

**REQUEST FOR PROPOSALS**  
**CONSTRUCTION MANAGEMENT SERVICES**  
**FOR REPAIR, RECONSTRUCTION OR CONSTRUCTION**  
**OF FACILITIES IMPACTED BY HURRICANE MARIA**

**EXHIBIT G**  
**STATEMENT OF QUALIFICATIONS**

*(Respondent may attach additional sheets as necessary to include all requested information.)*

**A. Respondent Information**

Legal Name	
Authorized Representative Name and Position	
Legal Structure	<input type="checkbox"/> Corporation <input type="checkbox"/> Company, LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____
If Respondent is a corporation, indicate all that apply	<input type="checkbox"/> Publicly Held <input type="checkbox"/> Privately Held <input type="checkbox"/> Subsidiary
Year and Month of Organization	
Tax Id. Number	
Physical Address	
Mailing Address (if different)	
Telephone Number	
Email Address	
All names Respondent has operated under in the past ten (10) years	

**B. Respondent Officers and Directors.** Provide the names, telephone numbers, and email addresses of the officers, directors, members, and any partners of the Respondent.

Name	Telephone	Email	Officer	Director	Member	Partner
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using a separate sheet, provide a brief description of the involvement of the officers, directors, members, and any partners identified above in the projects listed in response to Section C, Summary of Similar Projects, below.

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**C. Summary of Similar Projects.** Identify no less than three (3) projects for which the Respondent (including all members of a joint venture) has in the past five (5) years or is currently providing services similar in scope and nature to the services to be contacted hereunder:

<b>Client / Project Name</b>	<b>Client Contact Name, Telephone Number and Email Address</b>	<b>Brief Description of Services Performed</b>	<b>Contract Amount</b>	<b>Status of Contract and Projected Completion Date</b>

If Respondent is a joint venture, Proposal shall specify all projects in which the joint venture is currently or has worked together, including project name, contract amount, contact information and period of performance.

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#### **D. References**

Identify three (3) separate references and contact information of past or current clients, preferably in the performance of services similar in size and scope to the services to be contracted under this RFP:

<b>Client Name</b>	<b>Client Contact Name</b>	<b>Telephone Number</b>	<b>Email Address</b>

#### **E. Record of Performance and Integrity**

Respondent shall answer each question in the space provided and provide additional information as may be required.

1. Has the Respondent ever had any contract terminated for default? \_\_\_\_\_
2. Has a judgment been rendered against the Respondent or any of its officers, owners or directors by any court or agency of competent jurisdiction in the 5-year period prior to the Proposal Due Date? \_\_\_\_\_
3. Has the Respondent or any of its officers, owners or directors been under civil or criminal investigation by any government or regulatory agency at any time during the ten (10) years prior to the Proposal Due Date? \_\_\_\_\_

If you answered yes to any of the previous questions, Respondent shall provide for each such project, contract or investigation: (i) project name, type and location; (ii) name of contracting entity; (iii) name, title, telephone number and email address of contact person of client, owner or investigative agency; (iv) nature of the contracted or terminated work, contract date and amount, and reason for default, conviction or investigation; (v) cause of default; and (vi) date, nature and final resolution of termination, conviction, judgment or investigation, as applicable.

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## F. Schedule of Addenda

Respondent acknowledges receipt of the Addenda hereinafter named, and declares that every modification, addition, deletion and clarification contained therein have been adequately considered in the preparation of the Proposal.

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

## G. Selected Church Entity

1. If selected for award of a CM Agreement, indicate the areas where Respondent would be available to provide services (Check all that apply):

\_\_\_\_\_ Archdiocese of San Juan

\_\_\_\_\_ Diocese of Arecibo

\_\_\_\_\_ Diocese of Caguas

\_\_\_\_\_ Diocese of Fajardo-Humacao

2. If Respondent would be available to perform the CM services for more than one Church Entity at the same time, please indicate which ones:

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## H. Proposal Attachments

Respondent shall attach the following documents as part of its Proposal. Failure to include any of the documents identified below may disqualify the Respondent from further consideration.

1. **Attachment 1** – Corporate resolution or similar document confirming authority of Respondent representative to submit the Proposal
2. **Attachment 2** – Organizational documents, including without limitation, Certificate of Organization or Incorporation, Certificate of Good Standing, and similar documents
3. **Attachment 3** – Non-Conflict of Interest and Identity of Interest Certification
4. **Attachment 4** – Limited Denial of Participation, Suspension and Debarment Affidavit

5. **Attachment 5** – Non-Collusive Affidavit
6. **Attachment 6** – Byrd Anti-Lobbying Certification
7. **Attachment 7** – Authorization to Contact References and to Obtain Background and/or Financial Information
8. **Attachment 8** – Financial statements or similar documents

**I. Respondent Certifications Under Oath:**

By submission of the Proposal, the undersigned Respondent certifies as follows:

1. The Proposal has been duly and properly authorized for submission by the Respondent.
2. All information contained in the Proposal is true and complete.
3. Prices in this proposal have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition.
4. Respondent has not and will not attempt to induce any other person or firm to submit a proposal for the purpose of restricting competition.
5. The person signing this Proposal is authorized to represent Respondent and is legally responsible for the price and all other information include in this Proposal.
6. Respondent will comply with all applicable local, state, federal regulations, policies, guidelines and requirements.
7. The rates and fees in this proposal have not been knowingly disclosed by the Respondent nor will they be disclosed prior to award.
8. In its preparation and development of the Proposal, the Respondent has not, directly or indirectly, solicited or received any advice, assistance, or information concerning the Proposal from any representative of the Church Entities, or its agents or contractors, which was not equally available to other Respondents, and which might contribute to an actual or potential competitive advantage for the Proposer.

