Exhibit C - Qualifications Proposal

State of Minnesota
Real Estate and Construction Services (State)
Qualifications and General Requirements Information

Do not use forms other than those provided herein. The forms provided indicate what information is desired and the format in which it is to be presented. When filling out this form, refer back to the specific items asked under the Scoring Criteria section of the RFP.

1.0 Project Information

State's project name of the project for which this form is being submitted.

a. Project Name (from RFP): Industrial Hygiene Services

2.0 Responding Firms Information

Provide legal name and address and contact person information on the prime firm that is responding to the RFP. If the firm is forming a joint venture or an association with other firm(s) for this project, insert: "in association with" or "in joint venture with" and name the firm(s). Provide addresses of joint venture or associate firm in the section number 4.0 below.

List the name, title, and telephone number of the principal who will serve as the point of contact. Such an individual must be empowered to speak for the responding firm on policy and contractual matters and should be familiar with the programs and procedures of responding firm.

a. Responder's Name & Address (include 9 digit zip code):
b. County of responder's location:
c. Responder's State Vendor Number:
d. Date firm was established:
e. Name, title & telephone number person signing proposal (see section 10.0):
f. Responder's (contact) telephone number:
g. Responder's Fax Number:
h. Responder's Email Address:

3.0 Statement & documentation that responder has been in business for a minimum of three (3) years providing Industrial Hygiene Services:

4.0 Statement that responder is in agreement with the State's Master Contract for Industrial Hygiene Services:

5.0 Responding Firms Interest and Availability

Responder's should provide statements on the Responder and design team's interest and availability to promptly perform the services called for in the RFP.

a. Responder's statement of interest to perform the services as indicated in the RFP:
b. Responder's statement on availability to start work promptly within 24 hours upon execution of contract and to promptly deliver services:
c. Responder's statement on ability to work on multiple projects simultaneously:
d. Responder has one or more employees who are AAR certified. Responders are to submit names and certifications of employees:

1. (required)
2.
3.
4.
5.

6.0 Statement on ability, qualifications and appropriate licensure to perform and provide all Industrial Hygiene Service Categories 1 through 11 (Category 10 is not used). Include statement on compliance with MN Rules 4620.3300-3724. (See Description of Industrial Hygiene Service Categories):

Statement on sampling and laboratory analysis provided will be in accordance with MN Rules 4620.3596 and that an American Industrial Hygiene Association (AIHA) or comparable accredited lab will be used for laboratory work.

7.0 Qualifications of Responder's Key Personnel and Specialists

Provide brief qualifications of key personnel and Specialists expected to participate on this project. Limit qualifications to only those personnel and specialists who will have major project responsibilities. Work completed while employed with other

firm(s) may be included as long as firm name and location is identified. Included with your RFP response for this section, insert copies of employees' licenses, certifications, and credentials. Add additional pages if necessary.

Broad Service Range: At least 2 employees must be Licensed Lead Inspectors or Licensed Lead Risk Assessors, MDH Certified Asbestos Inspectors, and MDH Certified Asbestos Site Supervisors. This does not mean the same employees must carry the licenses; there just must be 2 of each licensed employees in the firm. Submit Photo ID of Current Minnesota Department of Health Certification Hard Cards required.

Name and title	Project assignment	Name of firm with which associated	Years' experience with this firm	Years' experience with other firms	Education: degree(s) / year / specification	Active registration: year first registered / discipline	Experience and qualifications relevant to the proposed project

8.0 Qualifications Experience of Responder

Work completed by responder in the past 5 years which best illustrates current qualifications relevant to the "Table of Categories of Service". Insert references from owners following this section. List projects completed by the firm submitting this application. Work performed by other segments of the firm not located within the confines of the office submitting this application, or work completed by individuals while employed with other firms, should not be listed.

Projects included in reference must have been started and completed during the 5-year period of February 1, 2017 to January 31, 2022. Prime consideration will be given to projects that illustrate responder's capability for performing work similar to that described in this RFP. Add additional pages if more space is needed.

[Note: If Responder has an existing master contract with the State, letters of reference from owners are not required, but you must insert a statement indicating such]. If possible, include at least one political subdivision (federal, state, county, or city) project.

Client name, location, project title, client contact person, title, phone number, email address (completed by A/E of record)	List team members (proposed for this project) , cited in section 5 above, that worked on the project	Actual final completion date month/year	Total cost of project	Project represents experience in:
1.				Category 1
2.				Category 2
3.				Category 3
4.				Category 4
5.				Category 5
6.				Category 6
7.				Category 7
8.				Category 8
9.				Category 9
10.Not Used	N/A	N/A	N/A	Category 10
11.				Category 11

9.0 Unique Qualifications - Summarize your team's unique qualifications for this Project and include any specialized or technical certifications that your firm or members of your firm may have (i.e. Two or more projects completed for Minnesota State Agencies or Minnesota State Colleges and Universities (MN State) or University of Minnesota):

10.0 Eligibility Requirements

Respond to each statement below and attach completed documents as required to confirm specific eligibility requirements.

a. I have read and agree to the State's Standard Master Contract/Master Contract Work Order: Yes ☐ No ☐
b. A Certificate of insurance will be provided in accordance with State's Master Contract Work Order, if awarded project Yes ☐ No ☐
c. A signed Affidavit of Non-collusion is attached. Yes ☐ No ☐
d. A completed and signed Affirmative Action Data Page is included with this proposal, if applicable: Yes ☐ No ☐
e. Foreign outsourcing will ☐ will not ☐ be involved in the delivery of contract services.

11.0 Authorized Signature

The proposal must be signed in ink by an authorized member/officer of the Responder. If a corporation person must be authorized in a corporate resolution or partnership document; if a sole proprietor, owner must sign. **All information contained in this form must be current.**

a. Typed name of authorized signor:
b. Typed title of authorized signor:
c. Authorized signature(signature of person identified in Section 2):_____
d. Date Signed: _____
e. Registration Number*:

*State registration/license number for the practices of professional engineering, architecture, land surveying, landscape architecture, geoscience, or use of title for certified interior design assigned by the State Registration Board (http://mn.gov/aelslag/roster.html).

f. Person signing is (select from dropdown): Choose from items below:

**provide copy of corporate resolution or by-laws

g. Firm is registered in Minnesota as a (selection from dropdown list):Choose from items below:, if other, explain

h. MN Tax ID Number:
i. FED Tax ID Number:
j. MN Vendor Number (required for contract):

END OF EXHIBIT C