

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APMDBOM-2024-005
ATTACHMENT A**

Scope of Services

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
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SCOPE OF SERVICES

The City of Houston (“the City”) intends to replace the existing Skyway APM System operating at George Bush Intercontinental Airport/Houston (IAH).

The layout of the present Skyway APM System is shown in Figure 1. It consists of a dual-lane guideway connecting Terminals, A, B, C and D/E.

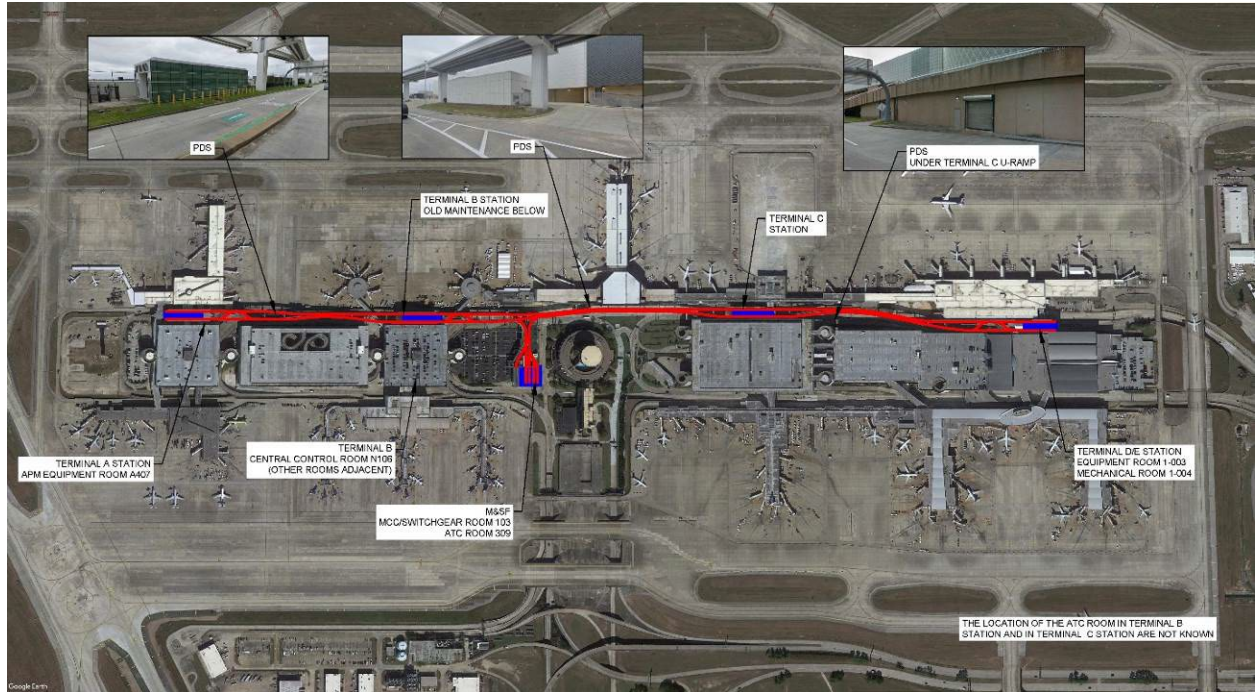


Figure 1 - Skyway APM System Layout

System operation consists of a pinched-loop mode between the stations. In the pinched-loop mode, trains depart the D/E Terminal Station, proceed along the north guideway in the west direction, stopping at stations at Terminals C, B and A. After stopping at Terminal A, trains will reverse direction and travel back to the D/E Terminal Station along the south guideway.

The operating periods for the Skyway APM System are as follows:

Peak Hours 0530 to 2200 hours

Off-Peak Hours 2200 to 0530 hours

The operating headway during the peak period shall not exceed 180 seconds, while the roundtrip time is eleven (11) minutes. The maximum grade on the Skyway APM System is 3.5 %, and the minimum horizontal curve radius is 75 ft.

The Maintenance and Storage Facility (M&SF) is located as shown on the Reference Drawings (Attachment B). The Central Control Facility (CCF) will be relocated as an expansion to the M&SF.

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There are five (5) lanes in the M&SF: three (3) lanes for light maintenance, one (1) lane for heavy maintenance and car wash, and one (1) storage lane.

The System includes three (3) traction power substations. Traction Power Substation 1 is supplied by two independent CenterPoint Energy three-phase, 12.47 kV, 60 Hz primary sources. From Substation 1, three-phase, 12.47 kV, 60 Hz power is distributed along the guideway to Traction Power Substations 2 and 3.

The Skyway APM System replacement includes the complete design, fabrication, assembly, factory testing, demolition, disposal, construction, installation and on-site integration, test and demonstration and implementation of the System, beginning with the Notice to Proceed (NTP 1) for the Design-Build Contract, and ending with the Final Acceptance of the completed APM System. Upon Substantial Completion of the Design-Build Contract, the City will issue Notice to Proceed (NTP 2) for the Operations & Maintenance Contract, authorizing the Contractor to commence the operations and maintenance of the APM System.

At NTP 1, the Contractor's Work will include, but not be limited to:

- the removal/demolition and disposal, and/or the removal/salvage and placement into storage for City use (to be coordinated with the City's Representative and the existing operations and maintenance supplier) of the existing system equipment and facilities, as defined in the Contract Documents, including any existing equipment that the Contractor elects not to reuse;
- the design of the Operating System as defined in the Contract Documents;
- the modification of existing Fixed Facilities and construction of new Fixed Facilities;
- the analysis, manufacture, supply, fabrication, assembly, factory testing, shipping, and site installation of the Operating System;
- the on-site inspection, testing of the new Contractor-provided Fixed Facilities and required modifications to the existing Fixed Facilities;
- the on-site integration and verification testing and all other preparations required for the start-up of the Operating System through Safety Certification, Substantial Completion and Final Acceptance;
- the integration with the existing elements;
- related project management, control, and administration;
- Safety Certification.
- Terminal D/E Station Works: Issues relative to waterproofing and HVAC require station replacement and/or remediation.

The full scope of the work will be defined in the Step Two Request for Proposal (RFP).

The City retains the right of first refusal to salvage portions of the existing System equipment including vehicles. The Contractor is responsible for coordinating the salvage of this equipment with the City. If the City chooses not to salvage all or part of this existing equipment, then the Contractor shall dispose of all remaining material at no cost to the City.

The existing System will be shut down in coordination with the City and the existing Operations & Maintenance (O&M) supplier. The City and/or the Contractor will put in place alternative

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conveyance for airport passengers. The Contractor will facilitate and minimize the duration of the transition to the replacement System.

