

*** SEE ATTACHED**

Appendix A – Management Plan

Attach a copy of the firm's management plan for this project. Per the evaluation criteria set forth in the Proposal Evaluation, the management plan shall include the following:

- 1) Provide a brief history and description of your company, including an overview and experience providing similar projects and services relating to the Contract being bid:
 - General Construction
 - Mechanical, Electrical, and Plumbing (MEP)
 - Roofing
- 2) Describe your general understanding of the JOC system to include the joint scoping of work, the preparation of price proposals and Job Order proposals, using the Construction Task Catalog®, meeting the contractual deadlines of proposal development, the rapid mobilization and start-up of Job Orders, and the expedient closeout of Job Orders)
- 3) Provide a subcontracting plan to include the purchasing of subcontractor services, and work to be accomplished with in-house forces. Identify the amount and type of subcontracting anticipated. Demonstrate in writing your ability to coordinate multiple subcontractors on multiple projects at multiple locations.
- 4) Provide a list of contemplated subcontractors.
- 5) The Contractor's input during the development of the Detailed Scope of Work is a valued component of any JOC program. Outline and describe the Value-Engineering processes you have employed over the last 5 years identifying what worked best and what did not.
- 6) Demonstrate your firm's ability to understand the Design and Build environment and how the JOC process can partner with this concept. UNM is seeking a full function contracting relationship that will allow a willing partnership in both design and execution of remodeling projects. Design and flexibility will be crucial to our customer base and successful. Proposers must be willing to cooperate with this process.
- 7) Please provide contact information for the person(s) who will be responsible for the following areas. If not applicable, write "Not Applicable"

Executive Contact:

Contact Person: JOHN MONDRAGON

Title: PRESIDENT

Phone: (505) 869-9019 Fax: (505) 869-9035

Email: john@msqs.us

Marketing:

Contact Person: JOHN MONDRAGON

Title: PRESIDENT

Phone: (505) 869-9019 Fax: (505) 869-9035

Email: john@mwqs.us

Account Manager/Sales Lead:

Contact Person: JOHN MONDRAGON

Title: PRESIDENT

Phone: (505) 869-9019 Fax: (505) 869-9035

Email: john@mwqs.us

Sales Support:

Contact Person: JOHN MONDRAGON

Title: PRESIDENT

Phone: (505) 869-9019 Fax: (505) 869-9035

Email: john@mwqs.us

Contract Management (if different than sales lead):

Contact Person: -SALES-

Title: _____

Phone: _____ Fax: _____

Email: _____

Financial Reporting:

Contact Person: KARLA MORRIS

Title: OFFICE MANAGER / BOOKKEEPER

Phone: (505) 869-9019 Fax: (505) 869-9035

Email: Karla@mwqs.us

Appendix A – Management Plan

1) Brief History and Description of your Company

Mountain West GolfScapes, Inc., a New Mexico Corporation was formed in May 2001 as an asset purchase of Inman Irrigation, Inc. after the passing of Mr. John Inman. The Mountain West GolfScapes Corporation is a licensed and bonded New Mexico Contracting Corporation.

John Mondragon, President and principal shareholder has been involved in Landscape and Golf Course Construction for over 35 years. He has been involved in all aspects of the industry holding positions as laborer, foreman, project superintendent, operations manager, estimator, President and President of Inman Irrigation.

Since 2001, MWGS has constructed/renovated many golf courses, athletic facilities, recreational complexes, and parks throughout New Mexico, Texas and Arizona. MWGS has the experience and expertise to build these facilities as well as manage and maintain them to the highest quality. The mission of MWGS is to take pride in quality work and to build strong relationships with clients. As a local contractor, our key responsibility is to install a project in a timely manner with quality being of utmost importance.

MWGS strongly support the golf and turf business through membership and participation in the Rio Grande Golf Course Superintendent Association (RGGCSA), Southwest Turfgrass Association (SWTA) and Golf Course Superintendent Association of America (GCSAA). Management has held various positions on the Board of Directors in both the RGGCSA and SWTA.

Currently employing three superintendents and 33 employees, the company has the equipment and personnel resources to insure that any project is properly staffed and supervised to produce and excellent finished product.

- 2) We are familiar with the JOC system based on working with CES & Gordian for the past 6 years.
- 3) Subcontractors chosen based on the scope of work to be performed. MWGS provides its own forces for Earthwork, Irrigation, Planting, Landscape, and Site Furnishings.
- 4) Subcontractors chosen based on the scope of work to be performed.
- 5) We will Work with the client and Architect/Engineer to provide input for value engineering projects.
- 6) We agree to comply
- 7) N/A

Appendix B – Contractor’s Statement of Qualification

1. ORGANIZATION

Name: MOUNTAIN WEST GOLFSCAPES, INC. Address:

Principal Office: PO BOX 1630 - PERAZA, NM 87042

Corporation Partnership Sole Proprietorship Joint Venture
 Other

- a. How many years has your organization been in business as a contractor? 21
- b. How many years has your organization been in business under its present business name? 21
- c. Under what other or former names has your organization operated? N/A
- d. Department of Work Force Solutions Contracting Registration # 002316920110831
Effective Dates: 9/2/22 to 9/2/24
- e. Submit FEIN and Dunn & Bradstreet report.
FEIN # 85-0479875
D-B REPORT - ATTACHED
- f. Describe any present or past litigation, bankruptcy or reorganization involving supplier. N/A
- g. Felony Conviction Notice: Indicate if the supplier
- is a publicly held corporation and this reporting requirement is not applicable;
 - is not owned or operated by anyone who has been convicted of a felony; or
 - is owned or operated by and individual(s) who has been convicted of a felony and provide the names and convictions.
- h. Describe any debarment or suspension actions taken against supplier N/A

2. LICENSING

- a. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:
MOUNTAIN WEST GOLFSCAPES, INC.

b. License Classification: GF05, MS06 License Code: 561730

c. License Number: 85402

d. Issue Date: 5/31/22 Expiration Date: 5/31/25

e. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes
explanation)

No (attach

f. Does your firm hold all applicable business licenses required by state and local law?

