Public Notice

Request for Statements of Qualification

Subcontractor Prequalification to Bid

Larson Construction Company, Inc., Construction Manager at Risk, is requesting Statements of Qualification for the East Hall Renovation project for Kirkwood Community College, Cedar Rapids, Iowa. Contracts will be a guaranteed maximum price between the contractors and Larson Construction Company, Inc.

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CONTACT INFORMATION

Please direct any questions to:

Larson Construction Company, Inc.
Attn: Ann Schwartz
Telephone: (319) 334-7061
Email: bids@larsonconst.com

PROJECT SITE

East Hall – Kirkwood Community College
1025 Kirkwood Pkwy SW
Cedar Rapids, Iowa 52404

BID SCHEDULE INFORMATION

Activity	Date	Time
Subcontractor RFQ Issue	July 7, 2026	
RFQ Due Date	July 22, 2026	2:00 p.m.
Issuance of Contract Documents	July 24, 2026	
Pre-Bid Meeting	August 6, 2026	10:00 a.m.
Bids Due	August 20, 2026	2:00 p.m.

SCOPE OF PROJECT

This is a remodel of 50,000 sf on levels 1 and 2 of east hall located on the Kirkwood Community college campus. The existing building is a 2-stories used for general Business occupancy. The project scope includes exterior signage and the interior Remodel of existing office and shell space into new offices, conference rooms and Training spaces. Updates will be made to mechanical and electrical systems including The installation of new rooftop equipment. Existing sprinkler and life safety systems Will remain in place. The new interior construction will be drywall with steel studs, Built in casework, floor, wall and ceiling finishes.

ANTICIPATED BID PACKAGES

Bid Package 1	General Construction
Bid Package 2	Aluminum and Glazing
Bid Package 3	Cold Metal Framing/Drywall
Bid package 4	Suspended Ceiling Systems
Bid Package 5	Tiling/Carpet/Base
Bid Package 6	Painting
Bid Package 7	Fire Suppression
Bid Package 8	Mechanical Complete (Plumbing/HVAC)
Bid Package 9	Electrical Complete (Electrical/Communications/Safety and Security)

SELECTION CRITERIA

Fill out attached two-page Statement of Qualifications (SOQ)
Request includes information for the following:

Company information, Qualifications, Insurance & Bonding, Legal and Safety Information

RFQ SUBMISSION

Completed RFQ form must be turned in:

EMAIL: bids@larsonconst.com by **July 22, 2026, at 2:00 PM**

INCOMPLETE OR LATE SUBMISSIONS

Incomplete or late submissions may be grounds for disqualification. Larson Construction reserves the right to waive any deficiencies or irregularities in any RFQ response and to determine if qualified firms are allowed to submit a proposal in the best interest and value of the Owner.

SUBMISSION RESULTS

CMaR will notify all Sub-Contractors who responded to the request for qualifications whether they successfully met prequalification criteria and are allowed to submit a bid. Subcontractors who fail to meet pre-qualification standards will be provided with information regarding which prequalification criteria were not met.

OTHER

Responding firms will bear all costs for preparation & delivery in response to this RFQ.
The Owner and Construction Manager reserve certain rights, including, but not limited to, the following:

1. Cancel the entire RFQ
2. Reject all proposals
3. Cancel the entire RFQ process and restart with modified criteria
4. Remedy technical errors in the RFQ process
5. Appoint evaluation committees to review qualifications and proposals
6. Seek assistance of outside technical experts in evaluation
7. Issue subsequent requests for proposals
8. Waive informalities and irregularities in the RFQ or subsequent RFP process

LARSON CONSTRUCTION CO. INC.

P.O. Box 112
Independence, IA 50644
Telephone (319) 334-7061 Fax (319) 334-4474
www.larsonconst.com

CONTRACTOR STATEMENT OF QUALIFICATIONS

Under state of Iowa bidding laws on a CMaR project, only bids submitted by prequalified subcontractors can be accepted on bid day.

Project: _____ Date: _____

Seeking Prequalification for the following work: _____

COMPANY INFORMATION

Company Name: _____

Company Address: _____

_____

Company Website: _____

Contact Person/Title: _____

Contact Person's Email: _____

Contact Person's Cell: _____ Office Phone Number: _____

Type of Organization (Corporation, Partnership, Joint, LLC, Sole Prop.): _____

Number of Years in Business: _____ State of Iowa Contractor Number: _____

Estimated Total Value of contracts completed of like work for the last three years:

2025 _____ 2024 _____ 2023 _____

QUALIFICATIONS

Technical Competence

Does your company have an orientation program for new employees? (Yes/No) _____

Does your company have a training program or provide continuing education to your employees? (Yes/No) _____

Capacity of Personnel

Does your company have the resources (personnel, financial, etc.) to successfully complete this project? (Yes/No) _____

Do your trade workers have the capability & technical competence to successfully complete this project? (Yes/No) _____

Does your company have the experience to successfully complete this project? (Yes/No) _____

List of key personnel *(Add additional pages if needed)* :

Employee Name	Title/Position	Years in Trade	Work Related Skills/Tasks Performed Daily

Capability to Perform

How many full time employees does your company have? _____

What percentage of your company's total contract work over the last three years has been self performed? _____

What work does your company self perform? *(Add additional pages if needed)* _____

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List of relevant projects similar in size and scope to this project your company recently completed:

Project Name	Architect	Contract Amount

INSURANCE & BONDING

Can your company secure the level of insurance typically required for a public project like this? (Yes/No) _____

Can your company secure payment and performance bonds for this project, if required? (Yes/No) _____

What is the name of your bonding company? _____

LEGAL

Has your company failed to complete any work under contract in last three years? (Yes/No) _____

In the past five years, has your company filed for bankruptcy or insolvency? (Yes/No) _____

In the past five years, has any company officer, partner, or principal been convicted of a crime? (Yes/No) _____

Are there any judgements, claims, arbitrations, proceedings pending/outstanding against your company? (Yes/No) _____

If yes, please describe: _____

SAFETY

Does your company have a safety program? (Yes/No) _____

Does your company comply with State and Federal Safety Regulations? (Yes/No) _____

Does your company have a full time Safety Officer? (Yes/No) _____

What is your current EMR Rating? _____

In the past three years, has your company had any OSHA citations? (Yes/No) _____

If your company has had citations within the last 3 years, please describe: _____

CERTIFICATION

The undersigned states they have carefully examined all the information provided and representations made in this Statement of Qualifications (SOQ) and certifies, to the best of their knowledge, that this SOQ is entirely complete, true, and accurate.

Signature: _____ Print Name: _____

Title/Company Name: _____ Date: _____