant to applicable law.

Respondent's Name: *[Respondent to provide]*

Table D1. Confidential and Proprietary Information Index

No.	RFQ Response Heading(s)	RFQ Section(s)	RFQ Response Page(s)	Relevant Public Disclosure Law Exemption(s)

[End of Form D]

Form E – Major Participant Information

In addition to that set forth in Section V (Submission Requirements), please note the following:

- a) For each Equity Member, Lead Architect, Lead Architect Member, Lead General Contractor, Lead General Contractor Member, Lead Services Provider, Lead Services Provider Member, and Guarantor complete [Tables E1, E2 and E3].⁶
- b) If information requested in relation to an entity is not relevant to such entity, state "Not Applicable".

Table E1. Team Member and Role

(1) Name of Team Member:	<i>[Respondent to provide]</i>
(2) Role:	<input type="checkbox"/> Equity Member
	<input type="checkbox"/> Lead Architect
	<input type="checkbox"/> Lead Architect Member
	<input type="checkbox"/> Lead General Contractor
	<input type="checkbox"/> Lead General Contractor Member
	<input type="checkbox"/> Lead Services Provider
	<input type="checkbox"/> Lead Services Provider Member
	<input type="checkbox"/> Guarantor for <i>[Respondent to provide entity name]</i>

⁶ In the event that Equity Member is not yet legally formed, each member of the Equity Member must complete separate a Form E (Major Participant Information).

Table E2. Legal Information

- (1) Type of Legal Entity:**
- Corporation
 - Limited liability company
 - Joint venture
 - Partnership
 - Other: *[Respondent to provide]*

If the entity is a limited liability company, joint venture or partnership, indicate the name of each member firm in the space below. Complete a separate Form E (Major Participant Information) for each member firm and include it with the RFQ Response.

Names of member firms:

- 1. _____
- 2. _____

(2) Year Established: *[Respondent to provide]*

(3) Country (and where applicable State) of Organization or Formation: *[Respondent to provide]*

(4) Dun and Bradstreet Number (DUNS #): *[Respondent to provide]*

Table E3. Corporate Information

(1) Business Address:

(2) Headquarters:

(3) Office Performing Work:

(4) Contact Telephone Number:

(5) Contact Person:

AUTHORIZED REPRESENTATIVE:

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the authorized representative of the entity to which this form relates:

By: _____

Print Name: _____

Title: _____

Date: _____

[End of Form E]

Form F – Technical Experience

Form F.1. – Technical Experience – Design Build

Form F.2. – Technical Experience – Services

Instructions:

Please provide information for a minimum of three and a maximum of six projects on which Major Participant has worked over the past seven years. Only include projects on which the Major Participant was at least 50% responsible for delivery of the project.

Please try to limit the information to that requested in the Form itself. Additional information on the selected projects for each category may be provided in the Technical Narrative Attachment to this Form.

The description should, at a minimum, give an overview of the project, and explain why the experience that the Major Participant gained on the project is relevant to the Project. Please also indicate in which project multiple Major Participants have worked together.

Form F.1. Technical Experience – Design-Build

[Using the format below, please provide detailed information on each project for which the Lead Architect (or Lead Architect Member) or the Lead General Contractor (or Lead General Contractor Member) was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out design, engineering, construction and commissioning services similar to the ones contemplated under this Project, with an emphasis on schools, educational facilities or social sector infrastructure. Each project table should be limited to two pages. Respondents are also encouraged to submit a summary table highlighting relevant design-build experience.]