The Contractor will be responsible to replace, retrofit, and/or refurbish all existing APM facilities, stations, guideway, M&SF, Central Control Facility (CCF), and Power Distribution Subsystem (PDS). All existing PDS equipment, wiring, and cabling shall be removed and replaced with new equipment, wiring and cabling. All APM System equipment shall be removed from the existing CCF and adjacent equipment room, and the facility shall be reconstructed and turned over to the City. The Contractor shall be solely responsible (turnkey) for delivering all aspects of the Work and integrating the Operating System and the Fixed Facilities into a fully functional System.

At NTP 2, the Contractor will provide complete operation and maintenance of the APM at IAH 24 hours per day, 7 days a week, 365 days per year. Contractor will directly operate and maintain the Skyway system with its own personnel. Contractor's base service work will include, but not be limited to:

- provide all required personnel, supplies and materials necessary to perform, and shall perform, the administration and management of the operations and maintenance of the System:
- manage and maintain inventory activities required to maintain an adequate supply of materials, supplies and equipment to operate and maintain the System:
- provide training required for the maintenance staff and operating personnel:
- perform preventative and corrective maintenance on vehicles and System equipment:
- develop, implement, and maintain an on-going safety program:
- provide cleaning and janitorial services for the System: and
- prepare and issue reports recording the performance of the System. The full scope of the work will be defined in the Request for Proposal Documents.

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ATTACHMENT B**

**REFERENCE DRAWINGS & DOCUMENTS LISTED -
fly2houston.com website**

- Attachments
 - [APM Controls Assessment and Control Room Relocation 2015](#)
 - [APM HAS Final ConditionalAssessment_Report_20211022](#)
 - [APM Stations Condition Assessment 2015](#)
 - [DRAWINGS 536C Terminal D & E APM Station Platform](#)
 - [DRAWINGS 536L Terminal A APM](#)
 - [DRAWINGS PN536D APM Guideway Extension A7](#)
 - [DRAWINGS PN536D Phase 2 System Map and Track Plan](#)
 - [DRAWINGS PN536D Phase 2](#)
 - [DRAWINGS PN536D Wayside System Schematic](#)
 - [DRAWINGS Terminal B APM](#)
 - [DRAWINGS Terminal C APM](#)

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
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ATTACHMENT C
SAMPLE GENERAL CONDITIONS**

SAMPLE DESIGN-BUILD CONTRACTS

To be provided later. (TBD)

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ATTACHMENT C
SAMPLE O&M CONTRACT**

SAMPLE O&M CONTRACT

To be provided later. (TBD)

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
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ATTACHMENT D
PROHIBITED FIRM(S)**

LIST OF PROHIBITED FIRMS:

- 1. Lea + Elliott**
- 2.**
- 3.**

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EXHIBIT A – OFFER AND SUBMITTAL

OFFER AND SUBMITTAL

NOTE: SUBMITTAL/PROPOSAL MUST BE SIGNED AND NOTARIZED BY AN AUTHORIZED REPRESENTATIVE(S) OF THE RESPONDENT, WHICH MUST BE THE ACTUAL LEGAL ENTITY THAT WILL PERFORM THE CONTRACT IF AWARDED AND THE TOTAL FIXED PRICE CONTAINED THEREIN SHALL REMAIN FIRM FOR A PERIOD OF ONE-HUNDRED EIGHTY (180) DAYS.

"THE RESPONDENT WARRANTS THAT NO PERSON OR SELLING AGENCY HAS BEEN EMPLOYED OR RETAINED TO SOLICIT OR SECURE THIS CONTRACT UPON AN AGREEMENT OR UNDERSTANDING FOR A COMMISSION, PERCENTAGE, BROKERAGE, OR CONTINGENT FEE, EXCEPTING BONA FIDE EMPLOYEES. FOR BREACH OR VIOLATION OF THIS WARRANTY, THE CITY SHALL HAVE THE RIGHT TO ANNUL THIS AGREEMENT WITHOUT LIABILITY OR, AT ITS DISCRETION, TO DEDUCT FROM THE CONTRACT PRICES OR CONSIDERATION, OR OTHERWISE RECOVER THE FULL AMOUNT OF SUCH COMMISSION, PERCENTAGE, BROKERAGE OR CONTINGENT FEE."

Respectfully Submitted:

(Print or Type Name of Contractor – Full Company Name)

City of Houston Vendor No. (If already doing business with City): _____

Federal Identification Number: _____

By:

(Signature of Authorized Officer or Agent)

Printed Name: _____

Title: _____

Date: _____

Address of Contractor:

Street Address or P.O. Box

City – State – Zip Code

Telephone No. of Contractor: () _____

Signature, Name and title of Affiant:

(Notary Public in and for)

Texas _____ County,

My Commission Expires: _____ day of _____ 20_____

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EXHIBIT B – BIDDERS STATEMENT OF MBE/WBE /PDBEDBE/SBE STATUS

BIDDER'S STATEMENT OF MBE/WBE/PDBE/DBE/SBE STATUS

This certifies that the status of the Bidder, _____, in
(Bidder's Name)

regard to the City of Houston Code of Ordinances, Chapter 15, Article V, relating to City-wide percentage goals for contracting with Minority and Women-owned Business Enterprises (MWBE) and Disadvantaged Business Enterprises (DBE), Chapter 15, Article VI, relating to City-wide percentage goals for contracting with Persons with Disabilities Business Enterprises (PDBE) and Chapter 15, Article IX, relating to City-wide percentage goals for contracting with a Small Business Enterprise (SBE) is as follows:

1. Bidder (individual, partnership, corporation) is is not a Minority Business Enterprise as certified by the Affirmative Action and Contract Compliance Division.
2. Bidder (individual, partnership, corporation) is is not a Women-owned Business Enterprise as certified by the Affirmative Action and Contract Compliance Division.
3. Bidder (individual, partnership, corporation) does does not declare itself to be a Persons with Disabilities Business Enterprise as defined above.
4. Bidder (individual, partnership, corporation) does does not declare itself to be a Disadvantaged Business Enterprise as defined above.
5. Bidder (individual, partnership, corporation) does does not declare itself to be a Small Business Enterprise as defined above.

Signature: _____

Title: _____

Date: _____

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EXHIBIT C – AFFIDAVIT OF NON-INTEREST**

AFFIDAVIT OF NON-INTEREST

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared _____, who
Affiant
being by me duly sworn on his/her oath stated that he/she is _____, of
Title

Name of Firm

the firm named and referred to and in the foregoing; and that he/she knows of no officer, agent, or employee of the City of Houston being in any manner interested either directly or indirectly in such Contract.

