**APPENDIX C  
  
FORMS**

[Form A – Transmittal Letter](#FORMA)

[Form B – Information Regarding Major Participants](#FORMB)

[Form C – Certification](#FORMC)

[Form D – Certification of Responsiveness; Pass/Fail Requirements](#FORMD)

[Form E – ITN Questions](#FORME)

[Form F-1 – Key Personnel Resume Form](#FORMF_1)

[Form F-2 – Key Personnel References](#FORMF_2)

[Form G-1 –Project Development Qualifications](#FORMG_1)

[Form G-2 – Technical Qualifications – Construction](#FORMG_2)

[Form G-3 – Technical Qualifications –](#FORMG_3) Design

[Form G-4 – Technical Qualifications – O&M](#FORMG_4)

[Form G-5 – Technical References](#FORMG_5)

[Form H-1 – Equity Member Experience](#FORMH_1)

[Form H-2 – Equity Member Investment Track Record](#FORMH_2)

[Form H-3 – Equity Member References](#FORMH_3)

[Form H-4 – Financial Officer Certificate](#FORMH_4)

**FORM A****TRANSMITTAL LETTER**

**INSTRUCTIONS:**

(a) The Respondent’s Authorized Representative must sign the transmittal letter on behalf of the Respondent.

(b) An authorized representative of each Major Participant must sign the certification set out at the end of the Transmittal Letter.

(c) All signature blocks on this Form may be modified to reflect properly the authority of the person signing. Multiple pages may be used for the signature blocks of each Major Participant (as may be required).

**TRANSMITTAL** **LETTER**

|  |  |
| --- | --- |
| **Respondent Name:** |  |
| **SOQ Submission Date:** |  |

University of Florida

971 Elmore Drive

Gainesville, Florida 32611

Attention: Procurement Services

Ladies and Gentlemen:

1. **Introduction**

The undersigned (“Respondent”) submits this statement of qualifications (this “SOQ”) in response to the ITN22LD-112 dated September 9, 2021 (as amended by the Addendum dated October 15, 2021 and as further amended from time to time, the “ITN”) issued by the University of Florida (the “University”) to design, build, finance, operate and maintain the Project. Capitalized terms not otherwise defined herein shall have the meanings set forth in the ITN.

2. **Enclosures**

Enclosed is a complete and conforming SOQ meeting all the requirements of the ITN:

**3. Acknowledgements, Representations and Warranties**

Respondent acknowledges receipt, understanding and full consideration of all materials posted on the Procurement Website. Respondent acknowledges receipt, understanding and full consideration of all of the addenda and ITN Questions and answers provided on the Procurement Website. Respondent represents and warrants that it has read the ITN, including any addenda, and agrees to comply with the contents and terms of the ITN.

Respondent represents and warrants to the University that all representations, certifications, statements, disclosures, authorizations and commitments made, and information contained, in the SOQ with respect to each entity comprising the Team has been authorized by such entity, and is or are correct, complete and not materially misleading.

Respondent understands that the University is not bound to shortlist any Respondent and may reject each SOQ received.

Respondent further understands that, except as provided in the ITN, all costs and expenses incurred by it in preparing this SOQ and participating in the Project procurement will be borne solely by the Respondent.

Respondent agrees that the University will not be responsible for any errors, omissions, inaccuracies or incomplete statements in the ITN or in this SOQ.

**4. Governing Law**

This SOQ shall be governed by and construed in all respects according to the laws of the State of Florida.

**5. Authorized Representative**

|  |  |
| --- | --- |
| Authorized Representative of Respondent: |  |
| Authorized Representative’s contact information, including title, firm name, telephone | |
| number and email address: |  |

By executing this form, the Respondent confirms that the representative named above is authorized to act as agent on behalf of the Respondent and each of the Major Participants (i.e., is the “Authorized Representative”).

Respondent’s business address:

|  |  |  |  |
| --- | --- | --- | --- |
| (No.) | (Street) | | (Floor or Suite) |
| (City) | (State or Province) | ZIP or Postal Code) | (Country) |

|  |  |
| --- | --- |
| State or Country of Incorporation/Formation/Organization: |  |

[*Insert appropriate signature block from the following*]

Sample signature block for corporation or limited liability company:

[*Insert Respondent’s name*]

|  |  |
| --- | --- |
| By: |  |
| Print Name: |  |
| Title: |  |

Sample signature block for partnership or joint venture:

[*Insert Respondent’s* *name*]

|  |  |
| --- | --- |
| By: | [*Insert general partner’s or member’s name*] |
| By: |  |
| Print Name: |  |
| Title: |  |

[*Add signatures of additional general partners or members as appropriate*]

Sample signature block for attorney in fact:

[*Insert Respondent’s name*]

|  |  |
| --- | --- |
| By: |  |
| Print Name: |  |
|  | Attorney in Fact |

6. **Major Participants**

Under penalty of perjury, each of the undersigned certifies on behalf of the entity for which the undersigned signs that:

(a) the Respondent’s Authorized Representative named above is authorized by the relevant entity to sign this Transmittal Letter on behalf of the Respondent; and

(b) the representations, certifications, statements, disclosures, authorizations and commitments made, and information contained, in the SOQ (including, in [Form B](#FORMB) (Information Regarding Major Participants) and [Form C](#FORMC) (Certification)) with respect to such entity have been authorized by such entity, and is or are correct, complete and not materially misleading; and

(c) the individual is authorized to act on behalf of the entity for which the undersigned signs and acknowledges that the University is relying on the undersigned’s representation to this effect:

[*Role of Team member*]:[[1]](#footnote-1)

[*insert entity name*]

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[[2]](#footnote-2)

Printed Name: [*insert name*]

Title: [*insert title*]

**FORM B****INFORMATION REGARDING MAJOR PARTICIPANTS**

**INSTRUCTIONS:**

(a) Submit one copy of [Form B](#FORMB) for each Major Participant.

(b) If the Major Participant is an incorporated or unincorporated joint venture, submit:

(i) a [Form B](#FORMB) for the joint venture; and

(ii) a separate [Form B](#FORMB) for each member of the joint venture of the Major Participant.

The participants of any joint venture must be jointly and severally liable.