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In witness thereof, the Respondent has executed this Statement of Qualifications, on this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**If Respondent is a sole proprietorship or operates under a trade name:**

\_\_\_\_\_  
*(Printed Name of Firm)*

**By:**

\_\_\_\_\_  
*(Authorized Representative's Signature)*

\_\_\_\_\_  
*(Printed Name of Authorized Representative)*

\_\_\_\_\_  
*(Address Line 1)*

\_\_\_\_\_  
*(Address Line 2)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

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In witness thereof, the Respondent has executed this Statement of Qualifications, on this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**If Respondent is a partnership or joint venture:**

\_\_\_\_\_  
*(Printed Name of Partnership or Joint Venture)*

**By:**

\_\_\_\_\_  
*(Signature of General Partner)*

\_\_\_\_\_  
*(Printed Name of General Partner)*

\_\_\_\_\_  
*(Address Line 1)*

\_\_\_\_\_  
*(Address Line 2)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

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In witness thereof, the Respondent has executed this Statement of Qualifications, on this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**If Respondent is a corporation or LLC:**

\_\_\_\_\_  
(Printed Name of Corporation)

\_\_\_\_\_  
(Corporate Address Line 1)

\_\_\_\_\_  
(Corporate Address Line 2)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**By:**

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Printed Name of Officer)

\_\_\_\_\_  
(Title of Officer)

**Attest:**

\_\_\_\_\_  
(Secretary)

**[CORPORATE SEAL]**

\_\_\_\_\_  
(Jurisdiction of Incorporation)

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*Attachment 3*

*NON-CONFLICT OF INTEREST AND IDENTITY OF INTEREST CERTIFICATION*

I, \_\_\_\_\_, of legal age, civil status: \_\_\_\_\_, and a resident of \_\_\_\_\_, having been designated as the Authorized Representative of \_\_\_\_\_ (the "Respondent"), in connection with the Request for Proposals for Construction Management Services for the Repair, Reconstruction and Construction of Facilities Impacted by Hurricanes Irma and Maria, do hereby certify, on behalf of the Respondent and myself, that:

1. No official or employee of the Archdiocese of San Juan, the Dioceses or Arecibo, Caguas, or Fajardo-Humacao, or any component of the Catholic Church currently has or has had in the past four (4) years a direct or indirect financial interest in the contract, agreement or business transaction that is the subject of this RFP.
2. No official or employee of the Archdiocese of San Juan, the Dioceses or Arecibo, Caguas, or Fajardo-Humacao, or any component of the Catholic Church has solicited, received or accepted, directly or indirectly, for himself (herself), or any member of his (her) immediate family, or any other party, gifts, gratuities, contributions, services, donations, loans or any other item of monetary value.
3. No official or employee of the Archdiocese of San Juan, the Dioceses or Arecibo, Caguas, or Fajardo-Humacao, or any component of the Catholic Church has solicited, received or accepted goods of any value, in connection with the transaction that is the subject of this RFP from any representative of the Respondent as compensation for performing the duties and responsibilities of his or her position.
4. No official or employee of the Archdiocese of San Juan, the Dioceses or Arecibo, Caguas, or Fajardo-Humacao, or any component of the Catholic Church has accepted, or solicited from any person directly or indirectly, either for himself (herself), for any member of his (her) immediate family unit, or for any other person, business or entity, any asset whatsoever of monetary value, including gifts, loans, promises, favors, or services, in exchange for exerting influence in favor of the Respondent or myself in the award of a contract or agreement under this RFP.
5. There is no kindred relationship within the fourth (4<sup>th</sup>) degree of consanguinity or second (2<sup>nd</sup>) degree of affinity between myself or any director or officer of the Respondent and any official or employee of the Archdiocese of San Juan, the Dioceses or Arecibo, Caguas, or Fajardo-Humacao, or any component of the Catholic Church in a position to influence or participate in the institutional decisions of the Archdiocese or Dioceses.
6. There is no financial interest between the Respondent the Archdiocese of San Juan, or the Dioceses or Arecibo, Caguas, or Fajardo-Humacao.
7. No officer, director, board member, or authorized agent of the Archdiocese of San Juan, or the Dioceses or Arecibo, Caguas, or Fajardo-Humacao has advanced any funds or items of value to the Respondent.
8. There are none and there will not come into being any side deals, agreements, contracts or understandings which may alter, amend, or cancel any provision of this RFP, except as approved by the Archdiocese of San Juan, or the Dioceses or Arecibo, Caguas, or Fajardo-Humacao and set forth via Addenda.

