

CITY OF PORTLAND

Prime Contractors Development Program (PCDP) Application

Procurement Services, 1120 SW 5th Ave., Ste. 750, Portland, OR 97204
Mary Kapelczak 503-823-5783

PCDP Application Online at <https://www.portlandoregon.gov/brfs/59370>
Email the completed application to: PCDPinfo@portlandoregon.gov

Prime Contractors Development Program

Registered in which state? OR WA

COMPANY NAME:

Owner(s) Name: _____

Company contact information:

Address 1: _____

Address 2: _____

Email: _____

Phone: _____

Your company is applying as: (check one)

An Individual Partnership Corporation Joint Venture LLC/LLP or LP

Has your company's address changed in the past year? yes no

Is your Company registered as a vendor on the City's website? yes no

To register go to: <http://www.portlandoregon.gov/brfs/59992>

Prime Contractor Application Checklist

As part of your application to the Prime Contractor Development Program you are required to submit the following items:

- ✓ Section 1 – EXPERIENCE OF KEY PRINCIPALS/PERSONNEL
- ✓ Section 2 - LICENSING AND CERTIFICATIONS
- ✓ Section 3 – SAFETY/INSURANCE/BONDS
- ✓ Section 4 – City of Portland’s CLASSES OF WORK
- ✓ Section 5 – WORK EXPERIENCE AS PRIME AND SUBCONTRACTOR
- ✓ Section 6 - CONSTRUCTION EQUIPMENT
- ✓ Section 7 - EQUIPMENT and MATERIAL SUPPLIER
- ✓ Section 8 – BUSINESS AND COMPLIANCE PERFORMANCE
- ✓ Section 9 – PERFORMANCE AND INTEGRITY
- ✓ Section 10 - OPERATIONS AND FINANCIAL
- ✓ Section 11 – CERTIFICATION STATEMENT

Incomplete applications may be rejected or may result in the denial of your firm’s acceptance into the program.

Section 1 – EXPERIENCE OF KEY PRINCIPALS/PERSONNEL

List the construction experience of the principal individuals of your company. *Please be sure to include specific projects for each of the key personnel that meet the experience requirements for the classes of work.*

Attach detailed resumes, updated within the last year for the following:

- ✓ Owner
- ✓ Project Manager
- ✓ Construction Manager
- ✓ Supervisor
- ✓ Superintendent
- ✓ Office Administration

Section 2 - LICENSING AND CERTIFICATIONS

Provide a copy of your licenses and certificates required for requested classes of work in Section 5.

- ✓ OREGON BUSINESS LICENSE
- ✓ OREGON CONSTRUCTION CONTRACTORS BOARD (CCB):
- ✓ OREGON LANDSCAPE CONTRACTORS BOARD (LCB): (required for Class 29)
- ✓ COBID CERTIFICATION NUMBER:
- ✓ NAICS Codes
- ✓ Electrical (required for Classes 16, 17 & 18)
- ✓ Plumbing (required for Class 23)

Section 3 – SAFETY/INSURANCE/BONDS

Please provide the following documents:

- Annual Insurance policy
- Surety Bonding Letter
- OSHA 300 Reports (3 years)
- Annual EMR Form

A. **Safety:** Within the past 3 years, has the Oregon State Department of Labor and Industries, Oregon OSHA, or any other state’s occupational safety and health agency, cited your (local) firm for any “serious,” “willful” or “repeat” violations of its safety or health regulations?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution

B. **OSHA Experience Factor:** List the Experience Factor (Oregon’s workers’ compensation insurance) of your firm for each of the past 3 years. *The City will not accept a rating higher than 1 for the current year as responsible.*

Section 4 – PRIME CONTRACTOR CLASSES OF WORK

For each class of work requested, insert the **dollar amount** for which your company is requesting prequalification. All PCDP applicants, per the assessment, may be asked to attend mandatory training and work with a technical, project management, or financial consultant. Please identify up to 1 million for each Class.

Only request those classes of work which your company will bid as a prime contractor.

