# ADVERTISEMENT FOR REQUEST FOR SUBCONTRACTOR STATEMENTS OF QUALIFICATIONS

## Compass Memorial Healthcare – Phase C (Early Site and Structural Package)

Pursuant to Iowa law, including Iowa Code chapter 26A, all prospective subcontractors interested in bidding on the below-described Project must complete the following Statement of Qualifications form, setting forth the prequalification criteria information, and meet the prequalification criteria. Completing this form does not guarantee prequalification. Evaluation of the completed form shall be performed by the Prequalification Committee in accordance with Iowa law. **Subcontractors must be prequalified to submit a bid.**

Submitted To**:** Casey Schwanke
Graham Construction Company, Inc.
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Cedar Rapids, IA 52404
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cschwanke@3gcos.com

Project: **Name:** Compass Memorial Healthcare Phase C
**Owner:** Barry Goettsch
**Location:** 300 West May Street
**Architect:** Solum Lang Architecture
**Civil Designer:** Schnoor Bonifazi
**Structural Engineer:** Raker Rhodes Engineering
**MEP Engineer:** Design Engineers

**Prequalification & Bidding Schedule**

| | |
|---|---|
| Request for Statement of Qualifications Posted: | July 29, 2026 |
| Questions/Clarifications Due: | August 7, 2026 by 4:00PM |
| **Statement of Qualifications Due:** | **August 18, 2026 by 2:00PM** |
| Bid Documents Released: | TBD |
| Bids Due: | TBD |

**Project Description:**
COMPASS MEMORIAL HEALTHCARE IN MARENGO, IA. Owner has entered a Construction Manager at Risk Contract with Graham Construction for the above-referenced Project. This project consists of approximately 37,000 SF of addition between a new two-story medical office building and a smaller expansion to the surgery department as well as approximately 16,000 sf of renovation to the existing facility across various departments. These areas combined will house new clinic space, conference rooms, surgical services, physical therapy, oncology and other support services.

This project will be phased per the phasing plan shown in the documents with multiple areas being completed concurrently. This bid for the following packages will complete the site and structural work to allow for construction to begin this fall. Bidding of the remainder of the scopes of work will occur at a later date. The estimated total construction budget is approximately $33,000,000.

**Project Schedule:**
Construction Schedule: Tentatively, September 2026 – January 2028

**Instructions to Prequalify:**
For questions, contact Casey Schwanke, cschwanke@3gcos.com (515) 401-7369.
Forms may be submitted electronically via email, mail, or hand delivery to Casey Schwanke. Please make sure, if submitting handwritten form, that all information is clearly printed.

**Bid Packages:**

If your firm is interested in prequalifying for this project, please check the box for your trade(s). If multiple bid packages are selected, please make sure that project experience and references are provided to allow the Prequalification Committee to evaluate your firm for EACH bid package selected. This is a preliminary list of Bid Packages and may change based on response and qualified bidders.

Note: You must qualify for the entire scope of work in said bid package to select a bid package. You do not need to qualify if you are submitting a bid to a qualified bidder.

Check box if prequalifying for bid package.

- ☒ 00 General Requirements (required)
- ☐ 02 Bid Package 02: Concrete Foundations and Slabs
- ☐ 03 Bid Package 03: Site Work, Site Utilities
- ☐ 04 Bid Package 04: Exterior Paving
- ☐ 05 Bid Package 05: Structural Masonry
- ☐ 06 Bid Package 06: Structural Steel & Precast

Performance & Payment Bond: Required for Bid Packages $100,000 or higher.

Bid Bond: Required for all Bid Packages.

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**For Graham use only**.

Date Form Received by Graham Construction:_____

| Selection Criteria | Maximum Points |
|---|---|
| General information and compliance with state and federal law | **5 Points** |
| Subcontractor's experience as a contractor | **5 Points** |
| Subcontractor's capacity of key personnel | **10 Points** |
| Subcontractor's capability to perform | **10 Points** |
| Subcontractor's technical competence | **25 Points** |
| Past performance of the subcontractor and its employees | **25 Points** |
| Subcontractor's safety record | **10 Points** |
| Subcontractor's availability to, and familiarity with, the project location | **10 Points** |
| **Scoring Total:** | **100 points** |

# PREQUALIFICATION OF BIDDERS FOR CONSTRUCTION PROJECTS
## SUBCONTRACTOR STATEMENT OF QUALIFICATIONS

### SECTION 1: GENERAL INFORMATION AND COMPLIANCE WITH STATE AND FEDERAL LAW

1.1. OFFICE LOCATION

Company Name:_____

Physical Address:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Primary Contact:_____ Email address:_____

(Contact person for Prequalification Committee.)

Bidding Contact:_____ Email address:_____

(Person to receive bid documents, addenda, clarifications, and other bid notices.)

