



PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT

REQUEST FOR QUALIFICATIONS Project Manager / Consultant

SECTION I. INTRODUCTION

The Port Neches-Groves Independent School District, also referred to as Port Neches-Groves ISD or District is requesting Statements of Qualifications (“SOQ”) from qualified firms or individuals relative to the provision of Project Management Consultant Services. The selected firm or individual will represent and support the Port Neches-Groves ISD in and provide support through the construction process as an agent of the District, coordinating and evaluating the work of the Architect and General Contractor. The deadline for submitting a response to this RFQ is:

5/2/2019 – 2:00 /PM (CST)

Mail or deliver ten (10) completed Statement of Qualifications packets in a sealed envelope to:

Port Neches-Groves ISD Business Office
Attn: Michele Olivier
620 Avenue C
Port Neches, TX 77651

No fax or other forms of electronic transmissions will be accepted for consideration. SOQ received after the published deadline will not be accepted or considered.

Upon arrival of the advertised deadline, all qualifying responses will be publicly acknowledged. No public reading will be conducted.

For additional information. Please contact the person listed below:

Sheri Drawhorn
Business Manager
409-722-4244 ext. 1711
sdrawhorn@pngisd.org

This Request for Qualifications (“RFQ”) and any subsequent addenda and/or communications will be located on the District webpage. In order to access the documents, please follow these instructions carefully:

Access www.pngisd.org . There will be a link labeled “Project Manager Request for Qualifications” under “Important Information” on the right side of the district’s home page.

Answers to all questions, inquiries, and requests for additional information will be issued in the form of Addenda. No verbal responses to questions will be provided by Port Neches-Groves ISD personnel. Copies of each addendum will be posted on the district’s webpage provided above. It shall be the offeror’s responsibility to check the webpage for any addenda that may have been issued. No phone call requests will be accepted. **The deadline to submit questions is 4/22/2019.**

After the submittal deadline, a list of firms submitting a Statement of Qualifications can be obtained by requesting via email to address provided (molivier@pngisd.org). The firm selected will be made available after a selection is made by the Board of Trustees. The District reserves the right to reject any and/or all Statements of Qualifications and to waive any informalities in the best interest of the District.

SECTION I. INTRODUCTION (Continued)

This Request for Qualifications does not ask for fee information. Upon selection, the District will meet with the selected firm to negotiate a fee arrangement for services in accordance with Texas Government Code 2254.004.

A voluntary construction site tour will be conducted for interested parties on Wednesday, April 17, 2019, at 9:00 a.m. All firms should send no more than two (2) representatives to the site tour. Please arrive shortly before 9:00 a.m. at the Port Neches-Groves ISD Administrative Building, 620 Ave. C, Port Neches, Texas.

Port Neches-Groves ISD statistical information is located on pages 3 and 4.