Project name:	Project Cost: [including original Contract Amount, Final Contract Amount and % Change]
Project Location:	Project Duration: [start and completion dates] ⁷
Client or Owner: ⁸	Scope of Services Provided: (design, engineering, construction management, commissioning, etc.)
Level of Major Participant’s Participation: ⁹	Start date (month/year): Completion date (month/year):
Name of associated companies, if any:	Contractual arrangement (design-bid-build, design-build, design-build-finance, DBFOM, etc.) and compensation structure (availability payment, milestone payment, pay-go, etc.)
Narrative description of Project: [Please provide an overview of the Project, indicating why this is relevant to the scope of services envisioned in the RFQ. Please highlight outcome of work performed, including key project metrics, awards or accolades, etc.]	
Description of actual services provided by your staff within the assignment:	
Description of MBE participation and community benefit initiatives:	

⁷ Dates should only reflect period of time in which the Major Participant was involved in the project.
⁸ Should include client contact information for reference checks. It is the responsibility of the Respondent to ensure that contact information is accurate.
⁹ Quantify the Major Participant’s participation in monetary terms and as percentage of the design work.

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Form F.2. Technical Experience – Services

[Using the format below, please provide detailed information on each project for which the Lead Services Provider (or Lead Services Provider Member) was legally contracted either individually as a corporate entity or as one of the major companies within an association, for carrying out asset management (life-cycle maintenance, repair and replacement) similar to the services contemplated under this Project, with an emphasis on schools, educational, social sector (or similar) facilities, etc. Each project table should be limited to two pages. Respondents are also encouraged to submit a summary table highlighting relevant life-cycle maintenance experience.]

Project name:	Project Size and Scope: [size and type of facilities under maintenance contract]
Project Location:	Project Duration: [start and completion dates] ¹⁰
Client or Owner: ¹¹	Level of Major Participant’s Participation: ¹²
Name of associated companies, if any:	Contractual arrangement (service agreement, O&M contract, DBFM, etc.) and compensation structure (performance-based availability payment, fixed fee, etc.)
Scope of Services: [Please describe responsibilities assigned to Major Participant, such as the nature and extent of maintenance services, etc.]	
Narrative description of Project: [Please provide an overview of the Project, indicating why this is relevant to the scope of services envisioned in the RFQ.]	
Description of actual services provided by your staff within the assignment:	
Description of MBE participation and community benefit initiatives:	

[End of Form F]

¹⁰ Dates should refer to the term of the maintenance agreement.
¹¹ Should include a client contact information for reference checks. It is the responsibility of the Respondent to ensure that contact information is accurate.
¹² Quantify the Major Participant’s participation in monetary terms and as percentage of total contract.

Form G – Financial Information

- Form G.1. Financial Information - Equity Member Experience
- Form GG1. Financial Information - Information Regarding Equity Members
- Form GG2. Financial Information - Financial Information - Financial Officer Certificate

Form G.1. Financial Information – Equity Member Experience

Table G1. Equity Member Experience										
Equity Member	Project Name & Location¹³	Project Size¹⁴	Capital Structure¹⁵	Debt Amount & Source¹⁶	Date of Financial Close	Construction Start Date	Percentage of Works Completed as of October 1, 2022	Level of Equity Member's Participation¹⁷	Type of Payment Mechanism¹⁸	Level of MBE or Community Equity Participation¹⁹

¹³ Provide information for a minimum of three and a maximum of six P3 projects on which any of the Equity Members has been involved in over the past seven years. If any of the Equity Members is a fund, the experience of other funds and vehicles under common management may also be included. Only include projects in which an Equity Member held at least 10% equity ownership.

¹⁴ Provide total amount of the project financed under a private finance/ project finance structure (do not include public debt, public equity or capital grants).

¹⁵ Provide the percentage debt and equity used to finance the project.

¹⁶ Specify amounts in US Dollars and identify any exchange rates applied to convert amounts in other currencies using the exchange rate prevailing as of October 1, 2022, including the benchmark rate applied. Specify the type of debt in brackets (e.g., bank debt, TIFIA, bonds, etc.).

¹⁷ Specify amount invested by the Equity Member in the form of shareholders' equity. Separately specify the total amount of all private shareholders' equity investments for the listed project and the percentage that the Equity Member's equity investment bears to that total.

¹⁸ Specify the type of payment mechanism used for the project (e.g., availability payment, revenue concession, or combinations of these mechanisms).