1.2. BUSINESS TYPE

Business Type (check box)

☐Corporation ☐Partnership ☐LLC ☐Sole Proprietor ☐Joint Venture

How many years has your organization been in business as a Contractor?_____

How many years has your organization been in business under its present business name?_____

Is your organization signatory to a union? ☐Yes ☐No

Is your firm registered with the State of Iowa to do business? ☐Yes ☐No

Is your firm owned or controlled by a parent organization or any other organization? ☐Yes ☐No

If yes, describe Ownership:_____

List all other names your firm has operated as for the past (5) years:_____

_____

1.3. LICENSING INFORMATION

Please provide all Iowa professional licenses and license limit/level required for you to perform your services on this project._____

Has any license ever been denied or revoked? ☐Yes ☐No

If yes, please describe:_____

1.4. BONDING & SURETY LETTER

Attach letter, dated within the last 30 days, from your surety company, signed by their Attorney in Fact, verifying their willingness to issue sufficient payment and performance bonds for this project, on behalf of your firm and the dollar limits of that bond commitment, both single and aggregate. The surety company bond rating shall be rated "A" or better under the A.M. Rating system or The Federal Treasury List.

Have you attached a surety letter? ☐Yes ☐No

1.5. INSURANCE

The minimum requirement of insurance coverage is listed below. Companies must indicate they can provide evidence of insurance coverage, should they be the successful bidder by attaching a copy of their current insurance certificate.

Have you attached a copy of your sample insurance certificate? ☐Yes ☐No

☐General Liability with a required limit of no less than $1,000,000 each occurrence for bodily injury and Property damage, $2,000,000 "Per Project/Per Location aggregate

☐Worker's Compensation with the required limit of no less than $1,000,000 each accident, $500,000 Disease policy limit, $500,000 Disease each employee

☐Additional Insured – Graham Construction, Inc. and Owner

☐Excess Liability (Umbrella) policy with the required limit of no less than $1,000,000 each occurrence, $1,000,000 aggregate

☐Automobile liability insurance combined single limit of $1,000,000 for bodily injury and property damage per occurrence.

## SECTION 2: EXPERIENCE AS A CONTRACTOR

2.1. TYPE OF WORK PERFORMED ON A REGULAR BASIS

Primary Scope of Work:_____
Secondary Scope of Work:_____
Other Scope of Work:_____
What type of work do you self−perform?_____
What percent of work is typically performed with your own forces?_____
How many full-time permanent employees do you currently have?_____

2.2 ANNUAL DOLLAR VALUE: LAST THREE YEARS

List the annual dollar value of construction work you have performed for each year over the last (3) three calendar years (if applicable): 2025:_____2024:_____2023:_____

2.3. LARGEST JOB COMPLETED

What was your largest job completed within the last three years?

Project Name:_____
Dollar Amount:_____
Location:_____
Year Completed:_____
Description:_____

## SECTION 3: CAPACITY OF KEY PERSONNEL

### 3.1. KEY PERSONNEL

List the information below for all key personnel who would be assigned to the project

| Employee Name | Title/Position | Years at Firm | Years in Trade | Daily Work/ Skills/Tasks | Intended Role on Project |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## SECTION 4: CAPABILITY TO PERFORM

### 4.1. OFFICE LOCATION, EMPLOYEES, AND SUB-SUBCONTRACTORS

Will this project be managed and directed from an office in Iowa? ☐Yes ☐No

Approximate number of employees:_____

Please list trades within your scope that might be subcontracted with an anticipated percentage of total contract value, if known:_____

Provide a list of any preferred subcontractors that you would intend to utilize on this project:_____

_____

### 4.2. NUMBER OF CONSTRUCTION PROJECTS UNDER CONTRACT

How many projects do you currently have under contract or in progress and what is their total dollar value?

Number of Projects Under Contract:_____

Current Projects Contract Amount:_____

Current Amount Remaining to Bill:_____

### 4.3. CURRENT PROJECT EXPERIENCE

List the three largest contracts you currently have under contract or in progress. For each project, list the name of the project, owner, architect, and general contractor/construction manager and contact information below. Failure to provide current contact information will impact points given by the Prequalification Committee.

1. Current Project Name:_____

Owner Name/Representative:_____

Owner Phone Number/Email:_____

Designer Name/Representative:_____

Designer Phone Number/Email:_____

CM/GC Name/Representative:_____

CM/GC Phone Number/Email:_____

Contract Dollar Amount:_____

Scope of Work:_____

Percentage Complete:_____

Anticipated Completion Date:_____

2. Current Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

3. Current Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

## SECTION 5: TECHNICAL COMPETENCE

### 5.1 CURRENT AND SIMILAR PROJECT EXPERIENCE

List three CURRENT projects that are at least 75% complete or 3 completed projects of similar type completed within the last 10 years which most closely reflect the size and complexity of the type of work being requested for the currently proposed project.