▪ License Number: BRC-2002-29049 Jurisdiction: CITY OF ALBUQUERQUE
Name of License Holder, exactly as it appears on file with jurisdictional authorities.

MOUNTAIN WEST GOLFSCAPES, INC.

Issue Date: 5/1/22 Expiration Date: 4/30/23

▪ License Number: 231154 Jurisdiction: CITY OF SANTA FE

Name of License Holder, exactly as it appears on file with jurisdictional authorities.

MOUNTAIN WEST GOLFSCAPES

Issue Date: 9/1/22 Expiration Date: 9/1/23

▪ License Number: ZBL2021-D238 Jurisdiction: BERNALILLO COUNTY

Name of License Holder, exactly as it appears on file with jurisdictional authorities.

MOUNTAIN WEST GOLFSCAPES, INC.

Issue Date: 9/14/22 Expiration Date: 9/14/23

g. Is your firm registered with the State of New Mexico's Purchasing Department with a Resident Preference Number? Yes No

Resident Preference Number: L0291119536 Issue Date: 12/6/01

Name of number holder, exactly as it appears on file with State Purchasing.

MOUNTAIN WEST GOLFSCAPES, INC.

h. Is your firm free from formal debarment from public works, federal, state or local jurisdictions?

Yes

No (attach explanation*)

3. CAPACITY AND CAPABILITY TO PERFORM THE WORK

a. Resources.

(1) Total number of current employees: 36

Project Managers
Estimators

Contact Agent: Tom Padilla Telephone: (505) 262-9430

Years utilizing this surety: 3 yrs Maximum capacity: \$ 2 m

Aggregate Total of current surety in force: \$ 1 m

- b. Is the surety company to be used on this project licensed to do business in the State of New Mexico?
 Yes No (attach explanation*)
- c. Is your firm free of having any construction contracts taken over by a surety for completion in the past five (5) years?
 Yes No (attach explanation*)
- d. **Complete Attachment A Provide a letter from your bonding company setting forth your company's available bonding capacity and availability and confirming that, if required, your company could provide labor and material payment bonds and performance bonds for certain projects up to the bonding capacity.** ATTACHED

5. SAFETY

- a. Does your firm have a written safety program compliant with current state regulations?
 Yes No (attach explanation*)
(NOTE: Selected contractor will be required to provide a copy of their firm's written safety program at the time of contracting.)
- b. Provide the Recordable Incident Rate for the past calendar year: 0
- c. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?
 Yes No (attach explanation*)
- d. Provide your safety record, safety rating, EMR and worker's compensation rate where available. .4

6. INSURANCE & CLAIMS HISTORY

- a. Is your firm free from any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was party?
 Yes No (attach explanation*)
- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that it filed a false claim with any federal, state, or local government entity?

Yes

No (attach explanation*)

c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents?

Yes

No (attach explanation*)

d. **Complete Attachment B** by providing a letter from an insurance carrier stating that the firm is able to obtain insurance in the limits required in the RFP. **ATTACHED**

7. QUALITY ASSURANCE

a. Does your firm have a written Quality Assurance Program?

Yes

No (attach explanation*)

b. **Complete Attachment C** by providing a copy of the written Quality Assurance Program.

8. PROJECT SCHEDULING

a. Has the firm been involved with a construction project within the past five (5) years, where the schedule was not met?

Yes

No

If yes, please explain

▪ Project 1 Name: _____

Reason for Delay: _____

▪ Project 2 Name: _____

Reason for Delay: _____

▪ Project 3 Name: _____

Reason for Delay: _____

b. Has the firm been assessed liquidated damages due to scheduling for any project in the past five (5) years?

Yes

No

If yes, please list project(s)

▪ Project 1 Name: _____

- Project 2 Name: _____
- Project 3 Name: _____

9. LABOR CODE VIOLATIONS

- a. Has your firm, during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects?
 Yes No (attach explanation*)
- b. **Complete Attachment D** by providing requested affidavit of non-violation of labor codes.
- c. Is the firm free of all sub-contractor Fair Practices Act violations for the past five (5) years?
 Yes No (attach explanation*)

10. VALUE STATEMENT

UNM places a strong emphasis on diversity, quality management and sustainable efforts and strives to utilize these practices in its everyday activities. **Complete Attachment E** by describing your firm's value system and note how you would demonstrate such practices on this project? **ATTACHED**

11. CONTRACTOR'S COMMENTS

- a. ***Complete Attachment F** if you have selected any answers in the qualification statement that require further explanation. Note the question number and proceed with the explanation. This attachment may also be used if necessary to further clarify any of the answers to the above qualification questions, by noting the question number and posting the clarification. **N/A**
- b. **Complete Attachment G** if you would like to provide additional information about your firm and/or proposal. **N/A**

The undersigned certifies that all of the qualification information submitted with this form is true and correct.