Class 01 - Concrete Street Paving	\$ _____	
Class 02 - Street Improvements	\$ _____	
Class 03 - Concrete Flatwork	\$ _____	
Class 04 - Reinforced Concrete Construction	\$ _____	
Class 05 - Bridge & Overcrossing Construction	\$ _____	
Class 06 - Dredging & Piledriving	\$ _____	
Class 07 - Site Excavation & Grading	\$ _____	
Class 08 - Sewer Construction	\$ _____	
Class 09 - Sewage Treatment Plants	\$ _____	
Class 10 - Sewage Pumping Stations & Odor Control Facilities	\$ _____	
Class 11 - Water Line Construction	\$ _____	
Class 12 - Water Pumping Stations	\$ _____	
Class 13 - Water Reservoirs	\$ _____	
Class 14 - Water Tanks - Steel	\$ _____	
Class 15 - Water Tanks - Concrete	\$ _____	
Class 16 - Electrical Wiring	\$ _____	Class C Electrical License Required
Class 17 - Traffic Signalization	\$ _____	Class C Electrical License Required
Class 18 - Outdoor Illumination	\$ _____	Class C Electrical License Required
Class 19 - New Building Construction	\$ _____	
Class 20 - Building Alteration & Repair	\$ _____	
Class 21 - Structural Demolition	\$ _____	
Class 22 - Painting of Buildings & Structures	\$ _____	
Class 23 - Plumbing	\$ _____	Plumbing License Required
Class 24 - HVAC	\$ _____	
Class 25 - Roofing	\$ _____	
Class 29 - Landscaping & Irrigation	\$ _____	LCB License Required
Class 30 - Park Improvements	\$ _____	
Class 41 – Wetland, Stream and Storm Water Outfall Enhancement Facilities	\$ _____	
Class 42 - Asphalt Paving	\$ _____	
Class 43 - Cured-in-Place Pipe 0 to 24”	\$ _____	
Class 45 - Cured-in-Place Pipe larger than 24”	\$ _____	

Section 5 – WORK EXPERIENCE AS PRIME AND SUBCONTRACTOR

- Please include a minimum of 3 projects (please make copies of the worksheet for each project).
- Please mark “NA” in all boxes that don’t apply.

PRIME CONTRACTOR PAST PROJECT EXPERIENCE DETAILS			
COMPANY NAME:		CONTACT NAME & PHONE NUMBER:	
PROJECT NAME:		PROJECT CONTRACT NUMBER:	
PROJECT OWNER:		PROJECT LOCATION:	
PROJECT OWNER CONTACT NAME & TITLE:		OWNER'S TELEPHONE NUMBER:	
NOTICE TO PROCEED DATE:	COMPLETION DATE:	AWARDED CONTRACT VALUE:	FINAL CONTRACT VALUE:
BRIEF PROJECT DESCRIPTION:			
LIST TECHNICAL SCOPES OF WORK PERFORMED INCLUDING ANY RELEVANT DETAILS TO DEMONSTRATE SIMILAR EXPERIENCE AND ANY REQUIRED EXPERIENCE DETAILED IN THE SPEC. (e.g., demolition, specialty construction, electrical, mechanical, paving, etc.)			
SPECIALTY TRADES/OTHER SUBCONTRACTED SCOPES PERFORMED: List other scopes of work performed by other subcontractors with relevant work experience. Indicate if your company managed this work or if the work was managed by another firm on the reference project.			

PAST PROJECT EXPERIENCE DETAILS AS A SUBCONTRACTOR			
PROJECT NAME:		PROJECT CONTRACT NUMBER:	
PROJECT OWNER:		PROJECT LOCATION:	
PROJECT OWNER CONTACT NAME & TITLE:		PROJECT OWNER'S TELEPHONE NUMBER:	
NOTICE TO PROCEED DATE:	COMPLETION DATE:	AWARDED CONTRACT VALUE:	FINAL CONTRACT VALUE:
PRIME CONTRACTOR NAME:		CONTRACTOR CONTACT NAME & PHONE NUMBER:	
BRIEF PROJECT DESCRIPTION:			
LIST TECHNICAL SCOPES OF WORK PERFORMED BY THE SUBCONTRACTOR, INCLUDING ANY RELEVANT DETAILS TO DEMONSTRATE SIMILAR EXPERIENCE AND ANY REQUIRED EXPERIENCE DETAILED IN THE SPEC. (e.g., demolition, specialty construction, electrical, mechanical, paving, etc.)			

