



**COLUMBUS**  
REGIONAL AIRPORT AUTHORITY

SOLICITATION NUMBER: ENG-2017-021

REQUEST FOR STATEMENTS OF QUALIFICATIONS  
FOR CONSTRUCTION MANAGER AT RISK  
SERVICES FOR EXTENDED STAY HOTEL  
AT JOHN GLENN COLUMBUS INTERNATIONAL  
AIRPORT

Response Due Date and Time:  
July 27, 2017  
at 2:00 p.m. Eastern Time

FOR  
CRAA PLANNING & ENGINEERING DEPARTMENT

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## SECTION 3 - PUBLIC ADVERTISEMENT

### REQUEST FOR STATEMENTS OF QUALIFICATIONS FOR CONSTRUCTION MANAGER AT RISK SERVICES FOR EXTENDED STAY HOTEL AT JOHN GLENN INTERNATIONAL AIRPORT FOR THE COLUMBUS REGIONAL AIRPORT AUTHORITY

The Columbus Regional Airport Authority (CRAA), Columbus, Ohio is soliciting Statements of Qualifications until 2:00 p.m., July 27, 2017 from firms interested in and qualified to provide Construction Manager at Risk Services for Residence Inn by Marriott at John Glenn Columbus International Airport. The services may include, but are not limited to Preconstruction Support and Construction Services.

Items to be addressed include but are not limited to:

- PreConstruction Services:
  - Construction Estimates, Schedules and Constructability reviews at all design phases (SD, DD, CD)
  - Recommendations for procurement of long lead items
  - Regular attendance at design meetings
  - Review and comment of Life Cycle Cost Analysis
  - Construction Stage Submission requirements including but not limited to: Staffing Plan, submittal schedule, cash-flow forecast and site logistics plan.
  - GMP(s) preparation and negotiations
  - Additional activities as may be necessary to facilitate the design including coordination of Testing and Inspection Efforts
  - Coordination with adjacent projects due to site logistics
- Construction and Closeout
  - Early scopes of work for preparation of the site and foundations
  - All sitework and building construction for the Residence Inn by Marriott.
  - Coordination with hotel vendor on obtaining the Marriott flag
  - Items to be addressed in the project include, but are not limited to:
    - Site Improvements
    - Utility Installations
    - Miscellaneous Carpentry
    - Masonry Construction
    - Mechanical Systems
    - Electrical Systems
    - Low Voltage Systems
    - Roofing Systems
    - Flooring Systems
    - Painting
    - Pool Construction
    - Landscaping
    - Installation of Signage
    - Storm Water Management
    - Miscellaneous Construction
    - Warehousing and install of Fixtures and Furniture
    - Management of Construction Costs
    - Management of Construction Schedule

- Contract Details
  - For this project CRAA will waive the requirements to resource and cost load the schedule provided the following requirements are met.
    - All other requirements in "Section 01 32 16 – Construction Progress Schedule" are followed.
    - A critical path Project schedule will be generated and maintained in Primavera P6 or other industry leading software as approved by the A/E and Owner
    - Schedule activities and schedule of values line items will be correlated for clear concise review of efforts completed to date
    - Schedule Activities and Schedule of value line items will be broken down by phases, areas, levels, etc to ensure provide reasonable detail of efforts complete
    - Progress Status Report will include appropriate financial pacing baseline along with updates showing actual to date and revised projections
  - "Contracting Definitions (Construction Manager at Risk)" v. 8/2016
    - Overhead includes all costs related to insurance provided by the CM including subcontractor default insurance
    - Overhead includes Subcontractor surety bond(s)

Publications advertisements begin: Week of June 26<sup>th</sup>, 2017

Website posting: Effective June 26, 2017

The CRAA values the importance of diversity and inclusion and has established a Diversity Business Partner (DBP) participation goal for the Residence Inn by Marriott project. It is the policy of the CRAA that Disadvantaged Business Enterprises; Women Business Enterprises; Minority Business Enterprises; Small Business Enterprise; and Encouraging Diversity, Growth and Equity organizations shall have the maximum opportunity to participate in the provision of services as outlined in this request. This request for qualifications document, and other items pertinent to the submittal, are available at our website ([www.columbusairports.com/construction/rfq.asp](http://www.columbusairports.com/construction/rfq.asp)) and should be checked frequently for any changes. Addenda shall be posted to the same site and it shall be the CM's responsibility to obtain the addenda from the site, without notification from the CRAA.

The CRAA, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises and airport concession disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

**SECTION 4- AUTHORITY CONTACT INFORMATION  
AND SUBMITTAL INSTRUCTIONS**

**QUESTIONS RELATING TO REQUEST FOR QUALIFICATIONS**

Any and all questions regarding this solicitation must be in written form. For proper identification, the subject line of all communication must state "CONSTRUCTION MANAGER AT RISK SERVICES FOR RESIDENCE INN BY MARRIOTT AT JOHN GLENN COLUMBUS INTERNATIONAL AIRPORT." Questions must be directed to:

Office of Contracts and Procurement  
John Glenn Columbus International Airport  
4600 International Gateway  
Columbus, Ohio 43219  
Email: [craaprocurement@columbusairports.com](mailto:craaprocurement@columbusairports.com)  
Fax: 614-239-3183

The cut-off date and time for questions regarding this solicitation is July 21, 2017 at 12 noon, Eastern Time. Any responses provided by the CRAA will be posted on the CRAA's website in the form of an addendum to the original RFQ.

**SUBMITTAL INSTRUCTIONS**

One electronic (PDF only ON CD ONLY), five (5) hard copies and one (1) Original hard copy submittal shall be provided. If there is a discrepancy between the electronic copy and the original hard copy, the original hard copy will take precedence, unless otherwise allowed the the CRAA in writing. The submittal on the CD must be in the same order as the original hard copy of the submittal. Submittals on CD not matching the order of the original hard copy may result in the submittal being disqualified. Responses to this solicitation should be sealed, and delivered to:

COLUMBUS REGIONAL AIRPORT AUTHORITY  
ATTN: OFFICE OF CONTRACTS & PROCUREMENT  
C/O ADMINISTRATIVE OFFICE  
4600 INTERNATIONAL GATEWAY  
COLUMBUS, OH 43219

The following identification must be on the outside envelope for it to be received properly:

SOLICITATION FOR "CONSTRUCTION MANAGER AT RISK SERVICES FOR RESIDENCE INN BY MARRIOTT AT JOHN GLENN COLUMBUS INTERNATIONAL AIRPORT"  
DUE: "THURSDAY, July 27<sup>th</sup> by 2:00PM, Eastern Time"

In the event the response is hand delivered, it must be submitted to the Administrative Office Receptionist so that it is time-stamped upon receipt. The CRAA is not responsible for responses that are not received by the Receptionist in the Administrative Office.

## SECTION 5 - INFORMATION FOR RESPONDENTS

### **TERMS AND CONDITIONS FOR RESPONDENTS**

This section sets forth terms and conditions for Respondents responding to this Request for Statements of Qualifications (RFQ).

**SPECIAL CONDITIONS:** Special conditions included in the specifications of the RFQ and the sample Construction Manager at Risk Contract (DEC 2016) if inconsistent with provisions included in "Information for Respondents", shall take precedence over any provisions in "Information for Respondents" to the extent inconsistent.

**TEAMING PROHIBITIONS:** It is the CRAA's intent to solicit for separate Construction Management services for this project. To preserve the independent nature of the owner's representative in the Construction Management team, any consulting firm serving on the selected design team from this solicitation will not be permitted to be on the subsequent Construction Management team.

**CHANGES AND ADDENDA TO RFQ DOCUMENTS:** It is the responsibility of the interested parties to check for changes or addenda to this RFQ. Each change or addenda issued in relation to this document will be on file with the CRAA contact listed herein, no less than two working days prior to the scheduled RFQ due date. It will also be available on CRAA website. Total RFQ inquiry, postponement, or cancellations may be issued later than that time specified above. If a respondent has submitted a response prior to addenda being issued, and the respondent's response would change as a result of the addenda, then the respondent should submit a new package clearly stating that the new submittal supersedes the previous submittal. If the respondent feels the addendum does not change the original submittal, the respondent must still provide an acknowledgement of receipt of the addenda and a statement that it does not cause the need for completing a new submittal. Please send the acknowledgement to the "submittal address" noted in Section 4 of this solicitation.

**ACCEPTANCE AND REJECTION:** This response submitted by the Respondents to the CRAA will be accepted or rejected within a period of one hundred eighty (180) days from due date. The CRAA reserves the right to waive technicalities, or to cancel and re-solicit responses on the required service. Services may be considered as a separate offer and the CRAA reserves the right to award a contract on each service separately or on all services as a whole or any combination thereof, to one or more respondents. In addition, respondents whose qualifications are presented on an "All or None" basis must clearly state such fact in their written responses. A respondent's response may be rejected in whole or in part at any time.

All material submitted in response to this RFQ becomes the property of the CRAA. The CRAA may choose to retain or return these materials to the Respondents, at the Respondent's expense.

**WITHDRAWAL OF RESPONSES:** Respondents may withdraw their responses at any time prior to the due date and time for the receipt of responses. However, no Respondent shall withdraw or cancel a response for a period of 180 calendar days after the due date and time for the receipt of the statement of qualifications.