(c) Submit this form in Microsoft® Word format and searchable PDF format. The Microsoft® Word format does not require a signature.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF RESPONDENT:** | | |  |
| **TEAM MEMBER AND ROLE** | | | |
| Name of Major Participant: | |  | |
| Role: |  | | |

|  |  |
| --- | --- |
| 🞎 Equity Member | 🞎 Lead Construction Contractor Member |
| 🞎 Lead Design Contractor | 🞎 Lead O&M Contractor |
| 🞎 Lead Design Contractor Member | 🞎 Lead O&M Contractor Member |
| 🞎 Nominated Subconsultant | 🞎 Nominated Subcontractor |
| 🞎 Lead Construction Contractor | 🞎 Guarantor |

**LEGAL INFORMATION**

Type of Legal Entity:

|  |  |
| --- | --- |
| 🞎 Corporation | 🞎 Partnership |
| 🞎 Limited liability company | 🞎 Joint venture |
| 🞎 Other: [*Respondent to provide*] |  |

If there are multiple members of an Equity Member, indicate the name and percentage interest of each such member in the table below and complete a separate [Form B](#FORMB) for each such entity.

|  |  |
| --- | --- |
| **Name of member firm:** | **Percentage interest in relevant member entity:** |
| Member 1: |  |
| Member 2: |  |

If the Major Participant is an incorporated or unincorporated joint venture, indicate the name and percentage interest in the relevant entity of each member of the joint venture of such Major Participant (as applicable) in the table below and complete a separate Form B for each such entity.

|  |  |
| --- | --- |
| **Name of member firm:** | **Percentage interest in relevant member entity:** |
| Member 1: |  |
| Member 2: |  |

**ORGANIZATIONAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year Established: | | |  | | | | |
| Country and State/Province of Organization or Formation: | | | | | | |  |
| Business Address: | | |  | | | | |
| Headquarters: |  | | | | | | |
| Office Performing Work: | | | |  | | | |
| Contact Name: | |  | | | | | |
| Contact Telephone Number: | | | | |  | | |
| Name of Authorized Representative: | | | | | |  | |

**AUTHORIZED REPRESENTATIVE:**

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the authorized representative of the entity to which this Form relates:

|  |  |
| --- | --- |
| By: | Print Name: |
| Title: | Date: |

**FORM C****CERTIFICATION**

**INSTRUCTIONS:**

(a) Submit one copy of [Form C](#FORMC) related to the Respondent generally.

(b) Submit one copy of [Form C](#FORMC) for each Major Participant.

|  |  |
| --- | --- |
| **Name of Respondent:** |  |
| **Name of Major Participant:** |  |

1. Has the firm or any affiliate or any current officer, director or employee thereof, been indicted, convicted, pled nolo contendere (or equivalent in the jurisdiction), received probation before judgment (or equivalent in the jurisdiction) of bid (i.e., fraud, bribery, collusion, conspiracy, antitrust, etc.) or a crime involving moral turpitude or business honesty or integrity in any jurisdiction or other contract related crimes or violations or any other felony or serious misdemeanor within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

2. Has the firm or any affiliate ever had any business license or professional license suspended or revoked within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

3. Has the firm or any affiliate ever had any sanction or finding of fact imposed as a result of a judicial or administrative proceeding related to fraud, extortion, bribery, bid rigging, embezzlement, misrepresentation or anti-trust within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

4. Has the firm or any affiliate ever been or is it currently the subject of a criminal investigation by any federal, state or local prosecuting or investigative agency and/or civil anti-trust investigation by any federal, state or local prosecuting or investigative agency within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

5. Has the firm or any affiliate ever sought protection under any provision of any bankruptcy act within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

6. Has the firm or any affiliate ever been disqualified, removed, debarred or suspended from performing work for the United States federal government, the State of Florida or any other state or territory of the United States, or any governmental entity, instrumentality or authority within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

7. Has the firm or any affiliate ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity within the past ten years? This includes specifically bid fixing, any deceptive show of competition, or otherwise any action taken (or alleged to have been taken) in restraint of free competitive bidding in connection with any contract for which an accompanying statement of qualifications, proposal, bid, or offer.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

8. Has any construction project performed or managed by the firm or, to the knowledge of the undersigned, any affiliate involved serious, repeated or multiple failures to comply with safety rules, regulations, or requirements within the past ten years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please identify the Team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers.

9. Has the firm or any affiliate been found, adjudicated or determined by any federal or state court or agency (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable Florida governmental agency) to have violated any laws or Executive Orders relating to employment discrimination or affirmative action within the past ten years, including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000 et seq.); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar Florida law?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

10. Has the firm or any affiliate been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the State of Florida, federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state within the past ten years governing prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

11. Has the firm or any affiliate been involved in any arbitration, litigation, dispute review board or other formal dispute resolution proceeding involving an infrastructure project occurring in the past ten years where the amount in dispute is in excess of the lesser of (a) 2% of the original contract value (for projects in excess of $100 million) or (b) if contract value in excess of $250 million, $500,000?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please provide a brief description (including the resolution) of each qualifying arbitration, litigation, dispute review board or other dispute resolution proceeding. For each instance, identify an owner’s representative with a current telephone and fax number and email address.

12. Does the firm or any affiliate have any tax liabilities to the State of Florida or any governmental entity, instrumentality or authority or other State of Florida obligations or has the firm or any affiliate filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is the firm or any affiliate subject to a duly approved deferred payment plan if such liabilities exist?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

13. Has the firm or any affiliate been determined, pursuant to a final determination in a court of law, arbitration proceeding or other dispute resolution proceeding, to have defaulted under, or otherwise be liable for a material breach of, its contract during the last five years with respect to a public project?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain:

14. With respect to each of Questions 1-13 above, if not previously answered or included in a prior response on this form, is any proceeding, claim, matter, suit, indictment, etc. currently pending against the firm that could result in the firm being found liable, guilty or in violation of the matters referenced in Questions 1-13 above and/or subject to debarment, suspension, removal or disqualification by the United States federal government, the State of Florida or any other state or territory of the United States, or any governmental entity, instrumentality or authority?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please explain and provide the information requested as to such similar items set forth in Questions 1-13 above.