Affiant's Signature

SWORN AND SUBSCRIBED before me on _____.
Date

Notary Public in and for the State of TEXAS

Print or type Name

My Commission Expires: _____
Expiration Date

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EXHIBIT D – CONSOLIDATED OWNERSHIP INFORMATION FORMS

CONSOLIDATED OWNERSHIP INFORMATION FORMS

The City of Houston Ownership Information Form is used to gather information to comply with:

- a. The City of Houston Contractor Ownership Disclosure Ordinance ([Chapter 15 of the Code of Ordinances, Article VIII. City Contracts; Indebtedness to City](#));
- b. The City of Houston Fair Campaign Ordinance ([Chapter 18 of the Code of Ordinances](#)); and,
- c. The State of Texas Statement of Residency Requirements ([Tex. Govt. Code Chapter 2252](#)).

Please complete the form, in its entirety, and submit it with the Official Bid or Proposal Form. Except as noted below regarding the Statement of Residency, failure to provide this information may be just cause for rejection of your bid or proposal.

NOTICE OF AFFIRMATIVE ACCEPTANCE OF THE CITY OF HOUSTON FAIR CAMPAIGN ORDINANCE

By submitting a bid or proposal to the City of Houston for a Contract in excess of \$50,000 or for which a request is presented to City Council for approval, all respondents agree to comply with the Chapter 18 of the Code of Ordinances.

Further, pursuant to Section 18-36 of the Code of Ordinances, it shall be unlawful either for any person who submits a bid or proposal to contribute or offer any contribution to a candidate or for any candidate to solicit or accept any contribution from such person for a period commencing at the time of posting of the City Council Meeting Agenda including an item for the award of the Contract and ending upon the 30th day after the award of the Contract by City Council.

INSTRUCTIONS

1. Please **type** or **legibly print in dark ink** responses. Individuals and entities should disclose their full, legal names (not initials) and all required corporate letters (“Inc”, “LLP”, etc.).
 - a. If a firm is operating under an assumed name, the following format is recommended:
Corporate/Legal Name DBA Assumed Name.
2. Full addresses are required, including street types (“St”, “Rd”, etc.) and unit number.
3. Individuals or entities with 10% or more ownership of the corporation, partnership, or joint venture (including persons who own 100%) are required to be disclosed with their full name and full address. All officers and directors are also required to be disclosed with their full name and full address.

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EXHIBIT D – CONSOLIDATED OWNERSHIP INFORMATION FORMS

PROJECT AND BID/PROPOSAL PREPARER INFORMATION

Project or Matter Being Bid: _____

Bidder's complete firm/company business information

Name: _____

Business Address [No./Street] _____

City / State / Zip Code _____

Telephone Number _____

Bidder's email address

Email Address: _____

STATEMENT OF RESIDENCY

(THE STATEMENT OF RESIDENCY PORTION OF THIS DOCUMENT IS **NOT APPLICABLE** IF THE SOLICITATION INDICATES FEDERAL FUNDS WILL BE USED)

TEX. GOV'T CODE §2252.001(4) defines a "**Resident bidder**" as a bidder whose principal place of business* is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

TEX. GOV'T CODE §2252.001(3) defines a "**Nonresident bidder**" as a bidder who is not a resident in this state.

* Principal Place of Business in Texas means that the business entity:

- has at least one permanent office located within the **State of Texas**, from which business activities other than submitting bids to governmental agencies are conducted and from which the bid is submitted; and
- has at least one employee who works in the Texas office.

Based on the definitions above, your business is a:

- TEXAS RESIDENT BIDDER
 NONRESIDENT BIDDER

If you are a Nonresident Bidder, does your home state have a statute giving preference to resident bidders? If so, you must attach a copy of the statute to this Document.

A copy of the State of _____ statute is attached.

NOTE: The state of residency of a bidder is not used in the decision-making criteria for the award of contracts for projects receiving federal funding, whether in whole or in part.

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EXHIBIT D – CONSOLIDATED OWNERSHIP INFORMATION FORMS**

CONTRACTING ENTITY ORGANIZATIONAL ENTITY TYPE

FOR PROFIT ENTITY:

- SOLE PROPRIETORSHIP
- CORPORATION
- PARTNERSHIP
- LIMITED PARTNERSHIP
- JOINT VENTURE
- LIMITED LIABILITY COMPANY
- OTHER (*specify in space below*)

NON-PROFIT ENTITY:

- NON-PROFIT CORPORATION
- UNINCORPORATED ASSOCIATION

LISTING OF ADDRESSES

List all current and prior addresses where the bidder does/has done business or owns property (real estate and/or business personal property) in the city of Houston (“Houston”) in the past three years from the date of submittal of this form. If within the past three years from the date of submitting this form, the bidder does not and has not done business and has not or does not own property (real estate and/or business personal property) in Houston, please state “None” on the first line below.

Address

Address

Address

ATTACH ADDITIONAL SHEETS AS NEEDED.

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LISTING OF OFFICERS

LIST ALL OFFICERS OF THE ENTITY, REGARDLESS OF THE AMOUNT OF OWNERSHIP (IF NONE STATE “NONE”)

<u>Name</u> Officer	<u>Address</u>
<u>Name</u> Officer	<u>Address</u>
<u>Name</u> Officer	<u>Address</u>
<u>Name</u> Officer	<u>Address</u>
<u>Name</u> Officer	<u>Address</u>
<u>Name</u> Officer	<u>Address</u>
<u>Name</u> Officer	<u>Address</u>

LISTING OF DIRECTORS OR MEMBERS

LIST ALL DIRECTORS OF THE ENTITY, REGARDLESS OF THE AMOUNT OF OWNERSHIP (IF NONE STATE “NONE”)

<u>Name</u> Director or Member	<u>Address</u>
<u>Name</u> Director or Member	<u>Address</u>
<u>Name</u> Director or Member	<u>Address</u>
<u>Name</u> Director or Member	<u>Address</u>
<u>Name</u> Director or Member	<u>Address</u>

DISCLOSURE OF OWNERSHIP (OR NON-PROFIT OFFICERS)

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Bidders are required to disclose all owners of 10% or more of the Contracting Entity. For non-profit entities, please provide the complete information for the President, Vice-President, Secretary, and Treasurer.

IN ALL CASES, USE FULL NAMES, LOCAL BUSINESS AND RESIDENCE ADDRESSES, AND TELEPHONE NUMBERS. DO NOT USE POST OFFICE BOXES FOR ANY ADDRESS. INCLUSION OF EMAIL ADDRESSES IS OPTIONAL, BUT RECOMMENDED.

ATTACH ADDITIONAL SHEETS AS NEEDED.