Signature of authorized representative _____



Printed or typed name _____

JOHN MONDRAGON

Title PRESIDENT

Date 11/8/22

Company name MOUNTAIN WEST GOLFSAPES, LLC

Address PO Box 11030

City/State/Zip PERALTA, NM 87042

Telephone (505) 869-9019 Fax (505) 869-9035

Email john@mwgs.us

ATTACHMENTS INCLUDED - 12

Please check all attachments included in the proposal A Notarized Declaration of Surety

- B Proof of Insurance
- C Copy of Quality Assurance Program
- D Affidavit of Non-Violation of Labor Codes
- E Copy of Value Statement
- F Clarifications, and Explanations
- G Additional Information (Optional)

-----END OF PRIMARY CONTRACTOR'S QUALIFICATION STATEMENT-----



HUB New Mexico

6565 Americas Parkway NE • Suite 720
Albuquerque, NM 87110
Toll-free: 800-800-5661

hubinternational.com

November 7, 2022

The University of New Mexico (UNM)

RE: Mountain West GolfScapes, Inc. – *UNM Job Order Contracting (JOC), RFP-2379-23.*

This letter will serve as evidence that Mountain West GolfScapes, Inc. has been pre-qualified for a bonding capacity of \$1,250,000 single and \$2,000,000 aggregate, with approximately \$1,000,000 available. Please note that these limits are provided based on current surety needs. Favorable consideration will be given to projects exceeding these limits should the opportunity arise for Mountain West Golfscapes, Inc. Bonds are currently underwritten and issued through Old Republic Surety, with licensing in all 50 states.

As with any request for bonds, final approval will be based on appropriate underwriting information available at the time of the request. Please do not hesitate to contact me with any questions or if you wish to confirm this information.

Sincerely,

Thomas M. Padilla
Sr. Vice President

NOTARY ACKNOWLEDGEMENT

Subscribed and sworn to before me a notary public in and for the County of **Bernalillo**, State of **New Mexico**, personally appeared **Thomas M. Padilla** this **7th** day of **November, 2022**.

Notary Public: Joshua Boruff

STATE OF NEW MEXICO
NOTARY PUBLIC
Joshua Boruff
Commission No. 1127317
October 11, 2023



Attachment B.

HUB New Mexico

6565 Americas Parkway • Suite 720
Albuquerque, NM 87110
Toll-free: 800-800-5661

hubinternational.com

To whom it may concern:

Mountain West Golfscapes, Inc representing UNM's RFP 2379-23 for UNM Job Order Contractin (JOC) regarding Insurance requirements. **Mountain West Golfscapes, Inc can procure coverages required in RFP with ancillary language.**

Builders Risk: Will be procured after contract issuance/acceptance for specific job awarded.

Remaining coverages are in place.

CONSTRUCTION INSURANCE REQUIREMENTS

CERTIFICATES OF INSURANCE:

The Contractor shall furnish the Owner one copy each of Certificates of Insurance herein required for each copy of the Agreement, showing coverage, limits of liability, covered operations, effective dates of expiration of policies of insurance carried by the Contractor. The Contractor shall furnish to the Owner copies of limits. The Certificate of Insurance shall be in the form of AIA Document C-705 or similar format acceptable to the Owner. Such certificates shall be filed with the Owner and shall also contain the following statements:

1. "The Regents of the University of New Mexico, The University of New Mexico, its agents, servants and employees are held as additional insured." The following contact information should be listed:

University of New Mexico-Purchasing Department
700 Lomas Blvd. NE #2600 MSC01 1740 Albuquerque, NM 87131-0001

2. "The insurance coverage certified herein shall not be canceled or materially changed except after forty-five (45) Days written notice has been provided to the owner."

COMPENSATION INSURANCE:

The Contractor shall procure and shall maintain during the life of this contract Worker's Compensation insurance as required by applicable State law for all Contractor's employees to be engaged at the site of the project under this project and in case of any such work subject, the Contractor shall require the subcontractor or sub-subcontractor similarly to provide Worker's Compensation Insurance for all the subcontractor's or sub-subcontractor's Workers which are covered under the Contractor's Worker's Compensation insurance. In case any class of employee engaged in work on the project under this contract is not protected under a Worker's Compensation Statute, the Contractor shall provide and shall cause each subcontractor or sub-subcontractor to provide Employer's Insurance in an amount of not less than \$500,000.

CONTRACTOR'S PUBLIC LIABILITY INSURANCE:

The contractor shall maintain general liability insurance OR professional liability insurance coverage. The insurance must remain in force for the life of the contract including all contract extensions and renewals.

Bodily Injury:	\$1,000,000 Each Occurrence	\$2,000,000 Aggregate
Property Damage:	\$1,000,000 Each Occurrence	\$2,000,000 Aggregate

BUILDERS RISK INSURANCE - The Contractor shall procure and shall maintain during the life of this contract Builder's Risk insurance as required by applicable State law. The minimum limits shall be for the total amount of the project.

CONTRACTOR'S VEHICLE LIABILITY INSURANCE:

The Contractor shall procure and shall maintain during the life of this contract Vehicle Liability Insurance coverage. The insurance must remain in force for the life of the contract including all contract extensions and renewals.

Bodily Injury:	\$1,000,000 Each Occurrence	\$2,000,000 Aggregate
Property Damage:	\$1,000,000 Each Occurrence	\$2,000,000 Aggregate

SUBCONTRACTORS AND SUB-SUBCONTRACTORS PUBLIC AND VEHICLE LIABILITY INSURANCE:

The Contractor shall either:
1. Require each subcontractor or sub-subcontractor to procure and maintain during the life of the subcontract or sub-subcontract public Liability Insurance of the types and amounts specified above. (OR)
2. Insure the activities of the subcontractors of sub-subcontractors in the Contractor's Policy as required under this Article.