15. During the last five years, has the firm or affiliate withdrawn, after shortlisting or pre-qualification, from a P3 or alternative project delivery procurement of public infrastructure projects in North America that later achieved commercial close?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, please provide (for each instance) an explanation of the circumstances, including the reason for the withdrawal, the project name and the contact information for an owner’s representative with a current telephone and fax number (and email address if available).

16. During the last five years, has the firm or affiliate had any license, credential, or registration revoked or suspended?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, as to each such revocation or suspension, state the name of the issuing entity or agency, the date(s), including end dates, if any, of the revocation or suspension, the grounds on which the revocation or suspension were based, and other information for the University to consider.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s authorized representative:

By:

Print Name:

Title:

Date:

**FORM D****CERTIFICATION OF RESPONSIVENESS; PASS/FAIL REQUIREMENTS**

**INSTRUCTIONS:**

(a) Submit one copy of [Form D](#FORMD) for the Respondent.

The undersigned certifies on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that:

(*Name of entity making certification*)

[*check each of the following boxes that applies*]

The SOQ contains all of the Volume 1 Information, Volume 2 Information and Volume 3 Information (including all completed Forms) or to a relevant placeholder in accordance with Section 4.3.4 (Placeholders) of the ITN Phase I.

Neither the Respondent, nor any other entity that has submitted [Form C](#FORMC) (Certification) as required by the ITN, has been disqualified, removed, is currently debarred or suspended, or is a party to an agreement for voluntary exclusion, from performing or bidding on work for the United States federal government, the State of Florida or any other state or territory of the United States, or any governmental entity, instrumentality or authority where such disqualification, removal, debarment, suspension, or voluntary exclusion would preclude selection and award under the laws of the State of Florida.

The information disclosed in any [Form C](#FORMC) (Certification) does not materially adversely affect the Respondent’s ability to carry out the Project responsibilities potentially allocated to it.

The Respondent has provided evidence that it can comply with the Project’s bonding requirements by providing a letter in accordance with the requirements in Volume 3, Section 3.7 (Surety Letter).

Signature:

Title:

Date:

**FORM E****ITN QUESTIONS**

**INSTRUCTIONS:**

(a) Submit one copy of [Form E](#FORME) for each set of ITN Questions being submitted by the Respondent.

(b) Submit this form in English (United States) and in Microsoft® Word file format.

|  |  |  |
| --- | --- | --- |
| **NAME OF RESPONDENT:** | | **Address:**  **Telephone Number:**  **E-mail Address:** |
| **Date:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **ITN Phase 1 Section** | **Category** | **Issue Topic** | **ITN Question** |
| *1* | *3.3* | *2* | *ITN Questions* | *May respondents submit two-part questions pertaining to the same topic?* |
|  |  |  |  |  |
|  |  |  |  |  |

**FORM F-1****KEY PERSONNEL RESUME FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Key Personnel Position | | [Insert title here] | |
| **Project Experience #1** | Project Name / Employer Name | |  |
| Project Description | |  |
| Position Title | |  |
| Time in this position | | From (year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_ to (year)\_\_\_\_\_\_(month)\_\_\_\_\_\_ equals total of \_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_ months |
| Detailed description of project responsibilities for this position title | |  |
| Explanation regarding the relevance of this experience to the minimum qualifications for the Key Personnel position | |  |
|  |  | |  |
| **Project Experience #2** | Project Name / Employer Name | |  |
| Project Description | |  |
| Position Title | |  |
| Time in this position | | From (year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_ to (year)\_\_\_\_\_\_(month)\_\_\_\_\_\_ equals total of \_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_ months |
| Detailed description of project responsibilities for this position title | |  |
| Explanation regarding the relevance of this experience to the minimum qualifications for the Key Personnel position | |  |
|  |  | |  |
|  | **[*Copy and paste as needed to demonstrate additional project experience*]** | |  |
|  |  | |  |
| **Summary of Experience** | Total number of years and months of experience in a position relevant to experience required for the Key Personnel position, including any University related projects, expressly addressing those pertaining to alternative project delivery any other relevant experience, including, if applicable, any experience on conventional project delivery or alternative project delivery of projects of similar size, scope, and complexity. | | **[*Insert cumulative total years and months of experience as demonstrated by the above experience that are applicable to the Key Personnel position*.]** |
|  |  | |  |
| **Education** |  | |  |
| **Registration / Licensing / Certification** |  | |  |

**FORM F-2****KEY PERSONNEL REFERENCES**

**INSTRUCTIONS:**

(a) Submit one [Form F-2](#FORMF_2) for each of the Key Personnel.

(b) For each Key Personnel listed in [Form F-1](#FORMF_1) submit the contact information of the entity that is the project’s owner familiar with the Key Personnel’s experience.

(c) No reference may be used who has a conflict of interest.

(d) Verify each reference’s contact information in advance of SOQ submission.

(e) Each of the three references: (i) shall be from at least two different projects; and (ii) may include two references in relation to the same project.

(f) Submit this form in Microsoft® Word format and searchable PDF format.

**NAME OF RESPONDENT:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Position** | **Name of Individual** |
| Development Entity’s Project Manager |  |
| EPC/Design-Build Project Manager |  |
| Construction Manager |  |
| O&M Manager |  |
| Financing Manager |  |
| **REFERENCES FOR *KEY PERSONNEL*(1)** | |
| **Name of individual proposed as [*Title*]** |  |
| **Key Personnel – Reference 1** | |
| Name of the project (including project ID number, if known) on which the reference worked with the individual | [*e.g. Project xyz; 12345; location*] |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number (2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **Key Personnel – Reference 2** | |
| Name of the project (including project ID number, if known) on which the reference worked with the individual | [*e.g. Project xyz; 12345; location*] |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number (2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **Key Personnel – Reference 3** | |
| Name of the project (including project ID number, if known) on which the reference worked with the individual | [*e.g. Project xyz; 12345; location*] |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number (2) |  |
| Reference’s address |  |
| Reference’s email |  |

**NOTES**:

(1) All responses to be provided without line breaks and separated by semicolons, commas or periods to the extent necessary.

(2) Provide a phone or cell number. For international phone numbers, include the full dialing code for calling from the United States including dates and times for contact.