Section 6 - CONSTRUCTION EQUIPMENT - Attach your list with the information requested **List only major items**. Lump together small equipment and tools. Provide for all areas of work equipment is needed. If equipment is leased, please include leasing company information in Section 4. Please provide the following info:

- Quantity
- Description
- Capacity of item
- Lease, rent or own (show documentation)
- Age in years
- Condition

Section 7 - EQUIPMENT SUPPLIERS and MATERIAL SUPPLIERS – Attach your list with the information requested. Provide names and addresses of the **BANKS, EQUIPMENT SUPPLIERS and MATERIAL SUPPLIERS** with whom you have done the major volume of business in the last three years. (Do not include bank account numbers)

- Name of Company
- Contact Name
- Address
- Phone Number

Section 8 – BUSINESS AND COMPLIANCE PERFORMANCE

1. **Performance Evaluation:** Within the last 3 years, has your firm, under its present or a past business name, received one or more “Deficient”, “Unsatisfactory,” or similar, evaluations from a government agency, including the City of Portland, on a construction project?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution. and any resolutions)
2. **Anti-discrimination:** Within the last 10 years, has your firm been found to have violated any local, state, or federal anti-discrimination laws or regulations?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
3. **Certified Firms Inclusion:** If your firm has done business previously with the City of Portland, have you received one or more “deficient” evaluation scores on your State Certified Firms Inclusion aspirational goals within the last 3 years?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
4. **Prevailing Wage:** Within the last 3 years, has your firm been found by the City, or any government agency, to have underpaid your employees regarding prevailing wages when applicable and/or has your firm ever been required to provide restitution and pay back wages?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
5. **Minimum Wage.** Within the last 5 years has your firm ever been found by the City, or any government agency, to have not paid the required minimum wage to an employee?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
6. **Wage Theft:** Within the last 5 years has your firm ever been found to have improperly managed employee wages, tips or payment documentation as required by
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
7. **Apprenticeship:** Within the last 3 years, has your firm had unresolved citations or liens issued by Bureau of Labor Industry (BOLI) regarding apprenticeship?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
8. **Apprenticeship:** Has your firm failed to meet the required apprenticeship/training goals on previous projects?
 No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)
9. **Construction Social Equity programs:** Within the last 5 years, has your firm violated any construction social equity requirements?
 No Yes (if yes, please attach a detailed explanation and outline corrective action you have taken to ensure similar incidents do not occur in the future.)
10. **Construction Social Equity programs:** Within the last 5 years, has your firm failed to meet any goals and requirements on a construction social equity agreement?
 No Yes (if yes, please attach a detailed explanation and outline corrective action you have taken to ensure similar incidents do not occur in the future.)

11. **Construction Social Equity programs:** Within the past 3, has your firm been found to be out of compliance with the requirements of and the use of conviction and arrest records in your hiring practices?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

12. **Acceptable Work Site:** Within the last 3 years, has your firm or an employee of your firm, been involved or accused of inappropriate work place behavior including, but not limited to, harassment, bullying, racist or sexual misconduct, hazing, or similar?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

13. **Termination:** Within the last 3 years, has your firm, under its present or a past business name, been terminated for “default or cause” on any public construction project?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

14. **Debarment:** Within the last 3 years, has your firm or any firm with which any of your firm’s owners, officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing any public construction project for any reason? Note: “associated with” refers to another construction firm in which an owner, partner or officer of your firm held a similar position.

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

15. **Paid Sick and Safe Time (PSST):** Since 2012, has your firm ever failed to provide PSST to eligible employees while working within the City limits?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

Note: Paid Sick and Safe Time is required beyond that which you might pay employees as part of prevailing wage compensation and benefits.

16. **Environmental:** Within the past 3 years, has the Environmental Protection Agency (EPA), Oregon Department of Environmental Quality, any Regional Clean Air Agency cited either your firm, or the owner of a project on which your firm was the contractor?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

17. **Environmental:** Within the past 3 years, the City of Portland, Metro or Multnomah County cited either your firm or the owner of a project on which your firm was the contractor?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

18. **Environmental:** Within the past 3 years has your firm or the owner of a project on which you firm was the contractor been cited with BES related erosion/storm-water control, illegal dumping, or other violations?

No Yes (if yes, please attach a detailed explanation of the circumstances and resolution.)

19. **Compliance:** Within the last 3 years, has your firm been found to be out of compliance with the requirements of and the use of conviction and arrest records in your hiring practices?