GENERAL:

All insurance policies are to be issued by companies authorized to do business under the laws of the state in which work is to be done and acceptable to owner. The Contractor shall not violate, permit to be violated, any conditions of any said policies, and shall at all times satisfy the requirements for the insurance companies writing said policies.

Revised: 03/2021

Sharon Steving
Sharon Steving CIC CISR
Senior Account Manager

Attachment D

Affidavit of Non-Violation of Labor Codes

Supplemental to Subcontractor's Statement of Qualifications

Name of Firm: MOUNTAIN WEST GOLFSAPES

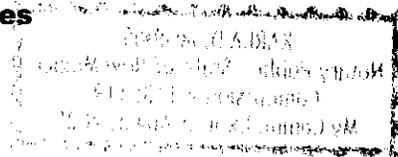
Address: PO BOX 1630, PERALTA NM 87002

Project: UTM JOB ORDER CONTRACTING

Reference: GENERAL CONSTRUCTION

Request for Proposal No: 2379-23

Affidavit of Non-violation of Labor Codes



To: The University of New Mexico

The undersigned officer of MOUNTAIN WEST GOLFSAPES, INC hereby states that MOUNTAIN WEST GOLFSAPES, INC has, during the past five years, been free of any determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects.

[Handwritten Signature]
Signature

11/17/22
Date

JOHN MONDRAGON
Name

PRESIDENT
Title

NOTARY

State of NEW MEXICO)

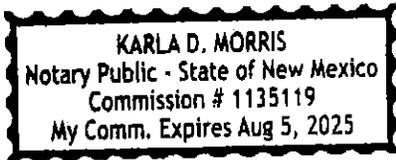
County of VALENCIA)

Signed or attested before me on 11/17/22 by JOHN MANDRAGON

Karla D. Morris

seal

My Commission Expires: 8/5/25



ATTACHMENT E

CORE VALUES

Mountain West Golfscapes, Inc. has adopted CORE VALUES that will help us develop relationships with our customers, families and each other.

We commit to our customers, honesty, integrity, professionalism and provide outstanding products along with unsurpassed service. All of this combined will deliver premium value to our customers.

We uphold the highest standards of integrity in all our actions. We value our people, encourage their development and reward their performance.

Our goal is to honor all promises and commitments, to deliver results, and to be valued business partners so we will be welcomed back.

Business Information Report On Demand

MOUNTAIN WEST GOLFSCAPES, INC.

D-U-N-S: 02-196-1466

ADDRESS: 3608 Hwy 47, Peralta, NM, 87042, United States

Date: 11/08/2022

RISK ASSESSMENT

SCORES AND RATINGS

<p>Max. Credit Recommendation</p> <p>US\$ 70,000</p>	<p>PAYDEX® SCORE</p> <p>78</p> <p>LOW RISK</p>	<p>Delinquency Predictor Percentile</p> <p>65</p> <p>MODERATE RISK</p>	<p>Financial Stress Percentile</p> <p>97</p> <p>LOW RISK</p>	<p>Supplier Evaluation Risk Rating</p> <p>3</p> <p>LOW RISK</p>
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MAXIMUM CREDIT RECOMMENDATION

Overall Business Risk



Maximum Credit Recommendation



The recommended limit is based on a low-moderate probability of severe delinquency.

Dun & Bradstreet Thinks...

- Overall assessment of this organization over the next 12 months: **STABLE CONDITION**
- Based on the predicted risk of business discontinuation: **STRONG LIKELIHOOD OF CONTINUED OPERATIONS**
- Based on the predicted risk of severely delinquent payments: **MODERATE POTENTIAL FOR SEVERELY DELINQUENT PAYMENTS**

PAYDEX® SUMMARY

3 Months



Low Risk (100)

High Risk (1)

When weighted by dollar amount, payments to suppliers average 3 days beyond terms. Value is based on payments collected over the last **3 months**.

24 Months



Low Risk (100)

High Risk (1)

When weighted by dollar amount, payments to suppliers average 3 days beyond terms. Value is based on payments collected over the last **24 months**.

78

Low Risk (100)