**FORM G-1  
  
PROJECT DEVELOPMENT QUALIFICATIONS**

INSTRUCTIONS:

(a) List no more than three projects for each of the Lead Construction Contractor, the Lead Design Contractor and each Equity Member (but not any Nominated Subcontractors or Nominated Subconsultants) that meet all of the following threshold requirements. If the Lead Construction Contractor is a joint venture, the project can be from any of the members of the Lead Construction Contractor. Please provide one [Form G-1](#FORMG_1) for the entire Respondent (listing the Lead Design Contractor’s projects first, followed by the Lead Construction Contractor’s projects, then followed by the Equity Members’ projects).

(i) CHP utility, combined cycle power plant, cogeneration facility, district energy system, biomass facility or similar type of utility related infrastructure, similar in scope and size to the Project, one of which must be a CHP or combined cycle power plant;

(ii) project located in the U.S. or Canada;

(iii) construction ongoing or completed within the last ten years or project terminated within the last ten years; and

(iv) the Lead Design Contractor is/was responsible for 30% of the design work (by value), the Lead Construction Contractor is/was responsible for at least 30% of the construction work (by value) or the Equity Member was responsible for at least 10% of the equity, as applicable. This includes where 30% of the design work has been performed for owners.

(b) Attach a maximum one page narrative description for each project listed. The description should, at minimum, give an overview of the project, describe the type/sector of infrastructure involved, explain why the experience the Lead Construction Contractor, the Lead Design Contractor or the Equity Member, as applicable, gained on the project is relevant to the Project.

(c) Submit this form in Microsoft® Word format and searchable PDF format.

| **ENTITY** | **OWNER INFORMATION** | **PROJECT NAME AND LOCATION** | **PROJECT STRUCTURE** | **PROJECT COST** (1) (2) | **START/END DATES & DURATION, DELAYS** (3) | **% OF WORKS COMPLETED BY 06/30/2021** | **LEVEL OF COMPANY’S PARTICIPATION** (4) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *[Lead Design Contractor/Lead Construction Contractor/Equity Member]* | *[University of Florida]* | *[UF Central Energy Plant Project, Florida, U.S.]* | *[CMGC, Progressive DB, DBF, DBFOM, DBFM/O, or DBOM]* | *[$\_\_\_\_\_ USD]* | *[January 2015 to April 31, 2017 (2 yrs. 3 months), 3 months of delay total]* | *[50%]* | *[$400,000 / 25% - Thermal Piping]* |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

**NOTES:**

General: Specifically annotate pre-development activities, as and where relevant with the accompanying narrative.

(1) Project Cost should be in nominal dollars for the year of expenditure. Identify exchange rates of amount in other currencies using the exchange rate as of July 1, 2021, including the rate used and source thereof as a footnote on this Form.

(2) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.

(3) This is the original contracted end date (or for design activities only, the original, contracted end date for design activities), the actual end/completion date (or for design activities only, the original, contracted end date for design activities), and the number of delay days, if any, that were excused under the terms of the relevant project agreement (or, for design activities only, design contract under the project agreement).

(4) Show relevant company’s participation in terms of money and percentage of work or equity participation, as applicable. Include a brief summary of the role the company played in the listed project scope of work.

**FORM G-2****TECHNICAL QUALIFICATIONS – CONSTRUCTION**

**EXPERIENCE OF THE LEAD CONSTRUCTION CONTRACTOR OR   
NOMINATED SUBCONTRACTOR IN THE CONSTRUCTION OF THE PROJECT**

INSTRUCTIONS:

(a) List the experience of the Lead Construction Contractor or its Nominated Subcontractor. Please provide one [Form G-2](#FORMG_2) encompassing the Lead Construction Contractor and each of its Nominated Subcontractors.

(b) List no more than three projects for each of the Lead Construction Contractor and each of its Nominated Subcontractors on [Form G-2](#FORMG_2) (of which at least three must be in the U.S. or Canada) in which the Lead Construction Contractor or its Nominated Subcontractor’s work involved a CHP utility, combined cycle power plant, cogeneration facility, district energy system, biomass facility or similar type of utility related infrastructure, similar in scope and size to the Project, one of which must be a CHP or combined cycle power plant, and each of which have been completed in the last 10 years or are currently in actual construction. The Lead Construction Contractor or its Nominated Subcontractor must have a minimum 30% of the ultimate responsibility for the construction. If the Lead Construction Contractor is a joint venture, the experience must be from joint ventures that will perform at least 30% of the ultimate responsibility for the construction work on the Project.

(c) Attach a maximum one page narrative description for each project listed. The description should, at minimum, give an overview of the project, describe the type/sector of infrastructure involved, explain why the experience the Lead Construction Contractor or its Nominated Subcontractor gained on the project is relevant to the Project, highlighting similarities in project design and/or construction.

(d) Submit this form in Microsoft® Word format and searchable PDF format.

| **COMPANY NAME** | **OWNER INFORMATION** | **PROJECT NAME AND LOCATION** | **PROJECT STRUCTURE** | **PROJECT COST** (1) (2) | **START/END DATES & DURATION, DELAYS** (3) | **% OF WORKS COMPLETED BY 06/30/2021** | **LEVEL OF COMPANY’S PARTICIPATION** (4) (5) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sample entry***  *[Energy Partners, Inc.].* | *[University of Florida]* | *[UF Central Energy Plant Project, Florida, U.S.]* | *[DBB, or other structure]* | *[$\_\_\_\_\_ USD]* | *[January 2015 to April 31, 2017 (2 yrs. 3 months), 3 months of delay total]* | *[50%]* | *[$400,000 / 25% - Thermal Piping]* |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

**NOTES:**

General: Specifically annotate “progressive” approaches, as and where relevant with the accompanying narrative.

(1) Project Cost should be in nominal dollars for the year of expenditure. Identify exchange rates of amount in other currencies using the exchange rate as of July 1, 2021, including the rate used and source thereof as a footnote on this Form.

(2) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.

(3) See note (5); include within the narrative the original, contracted end date, the actual end/completion date, and explanation as to what number of the delay days, if any, were excused under the terms of the relevant project agreement (with accompanying contextual information).

(4) Show the company’s participation in terms of money and percentage of work. Include a brief summary of the role the company played in the listed project scope of work.

(5) Attach a maximum one page narrative for each project listed.