¹⁹ Specify amount invested by MBEs or community investors in the form of shareholders' equity. Separately specify the total amount of all equity investments for the listed project and the percentage that MBEs' or the community's equity investment bears to that total.

Form GG1. Financial Information - Information Regarding Equity Members

In addition to the instructions provided in Section V (Submission Requirements), please note the following:

- a) Complete one Form GG1 (*Financial Information - Information Regarding Equity Members*) for each Equity Member.
- b) If an Equity Member identified in Form GG1 (*Financial Information - Information Regarding Equity Members*) is a joint venture, consortium, partnership or limited liability company, complete a separate Form GG1 (*Financial Information - Information Regarding Equity Members*) for each member firm of the joint venture, consortium, partnership or limited liability company.
- c) Indicate whether an Equity Member is also the Lead Architect (or Architect Member), Lead General Contractor (or Lead General Contractor Member), or Lead Services Provider (or Lead Services Provider Member).
- d) Indicate whether an Equity Member is an MBE.

Table GG1. Information Regarding Equity Members						
Equity Member name, address, legal nature and state of organization	Planned equity share percentage in the Respondent (sum total should be 100%)	Guarantor name and address (if applicable)	Other roles (if applicable) (i.e., Lead Architect, Lead General Contractor, etc.)	Is Equity Member an MBE? (Yes/No)	If an MBE, are you a locally owned MBE (Yes/No)	If a certified MBE, provide the certifying agency and number

Form GG2. Financial Information - Financial Officer Certificate

Instructions

In addition to the instructions provided in Section V (Submission Requirements), please note the following. Respondents should complete a separate Form GG2 (Financial Information – Financial Officer Certificate) for each of the following:

- a) each Equity Member;
- b) the Lead Architect;
- c) each Lead Architect Member (if applicable);
- d) the Lead General Contractor;
- e) each Lead General Contractor Member (if applicable); and
- f) each Guarantor of an Equity Member, the Lead Architect or Lead Architect Member (if applicable), the Lead General Contractor or Lead General Contractor Member, or the Lead Services Provider or Lead Services Provider Member.

Form of the Financial Officer's Certificate

I, [Name], the [Title]²⁰ of [Name of Equity Member, Lead Architect or Lead Architect Member, Lead General Contractor or Lead General Contractor Member] (the "Company") [and the [Title] of [Name of Guarantor Entity] (the "Guarantor")]²¹, do hereby certify as of [Date] that:

- a) This Certificate is being executed and delivered in connection with the RFQ Response submitted by [Respondent] in response to the Request for Qualifications No. DCP001-23 (the "RFQ") issued by PGCPS for Blueprint Schools Phase 2.
- b) As to the matters herein set forth below, I either have personal knowledge or have obtained information from officers or employees of the Company [and the Guarantor] in whom I have confidence and whose duties require them to have personal knowledge thereof. I make the certifications herein to PGCPS pursuant to the requirements of Section V (Submission Requirements) of the RFQ with the intent and understanding that they will be relied upon by PGCPS as a basis for the evaluation of the RFQ Response as contemplated by the RFQ.
- c) **[Guarantor Support:** It is the intention of the Guarantor to support the Company with the financial, human resources and other support needed by the Company to successfully satisfy its obligations in respect of PGCPS Blueprint Schools Phase 2 if the Respondent were to become the Developer.]²²
- d) **Audited Financial Statements:** The audited financial statements provided by [the Company] [the Guarantor] pursuant to Section V (Submission Requirements) in the RFQ Response for the fiscal years ended [●], [●] and [●] are complete and correct copies thereof. Where [the Company] [the Guarantor] has provided unaudited financial results, such financial results present fairly, in all

²⁰ This Certificate should be provided by the Company's Chief Financial Officer, treasurer, or other similar financial officer. If the Company does not have this type of corporate officer internally and will rely on the financial officer of an Affiliated or unaffiliated entity, such as an investment advisor or financial manager, both the financial officer delivering this certificate and a duly authorized signatory of the Company must sign this certificate.