**DIVERSITY BUSINESS PARTNER PROGRAM:** A diversity and inclusion goal of 10% for the CM scope and 17% of subcontracted construction value has been established for this project. Pursuant to the requirement of 49 CFR Part 26 and Part 21 (see Article 1 – Construction

Manager's Responsibilities in the General Conditions for Construction Manager at Risk Services ) as applicable to this solicitation. It is the policy of the CRAA that Diversity Business Partner certified firms shall have the maximum opportunity to participate in the provision of services as outlined in this request. Respondents shall develop and implement a plan for a good faith effort to obtain DBP participation by companies holding a valid certification by a government agency in the State of Ohio. A copy of the current DBP certification document from a government agency within the State of Ohio must be included in the qualifications submittal in order to receive any points in the business diversity selection criteria. For more information about the CRAA's Diversity Business Partner Program or what constitutes a "Good Faith Effort", contact Business Diversity Program at [BusinessDiversity@ColumbusAirports.com](mailto:BusinessDiversity@ColumbusAirports.com).

**DISQUALIFICATION:** CM candidates are not to meet or communicate with the CRAA staff or Board members during the pendency of the solicitation process, except as indicated elsewhere in the RFQ. The solicitation process is deemed to have begun when the CRAA has publicized the advertisement of the RFQ. The process is deemed to have concluded when a contract has been fully executed with the selected firm. It is the responsibility of the candidate to know whether [s]he is engaging in an inappropriate ex parte communication with the CRAA staff. Inappropriate communication may result in disqualification from current or future selection processes. When in doubt, please contact the CRAA Procurement at [craaprocurement@columbusairports.com](mailto:craaprocurement@columbusairports.com).

**RESPONDENTS TERMS AND CONDITIONS:** Terms and conditions, submitted with the response, which are contrary to CRAA policies, procedures, information for Respondents, terms and conditions shall be disregarded for the purpose of any subsequent contract.

**COSTS INCURRED FOR RESPONSE SUBMISSIONS:** The CRAA is not liable for any cost associated with the preparation of the response or any other costs incurred by any Respondent prior to the execution of the contract. The rejection of any response, in whole or in part, at the CRAA's discretion, will not render the CRAA liable for incurring any cost or damage.

**INDEMNIFICATION:** The Consultant agrees to indemnify and hold harmless the CRAA and its officials, employees and other agents and representatives, against any loss, claim, cause of action, damage, or liability whatsoever, whether without limitation strict or absolute liability in tort or by statute imposed, charge, cost or expense, including without limitation, attorneys fees to the extent permitted by law, which may be incurred in connection with, or in any manner arising out of any damage or loss to property or injury or death of any person resulting from, or arising out of, without limitation the Respondent's performance in connection with this solicitation process. The indemnification obligations contained herein shall apply only to the extent caused by the negligent acts or omissions of the Consultant, anyone directly or indirectly employed by it or anyone for whose acts it may be liable, regardless of whether or not such loss, claim, cause of action, damage or liability is caused in whole or in part by a party indemnified hereunder.

**RFQ AWARD DEBRIEFING (In the event of contract award to another Respondent):** Once a contract award is made and negotiations are successfully concluded, the CRAA may conduct meetings to debrief other Respondents upon request. Debriefs can occur sooner than successful contract conclusion, however, only if the requesting respondent waives its rights to further consideration within the solicitation process. The award and contract information shall be posted on the CRAA website on the business information page. The CRAA may conduct debriefing meetings up to and including six months after the award and contract information is posted to the CRAA website. After the award and contract information is posted to the CRAA website, Respondents who wish to inquire about any aspect of this RFQ or award

should deliver a written request to:

Office of Contracts & Procurement  
John Glenn Columbus International Airport  
4600 International Gateway  
Columbus, Ohio 43219  
Email: craaprourement@columbusairports.com  
Fax: 614-239-3183

The debriefing request may be delivered to the above office by delivery, mail, e-mail or fax. Please include the title of the RFQ, the Department for which the RFQ was solicited, and the date that responses were due. Indicate the company name and contact information so that the CRAA can respond to the request. Questions requiring research should be submitted a minimum of three business days in advance of any debrief meeting.

The CRAA will review the request for a debriefing meeting. As appropriate, the CRAA will make good faith efforts to debrief the Respondent as soon as possible.

### **ADDITIONAL TERMS AND REQUIRED DOCUMENTS IN THE EVENT OF A CONTRACT**

This section sets forth contract terms and the required contract documents that the successful Respondent must execute following the award of the contract by the contracting authority.

**CONSTRUCTION MANAGER AT RISK CONTRACT 2016:** The successful Respondent shall execute the select standard agreement hereby incorporated by reference.

**DEFAULT PROVISION:** In case of default by the consultant, the CRAA may procure services from other sources and hold the consultant responsible for any excess costs occasioned or incurred thereby.

**DELINQUENT PERSONAL PROPERTY TAX:** All Respondents are charged with notice of Section 5719.042 of the Ohio Revised Code and agree that if this contract is awarded to them, the successful Respondent, prior to the time the contract is entered into, will submit to the CRAA, as directed, the affidavit required by that section of the Ohio Revised Code. Said affidavit, when submitted to the CRAA, is thereby incorporated into this Contract unless such statement has been so incorporated.

Section 5719.042 of the Ohio Revised Code: After the award by a taxing district of any contract and prior to the time the contract is entered into, the person making a bid shall submit to the district's fiscal officer, a statement affirmed under oath, that the person with whom the contract is to be made was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which the taxing district has territory or that such person was charged with delinquent personal property taxes on any such tax list, in which case that statement shall also set forth the amount of such due and unpaid delinquent taxes and any due and unpaid penalties and interest thereon. If the statement indicated that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the fiscal officer to the County Treasurer within thirty days of the date it is submitted. A copy of the statement shall also be incorporated into the contract and no payment shall be made with respect to any contract to which this section applies unless such statement has been so incorporated as a part thereof.

**PUBLICATIONS:** The Consultant agrees not to publish, or use matters relating to this Contract in advertising, sales promotion, or publicity matters without the prior written consent of the



CRAA except that which may be required under law. The Consultant further agrees to submit to the CRAA's Project Manager, or appropriate representative, all advertising, sales promotion, and other publicity matters relating to this Contract wherein the CRAA's name is mentioned or language used from which the connection of the CRAA's name therewith may, in the CRAA's judgment, be inferred or implied.

**SAFETY REQUIREMENTS:** The Consultant, while performing duties, shall adhere to all rules of their particular industry, with regard to mandates by the Environmental Protection Agency (EPA) and/or Occupational Safety and Health Administration (OSHA), and any other regulation applicable to the circumstance.

**SIGNATURE:** The Contract must be signed. In the event of a contract award where the company is a corporation, if the person signing the contract is other than the president of the corporation, the signature affidavit must be completed. This includes providing a copy of a meeting of the Corporation board of directors, showing that the person has the authority to sign such contracts that bind the company.

**AUTOMATED CLEARING HOUSE (ACH) AND ELECTRONIC FUNDS TRANSFER (EFT):** The CRAA utilizes Automated Clearing House (ACH) and Electronic Funds Transfer (EFT) for Consultant payments. The Consultant will receive ACH/EFT payments via electronic transfer.

## SECTION 6- ANTICIPATED SCOPE OF SERVICES

### **INTRODUCTION AND PROJECT BACKGROUND**

In accordance with the Ohio Revised Code Sections 9.33 through 9.334 and related provisions, the CRAA is seeking professional Construction Manager at Risk Services for Residence Inn by Marriott at John Glenn Columbus International Airport.

Architect/Engineer (A/E): **TBD**

Project Estimates:                      Construction Budget:                      \$ 14,700,000.00

### **PROPOSED SCOPE OF SERVICES (PSS)**

#### Preconstruction Services

The CM will work cooperatively with the CRAA and Architect/Engineer (A/E) and will provide, among other services: cost estimating, budgeting, value engineering, constructability reviews, scheduling, and preconstruction planning throughout the preconstruction stages.

When the drawings and specifications are at a fifty percent (50%) stage of completion, such partially completed documents ("Basis Documents") will be provided to the CM, together with the A/E's detailed listing of any material incomplete design elements and the A/E's statement of intended scope with respect to those incomplete elements ("Design Intent Statement"). The CM will be requested to guide the construction design process in line with the owner's goals and objectives to align with the project budget.

The CRAA, the A/E, and the CM will meet to reconcile any questions, discrepancies, or disagreements relating to the qualifications and assumptions, the Basis Documents, the Design Intent Statement, and the Construction Manager's recommendations. At the completion of the reconciliation, the design team will incorporate the team's decisions into the construction documents. The CM should plan to bid the subcontracted work prior to creation of the GMP amendments.

#### Construction Services

The CM must construct the project in accordance with the Contract Documents, including all schedule requirements. The CM should plan to implement the work in a phased manner established by the project team. The CM will be responsible for the means and methods of construction, safety, and compliance with all applicable laws. The CM must procure subcontracts through competitive pricing and must hold all subcontracts, which must be on the subcontract form prescribed by OAC Section 153:1-03-02.

The CRAA will have access to all books, records, documents, and other data pertaining to bidding, pricing or performance of the Contract that is in the CM's possession related to itself, its subcontractors, and its material suppliers.

## **POTENTIAL ADDITIONAL SERVICES (PAS)**

Additional scope of services may be requested to assist with the following:

Demolition of existing US Post Office  
Roadway Improvements  
Infrastructure Improvements  
Remediation

## **PROJECT MANAGEMENT EXPECTATIONS OF THE SELECTED CONSULTANT**

The selected consultant will be expected to produce a construction schedule in Primavera P6 and maintain it throughout the project, with a minimum update occurring once per month. The CRAA will also expect the selected consultant to use Primavera Contract Management throughout the construction process for RFI's, invoices, submittals, change directives, etc.