**FORM G-3  
  
TECHNICAL QUALIFICATIONS – DESIGN**

**EXPERIENCE OF THE LEAD ENGINEER FIRM OR NOMINATED SUBCONSULTANT  
IN THE DESIGN AND ENGINEERING OF THE PROJECT**

INSTRUCTIONS:

(a) List the experience of the Lead Design Contractor or its Nominated Subcontractor. Please provide one [Form G-3](#FORMG_3) encompassing the Lead Design Contractor and each of its Nominated Subcontractors.

(b) List no more than three projects for each of the Lead Design Contractor and each of its Nominated Subcontractors on [Form G-3](#FORMG_3) (of which at least three must be in the U.S. or Canada) in which the design and engineering work of the Lead Design Contractor and each of its Nominated Subcontractors, involved utility infrastructure that achieved final design in five years or less. For the purposes of this paragraph (b), final design is achieved when the last plans are released for construction and are approved or accepted by the owner. The Lead Design Contractor or its Nominated Subcontractor must have held a minimum 30% of the ultimate responsibility for the listed design and engineering work. The Lead Design Contractor or its Nominated Subcontractor may include experience performing design and engineering work for owners that meets such criteria. If the Lead Design Contractor is a joint venture, the experience must be from joint venturers that will perform at least 30% of the potential design and engineering work for the Project.

(c) Attach a maximum one page narrative description for each project listed. The description should, at a minimum, give an overview of the project, describe the type/sector of infrastructure involved, explain why the experience the Lead Design Contractor or its Nominated Subcontractor gained on the project is relevant to the Project, highlighting similarities in project design and/or construction.

(d) Submit this form in Microsoft® Word format and searchable PDF format.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY NAME** | **OWNER INFORMATION** | **PROJECT NAME AND LOCATION** | **PROJECT STRUCTURE** | **PROJECT COST** (1) (2) | **START/END DATES & DURATION, DELAYS** (3) | **% OF WORKS COMPLETED BY 06/30/2021** | **LEVEL OF COMPANY’S PARTICIPATION** (4) (5) |
| ***Sample entry***  *[Example Designers, Inc.]* | *[University of Florida]* | *[UF Central Energy Plant Project, Florida,, U.S.]* | *[DBB, or other structure]* | *[$\_\_\_\_\_ USD]* | *[March 2014 / June 2017 (2 yrs. 3 months); 3 months of delay total]* | *[100 % by June 2017]* | *[$14,000 / 70% - Lead Designer for Thermal Piping]* |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

**NOTES**:

General: Specifically annotate alterative project delivery activities, as and where relevant with the accompanying narrative.

(1) Project Cost should be in nominal dollars for the year of expenditure. Identify exchange rates of amount in other currencies using the exchange rate as of July 1, 2021, including the rate used and source thereof as a footnote on this Form.

(2) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.

(3) See note (5); include within the narrative the original, contracted end date for design activities, the actual end/completion date for design activities, and explanation as to what number of the delay days, if any, were excused under the terms of the relevant design contract under the project agreement (with accompanying contextual information).

(4) Show the company’s participation in terms of money and percentage of work. Include a brief summary of the role the company played in the listed project.

(5) Attach a maximum one page narrative for each project listed.

**FORM G-4****TECHNICAL QUALIFICATIONS – O&M**

**EXPERIENCE OF THE LEAD O&M CONTRACTOR IN THE O&M OF THE PROJECT**

INSTRUCTIONS:

(a) List the experience of the Lead O&M Contractor or its Nominated Subcontractor. Please provide one [Form G-4](#FORMG_4) encompassing the Lead O&M Contractor and each of its Nominated Subcontractors.

(b) List no more than three projects for the Lead O&M Contractor and each of its Nominated Subcontractors on [Form G-4](#FORMG_4) (of which at least one must be in the U.S. or Canada) in which the Lead O&M Contractor or its Nominated Subcontractor work involved the operations, routine maintenance, major maintenance or lifecycle management of a CHP utility, combined cycle power plant, cogeneration facility, district energy system, biomass facility or similar type of utility related infrastructure, similar in scope and size to the Project, one of which must be a CHP or combined cycle power plant. The Lead O&M Contractor or its Nominated Subcontractor must have a minimum 30% of the ultimate responsibility for the relevant maintenance.

(c) Attach a maximum one page narrative description for each project listed. The description should, at minimum, give an overview of the project, describe the type/sector of infrastructure involved, explain why the experience the Lead O&M Contractor or its Nominated Subcontractor gained on the project is relevant to the Project, highlighting similarities in the maintenance services delivered.

(d) Submit this form in Microsoft® Word format and searchable PDF format.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY NAME** | **OWNER INFORMATION** | **PROJECT NAME AND LOCATION** | **PROJECT STRUCTURE** | **PROJECT COST** (1) (2) | **START/END DATES & DURATION, DELAYS** | **% OF WORKS COMPLETED BY 06/30/2021** | **LEVEL OF COMPANY’S PARTICIPATION** (3) (4) |
| ***Sample entry***  *[Maintenance Specialists, Inc.].* | *[University of Florida]* | *[UF Central Energy Plant Project, Florida,, U.S.]* | *[DBB, or other structure]* | *[$\_\_\_\_\_ USD]* | *[June 2005 to May 2025 (June 2021) (20 yrs 0 months)]* | *[75 % by June 2021]* | *[$100,000 / 25% - Thermal Piping]* |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |

**NOTES**:

(1) Project Cost should be in nominal dollars for the year of expenditure. Identify exchange rates of amount in other currencies using the exchange rate as of July 1, 2021, including the rate used and source thereof as a footnote on this Form.

(2) Project Cost means the total maintenance cost budgeted or, if the maintenance is complete, the total maintenance cost of the completed maintenance services. In the case of a multi-year maintenance contract, Project Cost refers to the total budgeted value of maintenance services over all years including routine maintenance and major maintenance.

(3) Show the Lead O&M Contractor or its Nominated Subcontractor’s participation in terms of money and percentage of work. Include a brief summary of the role the Lead O&M Contractor or its Nominated Subcontractor played in the listed project scope of work.

(4) Attach a maximum one page narrative for each project listed.