1. Similar Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

2. Similar Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

3. Similar Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

## 5.2 COMPLETED PROJECT EXPERIENCE

List three projects completed within the last 10 years which most closely reflect the size and complexity of the type of work being requested for the currently proposed project. **Also, if the subcontractor has worked on a similar project with Graham Construction as CMAR, CMa, GC, or other role, within the last 10 years, the subcontractor must list that project below. Failure to provide current contact information will impact points given by the Project Team.**

1. Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

2. Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

3. Project Name:_____
Owner Name/Representative:_____
Owner Phone Number/Email:_____
Designer Name/Representative:_____
Designer Phone Number/Email:_____
CM/GC Name/Representative:_____
CM/GC Phone Number/Email:_____
Contract Dollar Amount:_____
Scope of Work:_____
Percentage Complete:_____
Anticipated Completion Date:_____

## SECTION 6: PAST PERFORMANCE OF COMPANY AND ITS EMPLOYEES

### 6.1. BONDING – FUNDS EXPENDED BY SURETY COMPANY

Have any funds been expended by a surety company on your company's behalf? ☐Yes ☐No
If yes, explain:_____

### 6.2. LITIGATION/CLAIMS: LAST FIVE YEARS

Has the company or the owners of the company been involved in any litigation matters, arbitrations, mediation proceedings, insurance claims, or other adversarial proceedings within the last five years, whether resolved or still pending resolution? ☐Yes ☐No
If yes, state the project name(s), year(s), case number and reason why:_____

6.3. LITIGATION/CLAIMS: CURRENTLY OUTSTANDING

Does the company or the owners of the company have any currently pending litigation matters, arbitrations, mediation proceedings, insurance claims, judgments, or other adversarial proceedings against your company, its officers, owners, or agents? ☐Yes ☐No

If yes, state the project name(s), year(s), case number, details, outcome, and reason why:_____

_____

6.4. FAILURE TO COMPLETE CONSTRUCTION CONTRACT

Has your company failed to complete work awarded to it within the last 15 years? ☐Yes ☐No

Has your company ever been terminated, for cause or for convenience, within last 15 years? ☐Yes ☐No

Has your company ever received a notice of actual or potential termination, for cause or for convenience, within last 5 years? ☐Yes ☐No

If yes, state the project name(s), year(s), details, outcome, and reason why:_____

_____

6.5. LIQUIDATED DAMAGES

Have you paid liquidated damages on any project within the last 15 years? ☐Yes ☐No

If yes, state the project name(s), year(s), amounts, and reason why:_____

_____

6.6. CONFLICTS OF INTEREST/BRIBERY/BID-RIGGING/CRIMES OF DISHONESTY

Has your present company, its officers, owners, or agents ever been convicted of, found liable for, or pleaded guilty to any civil or criminal offense, relating to conflicts of interest, bribery, bid-rigging, or crimes of dishonesty? ☐Yes ☐No

If yes, state the project name(s), year(s), details, and, and reason why:_____

_____

## SECTION 7: COMPANY'S SAFETY RECORD

7.1. SAFTEY RECORD

List your company's Experience Modification Rate (EMR) for the past three years.

Present Rate:_____Previous Rate:_____Year Before Rate:_____

If EMR is greater than 1.00 for any given year, attach OSHA 300 Log and 300A Summaries for previous 5 years.

Attached? ☐Yes ☐No

If these rates reflect corporate performances over several locations, please explain, to the extent possible, the performance experience of the location serving this project:_____

_____

List your company's TRIR (Total Recordable Injury Ratio) for the past three years.
(TRIR calculation: # of incidents x 200,000 / total # hours worked in a year)

Present Rate: _____ Previous Rate: _____ Year Before Rate: _____

Has your company been issued any OSHA fines or had any jobsite fatalities in the past 3 years? ☐Yes ☐No
If yes, please provide specific explanation:_____

_____

_____

Does your company have a written Safety/Health Program? ☐Yes ☐No

Does your company provide weekly safety and health training to your on-site employees? ☐Yes ☐No

Does your company perform weekly safety and health inspections of the workplace? ☐Yes ☐No

## SECTION 8: AVAILABILITY AND FAMILIARITY WITH LOCATION OF THE PROJECT

### 8.1. FAMILIARITY WITH OWNER

Has your company worked at any of Owner's facilities in the last ten years? If yes, list projects:

Project Name:_____
Dollar Amount:_____
Location:_____
Year Completed:_____
Description:_____

### 8.2. FAMILIARITY WITH LOCATION

Has your company worked on projects in the location of this project in the last ten years *that you have not listed above*? If yes, list projects:

Project Name:_____
Dollar Amount:_____
Location:_____
Year Completed:_____
Description:_____

## SECTION 9: SIGNATURE

By signing this document, you are acknowledging that all answers are true to the best of your knowledge. Any answers found to be falsified will bar you from being prequalified for this project.

Company Name:_____

Dated the _____ day of _____

Submitted by: Print:_____

Signature:_____

Title_____

Phone_____

Email_____

Notary Certification:
_____(state),_____(county)

I, a Notary Public of the County and State aforesaid, certify that _____, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this the_____day of_____, 20____

(Official Notary Seal or Stamp)

_____
Signature of Notary Public

My commission expires_____, 20____