²¹ Each Major Participant of the Respondent should provide its own separate Certificate. However, if any such company is proposing a Guarantor, only one consolidated Certificate is required for the Guarantor and its guaranteed entity. If a company has no Guarantor, all references to "Guarantor" should be deleted from this Certificate.

²² Delete if there is no Guarantor and this is not applicable.

material respects, the financial position and results of operations and cash flows of [the Company] [the Guarantor and its consolidated subsidiaries, including the Company,] as of such dates and for such periods. [The Company] [The Guarantor] has no material contingent liabilities or unusual forward or long-term commitments not disclosed therein.²³

- e) **Off-Balance Sheet Liabilities:** The [Company][Guarantor] does not have any material off-balance sheet liabilities [other than the following: [●]].
- f) **Financial Information Summary:** Attached hereto as Annex A is a completed financial information summary relating to [the Company] [the Guarantor and its consolidated subsidiaries, including the Company], which has been prepared based on the information from its audited financial statements and other sources, if not included in its audited financial statements. All the information provided in the attached Annex A is complete and correct to the best of my knowledge.
- g) **Bankruptcy/insolvency proceedings:** [There has been no Insolvency Event relating to the Company [or Guarantor] or any of its Affiliates which has occurred within the most recent three fiscal years (whether or not such proceeding was ultimately dismissed).] [Attached hereto as Annex B is a detailed description of an Insolvency Event relating to [Entity Name].]²⁴ For the purposes of this certification, "**Insolvency Event**" means any voluntary or involuntary bankruptcy, insolvency, liquidation, restructuring, suspension of payments, scheme of arrangement, appointment of provisional liquidator, receiver or administrative receiver, resolution or petition for winding-up or similar proceeding, under any applicable law, in any jurisdiction.
- h) **Material Changes in Financial Condition:** [No material change in the financial condition of the Company [or Guarantor] has occurred or is projected to occur, as applicable:
 - (i) within the most recently completed three fiscal years that is not reflected in its audited financial statements;
 - (ii) since the date of its audited financial statements for its most recently completed fiscal year;
 - or
 - (iii) during the next fiscal quarter following the date of the RFQ Response.]

[Attached hereto as Annex C is a detailed description of material changes in the financial condition of [the Company] [the Guarantor].]²⁵

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate as of the date first written above.

Name:

Title:

²³ Submit a comment to PGCPS by the RFQ Question Deadline outlining proposed information that would provide similar support to audited financial statements if there are any entities that do not prepare audited financial statements, to seek confirmation from PGCPS that it is appropriate.

²⁴ Complete the appropriate certification and delete the sentence that is not applicable. Do not provide an Annex B if there is no Insolvency Event to disclose.

²⁵ Complete the appropriate certification and delete the sentence that is not applicable. Do not provide an Annex C if there is no material change in financial condition to disclose. Further instructions regarding material changes are provided in Annex C.

Annex A to Financial Officer’s Certificate: Financial Information Summary²⁶

Entity: _____

Respondent Role: _____

FY End	Total Revenues	Pre-Tax Profit	Fixed Assets	Total Assets ²⁷	Contingent Liabilities	Long-Term Liabilities	Short-Term Liabilities	Net Assets	Tangible Net Worth	Long Term Leverage ²⁸

Rating Agency ²⁹	Rating
[Rating agency name]	
[Debt of the [Company]][Guarantor] is not rated by any major credit rating agency.]	
[[Company]][Guarantor] has no debt]	

²⁶ Specify amounts in units of 100,000 US Dollars and identify any exchange rates applied to convert amounts in other currencies using the [exchange rate prevailing as of October 1, 2022] [average periods’ exchange rate for income statement and cash flow statements and period end exchange rate for balance sheet times], including the benchmark on which the exchange rate is based.