**FORM G-****5****TECHNICAL PROJECT REFERENCES**

INSTRUCTIONS:

(a) For each project listed on [Form G-1](#FORMG_1) (Project Development Qualifications), [Form G-2](#FORMG_2) (Technical Qualifications – Construction), [Form G-3](#FORMG_3) (Technical Qualifications – Design) and [Form G-4](#FORMG_4) (Technical Qualifications – O&M) submit the contact information of the entity that is the project’s owner familiar with the relevant entity’s experience.

(b) All references must comply with the restrictions set forth in Section 4.3.5 of the ITN Phase I.

(c) Verify each reference’s contact information in advance of SOQ submission.

(d) Submit this form in Microsoft® Word format and searchable PDF format.

|  |  |
| --- | --- |
| **References for projects LISTED ON FORM G-1(1)** | |
| **G-1 – Reference 1** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-1 – Reference 2** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-1 – Reference 3** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |

**NOTES:**

(1) All responses to be provided without line breaks and separated by semicolons, commas or periods to the extent necessary.

(2) Provide a phone or cell number. For international phone numbers, include the full dialing code for calling from the United States including dates and times for contact.

|  |  |
| --- | --- |
| **References for projects LISTED ON FORM G-2(1)** | |
| **G-2 – Reference 1** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-2 – Reference 2** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-2 – Reference 3** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number (2) |  |
| Reference’s address |  |
| Reference’s email |  |

**NOTES:**

(1) All responses to be provided without line breaks and separated by semicolons, commas or periods to the extent necessary.

(2) Provide a phone or cell number. For international phone numbers, include the full dialing code for calling from the United States including dates and times for contact.

|  |  |
| --- | --- |
| **References for projects LISTED ON FORM G-3(1)** | |
| **G-3 – Reference 1** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-3 – Reference 2** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-3 – Reference 3** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |

**NOTES:**

(1) All responses to be provided without line breaks and separated by semicolons, commas or periods to the extent necessary.

(2) Provide a phone or cell number. For international phone numbers, include the full dialing code for calling from the United States including dates and times for contact.

|  |  |
| --- | --- |
| **References for projects LISTED ON FORM G-4(1)** | |
| **G-4 – Reference 1** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-4 – Reference 2** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **G-4 – Reference 3** | |
| Name of the project (including project ID number, if known) on which reference worked with the entity | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |

**NOTES:**

(1) All responses to be provided without line breaks and separated by semicolons, commas or periods to the extent necessary.

(2) Provide a phone or cell number. For international phone numbers, include the full dialing code for calling from the United States including dates and times for contact

**FORM H-1****EQUITY MEMBER EXPERIENCE**

INSTRUCTIONS:

(a) List the financing experience and experience supporting project development and commercial management of the project after financial close of each Equity Member. Please provide a single [Form H-1](#FORMH_1) encompassing all of the Equity Members.

(b) List no more than three projects for each Equity Member on [Form H-1](#FORMH_1).

(c) All values should be stated in U.S. dollars using the conversion rate as at July 1, 2021. Please make note of the date, source of the rate and rate used. You may include such description as a footnote on this Form.

(d) Attach a maximum one page narrative description for each project listed. For each project, the narrative should include at a minimum: (i) a description of the financial plan and the Equity Member’s role in developing and executing it; (ii) a description of the elements of the project that are relevant or similar to the Project and relevant to the Evaluation Criteria in this ITN Phase I; and (iii) the Equity Member’s role in supporting project development and commercial management of the project after financial close.

(e) Submit this form in Microsoft® Word format and searchable PDF format.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUITY MEMBER NAME(1)** | **PROJECT NAME, LOCATION & DESCRIPTION** | **CONTRACT STRUCTURE, PAYMENT MECHANISM & DESCRIPTION OF REVENUE SOURCE(S)** | **DATE OF FINANCIAL CLOSE, PROJECT TERM** | **PROJECT MILESTONES & CURRENT STATUS** | **PROJECT SIZE(2) & TOTAL SOURCES & USES VALUE(3)** | **DEBT AMOUNT BY SOURCE** | **TOTAL EQUITY AMOUNT & % OF COMPANY’S EQUITY SHARE** |
| ***Sample Entry*** *[Company A]* | *[University of Florida Central Energy Plant Project, thermal utility built on university campus.]* | *[DBFOM, Milestone payments and substantial completion payment during construction, availability payments during operations, Revenue from tolls and state appropriations]* | *[January 1, 2015, 35-year term, from financial close]* | *[NTP on January 1, 2016, Anticipated substantial completion June 2021, Currently in construction]* | *[Project size: $400 million; Total sources & uses: $500 million]* | *[$400 million private placement]* | *[$100 million, 20% equity share]* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**NOTES:**

(1) If using experience of an entity other than an Equity Member, please describe the relationship of such entity to the respective Equity Member, and include an explanation of how the experience relates to the Equity Member on this Project. Include such description as a footnote on this Form.

(2) Total dollar value of design and construction costs. Use nominal value.

(3) Total dollar value of all sources and uses, including all private debt, equity, and public funding.

**FORM H-2****EQUITY MEMBER INVESTMENT TRACK RECORD**

INSTRUCTIONS:

(a) Respondent should complete a separate row of this [Form H-2](#FORMH_2) for each Equity Member. Add more rows to the table, as needed.

(b) Only one [Form H-2](#FORMH_2) including all Equity Members should be submitted.

(c) Submit this form in Microsoft® Word format and searchable PDF format.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EQUITY MEMBER NAME** | **PROJECTS FOR WHICH EQUITY MEMBER WAS SHORTLISTED IN THE U.S. OR CANADA (1)** | **PROPOSAL SUBMISSIONS (2)** | **WITHDRAWALS FROM, OR OTHER CHANGES IN, PROCUREMENT (3)** | **PROJECTS THAT REACHED FINANCIAL CLOSE IN THE U.S. OR CANADA(4)** | **NUMBER OF PROJECTS THAT REACHED FINANCIAL CLOSE GLOBALLY (5)** |
| ***[Name of Equity Member 1]*** |  |  |  |  |  |
| ***[Name of Equity Member 2]*** |  |  |  |  |  |
| ***[Add or delete rows as needed]*** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**NOTES:**

(1) PROJECTS FOR WHICH EQUITY MEMBER WAS SHORTLISTED IN THE U.S. OR CANADA – List the names of projects and the names of their procuring agencies in which the Equity Member, in its capacity as potential equity investors in a project, was shortlisted or otherwise invited to submit a proposal. Each project listed should have: (a) had an initial release of the related request for proposals within the past ten years; (b) been procured in the U.S. or Canada; and (c) required private financing.