Risk of Slow Pay
LOW

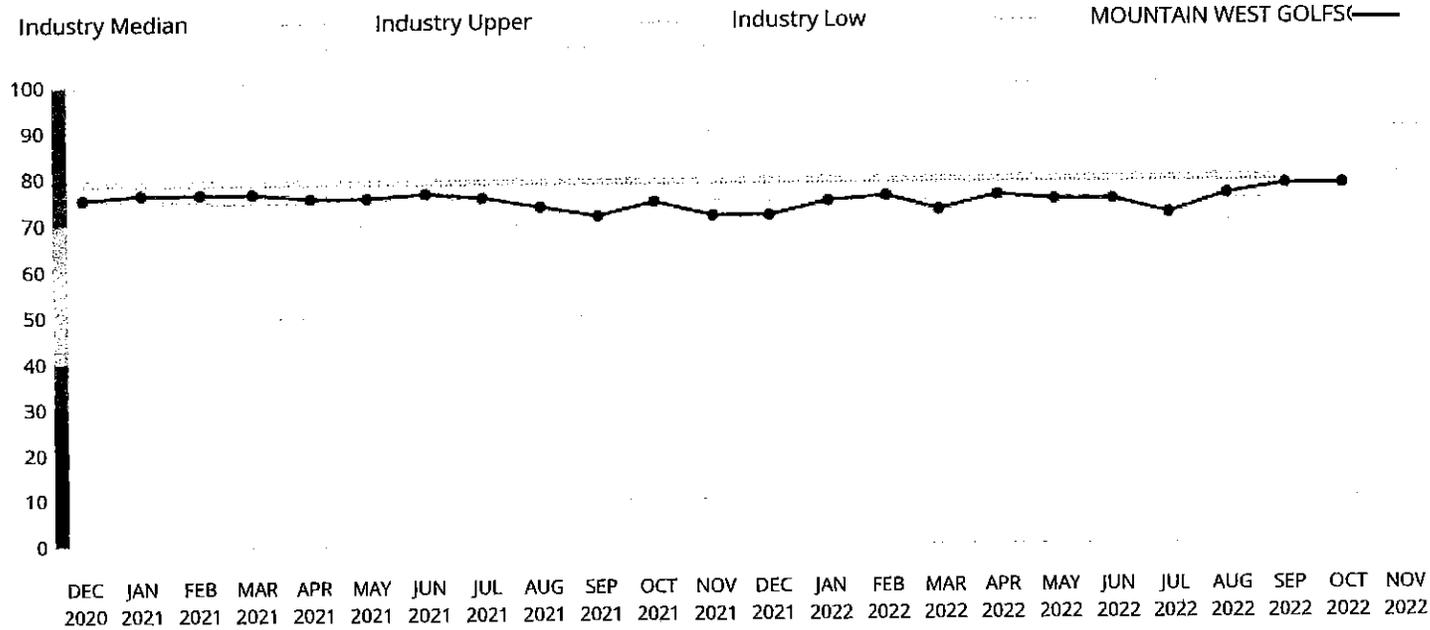
Payment Behavior
3 Days Beyond Terms

High Risk (1)

Based on a D&B PAYDEX® of >

Business and Industry Trends

0781 - Landscape services



DELINQUENCY PREDICTOR SCORE

51

Low Risk (100)

High Risk (1)

Based on a D&B Delinquency Predictor Percentile of

- Higher risk industry based on delinquency rates for this industry
- Recent high balance past due
- Proportion of past due balances to total amount owing
- Evidence of recent payment experiences paid later than 30 days

Level of Risk
Low Risk

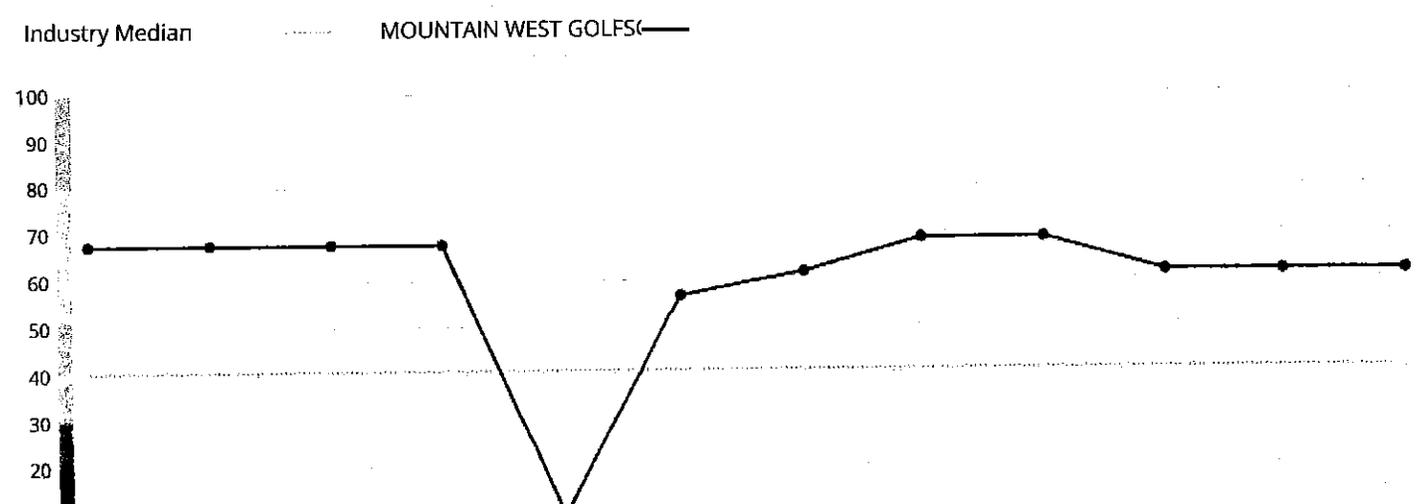
Raw Score
521

Probability of Delinquency
4.2%

Compared to Businesses in D&B
10.2%

Business and Industry Trends

0781 - Landscape services



FINANCIAL STRESS SCORE

97

Low Risk (100)

High Risk (1)