Contracting Entity:

Name: _____
Business Address [*No./Street*] _____
City / State / Zip Code _____
Telephone Number _____
Email Address: _____

DISCLOSURE OF OWNERSHIP (OR NON-PROFIT OFFICERS) *continued.*

Owner(s) of 10% or More (IF NONE, STATE “NONE.”):

Name: _____
Business Address [*No./Street*] _____
City / State / Zip Code _____
Telephone Number _____
Email Address: _____
Residence Address [*No./Street*] _____
City / State / Zip Code _____

Owner(s) of 10% or More (IF NONE, STATE “NONE.”):

Name: _____
Business Address [*No./Street*] _____
City / State / Zip Code _____
Telephone Number _____
Email Address: _____
Residence Address [*No./Street*] _____
City / State / Zip Code _____

ATTACH ADDITIONAL SHEETS AS NEEDED.

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OPTIONAL: TAX APPEAL INFORMATION

If the firm/company or an owner/officer is actively protesting, challenging, or appealing the accuracy and/or amount of taxes levied with a tax appraisal district, please provide the following information:

Debtor (Firm or Owner Name):	
Tax Account Nos.:	
Case or File Nos.:	
Attorney/Agent Name:	
Attorney/Agent Phone No.:	
Tax Years:	

Status of Appeal **[DESCRIBE]**:

If an appeal of taxes has been filed on behalf of your company, please include a copy of the official form received by the appropriate agency.

REQUIRED: UNSWORN DECLARATION

I certify that I am duly authorized to submit this form on behalf of the firm, that I am associated with the firm in the capacity noted below, and that I have personal knowledge of the accuracy of the information provided herein. I affirm that all the information contained herein is true and correct to the best of my knowledge. I understand that failure to submit accurate information with my submission may result in my submission being considered non-responsive and non-responsible.

Preparer's Signature

Date

Printed name

Title

NOTE: This form constitutes a **governmental record**, as defined by Section 37.01 of the Texas Penal Code. Submission of a false government record and falsification of a governmental record are crimes, punishable as provided in Section 37.10 of the Texas Penal Code.

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EXHIBIT E – FAIR CAMPAIGN ORDINANCE (FORM A)

FAIR CAMPAIGN ORDINANCE

Form A

CONTRACTOR SUBMISSION LIST
CITY OF HOUSTON CAMPAIGN FINANCE ORDINANCE

By submitting a bid or proposal to the City of Houston for a Contract in excess of \$50,000 or for which a request is presented to City Council for approval, all respondents agree to comply with Chapter 18 of the Code of Ordinances.

Pursuant to Section 18-36 of the Code of Ordinances, it is unlawful either for any contractor to contribute or offer any contribution to a candidate, or for any candidate to solicit or accept any contribution from a contractor for a period commencing at the time of posting of the City Council Meeting Agenda including an item for the award of the Contract and ending upon the 30th day after the award of the Contract by City Council, or a determination by City Council of the Mayor that the contract will not be awarded to a contractor.

The term “contractor” means any person who has received the award of a contract, has submitted a bid or proposal in any form for the award of a contract, or has been proposed to be awarded the contract in an item placed upon the City Council agenda, including any other person who seeks the award of the contract and is contesting, appealing, or protesting the award of the contract as proposed.

This list is submitted under the provisions of Section 18-36(b) of the City of Houston Code of Ordinances in connection with the attached Bid/Proposal of:

Firm or Company Name: _____

Firm or Company Address: _____

The firm/company is organized as indicated below. Check one as applicable and attach additional pages if needed to supply the required names and addresses.

SOLE PROPRIETOR

Name _____
Proprietor Address

A PARTNERSHIP

LIST EACH PARTNER HAVING EQUITY INTEREST OF 10% OR MORE OF PARTNERSHIP (IF NONE STATE “NONE”)

Name _____
Partner Address

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EXHIBIT E – FAIR CAMPAIGN ORDINANCE (FORM A)

Name _____
Partner Address

[] A LIMITED LIABILITY COMPANY

LIST EACH MEMBER OR MANAGER (IF NO MEMBERS) HAVING EQUITY INTEREST OF 10% OR MORE IN THE LIMITED LIABILITY COMPANY (IF NONE, STATE "NONE")

Name _____
Manager/Member Address

Name _____
Manager/Member Address

Name _____
Manager/Member Address

[] A CORPORATION

LIST ALL DIRECTORS OF THE CORPORATION (IF NONE STATE "NONE")

Name _____
Director Address

Name _____
Director Address

Name _____
Director Address

LIST ALL OFFICERS OF THE CORPORATION (IF NONE STATE "NONE")

Name _____
Officer Address

Name _____
Officer Address

Name _____
Officer Address

LIST ALL INDIVIDUALS OWNING 10% OR MORE OF OUTSTANDING SHARES OF STOCK OF THE CORPORATION (IF NONE STATE "NONE")

Name _____
Owner Address

Name _____
Owner Address

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EXHIBIT E – FAIR CAMPAIGN ORDINANCE (FORM A)

Name _____
Owner Address

I certify that I am duly authorized to submit this list on behalf of the firm, that I am associated with the firm in the capacity noted below, and that I have knowledge of the accuracy of the information provided herein.

Signature

Printed Name

Title

Note: This list constitutes a government record as defined by § 37.01 of the Texas Penal Code.

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EXHIBIT F – DRUG DETECTION AND DETERRENCE PROCEDURES

DRUG DETECTION AND DETERRENCE PROCEDURES

- (a) It is the policy of the City to achieve a drug-free workforce and to provide a workplace that is free from the use of illegal drugs and alcohol. It is also the policy of the City that the manufacture, distribution, dispensation, possession, sale or use of illegal drugs or alcohol by contractors while on City premises is prohibited. By executing this Contract, Contractor represents and certifies that it meets and shall comply with all the requirements and procedures set forth in the Mayor's Policy on Drug Detection and Deterrence, City Council Motion No. 92-1971 ("Mayor's Policy") and the Mayor's Drug Detection and Deterrence Procedures for Contractors, Executive Order No. 1-31 ("Executive Order"), both of which are on file in the Office of the City Secretary.
- (b) Confirming its compliance with the Mayor's Policy and Executive Order, Contractor, as a condition precedent to City's obligations under this Contract, will have filed with the Contract Compliance Officer for Drug Testing ("CCODT"), prior to execution of this Contract by the City; (i) a copy of its drug-free workplace policy; (ii) the Drug Policy Compliance Agreement substantially in the format set forth in Attachment "A" to the Executive Order, together with a written designation of all safety impact positions; and (iii) if applicable (e.g., no safety impact positions), the Certification of No Safety Impact Positions, substantially in the format set forth in Attachment "C" to the Executive Order. If Contractor files written designation of safety impact positions with its Drug Policy Compliance Agreement, it also shall file every six (6) months during the performance of this Contract or upon the completion of this Contract if performance is less than six (6) months, a Drug Policy Compliance Declaration in a form substantially similar to Attachment "B" to the Executive Order. The Drug Policy Compliance Declaration shall be submitted to the CCODT within thirty days (30) of completion of this Contract. The first six (6) month period shall begin to run on the date City issues its notice to proceed hereunder or, if no notice to proceed is issued, on the first day Contractor begins work under this Contract.
- (c) Contractor shall have the continuing obligation to file with the CCODT written designations of safety impact positions and Drug Policy Compliance Declarations at any time during the performance of this Contract that safety impact positions are added if initially no safety impact positions were designated. Contractor also shall have the continuing obligation to file updated designations of safety impact positions with the CCODT when additional safety impact positions are added to Contractor's employee work force.
- (d) The failure of Contractor to comply with the above Sections shall be a breach of this Contract entitling City to terminate in accordance with Article IV.