²⁷ Exclude goodwill and intangibles.

²⁸ Calculate Long Term Leverage as Long Term Liabilities / Net Assets.

²⁹ If applicable, Major Participants should provide a copy of their most recent credit report up to the RFQ Response Submission Deadline .

Annex B to Financial Officer's Certificate: Insolvency Event

[Relevant Respondent entity to provide details]

Annex C to Financial Officer's Certificate: Material Change in Financial Condition

[Major Participants to provide details]

Instructions

If applicable, this Annex C shall include the following details regarding material changes in the Company or Guarantor's financial condition:

- a) a description of each material change, actual and projected, and any related changes or disruptions in executive management;
- b) actual and projected impacts on the affected entity's organizational and financial capacity and its ability to remain engaged in this procurement and submit a responsive proposal; and
- c) a detailed description of any other projected impacts, positive and negative, of the changes experienced and anticipated to be experienced in the periods ahead, including the likelihood that the circumstances of the change or impacts thereof will continue during the Project term.

Estimates of the impact on revenues, expenses and the change in equity must be provided separately for each material change. References to the notes in the financial statements are not sufficient to address the requirement to discuss the impact of material changes. Where a material change will have a negative financial impact, the affected entity must describe measures that would be undertaken to insulate the Project from any recent material changes and those currently in progress or reasonably anticipated in the future. If its financial statements indicate that expenses and losses exceed income in each of the three completed fiscal years (even if there has not been a material change), the affected entity must describe measures that will be undertaken to make the entity profitable in the future and an estimate of when the entity will be profitable.

Set forth below is a list of examples of what PGCPS considers to be a material change in financial condition:

- a) a change in the tangible net worth of 10% or more of net assets;
- d) a sale, merger or acquisition exceeding 10% of the value of net assets prior to the sale, merger or acquisition which in any way involves the affected entity or its parent company or Guarantor;
- e) a change in credit rating for the affected entity or its parent company or Guarantor;
- f) inability to meet material conditions of loan or debt covenants by the affected entity or its parent company or Guarantor that has required or will require a waiver or modification of agreed financial ratios, coverage factors or other loan stipulations or additional credit support from shareholders or other third parties;
- g) in the current and three most recent completed fiscal years, the affected entity or its parent company or Guarantor either:
 - (i) incurred a net operating loss;
 - (ii) sustained charges exceeding 5% of the then net assets due to claims, changes in accounting, write-offs or business restructuring; or
 - (iii) implemented a restructuring/reduction in labor force exceeding 5% of employees or involved the disposition of assets exceeding 10% of the then-net assets); and
- h) other events known to the affected entity which represents a material change in financial condition over the past three years or may be pending for the next reporting period.

PGCPS may, in its sole discretion, disqualify any Respondent who fails to disclose a prior or pending material change.

[End of Form G]

Form H – Experience Managing Services Providers

Form H – Experience Managing Services Providers

Instructions:

Please provide information for a minimum of two and a maximum of five projects on which Respondent's Lead Member has worked over the past seven years. Only include projects on which the Lead Member was primarily responsible for managing the services provider for the project.

Please try to limit the information to that requested in the Form itself. Additional information on the selected projects for each category may be provided in the Technical Narrative Attachment to this Form.

The description should, at a minimum, give an overview of the project, and explain why the experience that the Lead Member gained on the project is relevant to the Project.

Form H – Experience Managing Services Providers

[Using the format below, please provide detailed information on each project for which the Lead Member was obligated to manage the services provider for the project, with an emphasis on schools, educational facilities or social sector infrastructure. Each project table should be limited to two pages. Respondents are also encouraged to submit a summary table highlighting relevant experience managing services providers.]