The CRAA has standard forms and documents which will be required for consultant use and will be provided as necessary. All deliverables will be clear, concise and accompanied by drawings/exhibits as necessary. All documents prepared on behalf of the CRAA will be delivered to the CRAA for review in a modifiable electronic format. It may be required that some submittals be provided in hard-copy as well as electronic. Final documentation shall be provided in both hardcopy as well as modifiable electronic format on CD.

## **ANTICIPATED SCHEDULE FOR SERVICES**

Fall 2017 (Potential additional service for demolition of US Post Office)  
Preconstruction Start – September 2017  
February 2018 – Mobilization  
March 2018 – June 2018 Site/Foundation Construction  
June 2018 – March 2019 Vertical Construction  
Summer 2019 Furniture/Commissioning/Close Out

## SECTION 7 - SUBMITTAL CONTENTS AND EVALUATION CRITERIA

### STATEMENT OF QUALIFICATIONS

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The CRAA, a Port Authority pursuant to the provisions of Chapter 4582, Ohio Revised Code (ORC), as a body corporate and politic, will use this form to obtain information from Architect/Engineer ("A/E") firms about their professional qualifications. The CRAA selects firms for A/E contracts on the basis of professional qualifications as required by Sections 153.65 through 153.71 of the Ohio Revised Code. This form also may be used to obtain the qualifications of Construction Managers ("CM"), selected as required by Sections 9.33 through 9.333 of the Ohio Revised Code, or other professional services related to the design or construction of public improvements.

The Ohio Revised Code requires the public announcement of requirements for A/E and CM services (with some exceptions provided by other statutes), and the selection of at least three of the most highly qualified firms based on demonstrated competence and professional qualifications according to specific criteria published in the announcement. The Ohio Revised Code then requires the negotiation of a contract at a fair and reasonable price starting first with the most highly qualified firm. **(Ohio Revised Code Sections 9.332 and 153.65 through 153.691.)**

The information used to evaluate firms is from this form and other sources, including performance evaluations, any additional data requested by the CRAA, and interviews with the most highly qualified firms and their references.

### GENERAL INSTRUCTIONS

Part I presents the qualifications for a specific contract.

Part II presents the general qualifications of a firm or a specific branch office of a firm. Part II has two uses:

1. Submit Part II with each Statement of Qualifications. Prepare a separate Part II for each firm that will be part of the team proposed for a specific contract and submitted with Part I. If a firm has branch offices, submit a separate Part II for each branch office that has a key role on the team.
2. A public announcement is not required for certain contracts and the CRAA may use Part II as a basis for selecting at least three of the most highly qualified firms for discussions prior to requesting submission of Part I. If a firm has branch offices, submit a separate Part II for each branch office seeking work.

### CRAA DEFINITIONS

**Architect-Engineer Services:** Has the same meaning as Ohio Revised Code 153.65(C) definition for professional design services; "services within the scope of practice of an architect or landscape architect registered under Chapter 4703. of the Revised Code or a professional engineer or surveyor registered under Chapter 4733 of the Revised Code."

**Construction Manager:** Has the same meaning as Ohio Revised Code 9.33 definition of Construction Manager; "a person with substantial discretion and authority to plan, coordinate, manage, and direct all phases of a project for the construction, demolition, alteration, repair, or reconstruction of any public building, structure, or other improvement, but does not mean the person who provides the professional design services or who actually performs the construction, demolition, alteration, repair, or reconstruction work on the project."

**Branch Office:** A geographically distinct place of business or subsidiary office of a firm that has a key role on the team.

**Discipline:** Primary technical capabilities of key personnel, as evidenced by academic degree, professional registration, certification, and/or extensive experience.

**Firm:** Has the same meaning as Ohio Revised Code 153.65(B) for professional design firm; "any person legally engaged in rendering professional design services."

**Key Personnel:** Individuals who will have major contract responsibilities and/or provide unusual or unique expertise.

## SPECIFIC INSTRUCTIONS

### Part I - Contract-Specific Qualifications

#### Section A. Contract Information. (1 Page for Section A, B, & C)

1. Title and Location. Residence Inn by Marriott at John Glenn Columbus International Airport
2. Announcement Date. June 26, 2017
3. Project Number. ENG-2017-021

#### Section B. Firm Point of Contact (1 Page for Section A, B, & C)

- 4-9. Project Representative Name and Title, President/CEO, Name of Firm (Legal Name), Telephone Number, Fax (Facsimile) Number and E-mail (Electronic Mail) Address. Provide information for a representative of the lead firm or joint venture that the CRAA can contact for additional information. The representative must be empowered to speak on contractual and policy matters. List the firm's legal name.
- 10-12. Include the county where the Lead Firm or Joint Venture is located, its FTID (Federal Tax Identification) number and Web address.

#### Section C. Proposed Team. (1 Page for Section A, B, & C)

- 13-15. Firm Name, Address, and Role in This Contract. Provide the contractual relationship, name, full mailing address, and a brief description of the role of each firm that will be involved in performance of this contract. List the lead firm or joint venture partners first. If a firm has branch offices, indicate each individual branch office that will have a key role on the team. The named subcontractors and outside associates or consultants must be used, and any change must be approved by the project manager. Attach an additional sheet in the same format as Section C if needed. If a joint venture, enter the office of the firm point of contact in the first row. **Identify certified Diversity Business Partner organizations, by name, that will participate in delivery of the proposed professional services solicited in the RFQ to achieve the advertised participation goal. Include the following information for each DBP-certified firm:**

Name  
Address  
Description of Work  
Estimated value of services to be performed

#### Section D. Organizational Chart of Proposed Team. (1 Page) 5 points

Present an organizational chart of the proposed team showing the names and roles of all key personnel listed in Section E and the firm they are associated with as listed in Section C. Illustrate lines of communication between team members and identify main point of contact for team. Use the following standard titles as appropriate to identify specific roles within project team for agreement.

##### **Construction Manager (CM) Standard Titles for Specific Roles:**

Senior Management Lead  
Project Management Lead  
Project Technical Lead (i.e. Project Engineer)  
Project Administration Lead (i.e. Project Clerk)  
Pre-Construction Management Lead  
Estimator – Discipline Name  
Scheduler (Pre-Construction Phase, Construction Phase)  
Constructability/Design Document Reviewer  
Superintendent – Discipline Name (e.g. General, MEP)  
Safety Lead

#### Section E. Resumes of Key Personnel Proposed for This Contract (1 Page per Resume) 5 points

Complete this section for each key person who will participate in this contract. Examples of key persons

would be; project executive, superintendent, project manager, scheduler, estimator, and project engineer. If a person is not to be involved in the project on at minimum a monthly basis, they should not be included. Personnel at the project manager level and above should have at minimum five years of experience in their current role.

Group personnel by firm, with personnel of the lead firm or joint venture partner firms first. Resumes should align to the greatest extent possible with the example projects in Section G. The following blocks must be completed for each resume:

16. Name.
17. Role in This Contact.
18. Years Experience. Total years of experience in current position (block 18a), and total years of relevant experience in applicable industries (block 18b).
19. Firm Name and Location. Name, city and state of the firm where the person currently works, which must correspond with one of the firms (or branch office of a firm, if appropriate) listed in Section C.
20. Education. Provide information on the highest relevant academic degree(s) received. Indicate the area(s) of specialization for each degree.
21. Current Professional Registration. Provide information on current relevant professional registration(s) in the State of Ohio. Do not list registration from other states here. List registrations from other states in Block 22.
22. Other Professional Qualifications. Provide information on any other professional qualifications relating to this contract, such as education, professional registration in other states, publications, organizational memberships (e.g., AIA, CSI, NSPE, CMAA), certifications (e.g. CDT, CCM, CCCA, CCS, LEED AP, NCIDQ), training, awards, and foreign language capabilities.\*

\*Abbreviations for organizations and certifications:

ACEC: American Council of Engineering Companies

AIA: American Institute of Architects

CCCA: Certified Construction Contract Administrator (CSI)

CCM: Certified Construction Manager (Construction Management Association of America)

CDT: Construction Documents Technologist (CSI)

CMAA: Construction Management Association of America

CCS: Certified Construction Specifier (CSI)

CSI: Construction Specifications Institute

LEED AP: Leadership in Energy & Environmental Design (U.S. Green Building Council)

NCIDQ: National Council for Interior Design Qualification

NSPE: National Society of Professional Engineers

23. Relevant Projects. Provide information on up to five projects in which the person had a significant role that demonstrates the person's capability relevant to her/his proposed role in this contract. These projects do not necessarily have to be any of the projects presented in Section F for the project team if the person was not involved in any of those projects or the person worked on other projects that were more relevant than the team projects in Section F. Use the check box provided to indicate if the project was performed with any office of the current firm. If any of the professional services or construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description and Specific Role (block (4)). Photos are not necessary and role is more useful than description.