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EXHIBIT F – DRUG DETECTION AND DETERRENCE PROCEDURES**

ATTACHMENT A - DRUG POLICY COMPLIANCE AGREEMENT

I, _____, _____,
Name Title

of _____
Contractor

have authority to bind Contractor with respect to its Bid, Proposal, or performance of any and all contracts it may enter into with the City of Houston; and that by making this Agreement, I affirm that Contractor is aware of and by the time the Contract is awarded will be bound by and agree to designate appropriate safety impact positions for company employee positions, and to comply with the following requirements before the City issues a Notice to Proceed:

1. Develop and implement a written Drug Free Workplace Policy and related drug testing procedures for Contractor that meet the criteria and requirements established by the Mayor's Amended Policy on Drug Detection and Deterrence (Mayor's Drug Policy) and the Mayor's Drug Detection and Deterrence Procedures for Contractors (Executive Order No. 1-31).
2. Obtain a facility to collect urine samples consistent with Health and Human Services (HHS) guidelines and an HHS-certified drug-testing laboratory to perform drug tests.
3. Monitor and keep records of drug tests given and results; and upon request from the City of Houston, provide confirmation of such testing and results.
4. Submit semi-annual Drug Policy Compliance Declarations.

I affirm on behalf of Contractor that full compliance with the Mayor's Drug Policy and Executive Order No. 1-31 is a material condition of the Contract with the City of Houston,

I further acknowledge that falsification, failure to comply with or failure to timely submit declarations or documentation in compliance with the Mayor's Drug Policy or Executive Order No. 1-31 will be considered a breach of the Contract with the City and may result in non-award or termination of the Contract by the City.

Contractor Title

Signature Date

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EXHIBIT F – DRUG DETECTION AND DETERRENCE PROCEDURES**

ATTACHMENT B – DRUG POLICY COMPLIANCE DECLARATION

I, _____ as an owner or officer of
(Name) (Print/Type) (Title)

(Name of Company) (Contractor)

have personal knowledge and full authority to make the following declarations:

This reporting period covers the preceding six months from _____ to _____,
19____.

_____ A written Drug Free Workplace Policy has been implemented and employees notified. The policy Initials
meets the criteria established by the Mayor's Amended Policy on Drug Detection and Deterrence (Mayor's
Policy).

_____ Written drug testing procedures have been implemented in conformity with the Mayor's Drug Initials
Detection and Deterrence Procedures for Contractors, Executive Order 1-31. Employees have been
notified of such procedures.

_____ Collection/testing has been conducted in compliance with federal Health and Human Services Initials
(HHS) guidelines.

_____ Appropriate safety impact positions have been designated for employee positions performing on Initials
the City of Houston contract. The number of employees on safety impact positions during this reporting period
is _____.

_____ From _____ to _____ the following testing has occurred:
Initials (start date) (end date)

		Random	Suspicion	Reasonable Post Accident	Total
Number of Employees Tested	_____	_____	_____	_____	_____
Number of Employees Positive	_____	_____	_____	_____	_____
Percent Employees Positive	_____	_____	_____	_____	_____

_____ Any employee who tested positive was immediately removed from the City worksite consistent Initials
with the Mayor's Policy and Executive Order No. 1-31.

_____ I affirm that falsification or failure to submit this declaration timely in accordance with Initials
established guidelines will be considered a breach of contract.

I declare under penalty of perjury that the affirmations made herein and all information contained in
this declaration are within my personal knowledge and are true and correct.

Date

Contractor Name

Signature

Title

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT F – DRUG DETECTION AND DETERRENCE PROCEDURES**

ATTACHMENT “C”

I, _____
(Name) (Print/Type) (Title)

as an owner or officer of _____ (Contractor) have authority to bind the Contractor with respect to its bid, and I hereby certify that Contractor has no employee safety impact positions as defined in §5.18 of Executive Order No. 1-31 that will be involved in performing this City Contract. Contractor agrees and covenants that it shall immediately notify the City's Director of Personnel if any safety impact positions are established to provide services in performing this City Contract.

Date

Contractor Name

Signature

Title

**CONTRACTOR'S CERTIFICATION OF NON-APPLICATION OF
CITY OF HOUSTON DRUG DETECTION AND DETERRENCE PROCEDURES
FOR CONTRACTORS**

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT F – DRUG DETECTION AND DETERRENCE PROCEDURES**

ATTACHMENT “D”

I _____ as an owner or officer of
(NAME) (PRINT/TYPE)

_____ (Contractor) have authority to bind the Contractor with respect to its bid, and I hereby certify that Contractor has fewer than fifteen (15) employees during any 20-week period during a calendar year and also certify that Contractor has no employee safety impact positions as defined in 5.18 of Executive Order No. 1-31 that will be involved in performing this City Contract. Safety impact position means a Contractor's employment position involving job duties that if performed with inattentiveness, errors in judgment, or diminished coordination, dexterity, or composure may result in mistakes that could present a real and/or imminent threat to the personal health or safety of the employee, co-workers, and/or the public.

DATE

CONTRACTOR'S NAME

SIGNATURE

TITLE



Pay or Play Program Operating Procedures

Background

The Pay or Play Program was established with Ordinance 2007-534 on July 1, 2007 and is governed by Executive Order 1-7. The Pay or Play Program (POP) creates a more level playing field and enhances fairness in the bid process between competing contractors that choose to offer health benefits to their workforce and those who do not. The program also recognizes and accounts for the fact that there are costs associated with providing health care for the uninsured citizens of Houston and Harris County area.