Project name:	Services Provider:
Project Location:	Duration of Services Provider Management: [start and completion dates] ³⁰
Client or Owner: ³¹	Contractual arrangement (DBFOM, Operating Agreement, Lead Member-owned, etc.)
<p>Narrative description of Project:</p> <p>[Please provide an overview of the Project, indicating why this is relevant to the scope of services envisioned in the RFQ. Please highlight outcome of work performed, including key project metrics, awards or accolades, etc.]</p>	
Description of actual services provided by your staff within the assignment:	
Description of MBE participation:	

[End of Form H]

³⁰ Dates should only reflect period of time in which the Lead Member managed the services provider for the project.

³¹ Should include client contact information for reference checks. It is the responsibility of the Respondent to ensure that contact information is accurate.

Form I – Safety Performance Questionnaire

In addition to the instruction provided in Section V (Submission Requirements), please note that Form I must be completed for the Lead General Contractor, each Lead General Contractor Member, the Lead Services Provider, and each Lead Services Provider Member. If Information requested in relation to an entity is not relevant to such entity, state “Not Applicable”.

FORM I-- SAFETY PERFORMANCE QUESTIONNAIRE			
Respondent Name: [Respondent to provide]			
(1) Name of Team Member:			
(2) Role:			
<input type="checkbox"/> Lead General Contractor <input type="checkbox"/> Lead General Contractor Member <input type="checkbox"/> Lead Services Provider <input type="checkbox"/> Lead Services Provider Member			
1. Provide the number of injuries and illnesses for the last three years.			
<u>YEAR</u>	2021	2020	2019
a. Number of Fatalities	_____	_____	_____
b. Lost Work Day Incident Rate ¹	_____	_____	_____
c. OSHA Recordable Incident Rate ²	_____	_____	_____
d. Number of Hours Worked	_____	_____	_____
e. Total Number of Employees on Payroll	_____	_____	_____
¹ Use the following formula for calculating the Lost Work Day Incident Rate: = $\frac{\text{Number of Lost Work Day Cases} \times 200,000}{\text{Number of Hours Worked}}$			
² Use the following formula for calculating the OSHA Recordable Incident Rate: = $\frac{\text{Number of OSHA Recordable Cases} \times 200,000}{\text{Number of Hours Worked}}$			
2. List your company’s Worker’s Compensation (“WC”) Experience Modification Rate (“EMR”) for the last three years: ³²			
Year	EMR		
a. 2021	_____		
b. 2020	_____		
c. 2019	_____		
d. Provide a letter from your WC insurance carrier certifying the above EMRs.			

³² If EMR is above 1, please provide a written explanation.

FORM I-- SAFETY PERFORMANCE QUESTIONNAIRE

3. Has your company received an OSHA (or State OSHA) citation within the last five years? Yes ___ No ___

If yes, provide the following information below:

- a. The number and type of violations: _____
- b. The penalties assessed by OSHA: _____
- c. Were the citations contested/vacated? _____

4. Provide a brief (maximum 2 pages) description of the Respondent's anticipated occupational health and safety program.

[End of Form I]

Form J - STATUTORY AFFIDAVIT AND NON-COLLUSION CERTIFICATION

RFQ FOR: No. DCP001-23 PGCPS BLUEPRINT SCHOOLS PHASE 2

I HEREBY CERTIFY that

1. I am the _____ and the duly authorized representative of the firm of _____ whose address is _____,

and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting.

2. Except as described in paragraph 3 below, neither I, nor to the best of my knowledge, the firm, nor any of its officers, directors, or partners, or any of its employees directly involved in obtaining contracts with the State or any county, bi-county, or multi-county agency, or subdivision of the State have been convicted of, or have pleaded nolo contendere to a charge of, or have during the course of official investigation or other proceeding admitted in writing or under oath acts or omissions committed after July 1, 1997, which constitute bribery, attempted bribery, or conspiracy to bribe under the provisions of Article 27 of the Annotated Code of Maryland or under the laws of any state or federal government.
3. (State "none" or, as appropriate, list any conviction, please, or admission described in paragraph 2 above, with the date; court, official, or administrative body; and the sentence or disposition, if any.)