**Section F. Example Projects Which Best Illustrate Proposed Team's Qualifications for This Contract (8 pages) 15 points**

Select projects where multiple team members worked together, if possible, that demonstrate the team's capability to perform work similar to that required for this contract. Complete one Section F for each project. Specialty consultants that have not worked with the lead firm may submit their own projects in this section. Present no more than eight (8) projects, unless otherwise specified by the CRAA. If more projects are submitted, scoring will be based on the first eight only. Complete the following blocks for each project:

24. Example Project Key Number. Start with "1" for the first project and number consecutively.
25. Title and Location. Title and location of project or contract. For an indefinite delivery contract, the location is the geographic scope of the contract.
26. Year Completed. Enter the year completed of the professional services (such as planning, engineering study, design, or surveying), and/or the year completed of construction, if applicable. If any of the professional services or the construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description of Project and Relevance to This Contract (block 24).
- 27a. Project Owner.
- 27b. Point of Contact Name. Provide name of a person associated with the project owner or the organization which contracted for the professional services, who is very familiar with the project and the firm's (or firms') performance.
- 27c. Point of Contract Telephone Number.
- 27d. Point of Contact E-mail Address.
28. Brief Description of Project and Relevance to This Contract. Indicate scope, size, cost, principal elements and special features of the project. ***Discuss the relevance of the example project to this contract.*** Enter any other information requested by the CRAA for each example project. One or two photos or diagrams may be included.
29. Firms from Section C Involved with This Project. Indicate which firms (or branch offices, if appropriate) on the project team were involved in the example project, and their roles. List in the same order as Section C.

#### **Section G. Additional Page: Relevant Project Experience Matrix (1 Page) 20 points**

Indicate the relevant projects that delineate the ***relevant scope of work requirements*** for the advertised project. Use the criteria present in matrix G. If using CM defined relevant scope, describe the scope in the space allowed.

#### **Section H. Key Personnel Participation in Example Projects (1 Page) 25 points**

This matrix is intended to graphically depict which key personnel identified in Section E worked on the example projects listed in Section F. Complete the following blocks (see example below).

30. Names of Key Personnel. List the names of the key personnel as they appear in section E.
31. Role in this contract. List the proposed roles of the individuals above in this contract in the same order
32. Example Projects Listed in Section F. In the column under each project key number (see block 29) and for each key person, place an "X" under the project key number for participation in the same or similar role.
33. Example Projects Key. List the key numbers and titles of the example projects in the same order as they appear in Section F.

#### **Section I. Additional Information. (As Needed) 30 points**

- 34a. Summary (two pages maximum): Provide a summary describing why your firm/team is the most-qualified for the Project. Specifically address this project. Project characteristics are as follows: construction of an extended stay hotel, maintaining operations of an active airport, providing recommendations on phased GMP approach, management of FFE package purchased by others
- 34b. Financial Responsibility (Pages as Needed): Provide a summary of the firm's/team's financial responsibility to perform the requested services including: a) evidence from the firm's/team's surety or sureties of sufficient capacity to provide a payment and performance bond with the penal sum equal to one hundred percent (100%) of the project's estimated construction cost, b) a copy of the

current certificate(s) of insurance for each firm of the team showing the full limits of insurance carried for commercial general liability, employer's liability, business automobile liability, excess/umbrella liability, and professional liability, and c) a copy of the Ohio Worker's Compensation certificate of insurance and a copy of the Experience Modifier Rating (from the OBWC's website) that visibly shows the URL and the full table of data for each firm of the team.

- 34c. Management Systems (Two Pages Maximum): Describe the firm's experience with Primavera scheduling software and Contract Management.
- Describe how your firm manages internal and external costs on a project. Describe the interval at which you would intend to forecast project costs and how you report these to the project team.
  - Describe the process by which you setup and update progress on a project schedule.
  - List two-three (2-3) projects in which your baseline project schedule was not accurate, describe the cause and how you overcame the error.
- 34d. Self-Performed Work (One Page): Indicate whether the firm intends to self-perform any construction work on the project through a competitive process and, if so, the nature of that Work and the firm's capability to perform it.
- Describe the advantages and disadvantages of the CM team self-performing scopes of work.
- 34e. Estimating (Two Pages Maximum): Describe the firm's in-house estimating capability and its use of in-house estimating on projects comparable to the Project.
- Describe how your firm would setup the initial project estimate. Describe which data your firm believes would provide the most accurate construction estimate.
  - List 2-3 projects in which your fifty-seventy percent (50-70%) construction estimate was not accurate, describe what the errors were, when they were realized, and how they were overcome. Describe how this information was presented to the owner.
- 34f. Safety (Pages as Needed): Provide the firm's current OSHA 300 log and EMR rating. Provide a brief explanation of any safety incident and the findings. If applicable, explain the corrective action used to prevent another occurrence of the same nature. Describe your firm's (local office) most serious safety incident and how you learned from it.
- 34h. DBP Plan (Pages as Needed): Firms shall make a good faith effort to engage DBP firms in meaningful roles as an integral part of the team proposed to provide the requested services and later during the solicitation and selection of subcontractors for construction work. Firms are expected to develop and implement a plan for a good faith effort to obtain DBP participation by firms holding a valid certification. If the plan does not demonstrate a commitment to partnering with the CRAA through good faith efforts to include DBPs on the project, the CRAA in its sole discretion may negatively reflect this in its evaluation of the firms/team's qualifications. The participation goal for the project is 10% for the CM and 17% for subcontracted work.
- 34i. Complete and submit the DBP Commitment form to indicate the lead firm's intent to contract with and use DBP-certified Business Enterprises as a part of the CM goal of 10% and subcontracted work 17%

## **Section J. Authorized Representative**

35. Signature of Authorized Representative. An authorized representative of a joint venture or the lead firm must sign and date the completed form. Signing attests that the information provided is current and factual, and that all firms on the proposed team agree to work on the project. Joint ventures selected for negotiations must make available a statement of participation by a principal of each member of the joint venture.
36. Date. Self-explanatory
37. Name and Title. Self-explanatory.



**STATEMENT OF QUALIFICATIONS**

**PART I – CONTRACT SPECIFIC QUALIFICATIONS**

**A. CONTRACT INFORMATION**

1. PROJECT TITLE AND LOCATION (City and State)

---

2. ANNOUNCEMENT DATE

---

3. PROJECT NUMBER

---

**B. FIRM POINT OF CONTACT**

4. PROJECT REPRESENTATIVE NAME AND TITLE

---

5. PRESIDENT / CEO

---

6. NAME OF FIRM (LEGAL NAME)

---

7. TELEPHONE NUMBER

---

8. FAX NUMBER

---

9. E-MAIL ADDRESS

---

10. COUNTY

---

11. FTID NUMBER

---

12. WEB ADDRESS

---

**C. PROPOSED TEAM**

*(Complete this section for the lead firm or joint venture partners, and all key consultants)*

<i>(Check)</i>			13. FIRM NAME	14. ADDRESS	15. DESCRIPTION OF WORK	16. ESTIMATED VALUE OF SERVICES TO BE PERFORMED	17. ROLE IN THIS CONTRACT
Lead Firm	JV Partner	Consultant					
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> Check if DBP certified	<input type="checkbox"/> Check if branch office			
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> Check if DBP certified	<input type="checkbox"/> Check if branch office			
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> Check if DBP certified	<input type="checkbox"/> Check if branch office			
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> Check if DBP certified	<input type="checkbox"/> Check if branch office			
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/> Check if DBP certified	<input type="checkbox"/> Check if branch office			

**D. ORGANIZATIONAL CHART OF PROPOSED TEAM**

*(Attached)*

---

INSERT ORGANIZATIONAL CHART BELOW OR ATTACH

**E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT**

*(Complete one Section E for each key person)*

16. NAME	17. ROLE IN THIS CONTRACT	18. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM

19. FIRM NAME AND LOCATION (City and State)

20. EDUCATION (DEGREE AND SPECIALIZATION)	21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)
---	--

22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.)

**23. RELEVANT PROJECTS (Up to a maximum of 5 samples)**

a.	(1) TITLE AND LOCATION (City and State)	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER <i>(If included in Section F)</i>
		PROFESSIONAL SERVICES	CONSTRUCTION (If applicable)	

(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE with current firm  Check if project performed

b.	(1) TITLE AND LOCATION (City and State)	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER <i>(If included in Section F)</i>
		PROFESSIONAL SERVICES	CONSTRUCTION (If applicable)	

(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE with current firm  Check if project performed

c.	(1) TITLE AND LOCATION (City and State)	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER <i>(If included in Section F)</i>
		PROFESSIONAL SERVICES	CONSTRUCTION (If applicable)	

(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE with current firm  Check if project performed

d.	(1) TITLE AND LOCATION (City and State)	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER <i>(If included in Section F)</i>
		PROFESSIONAL SERVICES	CONSTRUCTION (If applicable)	

(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE  Check if project performed with current firm

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**

*(Present as many projects as requested by the CRAA, or a maximum of 8 projects, if not specified. Complete one Section F for each project.)*

24. EXAMPLE PROJECT KEY NUMBER (1 – 8)

25. TITLE AND LOCATION <i>(City and State)</i>	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION (if applicable)

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT PHONE NUMBER	d. POINT OF CONTACT E-MAIL ADDRESS
------------------	--------------------------	----------------------------------	------------------------------------

28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

**G. RELEVANT PROJECT EXPERIENCE MATRIX**

		Major Scope of Work requirements as identified in the project advertisement.								
		Scope: CM at Risk Preconstruction Services	Scope: CM at Risk Construction Services with phased GMP	Scope: Experience with extended hotel brand flag requirements	Scope: Experience with multiple Stakeholder Requirements	Scope: Experience with working at a fully operational airport	Scope: Experience Working with kitchen and laundry services	Scope: Experience coordinating with equipment deliveries and FFE installation	Scope: CM Defined Relevant Scope (Specify)	Scope: CM Defined Relevant Scope (Specify)
Example Project Name (Place "X" under Project Scope)										
1										
2										
3										
4										
5										
6										
7										
8										

### H. KEY PERSONNEL PARTICIPATION IN EXAMPLE PROJECTS

30. NAMES OF KEY PERSONNEL (From Section E, Block 12)	31. ROLE IN THIS CONTRACT (From Section E, Block 13)	32. EXAMPLE PROJECTS LISTED IN SECTION F (Fill in "Example Projects Key" section below before completing table. Place "X" under project key number for participation in same or similar role.)									
		1	2	3	4	5	6	7	8	9	10

### 33. EXAMPLE PROJECTS KEY

NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)	NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)
1		6	
2		7	
3		8	
4		9	
5		10	

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**I. ADDITIONAL INFORMATION**

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34a. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED

**I. ADDITIONAL INFORMATION**

---

34b. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED.