No Yes (if yes, please attach a detailed explanation of the circumstances)

Section 9 - PERFORMANCE AND INTEGRITY

Please attach written explanations as appropriate.

- A. How many years has your company been in business as a prime contractor under the present business name?
- B. Has your company changed its name during the past 10 years? Yes No
If yes, provide your company's the/all former name(s):
- C. How many years' experience in construction work has your company had as a:
Prime contractor? _____ Sub-contractor? _____
- D. Has your company ever been denied prequalification by any state, local or federal agency in this or any other state? Yes No **If yes, please attach an explanation.**
- E. Has your company ever failed to complete a state, local or federal public improvement contract? Yes No **If yes, please attach an explanation.**
- F. Has your company had any claims placed against one of your payment bonds or performance bonds in the past 10 years? Yes No **If yes, please attach an explanation.**
- G. Has your company under its current name or any other name filed for bankruptcy in the past 10 years? Yes No **If yes, please attach an explanation.**
- H. Has your company under its current name or any other name had any willful OSHA violations in the past 10 years? Yes No **If yes, please attach an explanation.**
- I. Has any officer or partner of your company ever applied for prequalification with the City of Portland under a different name? Yes No **If yes, please attach an explanation.**
- J. Has any officer or partner of your company ever been an officer or partner of another company that failed to complete work under a contract? Yes No **If yes, please attach an explanation.**
- K. Has any officer or partner of your company ever failed to complete work under a contract issued under that individual's own name? Yes No **If yes, please attach an explanation.**
- L. Within the last three years have you, your company, or any officers, agents or employees of your company been found to have violated any State or Federal prevailing wage statute, regulation (including the federal Davis-Bacon and Related Acts and ORS 279C.830 et. seq.) in any Final Order of the Oregon Bureau of Labor and Industries or the US Department of Labor, or by any court of competent jurisdiction? Yes No **If yes, provide copies of the final order or judgment and explain in detail the following:**
- the circumstances behind any violation, including the amount not paid
 - whether the amounts have now been paid
 - the reasons for the violation
 - all efforts undertaken to ensure that future violations will not occur
- M. Have you pledged or transferred the title to any equipment or other assets in favor of a surety company as a part of an indemnity agreement for the issuance of a performance bond by any such surety? Yes No **If yes, provide date of transfer and name of the surety company requiring such a transfer.**

Equal Benefits: Please declare one (1) option from the list below that describes the Contractor's compliance status with Portland Municipal Code Chapter [20.45](#) and related rules. For additional information or explanations regarding the Equal Benefits Program with the City please visit our website at <http://www.Portland.gov/city-purchasing-and-contracting/social-equity/equal-benefits>

- Option A:** The Contractor makes, or intends to make by the contract award date, **all benefits available on an equal basis** to its employees with spouses and its employees with domestic partners, and to the spouses and the domestic partners of employees, in every location within the United States where substantial work on contract will be performed.
- Option B:** The Contractor **does not make benefits available** to either the spouses or the domestic partners of its employees.
- Option C:** The Contractor **has no employees**.
- Option D: Collective Bargaining Delay.** Benefits are available on an equal basis to non-union workers, but union workers are subject to a collective bargaining agreement that does not provide equal benefits.
- Option E: Open Enrollment Delay.** The first open enrollment period for implementing Equal Benefits is not available until after contract execution
- Option F: Cash Equivalent Payment.** The Contractor intends to provide a cash equivalent payment to eligible employees in lieu of making benefits available.
- Non-Compliant:** The Contractor does not comply and does not intend to comply, and refuses all options provided above.

Section 10 – OPERATIONS AND FINANCIAL

The Financial form will be assessed by a third party. Once your application has been reviewed, an email notice with follow up information.

- A. Do you or your company have any outstanding liens, including with the IRS? Yes No

- B. Total number of employees include Owner(s): _____

- C. Number of Field Employees:

- D. Total number of support staff employees including Owner(s) – Please specify title and # of employees for each position.