9. As a material and essential condition of this RFP and the resulting agreement or contract, if any, the Respondent agrees to be bound by and comply with applicable ethical, professional and anti-corruption rules and regulations.

In \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Position of Authorized Representative

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*Attachment 4*  
**LIMITED DENIAL OF PARTICIPATION (LDP), SUSPENSION**  
**AND DEBARMENT AFFIDAVIT**

I, \_\_\_\_\_, of legal age, civil status: \_\_\_\_\_, and a resident of \_\_\_\_\_, having been designated the Authorized Representative of \_\_\_\_\_ (Respondent), do hereby solemnly swear on behalf of the Respondent, that the Respondent firm, business or person submitting the Proposal is not subject to a Limited Denial of Participation (LDP), and has not been suspended or debarred and is not otherwise lawfully precluded from participating in any procurement activity with any Federal, State or local government or any entity receiving funds from the Federal, State or local government, including this RFP.

I acknowledge and accept that Respondent's failure to disclose any pertinent information about the limited denial of participation debarment, or suspension of Respondent shall result in rejection of the Proposal or cancellation of a contract awarded hereunder. In such event, the Owner reserves the right to exercise any additional remedies available by law or contract.

Executed in \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Authorized Representative's Name

\_\_\_\_\_  
Authorized Representative's Position

**OATH**

Affidavit No. \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_, of the personal circumstances set forth above, whom I personally know or who I have identified by \_\_\_\_\_.

In \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
**NOTARY PUBLIC**

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*Attachment 5*  
**NON-COLLUSIVE AFFIDAVIT**

I, \_\_\_\_\_, of legal age, civil status: \_\_\_\_\_, and a resident of \_\_\_\_\_, having been designated the Authorized Representative of \_\_\_\_\_ (Respondent), do hereby solemnly swear on behalf of the Respondent, that:

1. The Proposal submitted hereunder is genuine and not collusive or a sham;
2. Respondent has not colluded, conspired, connived or agreed, directly or indirectly with any other Respondent, entity or person, to submit a sham Proposal or to refrain from participating in this RFP;
3. Respondent has not in any manner directly or indirectly sought by agreement, collusion, communication or conference with any person or entity to fix the Proposal of appearing Respondent or of any other Respondent, or to fix any overhead, profit or cost element in the Proposal or the proposal of any other Respondent, or to secure any advantage against the Archdiocese of San Juan, the Dioceses of Arecibo, Caguas or Fajardo-Humacao, or any person with an interest in the proposed contract; and
4. All statements contained in the Proposal and all attachments thereto are true.

Executed in \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Authorized Representative's Name

\_\_\_\_\_  
Authorized Representative's Position

**OATH**

Affidavit No. \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_, of the personal circumstances set forth above, whom I personally know or who I have identified by \_\_\_\_\_.

In \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
**NOTARY PUBLIC**

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*Attachment 6*  
*BYRD ANTI-LOBBYING CERTIFICATION*

I, \_\_\_\_\_, of legal age, civil status: \_\_\_\_\_, and  
a resident of \_\_\_\_\_, the Authorized Representative of  
\_\_\_\_\_ (the "Respondent"), in connection with the RFP for  
Construction Management Services for the Repair, Reconstruction and Construction of Facilities Impacted  
by Hurricane Maria, do hereby certify, on behalf of the Respondent and myself, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Respondent or the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. Respondent shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance will be placed when this transaction is made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. Section 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.
5. Respondent certifies or affirms the truthfulness and accuracy of each statement of this certification and disclosure, if any. In addition, Respondent acknowledges and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

In \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative Name

\_\_\_\_\_  
Authorized Representative Position

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*Attachment 7*  
**AUTHORIZATION TO CONTACT REFERENCES AND**  
**TO OBTAIN BACKGROUND AND/OR FINANCIAL INFORMATION**

I, \_\_\_\_\_, of legal age, civil status: \_\_\_\_\_, and a resident of \_\_\_\_\_, in my capacity as Authorized Representative of \_\_\_\_\_ (the "Respondent"), Tax I.D. Number \_\_\_\_\_, do hereby:

1. Authorize the Archdiocese of San Juan, the Dioceses of Arecibo, Caguas and Fajardo-Humacao to request and obtain any background or financial information of the Respondent it deems necessary to evaluate the Respondent's capacity to perform the services to be procured under this RFP, including from banks and other financial institutions that have or had a business relationship with the Respondent.
2. Consent that the following entities disclose Respondent's professional information only to the Archdiocese of San Juan, the Dioceses of Arecibo, Caguas and Fajardo-Humacao as part of their evaluation of Respondent's Proposal:

<b>Financial Institution</b>	
Entity Name	
Contact Person	
Telephone Number and E-mail Address	

<b>Reference No. 1</b>	
Entity Name	
Contact Person	
Telephone Number and E-mail Address	

<b>Reference No. 2</b>	
Entity Name	
Contact Person	
Telephone Number and E-mail Address	

<b>Reference No. 3</b>	
Entity Name	
Contact Person	
Telephone Number and E-mail Address	

In \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Name and Position