PORT NECHES-GROVES I.S.D.
2019-2020 SCHOOL YEAR PROJECTIONS

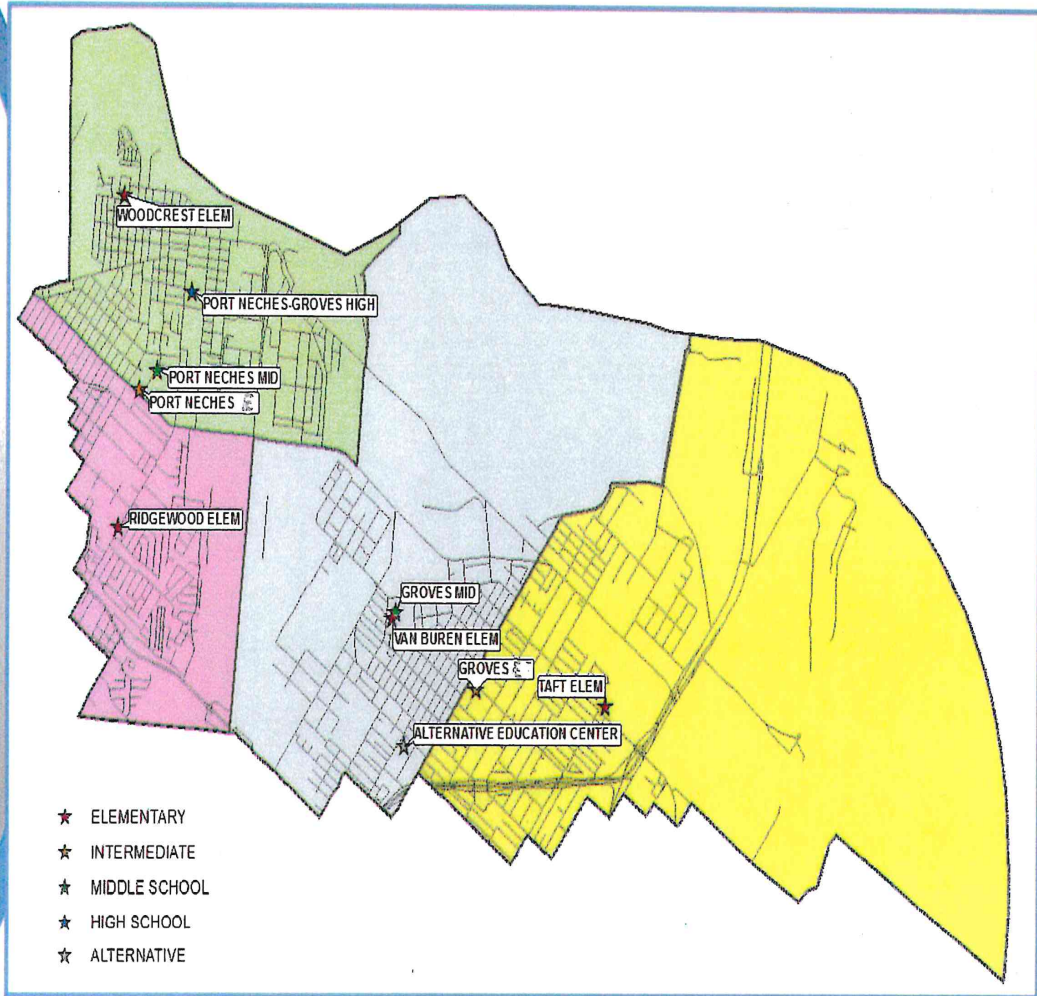
<u>CAMPUS</u>	<u>GRADE SPAN</u>	<u>ENROLLMENT</u>	<u>CAPACITY</u>
High School	9 - 12	1491	1640
Groves Middle School	7-8	660	740
Port Neches Middle School	7-8	621	780
Groves Elementary	4-5	390	500
Port Neches Elementary	4-5	390	460
Ridgewood Elementary	K-3	435	424
Taft Elementary	K-3	430	493
Van Buren Elementary	K-3	318	405
Woodcrest Elementary	K-3	318	352
West Groves Early Learning Center	EC- Pre-K	50	

**PROPOSED BOND CONSTRUCTION WILL REPLACE ALL CAMPUSES
IN THE SHADED AREA ABOVE WITH:**

<u>CAMPUS</u>	<u>GRADE SPAN</u>	<u>ENROLLMENT</u>	<u>CAPACITY</u>
Groves	Pre-K – 2	600	750
Groves	3 – 5	490	750
Port Neches	Pre-K – 2	580	750
Port Neches	3 – 5	580	750

Port Neches-Groves ISD

Elementary Zone Map



SECTION II. GENERAL INFORMATION

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person(s) – limited to two (2) persons per statement:

Contact No. 1:

Name: _____

Title: _____

Telephone: _____

Internet/Email Address: _____

Texas Registration Number: _____

Contact No. 2:

Name: _____

Title: _____

Telephone: _____

Internet/Email Address: _____

Texas Registration Number: _____

Type of Organization:

- Sole Proprietorship (Individual)
- Partnership
- Professional Corporation
- Corporation
- Joint Venture
- Other: _____

SECTION III. QUALIFICATION STATEMENT

In a 100 word or less statement, please describe what makes your firm uniquely qualified to perform Project Management Consultant Services, including any superior qualities.