Low proportion of satisfactory payment experiences to total payment experiences

Based on a D&B Financial Stress Percentile of

Level of Risk
LOW

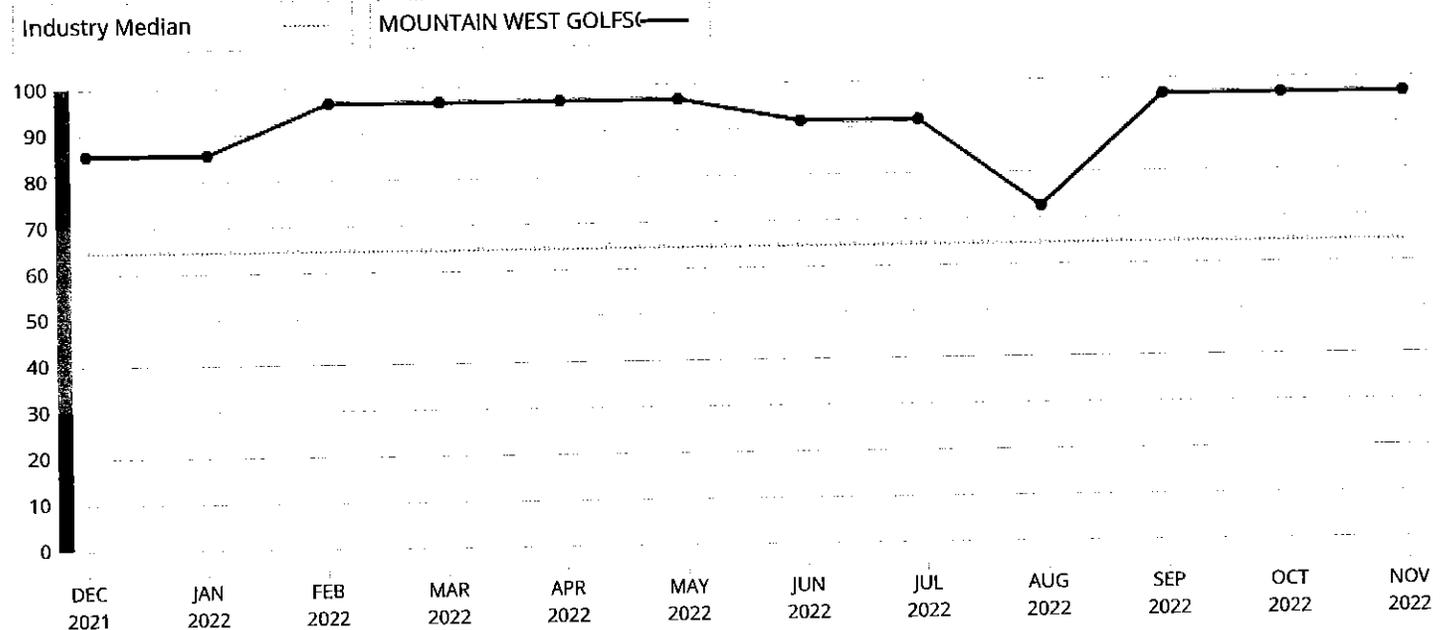
Raw Score
1581

Probability of Failure
0.04%

Compared to Businesses in D&B
0.48%

Business and Industry Trends

0781 - Landscape services



SUPPLIER EVALUATION RISK RATING

3

Low Risk (1)

High Risk (9)

Based on a Supplier Evaluation Risk Rating of -

Factors Affecting Your Score

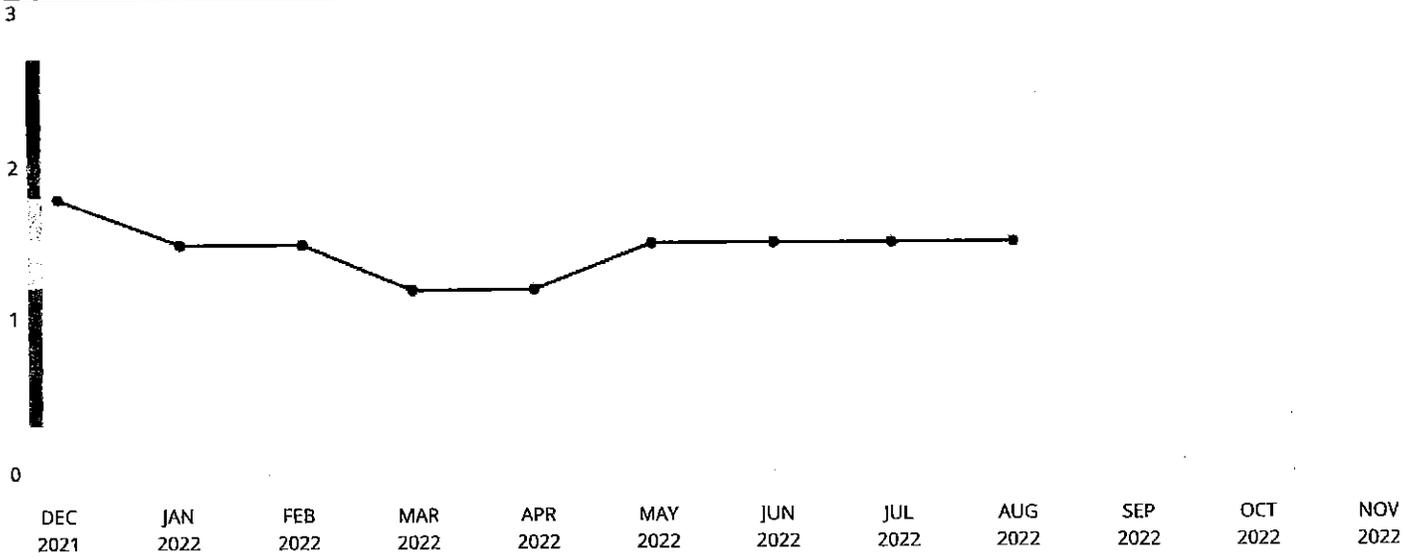
- Proportion of past due balances to total amount owing
- Proportion of slow payment experiences to total number of payment experiences reported
- Limited business activity signals reported in the past 12 months