Administration:

- Vendors are required to begin complying with POP within 30 days of contract award by utilizing the designated system, *B2G Workforce Module*, at <https://houston.mwdbe.com> to complete/review POP activities.
- Vendors are required to utilize *JP Morgan Chase Pay Connexion (Pay Connexion)* portal that will accept POP payments electronically. B2G Workforce Module will provide a direct link to *Pay Connexion* where contractors may submit payment via Debit Card, Credit Card, Automated Clearing House (ACH) and/or Electronic Checks (e-checks). Contractors will be charged a convenience fee per transaction.
- Vendors who onboard new employees are allowed a 60-day waiting period upon each new employee's start date to begin participating in POP. After the 60-day period has lapsed, Vendor must include the employee in POP reporting.
- The Office of Business Opportunity (OBO) has citywide administrative oversight of the program, including audit responsibilities. Vendor's compliance with POP requirements will be directly managed by the City Department with whom Vendor has contracted (Contracting Department). Questions about POP should be referred to the Contracting Department's POP Liaison. A contact list for POP Liaisons is available at <http://www.houstontx.gov/obo/popforms.html> or by contacting the OBO POP Administrator at 832-393-0633 or Brianne.Maxwell@houstontx.gov.



Pre-bid/Pre-Proposal Forms:

- Vendors must complete and return the following forms before contract award by the Contracting Department:
 - *Acknowledgment Form (POP-1)*
 - *Certification of Compliance (POP-2)*
 - *Participating Subcontractors Form (POP-3)*

Prime/Subcontractor Waiver Request (Form POP-4):

- Completed by Contracting Department prior to City Council approval contract award, for contract(s) that may meet exemption criteria as stated in EO 1-7. Form POP-4 must be signed by Contracting Department and forwarded, along with supporting documentation, to OBO POP Administrator for final decision.
- A new Form POP-4 is not needed for contract amendments and/or extensions, as the POP requirements in the original contract continues to apply.
- Contractors that utilize self-employed, owner/operator individuals to complete services (e.g., Truck Drivers, Day Laborers, 10-99, etc.) are POP exempt.
- Vendors should not submit a Form POP-4 for contracts enumerated in section 4.2 of EO 1-7, as those contracts are not covered under POP.

Pay Option Reporting (Workforce Audit):

- Vendors will create a *Workforce Employee List* showcasing all active employees working on the City of Houston project. Vendors will complete a weekly workforce audit by the end of each month. Vendors must provide the Total Hours Worked and individual Hours Worked by each covered employee as part of the weekly workforce audit.
 - Total Hours Worked = Total Number of Hours Employee worked for Employer.
 - Hours Worked = Total Number of Hours Employee worked on COH project.

Invoice Submission:

- Invoices are created from monthly *Workforce Audits* reports. Payments are due to the contracting department 30 business days after receipt of invoice. Payments



may be made through the *Pay Connexion*. Prime Vendor is responsible to the City for compliance of covered employees of covered subcontractors.

- Vendors will “Pay” by contributing \$1.00 per covered employee per regular hour for work performed under the contract with the City, not to exceed \$40.00 per employee.
 - POP will not accept partial payments; invoices must be paid in full.

Play Option Reporting (Workforce Audit):

- Vendors will create a *Workforce Employee List* showcasing all active employees working on the City of Houston project.
- Vendors will complete a quarterly workforce audits by month end of October, January, April, and July by providing proof of insurance for all active and covered employees for previous three (3) months.
- Vendors will “Play” by providing health benefits to covered employees. Health benefits must meet or exceed the following standards:
 - The employer will contribute no less than 75% of the monthly premium toward the total premium cost covered employee per month.
 - The employee contribution, if any amount, will be no greater than 25% of the monthly premium cost.

Note: Proof of coverage (in the form of the most current Company Insurance invoice or individual employee insurance card) for POP covered employees that work on the City Project.

Employee Waiver Request (Form POP-8):

- Vendor may request employee POP program waiver by submitting a request on the City of Houston Pay or Play (POP) *Employee Waiver Request* (Form POP-8); if a covered employee has refused health coverage through their employer or if a covered employee has acquired health coverage on their own.
 - Vendor will attach approved Form POP-8 to respective employees’ workforce profile in the designated system.



Self-Insured Contractor Request (Form POP-9):

- Vendor may request for Self-Insured Status if the employer is using their own money to cover their employees' claims.
- Vendors awarded Self-Insured Status will be PLAY participants and required to report once a year.

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT H – ANTI-COLLUSION STATEMENT**

ANTI-COLLUSION STATEMENT

The undersigned, as Proposer, certifies that the only person or parties interested in this Proposal as principals are those named herein; that the Proposer has not, either directly or indirectly entered into any Agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the award of this Contract.

Date

Proposer Signature

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT I – CONFLICT OF INTEREST QUESTIONNAIRE

CONFLICT OF INTEREST QUESTIONNAIRE

Document 00457

Conflict of Interest Questionnaire

Chapter 176 of the Local Government Code requires every Vendor or Contractor with the City of Houston (“City”) to file a Conflict of Interest Questionnaire with the City Secretary of the City of Houston by the **seventh** business day after:

- (1) any contract discussions or negotiations begin, or

- (2) submitting an application, responses to requests for proposals, bids, correspondence, or any writing related to a potential Agreement with the City.

The Conflict of Interest Questionnaire is available for downloading from the Texas Ethics Commission’s website at <http://www.ethics.state.tx.us/forms/CIQ.pdf>. The completed Conflict of Interest Questionnaires will be posted on the City Secretary’s website. There will also be a list of the City’s Local Government Officers on the City of Houston’s website.

Additionally, each Vendor or Contractor must file updated questionnaires no later than **September 1** of each year that the Vendor or Contractor seeks to contract with the City, or the **seventh** business day after the date of an event that would render the questionnaire incomplete or inaccurate.

However, a Vendor or Contractor is not required to file a new questionnaire in any year if the vendor has completed a questionnaire between June 1 and September 1 of that year, unless the previous questionnaire is incomplete or inaccurate.

Original Conflict of Interest Questionnaire shall be filed with Houston’s Records Administrator (Ms. Anna Russell, City Secretary, 900 Bagby, First Floor, Houston, Texas 77002). Vendors and Contractors shall include a copy of the form that was submitted to the City Secretary as part of the Bid Package. Any questions about filling out this form should be directed to your attorney.

Failure of any Vendor or Contractor to comply with this law is a Class-C misdemeanor.