I acknowledge that this affidavit is to be furnished to the requesting agency, to the Secretary of Budget and Fiscal Planning of Maryland, and, where appropriate, to the Board of Public Works and the Attorney General under 16-202, S.F. of the Annotated Code of Maryland. I acknowledge that if the representatives set forth in this affidavit are not true and correct, the State may terminate any contract awarded and take any other appropriate action.

I further acknowledge that I am executing this affidavit in compliance with 16-203, S.F. of the Annotated Code of Maryland, which provides certain persons who have been convicted or have admitted to bribery, attempted bribery, or conspiracy to bribe may be disqualified, either by operation or law or after a hearing, from entering into contracts with the State or any of its agencies or subdivisions.

I do solemnly declare and affirm under the penalties of perjury that the contents of this affidavit are true and correct.

Witness Signature

Date

END OF FORM J

Form K – STATE OF MARYLAND TAX CERTIFICATION

RFQ FOR: No. DCP001-23 PGCPS BLUEPIRNT SCHOOLS PHASE 2

At the time of bid or proposal for a State procurement contract of \$10,000 or more is submitted, the bidder or offeror shall certify to the procurement officer that the bidder or offeror has paid all taxes, unemployment insurance contribution, reimbursement payments, and interest not barred by limitations and payable to the comptroller, the Department of Assessments and Taxation or the Department of Economic and Employment Development or has provided for payment in a manner satisfactory to the unit responsible for collection; and if the bidder or offeror is a vendor of tangible personal property, the bidder or offeror possesses a valid sales and use tax license under Title 11, Subtitle 7 of the Tax General Article.

I acknowledge that this certificate is to be furnished to the requesting agency, and to the Comptroller of the Treasury, Sales and Use Tax Division under 13-222, S.F. of the Annotated Code of Maryland. I acknowledge that, if the representations set forth in this certificate are not true and correct, the State may terminate any contract awarded and take any other appropriate action.

I do solemnly declare and affirm under the penalties of perjury that the contents of this certificate are true and correct.

Witness

Signature

Name (please type or print)

Name (please type or print)

Title (please type or print)

Title (please type or print)

END OF FORM K

Form L - NON-COLLUSION CERTIFICATE

RFQ FOR: No. DCP001-23 PGCPS BLUEPIRNT SCHOOLS PHASE 2

I HEREBY CERTIFY that I am the _____ and the duly authorized representative of _____ whose address is _____ and

THAT NEITHER I nor, to the best of my knowledge, information, and belief, the above firm nor any of its other representatives I here represent:

- (a) Have agreed, conspired, connived or colluded to produce a deceptive show of competition in the compilation of the RFP or offer being submitted herewith;
- (b) Have in any manner, directly or indirectly, entered into any agreement, participated in any collusion to fix the RFP price or price proposal of the bidder or offeror herein or any competitor, or otherwise taken any action in restraint of free competitive bidding in connection with the Contract for which the within RFP or offer is submitted.

In making this affidavit, I represent that I have personal knowledge of the matters and facts herein stated.

(SIGNATURE)

(DATE)

(PRINTED OR TYPED NAME)

Subscribed and sworn before me this _____ day of _____, 20____.

x _____ Notary Public

My commission expires: _____

END OF FORM L

Form M – DEBARMENT AFFIDAVIT

RFQ FOR: No. DCP001-23 PGCPS BLUEPRINT SCHOOLS PHASE 2

_____, being first duly sworn deposes and says that he is an officer in the _____ and the party making a certain proposal or RFP dated, _____ 20____, to the Board of Education of Prince George’s County:

I further affirm that: Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows (list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds of the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds of the debarment or suspension):

I further affirm that:

(1) The business was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and

(2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows (you must indicate the reasons why the affirmations cannot be given without qualification):

Signature of:

x _____
Bidder, if the bidder is an individual

x _____
Officer, if the bidder is a corporation

Partner, if the bidder is a partnership

Subscribed and sworn before me this _____ day of _____, 20____.

x _____
Notary Public

My commission expires: _____

END OF FORM M

Form N – CERTIFICATE OF INSURANCE COVERAGE

INTENTIONALLY OMITTED

END OF FORM N

Form O – MBE

RFQ FOR: No. DCP001-23 PGCPS BLUEPRINT SCHOOLS PHASE 2

This document must be completed, signed in blue ink by an authorized company official & submitted with your bid response.