(2) PROPOSAL SUBMISSIONS – With respect to the projects listed in response to item (1): (a) list the projects that have not yet required final financial proposals to be submitted; and (b) list the projects where the Equity Member (individually or as a member of a team) submitted compliant, final technical and financial proposals.

(3) WITHDRAWALS FROM, OR OTHER CHANGES IN, PROCUREMENT – List each project that was included in response to item (1) but not included in the response to item (2). For each such project, provide: (a) the public sector owner and a contact name and phone number; and (b) a brief explanation for why an Equity Member did not submit compliant final technical and/or financial proposals or for not remaining engaged in the procurement for that project as an equity investor in a team that submitted a compliant final proposal (as applicable). Explanations may be attached in a separate sheet, if necessary.

(4) PROJECTS THAT REACHED FINANCIAL CLOSE IN THE U.S. OR CANADA – List the projects in which the Equity Member was an equity investor at the time of the respective financial close date. Each project listed should: (a) have reached financial close within the past ten years; (b) been procured by a public sector owner in the U.S. or Canada; (c) require private financing; and (d) have an actual or estimated construction cost of at least $300 million (in nominal dollars, as of the date of financial close of the project for any projects not in the U.S.).

(5) NUMBER OF PROJECTS THAT REACHED FINANCIAL CLOSE GLOBALLY – Provide the number of projects globally (inclusive of those in the U.S. or Canada): (a) that achieved financial close within the past ten years; (b) that were procured by a public sector owner; (c) required private financing; and (d) for which the Equity Member was an equity investor at the time of financial close.

**FORM H-3****EQUITY MEMBER REFERENCES**

INSTRUCTIONS:

(a) For each experience listed on [Form H-1](#FORMH_1) (Equity Member Experience) submit the contact information of the entity that is the project’s owner familiar with the Equity Member’s experience. The reference should be familiar with the Equity Member’s development and financing experience, or performance as an equity member of a P3 developer following a financial close, or both.

(b) No reference may be used who has a conflict of interest.

(c) Verify each reference’s contact information in advance of SOQ submission.

(d) Submit this form in Microsoft® Word format and searchable PDF format.

|  |  |
| --- | --- |
| **References for EQUITY MEMBER EXPERIENCE LISTED ON FORM H-1(1)** | |
| **H-1 – Reference 1** | |
| Name of the project (including project ID number, if known) on which the reference worked with the Equity Member | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **H-1 – Reference 2** | |
| Name of the project (including project ID number, if known) on which the reference worked with the Equity Member | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |
| **H-1 – Reference 3** | |
| Name of the project (including project ID number, if known) on which the reference worked with the Equity Member | *[e.g. Project xyz; 12345; location]* |
| Name of reference |  |
| Reference’s employer | *[e.g. Office of Procurement Services; University of Florida]* |
| Reference’s title/position | *[e.g. Director; Office of Procurement Services]* |
| Reference’s contact number(2) |  |
| Reference’s address |  |
| Reference’s email |  |

**NOTES:**

(1) All responses to be provided without line breaks and separated by semicolons, commas or periods to the extent necessary.

(2) Provide a phone or cell number. For international phone numbers, include the full dialing code for calling from the United States including dates and times for contact.

**FORM H-4****FINANCIAL OFFICER CERTIFICATE**

INSTRUCTIONS:

(a) Complete a separate [Form H-4](#FORMH_4) for each Equity Member and Lead Construction Contractor.

(b) Each Financial Officer Certificate should be signed by the chief financial officer (or equivalent) of each entity listed above, dated not earlier than 14 calendar days prior to the SOQ Due Date.

I, [*Name*], the [*Title*] of [*Name of Equity Member or Lead Construction Contractor*] (the Company), do hereby certify as of [Date][[3]](#footnote-3) that:

(1) This certificate is being executed and delivered in connection with the Statement of Qualifications (the SOQ) submitted by [Respondent Name] (the Respondent) in response to the Invitation to Negotiate in Relation to the Central Energy Plant Project (the ITN) issued by the University of Florida (the “University”).

(2) As to the matters herein set forth below, I either have personal knowledge or have obtained information from officers or employees of the Company in whom I have confidence and whose duties require them to have personal knowledge thereof. I make the certifications herein to the University pursuant to the requirements of the ITN with the intent and understanding that they will be relied upon by the University as a basis for the evaluation of the SOQ contemplated by the ITN.

(3) **Audited Financial Statements:** The audited financial statements provided by the Company in the SOQ for the fiscal years ended [\_\_], [\_\_] and [\_\_] [and the interim financial statements for the following periods [\_\_] and [\_\_]][[4]](#footnote-4)are complete and correct copies thereof. Where the Company has provided unaudited financial results, such financial results present fairly, in all material respects, the financial position and results of operations and cash flows of the Company, as of such dates and for such periods. The Company has no material contingent liabilities or unusual forward or long-term commitments not disclosed therein.[[5]](#footnote-5)

(4) Off-Balance Sheet Liabilities: The Company does not have any material off-balance sheet liabilities other than as described in the financial statements referred to above or listed in Annex A hereto attached.[[6]](#footnote-6)

(5) Financial Information Summary: Attached hereto as Annex B is a completed Company Information Summary relating to the Company. All the information provided in the attached Annex B is complete and correct to the best of my knowledge.

(6) Bankruptcy/insolvency proceedings: [There has been no Insolvency Event relating to the Company or any person or entity which directly or indirectly through one or more intermediaries controls, or is controlled by, or is under common control with, the Company which has occurred within the most recent three fiscal years (whether or not such proceeding was ultimately dismissed).] [Attached hereto as Annex C is a detailed description of all Insolvency Events relating to the Company or any person or entity which directly or indirectly through one or more intermediaries controls, or is controlled by, or is under common control with, the Company which has occurred within the most recent three fiscal years (whether or not such proceeding was ultimately dismissed).][[7]](#footnote-7)

For the purposes of this certification, Insolvency Event means any voluntary or involuntary bankruptcy, insolvency, liquidation, restructuring, suspension of payments, scheme of arrangement, appointment of provisional liquidator, receiver or administrative receiver, resolution or petition for winding-up or similar proceeding, under any applicable law, in any jurisdiction.

