



## Request for Prequalification

### LAKE-SUMTER STATE COLLEGE APPLICATION FOR CERTIFICATION AS A PREQUALIFIED CONSTRUCTION CONTRACTOR

The District Board of Trustees of Lake-Sumter State College located at 9501 US Hwy 441, Leesburg, Florida, in accordance with State Requirements for Educational Facilities 2014, Chapter 4, Section 4.1 (1), is accepting sealed applications ("Applications for Certification") for Certification as a Prequalified Construction Contractor for construction projects in the year – 2023/2024.

Requests for applications are available through the College's website <https://www.lssc.edu/dept/purchasing/>. Applications for Certification as a Prequalified Construction Contractor **shall be submitted no later than 4:00 PM EST, September 18, 2023, to the College's address site as shown above attention Ross Wilson, Director of Purchasing.** After the closing time, Firms' applications will be opened for the sole purpose of recording the names of the Firms submitting their written application for review.

Firms shall submit one (1) original and four (4) copies as well as one (1) digital USB flash media in PDF format

Within sixty (60) days of receiving applications, the Board will approve or reject the application for certification as a prequalified construction contractor. A contractor whose application has been rejected can request reconsideration in writing within ten (10) days after receiving notification of such action. The contractor can submit additional information at the time of the appeal.

Any application received after the specified time and date shall not be considered; additionally, any application submitted orally, telephonically, E-mailed, faxed, shall not be accepted. All applications must be hand delivered or mailed via US Postal Service or Express Mail by the specified time and date. LSSC will not responsible for late deliveries or late mail.

Applications will become public records and shall be subject to public disclosure requirements consistent with Florida Statues, Chapter 119.

The District Board of Trustees of Lake-Sumter State College reserves the right to waive minor, nonmaterial irregularities in any or all applications and accept or reject, in part or in full, any or all applications.

It is understood that certification, if given, will be valid for a period of one (1) year from date of approval subject to the maintenance of current application information, unless suspended or terminated by the Board of Trustees. Certifications shall be renewed annually upon receipt of financial statements or written verification of bonding capacity on file with The Board of Trustees.



APPLICATION FOR CERTIFICATION AS A PREQUALIFIED CONTRACTOR FOR  
CONSTRUCTION FOR LAKE-SUMTER STATE COLLEGE

Type or print legibly in ink

Any inaccurate or misleading statements in the application will cause disapproval, suspension, or revocation of the Certificate of Prequalification. In the event, there should be a dollar limit on the size project for which your firm is to be prequalified, attach a statement to that effect.

On behalf of \_\_\_\_\_, I wish to submit an application for certification as a prequalified contractor for construction of projects at Lake-Sumter State College (LSSC).

It is understood that certification if given, will be valid for a period of one (1) year from the date of approval, subject to the maintenance of current application information unless suspended or terminated by the Board of Trustees.

This firm authorizes LSSC to request any public official, engineer, architect, surety company, bank depository, material or equipment manufacturer or distributor, or any person, firm, or corporation furnish any information requested by LSSC to verify statements or information given with this application.

This firm further authorizes the Board of Trustees or its designee to disclose any and all information contained in the prequalification data below to any designated personnel of other boards in the State of Florida without liability whatsoever.

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Organization

By: \_\_\_\_\_  
Title of Person Signing

(Affix seal, if a corporation)



## CONTRACTOR'S PREQUALIFICATION APPLICATION

1. Legal name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Check one:

- A. Corporation
- B. Partnership
- C. Individual
- D. Joint Venture

A. **If** a Corporation, state:

Date of Incorporation: \_\_\_\_\_ State in which incorporated: \_\_\_\_\_

If the out-of-state corporation, currently authorized to do business in Florida, give the date of authorization

Names and titles of principal officers

Date position assumed

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**B. If a partnership, state:**

Date of partnership: \_\_\_\_\_ Nature of Partnership: \_\_\_\_\_  
(general, limited, association)

Names and addresses of partners:

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Address Address

**C. If individual, state:**

Name and address of the owner:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**D. If Joint Venture, state:**

Names and addresses of parties:

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Address Address

3. The applicant will complete the applicable affidavit:

**AFFIDAVIT BY CORPORATION**

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

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

\_\_\_\_\_, Being duly sworn, deposes and says that he/she is of the corporation described in and which executed the Application for Prequalification. That he/she is familiar with the books of said corporation showing its financial condition, and that the financial statement attached to said corporation's Application for Prequalification and made a part thereof is a true and correct statement of the financial condition of said corporation, as of the date thereof. And that the statements made and answers given in response to the request for information contained in the Application for Prequalification are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature

(seal)

Sworn to and subscribed before me this

\_\_\_\_\_ Day of, \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:

(seal)



**AFFIDAVIT BY PARTNERSHIP**

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

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

\_\_\_\_\_, Being duly sworn, deposes and says that he/she is of the firm of \_\_\_\_\_, and that the financial statement attached to said partnership's Application for Prequalification and made a part thereof is a true and correct statement of the financial condition of said firm, as of the date thereof. And that the statements made and answers given in response to the request for information contained in the Application for Prequalification are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature (seal)

Sworn to and subscribed before me this  
\_\_\_\_\_ Day of, \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:  
(seal)



**AFFIDAVIT BY INDIVIDUAL**

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

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

\_\_\_\_\_, Being duly sworn, deposes and says that the financial statement attached to said affiant's Application for Prequalification and made a part thereof is a true and correct statement of his/her financial condition as of the date thereof. And that the statements made and answers given in response to the request for information contained in the Application for Prequalification are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature (seal)

Sworn to and subscribed before me this  
\_\_\_\_ Day of, \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:  
(seal)



**AFFIDAVIT BY JOINT VENTURE**

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

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

\_\_\_\_\_ and \_\_\_\_\_, being sworn, deposes and says he/she is (title) \_\_\_\_\_ of the \_\_\_\_\_, and (title) \_\_\_\_\_, of the \_\_\_\_\_ " respectively, and that they have entered into an agreement to enter upon a joint venture to qualify for submitting a proposal on the project as described hereafter:

\_\_\_\_\_.

The parties hereto agree to be fully bound, individually and collectively, to all the terms of the contract for the said project if the same be awarded to them. The undersigned hereby agree that this agreement for a joint venture will terminate upon their completion of all responsibilities assumed in connection with the above project

\_\_\_\_\_  
Member or Officer of Firm

\_\_\_\_\_  
Member or Officer of Firm

On this \_\_\_\_\_, day of \_\_\_\_\_, year of \_\_\_\_\_ personally appeared before me the undersigned authority, \_\_\_\_\_ and \_\_\_\_\_, (title)

\_\_\_\_\_ and (title) \_\_\_\_\_, respectively,

of the afore described joint venture, who acknowledged that they executed the foregoing affidavit in the same capacity stated and for the purposes therein contained.

IN WITNESS WHERE I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires:



4. **Attach a copy of the license** under which this firm is engaged in the business of contracting in the State of Florida. This license must be issued in accordance with provisions of Section 489.113, Florida Statutes, and be valid.

5. List state, county, or other public agencies in which your organization is qualified to perform work by some means of prequalification:

| Agency | Trade Qualified | Expiration Date | Approved Amount |
|--------|-----------------|-----------------|-----------------|
| _____  | _____           | _____           | _____           |
| _____  | _____           | _____           | _____           |
| _____  | _____           | _____           | _____           |
| _____  | _____           | _____           | _____           |

6. List state, county, or other public agencies in which your organization has been disqualified to perform work by some means of prequalification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Describe briefly your organization structure, including the number of permanent employees engaged in estimating, purchasing, expediting, detailing and engineering, field supervision, field engineering, and layout, and trades work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Give name and data about any construction projects your organization has failed to complete:

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9. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? Yes  No  If yes, within the last five (5) years, state name of the individual, other organization, and the reason, therefore:

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10. Has any officer or partner of your organization ever failed to complete a construction contract handled in their name? Yes  No   
If within the last five (5) years, state name of the individual, name of owner, and reason, therefore:

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11. Has your organization, or any officer or partner thereof, ever been party to any criminal litigation as a result of construction methods, costs, etc.? Yes  No  If yes, explain:

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12. Has your organization, or any officer or partner thereof, ever been involved in any litigation as a result of professional competence, craftsmanship, or performance? Yes  No  If yes, explain:

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13. The applicant will complete the following written and notarized assurance of conformance with the "Public Entity Crime Law."



**SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES  
ON PUBLIC ENTITY CRIMES**

Any person submitting an Application in response to this invitation must execute the enclosed for PUR 7068, SWORN STATEMENT UNDER PARAGRAPH 287.133(3) (A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES, including proper check(s), in the space(s) provided, and enclose it with the said statement. However, if you have provided the completed form to the submittal address listed in this invitation and it was received on or after January 1, 2023, another completed form is not required for the remaining calendar year.

THIS FORM **MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC** OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to:

Lake-Sumter State College  
(Print name of the public entity)

By \_\_\_\_\_  
(Print name of entity submitting sworn statement)

Whose business address is:

\_\_\_\_\_  
And (if applicable) its Federal Employer Identification No. (FEIN) is:

\_\_\_\_\_  
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_)

My name is \_\_\_\_\_ and my relationship to the entity named above is \_\_\_\_\_.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Statement of Qualifications or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  - A. A predecessor or successor of a person convicted of a public entity crime: or
  - B. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Statement of Qualifications or applies to Statement of Qualifications on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (**indicate which statement applies**).

\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in neither the management of the entity nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_ The entity submitting this sworn statement or one or more of the officers, directors, executive, partners, shareholders, employees, members, or agents who are active in management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_ The entity submitting this sworn statement or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing



Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list **(attach a copy of the final order)**.

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**

\_\_\_\_\_  
Signature Date

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Personally known \_\_\_\_\_

OR Produced identification \_\_\_\_\_ Notary Public - State of \_\_\_\_\_

\_\_\_\_\_. My commission expires \_\_\_\_\_ (Type of identification)

\_\_\_\_\_  
(Printed, typed, and/or stamped commissioned name of Notary Public)

A person or affiliate who has been placed on the convicted Firm list following a conviction for a public entity crime may not submit a Statement of Qualifications on a contract to provide any goods or services to a public entity, may not submit a Statement of Qualifications on a contract with a public entity for the construction or repair of a public building or public work, may not submit a Statement of Qualifications on leases of real property to a public entity, may not be awarded or perform work as a Firm, supplier, Sub-Firm, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted Firm list.

14. Name of persons with whom you have been associated in the construction business as a partner, officer of a corporation, or any other business venture in the last five (5) years:

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15. Indicate the type of contracting (lump sum, CM, CM at Risk, Design-Build, etc.) undertaken by your organization and number of years experience:

| Type | Years |
|------|-------|
|------|-------|

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

16. State construction experience of principal members of your firm:

|                               |                               |
|-------------------------------|-------------------------------|
| Name _____                    | Name _____                    |
| Title _____                   | Title _____                   |
| Years _____                   | Years _____                   |
| Construction Experience _____ | Construction Experience _____ |
| Type of Work _____            | Type of Work _____            |
| Cost Range _____              | Cost Range _____              |
| In What Capacity _____        | In What Capacity _____        |

17. Give any special qualifications of firm members (registered engineer, surveyor, etc.):

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18. List all prime construction contracts your organization has underway on this date:

| Name of Job | Contract Amount | Percent Complete | Design Architect/Engineer Address and Phone | Owner Address and Phone |
|-------------|-----------------|------------------|---|-------------------------|
| _____       | _____           | _____            | _____                                       | _____                   |
| _____       | _____           | _____            | _____                                       | _____                   |
| _____       | _____           | _____            | _____                                       | _____                   |
| _____       | _____           | _____            | _____                                       | _____                   |

19. List all prime contracts completed in the past five (5) years by your organization:

| Name of Job and Phone | General or Sub (If sub, what type) | Contract Amount and Date | Design Architect/Engineer Address and Phone | Owner Address and Phone |
|-----------------------|------------------------------------|--------------------------|---|-------------------------|
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |
| _____                 | _____                              | _____                    | _____                                       | _____                   |



20. List all prime building construction contracts performed for educational institutions in the State of Florida completed in the past five years by your organization, including scope, cost, and schedule.