The undersigned as contractor does hereby make the following Affidavit. I acknowledge the Minority Business Enterprise participation of _____ percent (____%) minimum, unless otherwise stated in the bid documents for the contract with the Prince George's County Board of Education and commit to make a good faith effort to achieve this requirement.

In the solicitation of subcontract quotations or offers, all Minority Business Enterprise (MBE) subcontractors were provided not less than the same information and amount of time to respond to the solicitations as non-minority business enterprise subcontractors.

The solicitation process was conducted in such a manner so as to otherwise not place MBE subcontractors at a competitive disadvantage to non-MBE subcontractors.

I understand and agree, that if awarded the contract, we will implement the provisions of the above paragraph with respect to subcontracts to be let after the award of the contract, but that such subcontracts will not be let until the Board of Education has reviewed and approved the Minority Business Enterprises submittals. I understand that the failure to submit the affidavit to the Board of Education shall result in a determination that this bid is non-responsive.

I understand and agree that, if awarded the contract, I will and do hereby authorize representatives of the Board of Education and the Interagency Committee for Public School Construction to examine, from time to time, the books, records and files of this organization to the extent that such data relates and pertains to the affirmative action pursuant to this contract.

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief.

Company Name

Date

POC Name

Signature Date

Address

Sworn and subscribed before me this _____ day of _____, 20__.

Notary Public

MBE Form #1 1/94

END OF FORM O

Form P – Vendor Conflict of Interest Disclosure Form

RFQ FOR: No. DCP001-23 PGCPS BLUEPRINT SCHOOLS PHASE 2

All vendors interested in conducting business with Prince George’s County Public School (PGCPS) must complete and return the Vendor Conflict of Interest Disclosure Form, in order to be eligible to be awarded a contract with PGCPS. Please note that all vendors must comply with PGCPS’ conflict of interest certification, as stated below.

If a vendor has a relationship with a PGCPS employee or an immediate family member (spouse, child (stepchild or adopted), parent, or sibling) of a PGCPS employee, the vendor shall disclose the information required below.

Certification: I hereby certify, that to the best of my knowledge, there is no conflict of interest involving the vendor named below:

1. No PGCPS employee or the employee’s immediate family member has an ownership interest in the vendor’s company, or is deriving personal financial gain from this contract.
2. No retired or separated PGCPS employee who has been retired or separated from the organization for less than one (1) year has an ownership interest in the vendor’s company.
3. No PGCPS employee is contemporaneously employed or prospectively to be employed with the vendor.
4. The vendor did not provide any information or criteria in the drafting of the solicitation prior to it being advertised for competitive pricing.
5. Vendor hereby declares it has not, and will not provide gifts or hospitality of any dollar value, or any other gratuities to PGCPS employees to maintain a contract.
6. Vendor hereby declares that in the process of preparing a quote/bid/proposal for PGCPS, there have been no acts of bribery, extortion, trading, laundering of corrupt practices, and/or nepotism have transpired between PGCPS employee and the vendor.
7. Please note any other exceptions below.

Vendor Name & Email	Vendor Address & Phone Number
Conflict of Interest Disclosure	
Name of PGCPS employee or immediate family member with whom there may be a potential conflict of interest. <i>If there is no conflict of interest, write "N/A" and initial.</i>	Disclose the relationship to the employee or the immediate family member, their interest in the vendor's company, and any additional information

I certify that the information provided is true and correct by my signature below:

Signature of Vendor Authorized Representative/Date

Printed Name of Vendor Authorized Representative

END OF FORM P