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**I. ADDITIONAL INFORMATION**

---

34c. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED.

---

**I. ADDITIONAL INFORMATION**

---

34d. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED.

---

**I. ADDITIONAL INFORMATION**

---

34e. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED.

---

**I. ADDITIONAL INFORMATION**

---

34f. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED.

---

**I. ADDITIONAL INFORMATION**

---

34g. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CRAA. ATTACH ADDITIONAL SHEETS AS NEEDED.

**I. ADDITIONAL INFORMATION**

34h.

**DIVERSITY BUSINESS PARTNER (DBP) PROGRAM  
COMMITMENT FORM**

**Professional Services Firm: Mark only one option.**

Use "✓" or "X" to mark option included in contract award amount.  
If marking Option B, also show percentage of proposed participation.

**Option A**

The Lead Firm or Joint Venture ("Respondent") commits to *meet or exceed* the advertised DBP Participation Goal of the award amount, calculated as a percentage of the Basic Fee plus all accepted Additional Service Fees and Reimbursable Expenses, by using DBP-certified Business Enterprise(s).

The Respondent agrees that if selected for consideration of the Contract, it shall provide to the CRAA, at the location required within five (5) business days after receiving notice from the CRAA, its Technical Proposal, including a *Certified Statement of Intent To Perform As a DBP* form for each DBP-certified Business Enterprise proposed for use by the Respondent if awarded the Contract for this Project.

**Option B (also indicate percentage -- see text )**

The Respondent *does not meet* the advertised DBP Participation Goal percentage, but, if awarded the Contract for this Project, *commits to provide* \_\_\_\_\_ **percent of the Contract award amount**, calculated as a percentage of the Basic Fee plus all accepted Additional Service Fees and Reimbursable Expenses, by using DBP-certified Business Enterprise(s).

The Respondent acknowledges it understands the requirement for it to provide and agrees to provide to the CRAA, if selected for consideration of the Contract, within five (5) business days after notice from the CRAA, a letter requesting a waiver of the DBP participation goal percentage on the Respondent's letterhead with a detailed *Demonstration of Good Faith* form describing its efforts undertaken prior to submitting its Statement of Qualifications to meet the advertised DBP Participation Goal percentage for the Contract for this Project, and full documentation to substantiate its efforts.

The Respondent commits to provide to the CRAA at the location required within 10 business days after receiving notice from the CRAA, its Technical Proposal, including a *Certified Statement of Intent To Contract and To Perform* form for each DBP-certified Business Enterprise proposed for use by the Respondent if awarded the Contract for this Project.

**Option C**

The Respondent declares that it is a DBP-certified Business Enterprise and that if awarded the Contract, the DBP Participation percentage will be one hundred percent (100%) of the award amount.

**J. AUTHORIZED REPRESENTATIVE**

The foregoing is a statement of facts.

35. SIGNATURE

36. DATE

37. NAME AND TITLE

## Part II - General Qualifications

See the "**General Instructions**" on page one for firms with branch offices. Prepare Part II for the specific branch office seeking work if the firm has branch offices. Submit Part II with each Statement of Qualifications. A public announcement is not required for certain contracts, and the CRAA may use Part II as a basis for selecting at least three of the most highly qualified firms for discussions prior to requesting submission of Part I. If a firm has branch offices, submit a separate Part II for each branch office seeking work.

For a specific contract, prepare a separate Part II **for each firm** that will be part of the proposed project team and submit with Part I. If a firm has branch offices, submit a separate Part II for each branch office that has a key role on the team.

1. Project Number. If Part II is submitted for a specific contract, insert the CRAA's project number, if applicable, exactly as shown in the request for qualifications.
- 2a-2f. Firm (or Branch Office) Name and Address. Self-explanatory. List the firm's legal name.
3. Year Established. Enter the year the firm (or branch office, if appropriate) was established under the current name.
4. FTID Number. Insert the Federal Tax Identification number issued by the Internal Revenue Service.
5. Ownership.
  - a. Type. Enter the ownership or legal structure (sole proprietor, partnership, corporation, joint venture, etc.).
  - b. DBP-certified Business Enterprise Status. Refer to the Ohio Unified Certification Program (OH UCP) website at [www.ohiouncp.org](http://www.ohiouncp.org) to verify the status of certified DBP firms in the state of Ohio. DBP status must be either "CERTIFIED" or "NON-CERTIFIED."
- 6a-6d. Point of Contact. Project Representative Name and Title, President/CEO, Telephone Number, Fax (Facsimile) Number and E-mail (Electronic Mail) Address. Provide this information for a representative of the firm that the CRAA can contact for additional information. The representative must be empowered to speak on contractual and policy matters.
7. Name of Firm. Enter the name of the firm if Part II is prepared for a branch office.
8. Former Firm Names. Indicate any other previous names for the firm (or branch office) during the last six years. This information is used to review past performance on CRAA contracts.
9. Employees by Discipline. Use the relevant disciplines and associated function codes shown at the end of these instructions and list in the same numerical order. After the listed disciplines, write in any additional disciplines and leave the function code blank. List no more than twenty (20) disciplines. Group remaining employees under "Other Employees" in column b. Each person can be counted only once according to his/her primary function. Enter the number of licensed design professionals (e.g., architects, landscape architects, professional engineers and professional surveyors) for each discipline in column c(1). Enter all other employees for each discipline in column c(2).
10. Profile of Firm's Experience and Annual Average Revenue for Last Five (5) Years. Complete this block for the firm or branch office for which this Part II is prepared. Enter the experience categories which most accurately reflect the firm's technical capabilities and project experience. Use the relevant experience categories and associated profile codes shown at the end of these instructions, and list in the same numerical order. After the listed experience categories, write in any unlisted relevant project experience categories and leave the profile codes blank. For each type of experience, enter the appropriate revenue index number to reflect the professional services revenues received annually (averaged over the last five years) by the firm or branch office for performing that type of work. A particular project may be identified with one experience category or it may be broken into components, as best reflects the capabilities and types of work performed by the firm. However, do not double count the revenues received on a particular project.
11. Total Professional Services Revenues of Firm for Last Two (2) Years. Complete this block for the firm or branch office for which this Part II is prepared. Enter the appropriate revenue index numbers to reflect the **total** professional services revenues received annually (over the last two years) by the firm or branch office. Do not enter "0." Indicate value of work performed for CRAA.
12. Authorized Representative. An authorized representative of the firm or branch office must sign and date the completed form. Signing attests that the information provided is current and factual. Provide the name and title of the authorized representative who signed the form.

## List of Disciplines (Function Codes)

Code	Description	Code	Description
01	Acoustical Engineer	32	Hydraulic Engineer
02	Administrative	33	Hydrographic Surveyor
03	Aerial Photographer	34	Hydrologist
04	Aeronautical Engineer	35	Industrial Engineer
05	Archeologist	36	Industrial Hygienist
06	Architect	37	Interior Designer
07	Biologist	38	Land Surveyor
08	CADD Technician	39	Landscape Architect
09	Cartographer	40	Materials Engineer
10	Chemical Engineer	41	Materials Handling Engineer
11	Chemist	42	Mechanical Engineer
12	Civil Engineer	43	Mining Engineer
13	Communications Engineer	44	Oceanographer
14	Computer Programmer	45	Photo Interpreter
15	Construction Inspector	46	Photogrammetrist
16	Construction Manager	47	Planner: Urban/Regional
17	Corrosion Engineer	48	Project Manager
18	Cost Engineer/Estimator	49	Remote Sensing Specialist
19	Ecologist	50	Risk Assessor
20	Economist	51	Safety/Occupational Health Engineer
21	Electrical Engineer	52	Sanitary Engineer
22	Electronics Engineer	53	Scheduler
23	Environmental Engineer	54	Security Specialist
24	Environmental Scientist	55	Soils Engineer
25	Fire Protection Engineer	56	Specifications Writer
26	Forensic Engineer	57	Structural Engineer
27	Foundation/Geotechnical Engineer	58	Technician/Analyst
28	Geodetic Surveyor	59	Toxicologist
29	Geographic Information System Specialist	60	Transportation Engineer
30	Geologist	61	Value Engineer
31	Health Facility Planner	62	Water Resources Engineer