SECTION IV. FIRM BACKGROUND & STAFF

Year Present Firm Established: _____

Name of Parent Company, if any: _____

Address: _____

List Principals of Firm: _____

Former Company Name(s), if any, and year(s) established:

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Number of employees in firm locally: _____

Total of employees in firm (all office locations): _____

Who will be your designated representative assigned to PNGISD? _____

Who is the senior member of the firm assign to PNGISD? _____

Number of persons with firm? _____

Architects: ___ Engineers: ___ Draftsmen: ___ Administrators: ___

SECTION V. PROFESSIONAL SERVICES (DISCIPLINES) PROVIDED

Identify professional services in which your firm has provided, or is providing services, which are most related to this scope:

Describe your firm's demonstrated technical competence and program management qualifications, specifically those for educational clients:

SECTION VI. SPECIALIZED SERVICES / SUPPLEMENTAL SERVICES

Please check the services you or your firm provides and whether it is included in the basic services or available for an additional fee:

Service	Basic	Additional
Facility Plans	<input type="checkbox"/>	<input type="checkbox"/>
Energy Audits	<input type="checkbox"/>	<input type="checkbox"/>
Site Planning / Site Selections	<input type="checkbox"/>	<input type="checkbox"/>
Bond Issue Assistance / Planning & Coordination	<input type="checkbox"/>	<input type="checkbox"/>
District-Wide Facilities Condition Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Feasibility Studies	<input type="checkbox"/>	<input type="checkbox"/>
Roofing & Waterproofing Consulting & Inspecting	<input type="checkbox"/>	<input type="checkbox"/>
Contract Administrator	<input type="checkbox"/>	<input type="checkbox"/>
Facilities Staff Augmentation	<input type="checkbox"/>	<input type="checkbox"/>
Technical Design Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Education Specification	<input type="checkbox"/>	<input type="checkbox"/>
Post Bond Transaction	<input type="checkbox"/>	<input type="checkbox"/>
Value Engineering	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review	<input type="checkbox"/>	<input type="checkbox"/>
Owner Representation	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII. FIRM INFORMATION

Describe the manner in which the firm will work with the District, or its designee, to represent and support Port Neches-Groves ISD.

Other advantages offered that would be of benefit to Port Neches-Groves ISD.

Describe the methods in which your firm has represented school districts, past or present:

Do you or any members of your staff have a Conflict of Interest with any of our School Board Members or Superintendent of Schools?

Provide a list of program managements services not addressed in this RFQ, but which your firm believes are essential to the effective performance and completion of this program:

SECTION VIII. EXPERIENCE PROFILE

List the total number of bond projects for the last five (5) years that your firm has worked on, including construction, renovations and additions:

SECTION IX. PROJECT REFERENCES

Please list five (5) references that can speak on behalf of you or your firm’s work and services provided within the past five (5) years:

1. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

2. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

3. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

4. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

5. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

SECTION X. CURRENT CLIENTS

Please list three (3) of your current school district clients.

1. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

2. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

3. Project _____
District _____
Contact Person/Title _____
Phone Number _____
Scope of Project _____

SECTION XI. PROFESSIONAL LIABILITY INSURANCE

Please include a sample certificate of insurance that includes your Professional Liability Coverage.

Have you had any claims asserted against you within the last five (5) years? Y / N (Circle One)

If yes, please provide details of each claim:

SECTION XII. SCORING CRITERIA

The Statements of Qualifications shall be evaluated according to the following criteria:

- Qualifications
- Background Information
- Past Experiences with Other School Districts Current Contracts for Similar Work
- Reputation
- Project References
- Bond Experience
- Services Provided
- Professional Liability

STATEMENT OF NON-COLLUSION AND NON-DISCRIMINATION

My signature certifies that the accompanying Statement of Qualifications:

1. Is not the result of, or affected by an unlawful act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under current local, state, and/or federal ordinances, statues, regulations and/or policies. Furthermore, I understand that fraud and unlawful collusion are crimes under Federal Law, and can result in fines, prison sentences, and civil damage awards.
2. This Statement of Qualifications has not been knowingly disclosed, and will not be knowingly disclosed to any other bidder, competitor, or potential vendor prior to the opening of SOQ's for this project.
3. No attempt has been or will be made to induce any other person, partnership, or corporation to submit or not submit a proposal.

