

Deer Valley Airport Relocate Taxiway B and Construct B6/B9 – GMP2 Project No. AV31000092 FAA AIP 3-04-0028-xxx-20xx

# **Instructions to Bidders**

J Banicki Construction Inc. invites your firm to submit qualifications on the above referenced project.

## Prequalification's are due March 14th, 2025 before 12 pm (MT AZ)

Proposals for the above referenced project will consist of two components; Prequalification's and Price. A separate bid proposal form is available on the J. Banicki Construction Inc. (JBCI) web site http://www.banicki.com. The Bid Proposal forms must be utilized to submit your price for evaluation.

#### Prequalification's:

Each potential Subcontractor shall submit their prequalification's as outlined in the following request.

Please have 3 "Subcontractor Reference Questionnaires" completed by the Owner/General Contractor and submitted by the Owner/General Contractor directly to JBCI via email at (<a href="mailto:mlambesis@banicki.com">mlambesis@banicki.com</a>) before 12 pm March 14<sup>th</sup>, 2025.

Please fill out in its entirety the **"Subcontractor Information Sheet"** and return to JBCI via email at (mlambesis@banicki.com) by 12 pm March 14<sup>th</sup>, 2025.

### Bid Proposals are Due March 19<sup>th</sup>, 2025 Before 12 PM (MT AZ)

Bid proposals must be on the provided forms and delivered in a sealed envelope to the following address:

Estimating: Deer Valley Airport Relocate Taxiway B & Construct Connectors B6/B9 GMP1

J. Banicki Construction Inc.

4720 E. Cotton Gin Loop,

Suite 240, Phoenix AZ. 85040

Late submittals will be considered non-responsive. Questions must be emailed to <a href="mailto:mlanksis@banicki.com">mlambesis@banicki.com</a> on or before March 14<sup>th</sup>, 2025 and will be answered in the form of an addendum. All required bid forms can be found on http://www.banicki.com.



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#### **Subcontractor Reference Questionnaire**

This form is being submitted to your company for completion as a business reference for the company listed below. Please execute and email to: mlambesis@banicki.com prior to March 14<sup>th</sup>, 2025 @ 12:00PM (MT AZ).

Deference for (name of company you are providing reference for).								
Reference for (name of company you are providing reference for):								
Company Providing Reference:								
Contact Name and Title:								
Contact 7	Telephone Number:							
Contact email address:								
Question	ns:							
r	In what capacity have you worked with this company in the past? Please explain the company's responsibilities. Comments:							
(	How would you rate this company's ability to manage schedule requirements? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:							
(	How would you rate this company's flexibility relative to changes in the project scope and schedule? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor)  Comments:							
(	How would you rate the quality of this company's work? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:							
(	How would you rate this company's ability to manage your budget? (5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor) Comments:							

6. How would you rate this company's dedication to safety?(5 = excellent; 4 = good; 3 = average; 2 = below average; 1 = poor)Comments:



Subcontractor Name:

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# **Subcontractor Information Sheet**

Addre	ss:													
Bid Contact for this			Name:						Email:					
Project:			Cell Phone #:						Office	Phone :	#:			
Primary Field Supervisor			Name:						Email:			•		
for this Project:			Cell Phone #:						Office Phone #:					
Add'l Field Supervisor for				Name:					Email:					
this Project:			Cell Phone #:						Office Phone #:					
		one page resi	umes j	mes for Field Supervisors (Maximum of two as listed above)										
Safety Information:														
EMOD Avg Emplo			vee OSHA Recordable		dable	Lost Work		Lost Work		rk	Restricted or		r	Fatalities
	Hours		Cases		Day - Cases		Day – Days			Transfer			ı atantıcı	
2018						24, 64363			24, 24,0					
2017														
2016														
	nce & Fin	ancial Inform	ation:											
Insurance & Financial Information:  Insurance Company: Company Name:														
		,.		t Contact:						Phone	#:			
Bondir	ng Compa	nv		Company Name:						Per Pro		imit:		
	ation & E			t Contact:						Aggreg	•			
Capaci			Phon		l		Rating:			Curren				
		sample insure			General	Liability. A								
*Please submit sample insurance certificate for General Liability, Auto & Workmans Compensation														
Simila	Project F	References La	st Five	e Years:										
Projec	t #1 Name	e:												
Brief P	roject De	scription:												
Refere	nce Name	& Title		Phone #:										
		c a ritic.				Final \	/alue·		THORIC					
Original Value: Start Date:				Completion Date:										
Project #2 Name:						оср.								
Brief Project Description:														
Brief Project Description.														
Reference Name & Title:									Phor	ne #:				
Original Value:						Final \								
Start Date:						Comp	letion Da	te:						
Project #3 Name:														
Brief P	roject De	scription:												
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Reference Name & Title:						F			Phone	#:				
Original Value:				Final Value:										
Start Date:				Completion Date:										