- E. Which aspects of your business do you feel are running the smoothest? (Check all that apply)
 - a. Estimating
 - b. Business Operations and Workflow
 - c. Accounting
 - d. Payroll
 - e. Production (field work)
 - f. Project Management
 - g. Sales & Marketing
 - h. Human Resources
 - i. Project Scheduling-Dispatching
 - j. Bond and Insurance Capabilities
 - k. Strategic Planning

- F. If you are accepted into the PCDP, in which areas could you use technical assistance and training? (Check all that apply)
 - 1. Estimating
 - 2. Business Operations and Workflow
 - 3. Accounting
 - 4. Payroll
 - 5. Production (field work)
 - 6. Project Management
 - 7. Sales & Marketing
 - 8. Human Resources
 - 9. Project Scheduling-Dispatching
 - 10. Bond and Insurance Capabilities
 - 11. Strategic Planning
 - 12. Implementing construction related software products
 - 13. Other – Please Specify

- G. Person responsible for daily accounting functions
 - Name:
 - Title
 - Phone
 - Email

- H. Prior calendar year gross revenue \$
- I. Current year expected gross revenue \$
- J. Prior calendar year net revenue \$
- K. What is your average job size: \$
- L. How do you determine the labor bill rate to be used for estimating purposes? (Specify all that Apply)
- M. Percentage of work subcontracted?
 - a. None
 - b. 0 - 20%
 - c. 21 – 40%
 - d. 41– 60%
 - e. 61 - 80%
 - f. 81 – 100%
- N. How do you generate payroll?
- O. Are payroll taxes current for your company?
- P. Has your company ever been late in paying payroll taxes?
 - a. If yes, state the reason:
- Q. Who generates certified payroll forms for your company?
- R. How do you collect time tracking data?
 - a. Paper timecards
 - b. Software that integrates with my payroll/accounting system – Please specify
 - c. Software that integrates only with my payroll service – Please specify
 - d. Excel spreadsheets
 - e. Other – Please specify
- S. Which accounting software do you use?
- T. Do you job cost?
 - a. Yes, inside my accounting software
 - b. Yes, using Excel
 - c. Yes, using other process or software– Please specify
 - d. Sometimes
 - e. No, but I would like to learn how to if accepted to this program
- U. Which estimating software do you use?
- V. Which project management software do you use?
- W. Do you generate a Work in Progress report?
 - a. Not sure or No
 - b. Yes, monthly
 - c. Yes, quarterly
 - d. Yes, yearly

- X. If yes to above, who is involved in compiling information for the Work in Progress report? (select all that apply)
- a. Internal Bookkeeper or Controller
 - b. Project Manager
 - c. Estimator
 - d. Owner
 - e. CPA or Outside Accountant
 - f. Other support staff (i.e. Project Engineers, etc.)

Y. Who prepares financial statements? (not tax returns)

Z. Do you have a line of credit from a bank or other financial institution used for cash flow?

- a. Yes
- b. No – unable to secure a line of credit
- c. No – we have never tried but could use a line of credit
- d. No – we have plenty of cash flow and do not need a line of credit
- e. We are in the process of applying for a line of credit

AA. Line of credit amount if answered yes to above question:

BB. Current amount owed on the line of credit:

CC. How often do you pay down the line of credit to zero?

DD. Do you currently have loans against your Accounts Receivable (invoices to customers)?

EE. If yes, state the amount of the loan(s) and the lender(s):

In order to complete the financial assessment, you will be required to provide access to your accounting and construction related software. We will contact the person listed as responsible for daily accounting functions unless you prefer we contact an alternate contact in your organization. Please list the alternate contact information below if applicable:

Name:

Title

Phone

Email

Section 11 – Certification Statement

The individual whose name is typed or signed on this page, guarantees the truth and accuracy of all answers, statements, and any additional information submitted to process this application.

This statement page should show the name of the applicant, if a sole proprietor. If a partnership, the application should show the name of an authorized partner. If a corporation, the application should show the name of an authorized officer. If a limited liability, the application should show the name of an authorized member.

I certify that the foregoing statements and information provided in all sections of this application are correct and true as of the date of this application, and that I am authorized to bind this company contractually. I further certify that any additional information requested by the City of Portland to process this application will be true and correct.

Name of Individual Authorized to Execute Bids and Contracts

Date

Title

Company Name

Application prepared by: _____ Preparer's email: _____

Date application prepared: _____

Contact for questions: _____ Email for notifications: _____

Email your completed application to: pcdpinfo@portlandoregon.gov. **Incomplete applications may be rejected or may result in the denial of your firm's acceptance into the program.**