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT I – CONFLICT OF INTEREST QUESTIONNAIRE**

CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
For vendor or other person doing business with local governmental entity		
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY Date Received	
1 Name of person who has a business relationship with local governmental entity.		
2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)		
3 Name of local government officer with whom filer has employment or business relationship. <div style="text-align: center; margin: 10px 0;"> _____ Name of Officer </div> <p>This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>D. Describe each employment or business relationship with the local government officer named in this section.</p>		
4 <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> _____ Signature of person doing business with the governmental entity </div> <div style="width: 30%;"> _____ Date </div> </div>		

Adopted 06/29/2007

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT J - RFQ STATEMENT OF QUALIFICATION/RFQ ADDENDUM ACKNOWLEDGEMENT

RFQ Statement of Qualification / RFQ ADDENDUM ACKNOWLEDGEMENT
(TO BE INCLUDED IN ENVELOPE #2)

[Respondent's Letterhead]

City of Houston
Houston Airport System – Addendum Acknowledgment

Respondent: _____

Date: _____

Buyer
Title
Strategic Procurement Division
901 Bagby, Suite B300
Houston, TX 77002

In response to the Request for Qualifications (RFQ) for the Design-Build of the Project dated _____, 2021, the undersigned hereby declares that I have carefully read and examined the response documents and hereby submit all elements of the STATEMENT OF QUALIFICATIONS as required in the subject Request for Qualifications. The undersigned Respondent acknowledges the right of Houston Airport System (HAS) to waive informalities in the responses, to reject any or all responses submitted, and to re-advertise for responses. The undersigned acknowledges receipt and consideration of the following addenda to the response documents:

Addenda Number: _____ Dated: ___/___/___

Addenda Number: _____ Dated: ___/___/___

Addenda Number: _____ Dated: ___/___/___

I, the undersigned, certify that I have examined and am fully familiar with the response documents and that I have satisfied myself with the respect to any questions I had regarding the RFQ. I further certify and declare that the information stated in this response is true and correct. I declare under penalty of perjury under the laws of the State of Texas, that the foregoing is correct.

Respondent:

[Enter Legal Name of Respondent, Primary Address, and Responsible Response]

(Signature)
(Type or Print Name)
(Title)

Phone Number:

E-mail Address:

By: Respondent's Business Address

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT K – SURETY LETTER OF INTENT

[SURETY LETTERHEAD]
[Respondent's Letterhead]

City of Houston
Houston Airport System – SURETY LETTER OF INTENT

RESPONDENT: _____ DATE: _____

Buyer
Title
Strategic Procurement Division
901 Bagby, Suite B300
Houston, TX 77002

SURETY LETTER OF INTENT

Re: REQUEST FOR QUALIFICATIONS INFRASTRUCTURE FOR SKYWAY APM SYSTEM REPLACEMENT

Dear Madam:

Surety understands that Contract will be for an estimated amount of \$260,000,000.00.

By executing this letter, Surety acknowledges that it has reviewed the information in this letter and in the RFQ and, with knowledge of that information, intends to issue the **required Proposal Guaranty** to the Respondent, and should the Respondent be awarded the Contract, promptly deliver a Performance Bond and Payment Bond for 100% of the Contract Price for the Design-Build Work.

(Signature)
(Type or Print Name)
(Title)

Phone Number:

E-mail Address:

By: Respondent's Business Address

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT L – REQUIRED SUBMITTAL CHECKLIST**

REQUIRED SUBMITTAL CHECKLIST

Item #	SOQ Required Submittal Checklist	Check (√)
1.	Table of Contents	
2.	Introduction Letter	
3.	Executive Summary	
4.	Letter of Transmittal	
5.	Project Approach	
6.	Firm(s) Qualifications	
7.	Project Team Qualifications	
8.	Design and Construction Phase Services	
9.	Management and Staffing Plan	
10.	Project Controls	
11.	Proposed Operating System	
12.	Financial Capabilities	
13.	Experience Modification Rate	
14.	OSHA Records	
15.	Claims History	
16.	EXHIBIT A – Offer and Submittal	
17.	EXHIBIT B – Bidder's Statement of MBE/WBE/PDBE/DBE/SBE Status	
18.	EXHIBIT C -- Affidavit of Non-Interest (00454)	
19.	EXHIBIT D – Consolidated Ownership Information Forms	
20.	EXHIBIT E – Fair Campaign Ordinance (Form A)	
21.	EXHIBIT F – Drug Detection and Deterrence Procedures	
22.	EXHIBIT G – Pay or Play Acknowledgement Form	
23.	EXHIBIT H – Anti-Collusion Statement	
24.	EXHIBIT I – Conflict of Interest Questionnaire	
25.	EXHIBIT J – RFQ Statement of Qualification/RFQ Addendum Acknowledgement	
26.	EXHIBIT K – Surety Letter of Intent	
27.	EXHIBIT L – Required Submittal Checklist	
28.	EXHIBIT M – Respondent Contact Directory Form	
29.	EXHIBIT N – Reference Verification Form	
30.	EXHIBIT O – Schedule of M/WBE Participation	
31.	EXHIBIT P – Minimum Required Experience	
32.	EXHIBIT Q – CONTRACT EXCEPTION CHART	

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT M – RESPONDENT CONTACT DIRECTORY FORM**

RESPONDENT CONTACT DIRECTORY FORM

NAME	POSITION/TITLE	MAILING ADDRESS	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

The purpose of the Respondent Contact Directory is to provide the City with a centralized, easily identified source of important contacts and other information regarding each of the business entities constituting a Respondent. This Respondent Contact Directory should include the names, positions/titles, firms, mailing addresses, phone and fax numbers and e-mail addresses for each of the following as it pertains to each of the firms in a Proposer's team:

1. At least two individuals, one primary the other(s) secondary, authorized to represent the firm for purposes of this RFQ; and
2. Respondent Key Personnel (as appropriate) listed in the Submittal.

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT N – REFERENCE VERIFICATION FORM**

REFERENCE VERIFICATION FORM

REFERENCES

- 1.1 Contractor must be able to demonstrate that they have sufficient expertise, qualified personnel experience and that their company has done or is currently providing the services of similar size as specified in the statement of work. Contractor must have been actively engaged as an actual business entity in the activities described in the bid document for at least the five (5) years immediately prior to the submittal of their bid.
- 1.2 The reference(s) must be included in the space provided below. Additional pages may be added if necessary. References must be included at the time of bid submittal.

