

**GENERAL CONTRACTOR PREQUALIFICATION INFORMATION FORM**

**OGDEN CITY**

**Trackline Bike Park Phase I Construction**

Complete the following information and submit this form with the proposal.

1. Contractor's name: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Facsimile number: \_\_\_\_\_
5. Firm Type: \_\_\_\_ Corporation; \_\_\_\_ Partnership; \_\_\_\_ Individual; \_\_\_\_ Joint Venture
6. Date company was organized: \_\_\_\_\_
7. Name of current president or CEO: \_\_\_\_\_  
Number of years in that position: \_\_\_\_\_
8. Number of permanent office and support employees: \_\_\_\_\_  
Number of permanent field employees: \_\_\_\_\_
9. How long has company been doing work similar to proposed Project: \_\_\_\_\_
10. Contractor's license: \_\_\_\_\_  
Primary trade classification: \_\_\_\_\_  
Utah License No. and expiration date: \_\_\_\_\_  
Other states in which licensed: \_\_\_\_\_  
Name on Utah license (if different that contractor name): \_\_\_\_\_  
\_\_\_\_\_
11. Contractor's surety (name, address, telephone number and contact person):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Contractor's bank or financial institution (name, address, telephone number and contact person):

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13. Contractor's insurance company (name, address, telephone number and contact person):

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14. Has the contractor, or any of its parents or subsidiaries, ever had a bankruptcy petition filed in its name, voluntarily or involuntarily? \_\_\_\_\_ If yes, specify date, circumstances, resolution and other details on a separate page.

15. Are there any claims or disputes on any work awarded to the contractor during the past ten years? \_\_\_\_\_ If yes, give owner's name, address and details on a separate page.

16. Has the contractor ever failed to complete any work that it was awarded? \_\_\_\_\_ If yes, give owner's name, address and details on a separate page.

17. If awarded the contract, would you accomplish the Project work with your own forces? \_\_\_\_\_. If no, provide prequalification submittals for the subcontractor(s) that you would propose to use.

I hereby warrant and represent that the information presented in this proposal is true, accurate and complete.

By: \_\_\_\_\_

Title: \_\_\_\_\_

**CONTRACTOR PREQUALIFICATION - PROJECT REFERENCE FORM**  
**(COMPLETE FOR 2 SEPARATE PROJECTS)**

Project \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor's Project Manager \_\_\_\_\_

Contractor's On-site Superintendent \_\_\_\_\_

Indicate Work Subcontracted and value of subcontracted work. (List separately all subcontracts greater than 2% of the construction value.)

Subcontractor	Value of Subcontract
_____	_____
_____	_____
_____	_____
_____	_____

Owner \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Engineer \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Resident Engineer for CMS \_\_\_\_\_ Phone \_\_\_\_\_

Construction Value \$ \_\_\_\_\_ Change Order Amount \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Required Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Liquidated Damages Assessed? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Any Claims on Project? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**BID SCHEDULE**

Trackline Bike Park					
Item #	Description	Quantity	Unit	Unit Price	Total:
1	Volunteer training by professional trail builders	16	HR		
2	Machine trail building by professional trail builders	5125	LF		
3	Shipping and installation of built trail features by professional trail builders	1	EA		
4	Contractor mobilization by professional trail builders	1	EA		
5	Fill dirt (Berms)	26	CY		
6	Armoring material	67	CY		
7	Bike Park, Feature #4: intermediate 50' curved wall and 50' bridge	1	EA		
8	Intermediate Skills Line, Feature #8: rollable sender	1	EA		
9	Intermediate Skills Line, Feature #9: step down roller	1	EA		
10	Intermediate Skills Line, Feature #10: zig zag short	1	EA		
11	Advanced Skills Line, Feature #11: teeter-totter	1	EA		
12	Advanced Skills Line, Feature #12: A-frame	1	EA		
13	Advanced Skills Line, Feature #13: skinny A-frame	1	EA		
14	Beginner Skills Line, Feature #14: double roller	1	EA		
15	Beginner Skills Line, Feature #15: mountain top peak	1	EA		
16	Beginner Skills Line, Feature #16: zig zag roller	1	EA		
17	Informational signage	2	EA		
18	Bike racks	2	EA		

Bid Schedule Total = \_\_\_\_\_

Bid Schedule Total in Words  
\_\_\_\_\_

Signature  
\_\_\_\_\_

**BUSINESS CONFIDENTIALITY CLAIM  
for Ogden City Corporation**

I, \_\_\_\_\_, request that Ogden City protect the attached business records and/or file according to the provisions of Section 4-5-15 of the Ogden Municipal Code and Utah Code Subsection 63G-2-302 and 63G-2-305 of the Government Records Access and Management Act (GRAMA).

Description of record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe the records and/or files should be protected for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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**OGDEN CITY ADMINISTRATIVE REVIEW AND DETERMINATION**

Upon review of the request, I hereby determine the record should be:

- Classified as protected according to the provisions of Section 4-5-12 of the Ogden Municipal Code and Subsection 63G-2-305 of the Government Records Access and Management Act.
- Classified as private according to the provisions of Section 4-5-10 of the Ogden Municipal Code and Subsection 63G-2-302 of the Government Records Access and Management Act.
- Classified as public according to the provisions of Section 4-5-3 of the Ogden Municipal Code and Subsection 63G-2-103 of the Government Records Access and Management Act.

I certify that on the date listed below, I  gave/  mailed the requestor a copy of this Business Confidentiality Claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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**RIGHT OF APPEAL**

You have the right to appeal this decision by completing the Notice of Appeal portion of this form and returning the entire original form to the Ogden City Recorder, 2549 Washington Blvd, Ste 210, Ogden, UT 84401, within 30 days of the date of this determination. You may also attach a short statement of facts, reasons, and legal authority in support of your appeal. The City Recorder will schedule a hearing before the Records Review Board, which shall be held no sooner than 15 days and no later than 30 days from the date of the filing of the appeal.

**NOTICE OF APPEAL**

Please take note that I hereby appeal the determination on my request for business confidentiality of the record(s) listed above. The relief I seek is as follows:

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
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**NOTICE OF RECLASSIFICATION**

Notice is hereby given that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the classification of the above-described record was changed from \_\_\_\_\_ to \_\_\_\_\_, and that notification was given to the above named individual.

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