Business and Industry Trends

0781 - Landscape services

Supplier Evaluation Score

10
9
8
7



D&B RATING

Current Rating as of 11-01-2022

Previous Rating

Employee Size

Risk Indicator

Employee Size

Risk Indicator

1R: 10 employees and over

2: Low Risk

1R: 10 employees and over

3: Moderate Risk

TRADE PAYMENTS

Based on 24 months of data

TRADE PAYMENTS SUMMARY

Overall Payment Behavior

3

Days Beyond Terms

% of Trade Within Terms

82%

Highest Past Due

US\$ 250

Highest Now Owing: US\$ 60,000

Total Trade Experiences: 17

Largest High Credit: US\$ 65,000

Average High Credit: US\$ 14,387

Total Unfavorable Comments : 0

Largest High Credit: US\$ 0

Total Placed in Collections: 0

Largest High Credit: US\$ 0

TRADE PAYMENTS BY CREDIT EXTENDED

\$ CREDIT EXTENDED	% OF PAYMENTS WITHIN TERMS	# PAYMENT EXPERIENCES	TOTAL & DOLLAR AMOUNT
OVER 100,000	0%	0	\$0
50,000 - 100,000	100%	1	\$65,000
15,000 - 49,999	100%	3	\$80,000
5,000 - 14,999	60%	3	\$25,000
1,000 - 4,999	100%	1	\$1,000
UNDER 1,000	97%	4	\$1,650

TRADE PAYMENTS BY INDUSTRY

Collapse All | Expand All

Industry Category	Number of Payment Experiences	Largest High Credit (US\$)	% Within Terms (Expand to View)
↕60 - Depository Institutions	5	65,000	
6022 - State Commercial Bank	5	65,000	100
↕73 - Business Services	2	10,000	
7359 - Misc Equipment Rental	1	10,000	50
7389 - Misc Business Service	1	10,000	50
25 - Industrial And Commercial Machinery And Computer	1	5,000	

3524 - Mfg Lawn/garden Equip	1	5,000	100
↪61 - Nondepository Credit Institutions	1	750	
6141 - Personal Credit	1	750	100
↪48 - Communications	1	750	
4812 - Radiotelephone Commun	1	750	100
↪59 - Miscellaneous Retail	1	100	
5943 - Ret Stationery	1	100	100
↪50 - Wholesale Trade - Durable Goods	1	50	
5085 - Whol Industrial Suppl	1	50	0

TRADE LINES

<u>Date of Experience</u> ▼	<u>Payment Status</u>	<u>Selling Terms</u>	<u>High Credit (US\$)</u>	<u>Now Owes (US\$)</u>	<u>Past Due (US\$)</u>	<u>Months Since Last Sale</u>
11/2022	-	Cash Account	50	-	-	Between 6 and 12 Months
10/2022	Prompt	-	65,000	60,000	0	-
10/2022	Prompt	-	35,000	30,000	0	-
10/2022	Prompt	-	30,000	20,000	0	-
10/2022	Prompt	-	15,000	7,500	0	-
10/2022	Prompt to Slow	-	10,000	5,000	0	1 Month
10/2022	Prompt to Slow	-	10,000	7,500	0	1 Month
10/2022	Slow	N30	50	50	0	1 Month
09/2022	Prompt	-	5,000	5,000	250	1 Month
09/2022	Prompt	-	750	0	0	Between 6 and 12 Months
09/2022	Prompt	-	750	750	0	1 Month
09/2022	Prompt	-	100	100	0	1 Month
04/2022	-	Cash Account	250	0	0	Between 6 and 12 Months
04/2022	-	Cash Account	250	0	0	Between 2 and 3 Months
04/2022	-	Cash Account	100	0	0	Between 6 and 12 Months

09/2021

Prompt

-

1,000

1,000

0

1 Month

EVENTS

LEGAL EVENTS

The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

SUITS	JUDGEMENTS	LIENS	UCC FILINGS				
TOTAL	0	TOTAL	0	TOTAL	0	TOTAL	12
LAST FILING DATE	-	LAST FILING DATE	-	LAST FILING DATE	-	LAST FILING DATE	02/07/2022

General: The public record items contained in this report may have been paid, terminated, vacated or released prior to the date this was reported. This information may not be reproduced in whole or in part by any means of reproduction.

UCC Filings: There may be additional UCC Filings in the D&B file on this company which are available by contacting 1-800-234-3867.

Suits, Liens, Judgements: There may be additional suits, liens, or judgements in D&B's file on this company available in the U.S. Public Records Database that are also covered under your contract. If you would like more information on this database, please contact the Customer Resource Center at 1-800-234-3867.

Lien: A lien holder can file the same lien in more than one filing location. The appearance of multiple liens filed by the same lien holder against a debtor may be indicative of such an occurrence.