LIST OF CURRENT/PREVIOUS CUSTOMERS

1. Company Name: _____
Contact Person/Title: _____ Phone No.: _____
E-mail Address: _____
Address: _____
Contract Award Date: _____ Contract Completion Date: _____
Contract Name/Title: _____
Project Description: _____

2. Company Name: _____
Contact Person/Title: _____ Phone No.: _____
E-mail Address: _____
Address: _____
Contract Award Date: _____ Contract Completion Date: _____
Contract Name/Title: _____
Project Description: _____

3. Company Name: _____
Contact Person/Title: _____ Phone No.: _____
E-mail Address: _____
Address: _____
Contract Award Date: _____ Contract Completion Date: _____
Contract Name/Title: _____
Project Description: _____

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT O – SCHEDULE OF M/WBE PARTICIPATION

DATE OF REPORT: _____

SOLICITATION NO.: _____

FORMAL RFQ TITLE: _____

NAME OF M/WBE SUBCONTRACTOR	OFFICE OF BUSINESS OPPORTUNITY CERTIFICATION NO.	STREET ADDRESS AND CITY, STATE, ZIP CODE	TELEPHONE NO.	SCOPE OF WORK	AGREED PRICE
TOTAL.....					\$ _____
M/WBE PARTICIPATION AMOUNT.....					\$ _____ %
TOTAL BID AMOUNT.....					\$ _____

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT P – MINIMUM REQUIRED EXPERIENCE

IF YOU HAVE USED YOUR BEST EFFORTS TO CARRY OUT THE CITY'S M/WBE POLICY BY SEEKING SUBCONTRACTS AND SUPPLY AGREEMENTS WITH DISADVANTAGE BUSINESS ENTERPRISES YET FAILED TO MEET THE STATED PERCENTAGE GOAL OF THIS BID DOCUMENT, LIST BELOW YOUR GOOD FAITH EFFORTS FOR COMPLIANCE (DEFINITION OF REQUIREMENTS CAN BE OBTAINED THROUGH THE OFFICE OF BUSINESS OPPORTUNITY AT (713) 837-9000.

THE UNDERSIGNED WILL ENTER INTO A FORMAL AGREEMENT WITH THE DISADVANTAGE BUSINESS ENTERPRISE AND SUBCONTRACTORS AND SUPPLIERS LISTED IN THIS SCHEDULE CONDITIONED UPON AWARD OF A CONTRACT FROM THE CITY.

NOTE:
ALL FIRMS LISTED ABOVE MUST BE CERTIFIED (OR ELIGIBLE FOR CERTIFICATION) BY THE OFFICE OF BUSINESS OPPORTUNITY.
THIS SCHEDULE OF M/WBE PARTICIPATION SHOULD BE RETURNED, IN DUPLICATE, WITH THE BID FORM.

BIDDER COMPANY NAME

SIGNATURE OF AUTHORIZED OFFICER OR AGENT OF BIDDER

NAME (TYPE OR PRINT)

TITLE

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT P – MINIMUM REQUIRED EXPERIENCE**

MINIMUM REQUIRED EXPERIENCE

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as “N/A” are not acceptable. If not applicable, state “Not Applicable” and explain why. If none, state “NONE.”

PROJECT AND TEAM INFORMATION	
Project Name:	
Project Location:	
Project Delivery Method (Design-Build, etc.):	
OWNER INFORMATION	
Owner’s Name:	
Address:	
Contact (Name & Title):	
Telephone:	
Email:	

CONTRACT INFORMATION (TIME & COST)	
Project Start Date:	
Scheduled Completion Date:	
Actual Completion Date:	
Days Extended Due to Unexcused Delays:	
Base Contract Amount:	\$
Adjustment Due to Owner Requested Changes:	\$
Adjustment Due to Other Change Orders:	\$
Final (or Current if Incomplete) Change Amount:	\$

**SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: HJA-APM-2024-005
EXHIBIT P – MINIMUM REQUIRED EXPERIENCE**

GENERAL PROJECT DETAILS	
Was the Project for a Public Owner? (Yes or No):	
List major subcontractors:	

COMPARABLE PROJECT COMPONENTS (AIRPORT AND NON-AIRPORT): Did the project include the following (YES/ NO)	
A final price that was the less than or same as the bid amount	
Underground (live and operational) utility relocation	
Work around and / or connecting to existing operational / occupied space	
Energy Savings (Life Cycle Cost Analysis)	

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE

RFQ NO.: HJA-APM-2024-005

EXHIBIT Q – CONTRACT EXCEPTION CHART

CONTRACT EXCEPTION CHART

The Contract Exception Chart MUST be included with the RFQ response or the RFQ will not be considered. Below, is an example Exception Chart, which is included for illustrative purposes only.

Item No.	CONTRACT SECTION	CONTRACT LANGUAGE ¹	REVISED LANGUAGE IN RED-LINE FORMAT ²	EXPLANATION
1	Monthly Invoice	Contractor shall submit weekly invoices to the City for Products and Services in accordance with the requirements specified in this Section.	Contractor shall submit monthly invoices to the City for Products and Services in accordance with the requirements specified in this Section.	Respondent’s system is set up to bill on a monthly basis.
2	Contract Term	This Agreement is effective on the Countersignature Date and remains in effect for 2 years unless sooner terminated under this Agreement (“Initial Term”).	This Agreement is effective on the Countersignature Date and remains in effect for 3 years unless sooner terminated under this Agreement (“Initial Term”).	Respondent’s proposal will require 3 years to complete.

Unless a Respondent agrees with and can fulfill all the conditions and requirements in a contract clause, Respondent must state the exceptions to the clause in this chart and suggest proposed modifications to the specific contract language with which the Respondent disagrees or for which Respondent is unable to satisfy the condition or requirement, including an explanation of the revision (if any). If Respondent does not list an item as a contract exception on this chart, the City reserves the right to hold the Respondent accountable to perform in strict compliance with the proposed contract, if awarded to Respondent.

Explanation Box: Respondent should include an explanation to accompany the exception (e.g. the revised language), unless the revision is self-explanatory. Explanations may address a variety of matters, including but not limited to”

- Distinguishing attributes or benefits associated with the response;
- Rationale for Respondent’s revisions;
- Limitations, special conditions or deviations requested by Respondent;
- Additional descriptive information;

¹NOTE THAT THIS LANGUAGE IS MERELY ILLUSTRATIVE AND DOES NOT NECESSARILY REPRESENT ANY ACTUAL LANGUAGE IN THE RFP OR TERMS AND CONDITIONS RELATED TO THE RFP. PROPOSER SHALL INCLUDE THE EXACT LANGUAGE FROM THE RFP OR THE TERMS AND CONDITIONS IN THIS COLUMN.

²THE EXAMPLES OF REDLINED LANGUAGE ARE MERELY ILLUSTRATIVE AND DO NOT INDICATE LANGUAGE THAT THE CITY WOULD OR WOULD NOT ACCEPT OR BE WILLING TO AGREE TO.