## List of Experience Categories (Profile Codes)

Code	Description	Code	Description
A01	Acoustics, Noise Abatement	D01	Dams ( <i>Concrete; Arch</i> )
A02	Aerial Photography; Airborne Data and Imagery Collection and Analysis	D02	Dams ( <i>Earth; Rock</i> ); Dikes; Levees
A03	Agricultural Development; Grain Storage; Farm Mechanization	D03	Desalinization ( <i>Process and Facilities</i> )
A04	Air Pollution Control	D04	Design-Build - Preparation of Requests for Proposals
A05	Airports; Nav aids; Airport Lighting; Aircraft Fueling	D05	Digital Elevation and Terrain Model Develop- ment
A06	Airports; Terminals and Hangars; Freight Handling	D06	Digital Orthophotography
A07	Arctic Facilities	D07	Dining Halls; Clubs; Restaurants
A08	Animal Facilities	D08	Dredging Studies and Design
A09	Anti-Terrorism/Force Protection	E01	Ecological and Archeological Investigations
A10	Asbestos Abatement	E02	Educational Facilities; Classrooms
A11	Auditoriums and Theaters	E03	Electrical Studies and Design
A12	Automation; Controls; Instrumentation	E04	Electronics
B01	Barracks; Dormitories	E05	Elevators; Escalators; People-Movers
B02	Bridges	E06	Embassies and Chanceries
C01	Cartography	E07	Energy Conservation; New Energy Sources
C02	Cemeteries ( <i>Planning and Relocation</i> )	E08	Engineering Economics
C03	Charting; Nautical and Aeronautical	E09	Environmental Impact Studies, Assessments or Statements
C04	Chemical Processing and Storage	E10	Environmental and natural Resource Mapping
C05	Child Care/Development Facilities	E11	Environmental Planning
C06	Churches; Chapels	E12	Environmental Remediation
C07	Coastal Engineering	E13	Environmental Testing and Analysis
C08	Codes; Standards; Ordinances	F01	Fallout Shelters; Blast-Resistant Design
C09	Cold Storage; Refrigeration and Fast Freeze	F02	Field Houses; Gyms; Stadiums
C10	Commercial Building ( <i>Low Rise</i> ); Shopping Centers	F03	Fire Protection
C11	Community Facilities	F04	Fisheries; Fish Ladders
C12	Communications Systems; TV; Microwave	F05	Forensic Engineering
C13	Computer Facilities; Computer Service	F06	Forestry and Forest Products
C14	Conservation and Resource Management	G01	Garages; Vehicles Maintenance Facilities; Parking Decks
C15	Construction Management	G02	Gas Systems ( <i>Propane; Natural, Etc.</i> )
C16	Construction Surveying	G03	Geodetic Surveying: Ground and Airborne
C17	Corrosion Control; Cathodic Protection Electrolysis	G04	Geographic Information System Services: Development, Analysis, and Data Collection
C18	Cost Estimating; Cost Engineering and Analysis; Parametric Costing; Forecasting		
C19	Cryogenic Facilities		

## List of Experience Categories (Profile Codes)

Code	Description	Code	Description
G05	Geospatial Data Conversion: Scanning, Digitizing, Compilation, Attributing, Scribing, Drafting	M08	Modular systems Design; Pre-Fabricated Structures or Components
G06	Graphic Design	N01	Naval Architecture; Off-Shore Platforms
H01	Harbors; Jetties; Piers, Ship Terminal Facilities	N02	Navigation Structures; Locks
H02	Hazardous Materials Handling and Storage	N03	Nuclear Facilities; Nuclear Shielding
H03	Hazardous, Toxic, Radioactive Waste Remediation	O01	Office Buildings; Industrial Parks
H04	Heating; Ventilating; Air Conditioning	O02	Oceanographic Engineering
H05	Health Systems Planning	O03	Ordnance; Munitions; Special Weapons
H06	High-rise; Air-Rights-Type Buildings	P01	Petroleum Exploration; Refining
H07	Highways; Streets; Airfield Paving; Parking Lots	P02	Petroleum and Fuel ( <i>Storage and Distribution</i> )
H08	Historical Preservation	P03	Photogrammetry
H09	Hospital and Medical Facilities	P04	Pipelines ( <i>Cross-Country - Liquid and Gas</i> )
H10	Hotels; Motels	P05	Planning ( <i>Community, Regional, Areawide and State</i> )
H11	Housing ( <i>Residential, Multi-Family; Apartments; Condominiums</i> )	P06	Planning ( <i>Site, Installation and Project</i> )
H12	Hydraulics and Pneumatics	P07	Plumbing and Piping Design
H13	Hydrographic Surveying	P08	Prisons and Correctional Facilities
I01	Industrial Buildings; Manufacturing Plants	P09	Product, Machine Equipment Design
I02	Industrial Processes; Quality Control	P10	Pneumatic Structures, Air-Support Buildings
I03	Industrial Waste Treatment	P11	Postal Facilities
I04	Intelligent Transportation Systems	P12	Power Generation, Transmission, Distribution
I05	Interior Design; Space Planning	P13	Public Safety Facilities
I06	Irrigation; Drainage	R01	Radar; Sonar; Radio and Radar Telescopes
J01	Judicial and Courtroom Facilities	R02	Radio Frequency Systems and Shieldings
L01	Laboratories; Medical Research Facilities	R03	Railroad; Rapid Transit
L02	Land Surveying	R04	Recreation Facilities ( <i>Parks, Marinas, Etc.</i> )
L03	Landscape Architecture	R05	Refrigeration Plants/Systems
L04	Libraries; Museums; Galleries	R06	Rehabilitation ( <i>Buildings; Structures; Facilities</i> )
L05	Lighting ( <i>Interior; Display; Theater, Etc.</i> )	R07	Remote Sensing
L06	Lighting ( <i>Exteriors; Streets; Memorials; Athletic Fields, Etc.</i> )	R08	Research Facilities
M01	Mapping Location/Addressing Systems	R09	Resources Recovery; Recycling
M02	Materials Handling Systems; Conveyors; Sorters	R10	Risk Analysis
M03	Metallurgy	R11	Rivers; Canals; Waterways; Flood Control
M04	Microclimatology; Tropical Engineering	R12	Roofing
M05	Military Design Standards	S01	Safety Engineering; Accident Studies; OSHA Studies
M06	Mining and Mineralogy	S02	Security Systems; Intruder and Smoke Detection
M07	Missile Facilities ( <i>Silos; Fuels; Transport</i> )	S03	Seismic Designs and Studies

## List of Experience Categories (Profile Codes)

Code	Description
S04	Sewage Collection, Treatment and Disposal
S05	Soils and Geologic Studies; Foundations
S06	Solar Energy Utilization
S07	Solid Wastes; Incineration; Landfill
S08	Special Environments; Clean Rooms, Etc.
S09	Structural Design; Special Structures
S10	Surveying; Platting; Mapping; Flood Plain Studies
S11	Sustainable Design
S12	Swimming Pools
S13	Storm Water Handling and Facilities
T01	Telephone Systems ( <i>Rural; Mobile; Intercom, Etc.</i> )
T02	Testing and Inspection Services
T03	Traffic and Transportation Engineering
T04	Topographic Surveying and Mapping
T05	Towers ( <i>Self-Supporting and Guyed Systems</i> )
T06	Tunnels and Subways
U01	Unexploded Ordnance Remediation
U02	Urban renewals; Community Development
U03	Utilities ( <i>Gas and Steam</i> )
V01	Value Analysis; Life-Cycle Costing
W01	Warehouse and Depots
W02	Water Resources; Hydrology; Ground Water
W03	Water Supply; Treatment and Distribution
W04	Wind Tunnels; Research/Testing Facilities Design
Z01	Zoning; Land Use Studies

# STATEMENT OF QUALIFICATIONS

1. PROJECT NUMBER *(If any)*

## PART II – GENERAL QUALIFICATIONS

*(If a firm has branch offices, complete for each specific branch office seeking work.)*

2a. FIRM (OR BRANCH OFFICE) NAME (LEGAL NAME)				3. YR ESTABLISHED	4. FTID NUMBER
2b. STREET				5. OWNERSHIP	
				a. TYPE	
2c. CITY	2d. STATE	2e. ZIP CODE	2f. COUNTY	b. DBP STATUS	
6a. POINT OF CONTACT NAME AND TITLE		6b. PRESIDENT/CEO		7. NAME OF FIRM <i>(If Block 2a is a branch office.)</i>	
6c. TELEPHONE NUMBER	6d. E-MAIL ADDRESS				
8. FORMER FIRM NAME(S) <i>(If any)</i>					

9. EMPLOYEES BY DISCIPLINE				10. PROFILE OF FIRM'S EXPERIENCE AND ANNUAL AVERAGE REVENUE FOR LAST 5 YEARS		
a. Function Code	b. Discipline	c. No. of Employees		a. Profile Code	b. Experience	c. Revenue Index Number <small>(see below)</small>
		(1) LICENSED	(2) NON-LICENSED			
Other Employees						
Total						

11. TOTAL PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST 2 YEARS <i>(Insert revenue index number shown at right)</i>	PROFESSIONAL SERVICES REVENUE INDEX NUMBER															
a. Work for CRAA	<table style="width: 100%; font-size: small;"> <tr> <td>1. Less than \$50,000</td> <td>6. \$400,000 to less than \$500,000</td> <td>11. \$900,000 to less than \$1,000,000</td> </tr> <tr> <td>2. \$50,000 to less than \$100,000</td> <td>7. \$500,000 to less than \$600,000</td> <td>12. \$1,000,000 to less than \$2,000,000</td> </tr> <tr> <td>3. \$100,000 to less than \$200,000</td> <td>8. \$600,000 to less than \$700,000</td> <td>13. \$2,000,000 to less than \$5,000,000</td> </tr> <tr> <td>4. \$200,000 to less than \$300,000</td> <td>9. \$700,000 to less than \$800,000</td> <td>14. \$5,000,000 to less than \$10,000,000</td> </tr> <tr> <td>5. \$300,000 to less than \$400,000</td> <td>10. \$800,000 to less than \$900,000</td> <td>15. \$10,000,000 or greater</td> </tr> </table>	1. Less than \$50,000	6. \$400,000 to less than \$500,000	11. \$900,000 to less than \$1,000,000	2. \$50,000 to less than \$100,000	7. \$500,000 to less than \$600,000	12. \$1,000,000 to less than \$2,000,000	3. \$100,000 to less than \$200,000	8. \$600,000 to less than \$700,000	13. \$2,000,000 to less than \$5,000,000	4. \$200,000 to less than \$300,000	9. \$700,000 to less than \$800,000	14. \$5,000,000 to less than \$10,000,000	5. \$300,000 to less than \$400,000	10. \$800,000 to less than \$900,000	15. \$10,000,000 or greater
1. Less than \$50,000	6. \$400,000 to less than \$500,000	11. \$900,000 to less than \$1,000,000														
2. \$50,000 to less than \$100,000	7. \$500,000 to less than \$600,000	12. \$1,000,000 to less than \$2,000,000														
3. \$100,000 to less than \$200,000	8. \$600,000 to less than \$700,000	13. \$2,000,000 to less than \$5,000,000														
4. \$200,000 to less than \$300,000	9. \$700,000 to less than \$800,000	14. \$5,000,000 to less than \$10,000,000														
5. \$300,000 to less than \$400,000	10. \$800,000 to less than \$900,000	15. \$10,000,000 or greater														

**12. AUTHORIZED REPRESENTATIVE**  
The foregoing is a statement of facts.

a. SIGNATURE	b. DATE
c. NAME AND TITLE	

Provide a separate Part II form for each firm or branch office participating on the proposed project team.