(7) Material Changes in Financial Condition: [No material change in the financial condition of the Company has occurred or is projected to occur, as applicable (i) within the most recently completed three fiscal years that is not reflected in the its audited financial statements; (ii) since the date of its audited financial statements for its most recently completed fiscal year; or (iii) during the next fiscal quarter following the date of the SOQ.] [Attached hereto as Annex D is a detailed description of Material Changes in the Financial Condition of the Company.][[8]](#footnote-8)

Capitalized terms used but not defined herein shall have the meanings set forth in the ITN.

IN WITNESS WHEREOF, the undersigned is the [Chief Financial Officer, Treasurer or equivalent officer] of the entity to which this Form relates, and has duly executed this certificate as of the date first written above.

|  |  |
| --- | --- |
| By: | Print Name: |
| Title: |  |

ANNEX A TO FINANCIAL OFFICER’S CERTIFICATE

Off-Balance Sheet Liabilities

[COMPANY TO PROVIDE DETAILS]

ANNEX B TO FINANCIAL OFFICER’S CERTIFICATE

Company Information Summary

Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designate whether Lead Construction Contractor, or the Equity Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **SHAREHOLDER[[9]](#footnote-9)** | **INTEREST (%)** |
| [Shareholder name] |  |
| [No current shareholders, equity members partners or equivalent have a holding of 15% or greater] |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **RATING AGENCY[[10]](#footnote-10)** | **CURRENT RATING** | **PREVIOUS RATING** | **DATE OF CHANGE IN RATING** |
| [Rating agency name] |  |  |  |
| [Debt of the Company is not rated by any major credit rating agency] |  |  |  |
| [Company has no debt] |  |  |  |

ANNEX C TO FINANCIAL OFFICER’S CERTIFICATE

Insolvency Events

*[COMPANY TO PROVIDE DETAILS]*

ANNEX D TO FINANCIAL OFFICER’S CERTIFICATE

Material Changes in Financial Condition

*[COMPANY TO PROVIDE DETAILS]*

INSTRUCTIONS TO RESPONDENTS REGARDING ANNEX D:

If applicable, this Annex D should include the following details regarding material changes in the Company’s financial condition:

(1) A description of each material change, actual and projected, and any related changes or disruptions in executive management;

(2) Actual and projected impacts on the affected entity’s organizational and financial capacity and its ability to remain engaged in this procurement and submit a responsive proposal; and

(3) A detailed description of any other projected impacts, positive and negative, of the changes experienced and anticipated to be experienced in the periods ahead, including the likelihood that the circumstances of the change or impacts thereof will continue during the Project term.

Estimates of the impact on revenues, expenses and the change in equity should be provided separately for each material change. **References to the notes in the financial statements are not sufficient to address the requirement to discuss the impact of material changes.** Where a material change will have a negative financial impact, the affected entity should describe measures that would be undertaken to insulate the Project from any recent material changes and those currently in progress or reasonably anticipated in the future. If its financial statements indicate that expenses and losses exceed income in each of the three completed fiscal years (even if there has not been a material change), the affected entity should describe measures that will be undertaken to make the entity profitable in the future and an estimate of when the entity will be profitable.

Set forth below is a list of examples of what the University considers to be a material change in financial condition. **At the discretion of the University, any failure to disclose a prior or pending material change may result in disqualification from the procurement:**

(a) A change in the tangible net worth of 10% or more of net assets;

(b) A sale, merger or acquisition exceeding 10% of the value of net assets prior to the sale, merger or acquisition which in any way involves the affected entity;

(c) A change in credit rating for the affected entity;

(d) Inability to meet material conditions of loan or debt covenants by the affected entity; that has required or will require a waiver or modification of agreed financial ratios, coverage factors or other loan stipulations or additional credit support from shareholders or other third parties;

(e) In the current and three most recent completed fiscal years, the affected entity; (i) incurred a net operating loss; (ii) sustained charges exceeding 5% of the then net assets due to claims, changes in accounting, write-offs or business restructuring; or (iii) implemented a restructuring/reduction in labor force exceeding 5% of employees or involved the disposition of assets exceeding 10% of the then-net assets; and

(f) Other events known to the affected entity that represent a material change in financial condition over the past three years, or which may be pending for the next reporting period.

1. Signature block to be repeated for each Major Participant. [↑](#footnote-ref-1)
2. For any Major Participant that is a joint venture, include signature by each joint venture member. [↑](#footnote-ref-2)
3. Date must not be earlier than fourteen (14) calendar days prior to the SOQ Due Date. [↑](#footnote-ref-3)
4. Delete if there are no interim financial statements. [↑](#footnote-ref-4)
5. For entities that do not prepare audited financial statements, Respondents should submit a question to the University by the deadline for ITN Questions indicated in the Procurement Schedule set forth in Section 3.2, outlining the proposed information that it would submit to provide similar support to audited financial statements and seeking confirmation of its appropriateness by the University. Information Respondent considers confidential should be submitted in accordance with the ITN Phase I and will be subject to the limitations and conditions set forth therein. [↑](#footnote-ref-5)
6. Fill out Annex A as “not applicable” if there is no off-balance sheet liability to disclose. [↑](#footnote-ref-6)
7. Complete the appropriate certification. Delete the sentence that is not applicable. Fill out Annex C as “not applicable” if there is no Insolvency Event to disclose. [↑](#footnote-ref-7)
8. Complete the appropriate certification. Delete the sentence that is not applicable. Fill out Annex D as “not applicable” if there is no material change in financial condition to disclose. Further instructions regarding material changes are provided in Annex D. [↑](#footnote-ref-8)
9. List current shareholders, equity members partners or equivalent holding a 15% or greater interest in the company (indicate their percentage interest), as well as those having the right to appoint one or more board director(s). If such interest is held by a holding company, a shell corporation or other form of intermediary, also identify the ultimate or parent entity. [↑](#footnote-ref-9)
10. If applicable, list all credit ratings available for the company and attach a copy of the most recent credit report. [↑](#footnote-ref-10)