Furthermore:

1. During the performance of any contract awarded, the Firm will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or handicaps, except where religion, sex or national origin is a bona fide occupational qualification reasonable necessary to the normal operations of the Firm. The Firm agrees to post in conspicuous places, available to employee and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
2. The Firm, in all solicitations or advertisements for employees placed by or on behalf of the Firm, will state that such Firm is an equal opportunity employer.
3. Notices, advertisements and solicitations placed in accordance with Federal Law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
4. The Firm shall include the provisions of the foregoing paragraphs 1, 2, and 3 in every subcontract or purchase order over \$10,000.00 so that the provisions will be binding upon each subcontractor or vendor.

I hereby certify that I am authorized to sign as a Representative for the Firm and I am fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the vendor as well as to any person signing on his/her behalf.:

NAME OF FIRM/COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME (Print): _____

AUTHORIZED SIGNAUTRE: _____

TITLE: _____ DATE: _____

TELEPHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

PORT NECHES-GROVES ISD
620 Avenue C
Port Neches, Texas 77651

CERTIFICATE OF RESIDENCY

The State of Texas has passed a law concerning non-resident contractors. This law can be found in the Texas Government Code under Chapter 2252, Subchapter A. This law makes it necessary for the Port Neches-Groves Independent School District to determine the residency of its bidders. In part, this law reads follows:

“Section: 2252.001:

(3) ‘Non-resident bidder’ refers to a person who is not a resident.

(4) ‘Resident bidder’ refers to a person whose principal place of business in this state, including a Contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 2252.002:

A governmental entity may not award a government contract to a nonresident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident’s principle place of business is located.”

I certify that _____
(Name of Company Bidding)

is under Section 2252.001(3) and (4),

Resident Bidder

Non-Resident Bidder

My or our principal place of business under Section 2252.001(3) and (4) is in the city of _____ in the State of _____.

Signature of Authorized Company Representative

Print Name

Title

Date

VENDOR STATEMENT OF DEBARMENT/SUSPENSION

I have read the conditions and specifications provided in the Request for Qualifications document attached. I affirm, to the best of my knowledge, the company I represent has not been debarred or suspended from conducting business with school districts in the State of Texas or from receiving a federally funded contract under the Federal OMB, A-102, common rules. This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulation may be obtained by contacting the Department of Agriculture Agency from which this transaction originated.

Name of Firm/Company: _____

Mailing Address: _____

City/State/Zip: _____

E-mail Address: _____

Company Official's Printed Name: _____

Signature of Authorized Company Representative

Title: _____ Date: _____

Telephone Number: _____ Fax Number: _____

PLEASE RETURN COMPLETED & SIGNED FORM WITH YOUR STATEMENT

FELONY CONVICTION NOTICE

Senate Bill 1, passed by the State of Texas Legislators, Section 44.034, Notification of Criminal History, Subsection (a) states, "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or owner or operator of the business entity has been convicted of a felony." The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states, "A school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.

This notice is not required of a publicly held corporation.

I, _____, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been reviewed by me and the following furnished is true to the best of my knowledge.

Firm's Name: _____

Authorized Company Representative's Name: _____
(Please Print)

A. My firm is a publicly-held corporation, therefore this reporting requirement is not applicable.

Signature of Authorized Company Representative

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Authorized Company Representative

C. My firm is owned or operated by the following individuals who has/have been convicted of a felony:

Name of felon(s): _____

Details of Conviction: _____

Signature of Authorized Company Representative

PLEASE RETURN COMPLETED & SIGNED FORM WITH YOUR STATEMENT

SECTION XIV. APPLICATION SIGNATURE

Until a contract resulting from this process is executed, no employee, agent or representative of any professional services provider shall make available or discuss its SOQ with the media in any form, electronic or printed, and elected or appointed official or officer of the District, or any employee, agent or other representative of the District, unless specifically allowed to do so by the Superintendent.

The information contained herein is true and accurate to the best of my knowledge. By signing below, the firm agrees to allow Port Neches-Groves ISD to check references given and that the information regarding the size and scope of each project is accurate. Further, the signature below certifies that this Qualification Statement has been completed with no consultation, collaboration or conversation with other firms competing on the same project.

Name (Please Print): _____

Title: _____

Date: _____

Signature of Authorized Company Representative