## SECTION 8 - SELECTION PROCESS

This section provides the respondent an understanding of the typical CRAA selection process and anticipated schedule to complete this solicitation. The CRAA, at its discretion, can modify the process as necessary to better fit the solicitation needs.

### **SELECTION PROCESS**

- Short-list:** In the event of the need to compile a short-list, the Selection Committee will evaluate the Statements of Qualifications and prepare a short list of qualified teams.
- Technical Proposal:** The short-listed teams may be requested to provide technical proposals. If the CRAA requests technical proposals, additional information, including evaluation criteria will be provided at that time.
- Presentations/Interviews:** Each short-listed team will be given the opportunity to introduce team members (7 maximum), highlight their qualifications and discuss their project approach to a selection committee. Following each presentation, the committee may conduct a Q&A session, as necessary, with the team representatives. Total points available in a presentation/interview will be one-hundred. Guidelines, evaluations criteria, and total points available will be provided in advance of the interview. Additionally, the short-listed firms/teams (both prime and sub-consultants) shall provide to the CRAA: 1) audited annual financial reports for the last two fiscal years or a statement why an audited report is not available; 2) Experience Modifier Rating from the Ohio Bureau of Worker's Compensation website for each firm of the team that visibly shows the firm's URL and the full table of data; and 3) Dun & Bradstreet Comprehensive Report. This shall be delivered in one envelope marked "Financial Information" containing a single copy of these reports It will be destroyed upon completion of the selection process.
- Highest-Ranked Consultant:** A recommendation from the selection committee will be based upon the results of the qualifications, proposals, presentations and interview scoring. Upon concurrence from CRAA management, the CRAA will issue a Notification of Intent to Negotiate with the highest-ranked consultant team.
- Scope and Fee Negotiations:** Negotiations for the Scope of Work (SOW) and Fee will be in conformance with applicable federal, state and local laws, regulations and procedures. Either the highest-ranked consultant or CRAA may request a meeting to discuss the SOW and Fees negotiation; however, the time and effort for negotiations shall not be subject to reimbursable fees.
- Within five days of the Notification of Intent to Negotiate, the highest-ranked consultant shall submit a draft SOW document addressing the needs identified in the RFQ; this submittal will serve as the skeleton to build upon. A level of effort (LOE), in man-hours, shall be submitted with the SOW and the two shall be interrelated by identify task and subtasks with the same numbering system. A work schedule shall also accompany the SOW using the same numbering system as well. Expect that there will be several iterations of each deliverable as the

CRAA and the consultant's project managers work to solidify the scope of work.

If either fee or scope negotiations fail with the highest-ranked consultant, negotiations will commence with the second-ranked consultant (and so on) until a successful negotiation is achieved. Upon completion of contract negotiations with the recommended consultant, a final recommendation will be forwarded to the Facilities Committee of the CRAA Board of Directors and then to the Board as a whole for approval of an authorizing resolution.

**Final Award:** Upon CRAA Board approval of the selected consultant, the consultant shall execute the appropriate Professional Services Agreement, as attached to this RFQ, and return two original signed Agreements for CRAA signature. One copy will be returned to the selected consultant upon full execution. It is currently anticipated that one respondent will be awarded the contract; however, in the event the CRAA considers it in its best interest to award more than one contract, the CRAA may award contract(s) in any manner it determines to be in its best interest. If after a contract is awarded and additional resources are deemed necessary from this solicitation, the CRAA reserves the right to award additional contract(s) as in its best interest.

**ANTICIPATED SCHEDULE FOR SELECTION PROCESS**

The following schedule is anticipated for selection of the consultant team; however, it is subject to change:

RFQ public notice advertisements will appear in the following publication during the weeks of: June 26 – July 27, 2017

Columbus Dispatch

This RFQ will appear on the CRAA's website effective: June 26, 2017.

Cut-off Date and Time for Questions	July 21, 2017
Statements of Qualifications Due	July 27, 2017
Short List Identification	August 1, 2017
RFP Issued	August 14, 2017
Pre-Proposal Interview	TBD
RFP Due	September 14, 2017
Oral Presentations/Interviews	September 28, 2017
Notification of Intent to Negotiate (Scope and Fee)	September 2017
Recommendation to CRAA Board	October 2017

SECTION 9 – ADDENDUM INFORMATION

THIS SECTION RESERVED FOR ADDENDA, IF NECESSARY

## SECTION 10 - ATTACHMENTS

This section provides a listing of documents for the respondent that may be required throughout the solicitation process. Each form is found attached to this solicitation.

### **FORMS REQUIRED WITH RESPONDENT SUBMITTAL**

The following documents are required to be a part of the respondent's submittal:

- Non Collusion Affidavit (for respondents)
- Respondent's Personnel by Discipline
- Response Cover Letter Form
- Letter of Intent to Perform as a Diversity Business Partner Consultant/Supplier

### **FORMS REQUIRED OF SELECTED RESPONDENT**

If selected to perform requested services, the offer must execute the following documents:

- Delinquent Personal Property Tax Affidavit
- Contract Signature Affidavit (if applicable)
- Agreement for Services of a Construction Manager at Risk
- Vendor Setup Form (if needed)
- Vendor/Electronic Funds Transfer (EFT) Enrollment Form (if needed)
- IRS W-9 Form



**NON-COLLUSION AFFIDAVIT (for respondents)**

State of \_\_\_\_\_

County of \_\_\_\_\_

Request for Qualifications Title:

\_\_\_\_\_

Contractor/Consultant \_\_\_\_\_ being first

duly sworn, deposes and says that (s)he is \_\_\_\_\_ (sole owner, a partner, president, secretary, etc.) of \_\_\_\_\_, the party making the foregoing bid; that such bid is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation; that such bid is genuine and not collusive or sham; that said bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that said bidder has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the Bid Price of said bidder or any other bidder, or to fix any overhead, profit or cost element of such Bid Price, or of that of any other bidder, or to secure any advantage against the Columbus Regional Airport Authority or anyone interested in the proposed Contract; that all statements contained in such bid are true; and, further, that said bidder has not, directly or indirectly, submitted his/her Bid Price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, bid depository or to any member or agent thereof, or to any other individual except to such person or persons as have a partnership or other financial interest with said bidder in his/her general business.

Signed:

\_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Seal

\_\_\_\_\_

Notary Public

**COLUMBUS REGIONAL AIRPORT AUTHORITY**

**RESPONDENT'S PERSONNEL BY DISCIPLINE**

Please complete the following information for each member of the proposed team (both prime and sub consultants). Please include only domestic employees.

- Column A is representative of the number of personnel in the firm
- Column B is representative of the number of personnel in firm assigned to this project

Firm Name: \_\_\_\_\_

	A	B
Administrators		
Architects		
Civil Engineers		
Construct Inspectors		
Draftsmen/CAD/GIS		
Ecologists		
Electrical Engineers		
Estimators		
Geologists		
Hydrologists		
Landscape Architects		
Mechanical Engineers		
Planners Urban/Regional		
Sanitary Engineers		
Soils Engineers		
Specification Writers		
Structural Engineers		
Surveyors/crews		
Traffic Engineers		
Transportation Engineers		
Others: specify below		
1)		
2)		

The below signature indicates the above information is true and correct.

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RESPONSE COVER LETTER FORM** Page 1 of 2

This Form, when completed, shall be the cover letter to your response.)

<b>TO:</b> Columbus Regional Airport Authority Attn: Office of Contracts and Procurement Administration C/o Administrative Office Receptionist 4600 International Gateway Columbus, OH 43219		
<b>FROM:</b> (Company Name)		
Street Address		
City	State	Zip
Federal I.D. No.	Contact Person (Name and Title)	
DBP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify type of ownership and check below, if applicable: _____ <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-Owned Business <input type="checkbox"/> Small Disadvantaged Business	
Phone No.	Fax No.	
E-Mail Address:	Web Site Address:	
<b>SUBJECT SOLICITATION:</b> ENG-2017-021 CONSTRUCTION MANAGER AT RISK SERVICES FOR RESIDENCE INN BY MARRIOTT AT JOHN GLENN COLUMBUS INTERNATIONAL AIRPORT		

The Respondent hereby transmits the attached response to the subject solicitation. The response provides for the ability to complete the work; including the commitment of necessary resources; identified personnel, facilities and supplies for the entire scope of services.