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21. Name, address, and phone number of one or more mechanical, plumbing, electrical and structural subcontractors, and three other major subcontractors who have been associated with you on any of the projects listed previously and who may be used in projects with Lake-Sumter State College:

Mechanical:

|         |         |
|---------|---------|
| _____   | _____   |
| Name    | Name    |
| _____   | _____   |
| Address | Address |
| _____   | _____   |
| Phone   | Phone   |

Plumbing:

|         |         |
|---------|---------|
| _____   | _____   |
| Name    | Name    |
| _____   | _____   |
| Address | Address |
| _____   | _____   |
| Phone   | Phone   |

Electrical:

|         |         |
|---------|---------|
| _____   | _____   |
| Name    | Name    |
| _____   | _____   |
| Address | Address |
| _____   | _____   |
| Phone   | Phone   |

Structural:

|         |         |
|---------|---------|
| _____   | _____   |
| Name    | Name    |
| _____   | _____   |
| Address | Address |
| _____   | _____   |
| Phone   | Phone   |

Three (3) other major subcontractors:

|                       |                       |
|-----------------------|-----------------------|
| _____                 | _____                 |
| Name                  | Name                  |
| _____                 | _____                 |
| Address               | Address               |
| _____                 | _____                 |
| Phone                 | Phone                 |
| _____                 | _____                 |
| Subcontractor's Trade | Subcontractor's Trade |

|                       |
|-----------------------|
| _____                 |
| Name                  |
| _____                 |
| Address               |
| _____                 |
| Phone                 |
| _____                 |
| Subcontractor's Trade |

22. What is the largest contract ever completed by your organization?

Year: \_\_\_\_\_ Cost: \_\_\_\_\_

Description:

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23. How much time was lost during the last two (2) years from strikes on your jobs?

Total man days: \_\_\_\_\_ Total calendar days: \_\_\_\_\_

Explain cause:

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24. Give total contract value of work accomplished by your organization in the last three years:

Year: \_\_\_\_\_ \$ \_\_\_\_\_

Year: \_\_\_\_\_ \$ \_\_\_\_\_

Year: \_\_\_\_\_ \$ \_\_\_\_\_

25. Give contract value of work now pending award to your organization:

\$ \_\_\_\_\_

Amount requiring bond if awarded \$ \_\_\_\_\_

26. Give the value of any judgment or liens outstanding against your organization:

\$ \_\_\_\_\_

Explain:

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27. Give names of bonding companies under which you have functioned in the last three years:

|       |       |
|-------|-------|
| _____ | _____ |
| Name  | Name  |
| _____ | _____ |
| Name  | Name  |

28. Give the name of the current bonding company:

\_\_\_\_\_  
Name

29. Give name, address, and phone number of Florida resident agent for current bonding company:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

30. Give the value of contract work for which you could obtain a bond:

(single) \$ \_\_\_\_\_ (aggregate) \$ \_\_\_\_\_  
How much is unencumbered and available as of this date? \$ \_\_\_\_\_

31. Has any surety company refused to write you a bond on any construction work?

Yes  No  If yes, explain:

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

32. What is the dollar value of the largest project you consider your organization is qualified to undertake? \$ \_\_\_\_\_

33. **Attach written verification of your company's bonding capacity by a licensed surety company rated excellent ("A-" or better) in the current A.M. Best Guide and qualified to do business within the State or submit audited financial information** prepared and signed by a public accountant certified in the State of Florida, including the contractor's latest balance sheet and income statement showing current assets, net fixed assets, other assets, current liabilities, and other liabilities.

34. Name of firm preparing financial statement and date of the statement:

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

35. Name and address of applicant's bank:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

36. **Verification of Employment:** In accordance with State of Florida Office of the Governor Executive Order Number 11-02, the firm shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all persons employed during the contract term by the firm to perform employment duties within Florida and all persons (including sub-consultants) assigned by the firm to perform work pursuant to the contract with Lake-Sumter State College.

37. Upon prequalification by the College, the following certificate will be issued to the contractor:



## **CERTIFICATE OF PREQUALIFICATION**

**LAKE-SUMTER STATE COLLEGE  
9501 U.S. HWY. 441  
LEESBURG, FLORIDA 34788-8751**

This will certify that the District Board of Trustees of Lake-Sumter State College, at its meeting on \_\_\_\_\_, has approved \_\_\_\_\_ as pre-qualified to bid on all construction contracts associated with new construction, extensive repair, remodeling, renovation, or improvement of any existing educational facility in the Lake-Sumter State College District for which the estimated cost does not exceed:

Single Project Under Contract:         \$

Total Volume Under Contract:         \$

The expiration date of this certificate is \_\_\_\_\_, subject to the maintenance of current application information, or unless either extended by or terminated by the Board in a duly authorized session. In pre-qualifying said applicant, the laws of the State of Florida and the rules and regulations of the State Board of Education and the District Board of Trustees have been observed.

**District Board of Trustees, Lake-Sumter State College**

\_\_\_\_\_  
President or designee