This response shall be valid for one hundred eighty (180) days from the due date/time. The entire RFSQ is included in this response by reference (and is therefore not attached.) The following person(s) prepared this response:

Name	Relationship to Company

**RESPONSE COVERLETTER FORM**

The following person(s) may be contacted to provide answers to questions on this response:

Name	Relationship to Company	Telephone number/e-mail address

The following sub-consultant(s), proposed in this response, shall be performing work on this engagement as follows:

Company Name(s)	Size and Location of Company	Work to be performed and person(s) identified

The Respondent hereby acknowledges that they have read, understand and agree with the proposed contract requirements should they be the selected firm.

This response is hereby signed and transmitted to the CRAA by a person authorized to legally bind the Respondent to the extent of work and any financial obligation included in the response:

Signature: _____ Date: _____
Name and Title: _____



**Letter Of Intent To Perform As A Diversity Business Partner Subconsultant/Supplier**

**INSTRUCTIONS:** Complete one (1) form for **EACH** DBP committed to performing on this contract. This form is to be signed by **BOTH** the prime consultant and the DBP firm.

**Consultant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City: State: Zip:** \_\_\_\_\_  
  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City: State: Zip:** \_\_\_\_\_  
**No. of Employees:** \_\_\_\_\_ **Avg. Annual Gross Receipts:** \_\_\_\_\_

**DBP Firm Contact Person:**  
**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

The Disadvantaged firm is certified as a disadvantaged and/or minority business and holds a valid current certification with the following organization(s): **(Check All That Apply): Attach Copy of Current Certifications.**

_____ Meets the definition of a Small Business as defined by the U.S. Small Business Administration for its industry	_____ is <b>8a</b> certified with the U.S. Small Business Administration as – <b>SBA</b>	_____ is <b>DBE</b> certified with the Ohio Department of Transportation
_____ is <b>MBE or EDGE</b> certified with the Ohio Department of Administrative Services	_____ is <b>MBE FBE</b> certified with the City of Columbus Equal Business Opportunity Commission Office	_____ is <b>MBE</b> certified with South Central Ohio Minority Supplier Development Council (SCOMSDC)
_____ is <b>WBE</b> certified with the Women's Business Enterprise Council –WBENC		

**Classification:**  **Prime Contractor**  **Sub Contractor**  **Supplier**  
 **Manufacturer**  **Joint Venture**

Work item(s) to be performed by DBP	Description of Work	#Hours or Units	Total Value

The consultant is committed to utilizing the above-named DBP firm for the work described above. The estimated participation is as follows:

DBP contract amount: \$ \_\_\_\_\_ Percent of total contract: \_\_\_\_\_%

**AFFIRMATION:**

The above-named DBP firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By: \_\_\_\_\_  
*(Signature of Diversity Business Partner Authorized Representative)* *(Title)*

By: \_\_\_\_\_  
*(Signature of Prime Contractor/Consultant Authorized Representative)* *(Title)*

**DELINQUENT PERSONAL PROPERTY TAX**

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

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

\_\_\_\_\_, being first duly sworn, deposes and says that

he/she is \_\_\_\_\_ of, \_\_\_\_\_,  
(Title) (Company)

successful bidder on the attached Contract with the Columbus Regional Airport Authority for

\_\_\_\_\_,  
(Describe or Identify Contract)

and for the purpose of complying with Section 5719.042 of the Ohio Revised Code, states that at the time the bid for said Contract was submitted, said bidder \_\_\_\_\_ charged  
(was) (was not)

with delinquent personal property taxes on the General Tax list of personal property of a county of the State of Ohio, and that the amount of due and unpaid delinquent taxes, penalties and interest thereon is as follows:

<u>Taxes</u>	<u>Penalties &amp; Interest</u>	<u>County</u>
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

\_\_\_\_\_  
(AFFIANT)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

SEAL

\_\_\_\_\_  
Notary Public

**CONTRACT SIGNATURE AFFIDAVIT**

(TO BE FILLED IN AND EXECUTED IF THE PERSON SIGNING THE CONTRACT IS ANYONE OTHER THAN THE PRESIDENT OF THE CORPORATION, PARTNERSHIP OR COMPANY)

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

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

\_\_\_\_\_, Being first duly sworn, deposes and says that  
(AFFIANT)

he is \_\_\_\_\_ of \_\_\_\_\_,  
(TITLE) (COMPANY)

a corporation, company or partnership organized and existing under and by virtue of the laws of the State of \_\_\_\_\_, and having its principal

offices at \_\_\_\_\_  
(STREET AND NUMBER) (CITY)

\_\_\_\_\_. Affiant further says that he/she  
(COUNTY) (STATE)  
is familiar with the records, minute books and by-laws of \_\_\_\_\_  
(COMPANY)

Affiant further says that \_\_\_\_\_ is  
(NAME-OTHER THAN AFFIANT)  
\_\_\_\_\_, of the Corporation, Company or Partnership is duly  
authorized to sign the CONTRACT for \_\_\_\_\_, for  
said Corporation, Company or Partnership by virtue of \_\_\_\_\_  
(State whether a provision of by-laws or a Resolution of the Board of Directors, Partnership Agreement or Agency.)

(If by Resolution, give date of adoption)

\_\_\_\_\_  
(AFFIANT)

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

SEAL

\_\_\_\_\_  
Notary Public



**COLUMBUS**  
REGIONAL AIRPORT AUTHORITY

**Columbus Regional Airport Authority Customer Setup Form**

New Customer  OR Customer Change

**Section 1. To be completed by the Customer or CRAA Employee**

**Customer Name:** \_\_\_\_\_

**Invoice Remit To Address:**

Invoice Type \_\_\_\_\_  
 Street Address/PO \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Contact E-Mail Address \_\_\_\_\_

**( Check One):**

Mail Invoice   
 E-Mail Invoice

**Invoice Remit To Address:**

Invoice Type \_\_\_\_\_  
 Street Address/PO \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_  
 Contact E-Mail Address \_\_\_\_\_

**( Check One):**

Mail Invoice   
 E-Mail Invoice

**Additional Contacts:**

Contact Name & Title \_\_\_\_\_  
 Contact E-Mail Address \_\_\_\_\_  
 Phone # \_\_\_\_\_

Contact Name & Title \_\_\_\_\_  
 Contact E-Mail Address \_\_\_\_\_  
 Phone # \_\_\_\_\_

**Type of Customer:**

Signatory Airline	<input type="checkbox"/>	LCK - Rent	<input type="checkbox"/>
Non-Signatory Airline	<input type="checkbox"/>	TZR	<input type="checkbox"/>
T-Hangar/Tiedowns CMH	<input type="checkbox"/>	FTZ	<input type="checkbox"/>
Concessionaires	<input type="checkbox"/>	LCK	<input type="checkbox"/>
Cargo	<input type="checkbox"/>	Miscellaneous	<input type="checkbox"/>
Charter	<input type="checkbox"/>	Parking	<input type="checkbox"/>
Government	<input type="checkbox"/>		<input type="checkbox"/>

**CRAA Employee Name:**

\_\_\_\_\_ *(if applicable)*

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Internal Use Only**

**Section 2. To be completed by (Accounting)**

Date Received \_\_\_\_\_  
 Accounting Signature \_\_\_\_\_

**Customer Number Assigned**   
 Date \_\_\_\_\_

**Routing Schedule:**  
 Section 1. Customer or CRAA Employee  
 Section 2. Senior Accountant (Accounting)





<b>VENDOR/ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM</b>	
ENROLLMENT <input checked="" type="checkbox"/>	(Type of transmission format-CCD)
CHANGE FORM <input checked="" type="checkbox"/>	* New vendors- this form must be completed
<b>* ALL INFORMATION IS REQUIRED, UNLESS OTHERWISE SPECIFIED; PLEASE PRINT *</b>	
COMPANY NAME: <input type="text"/>	Vendor #: <input type="text"/> (CRAA will provide)
COMPANY ADDRESS: <input type="text"/> <input type="text"/> <input type="text"/>	
VENDOR TAX ID NUMBER: <input type="text"/>	<i>IMPORTANT: Please Attach W-9 (WS-BEN)</i>
PRIMARY CONTACT NAME: <input type="text"/>	TITLE: <input type="text"/>
DIRECT TELEPHONE #: <input type="text"/>	
PRIMARY EMAIL FOR REMITTANCES: <input type="text"/>	
BANK NAME: <input type="text"/>	
BANK ACCOUNT #: <input type="text"/>	BANK PHONE #: <input type="text"/>
BANK ROUTING #: <input type="text"/>	(9 digit number) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
NAME ON THE BANKING ACCOUNT: <input type="text"/>	
BANK CONTACT NAME: <input type="text"/>	
I certify that the information provided above is true and correct, and that I, as an authorized representative for the above mentioned company, hereby authorize <b>Columbus Regional Airport Authority</b> to electronically deposit payments to the above designated bank account.	
Authorized Signature _____	Date <input type="text"/>
Title <input type="text"/>	Telephone <input type="text"/>
<b>*Please send completed form to ACCOUNTSPAYABLE@COLUMBUSAIRPORTS.COM OR FAX TO 866-611-3758*</b>	
<i>For CRAA Use:</i>	
DATE RECEIVED: <input type="text"/>	ENTERED BY: <input type="text"/>
DATE ENTERED: <input type="text"/>	CONFIRMATION: <input type="text"/>

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																	
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table>	<b>Social security number</b>																								-				-			
<b>Social security number</b>																																	
			-				-																										
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																	
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>		<b>Employer identification number</b>																								-							
<b>Employer identification number</b>																																	
			-																														

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.