EVENTS

UCC Filing - Termination

Filing Date	2022-02-07
Filing Number	20229772455H
Received Date	2022-02-21
Original Filing Date	2016-07-20
Original Filing Number	20160043412B
Secured Party	CENTURY BANK, SANTA FE, NM
Secured Party	CENTURY BANK, SANTA FE, NM
Debtors	MOUNTAIN WEST GOLFSCAPES, INC.
Debtors	and OTHERS
Filing Office	SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Continuation

Filing Date	2022-01-20
Filing Number	20229771884G

Original Filing Date 2007-04-10
Original Filing Number 20070007265M
Secured Party DEERE CREDIT, INC., JOHNSTON, IA
Debtors MOUNTAIN WEST GOLFSCAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Continuation

Filing Date 2021-06-08
Filing Number 20219765083D
Received Date 2021-06-21
Original Filing Date 2016-07-20
Original Filing Number 20160043412B
Secured Party CENTURY BANK, SANTA FE, NM
Secured Party CENTURY BANK, SANTA FE, NM
Debtors MOUNTAIN WEST GOLFSCAPES, INC.
Debtors and OTHERS
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original

Filing Date 2019-10-15
Filing Number 20190083326G
Received Date 2019-10-29
Collateral Equipment and proceeds
Secured Party CATERPILLAR FINANCIAL SERVICES CORPORATION, NASHVILLE, TN
Debtors MOUNTAIN WEST GOLFSCAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Assignment

Filing Date 2018-07-09
Filing Number 20189736763I
Received Date 2018-07-24
Original Filing Date 2018-06-20
Original Filing Number 20180065504D
STAR CAPITAL GROUP, L.P., KING OF PRUSSIA, PA

Debtors MOUNTAIN WEST GOLFSCAPES, INC.
events-panel:as-is-Assignee BFG CORPORATION, BANNOCKBURN, IL
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original
Filing Date 2018-06-20
Filing Number 20180065504D
Received Date 2018-07-03
Collateral Equipment
Secured Party STAR CAPITAL GROUP, L.P., KING OF PRUSSIA, PA
Debtors MOUNTAIN WEST GOLFSCAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original
Filing Date 2018-02-23
Filing Number 20180061741G
Received Date 2018-03-06
Collateral Equipment and proceeds
Secured Party WESTERN EQUIPMENT FINANCE, INC., DEVILS LAKE, ND
Debtors MOUNTAIN WEST GOLFSCAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original
Filing Date 2016-07-20
Filing Number 20160043412B
Received Date 2016-08-02
Collateral All Account(s) - All General intangibles(s) - All Equipment - All Chattel paper
Secured Party CENTURY BANK, SANTA FE, NM
Debtors MOUNTAIN WEST GOLFSCAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original
Filing Date 2010-06-28

Received Date 2010-07-14
Collateral Equipment and proceeds
Secured Party VFS US LLC, GREENSBORO, NC
Debtors MOUNTAIN WEST GOLFSAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Continuation

Filing Date 2009-04-22
Filing Number 20090006401C
Received Date 2009-04-30
Original Filing Date 2004-10-18
Original Filing Number 20040018263H
Secured Party CATERPILLAR FINANCIAL SERVICES CORPORATION, NASHVILLE, TN
Debtors MOUNTAIN WEST GOLFSAPES, INC.
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original

Filing Date 2008-04-10
Filing Number 20080006915B
Received Date 2008-04-15
Collateral Leased Equipment
Secured Party NATIONAL CITY COMMERCIAL CAPITAL COMPANY, LLC,
CINCINNATI, OH
Debtors MOUNTAIN WEST GOLFSAPES, INC.
Debtors and OTHERS
Filing Office SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA FE, NM

UCC Filing - Original

Filing Date 2007-04-25
Filing Number 20070008732M
Received Date 2007-05-08
Collateral Account(s) and proceeds - General intangibles(s) and proceeds -
Equipment and proceeds
Secured Party BANK OF THE WEST, ALBUQUERQUE, NM
MOUNTAIN WEST GOLFSAPES, INC.

Filing Office

SECRETARY OF STATE/OPERATIONS BUREAU/UCC DIVISION, SANTA
FE, NM

COMPANY EVENTS

The following information was reported on: 11-01-2022

The New Mexico Secretary of State's business registrations file showed that Mountain West Golfscapes, Inc was registered as a corporation on May 3, 2001.

Business started 2001. 70% of capital stock is owned by John Mondragon.

JOHN MONDRAGON born 1962. Attended University of New Mexico. 2001-present active here. Prior, employed with Inman Irrigation, Inc, Peralta, NM.

SPECIAL EVENTS

There are no special events recorded for this business.

Financials

D&B currently has no financial information on file for this company.

COMPANY PROFILE

COMPANY OVERVIEW

D-U-N-S

02-196-1466

Mailing Address

PO Box 1630, Peralta
NM 87042, US

Annual Sales

-

Business Form

Corporation (US)

Telephone

(505) 869-9019

Employees

30

Date Incorporated

05/03/2001

Fax

-

Age (Year Started)

21 years (2001)

State of Incorporation

New Mexico

Website

-

Named Principal

JOHN MONDRAGON, PRESIDENT

Ownership

-

Line of Business

Landscape services

SIC

0781

OWNERSHIP

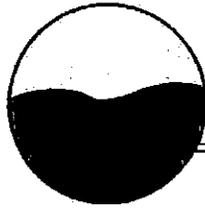
This business is not currently a part of a family tree.

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Appendix C – Quality Control Plan and Safety

Attach a copy of the firm's quality control plan and safety. Per the evaluation criteria set forth in proposal evaluation, the quality control plan shall include the following:

- 1) Propose a mechanism for addressing the preparation, submittal and re-submittal of proposals, transmittals, reports, drawings, and data.
- 2) Proposed plan for insuring that the price proposal, submittals, and documents are complete and accurate.
- 3) Proposed organizational approach for quality control and procedures to ensure that projects are constructed according to the scope of work, standards and specifications.
- 4) Explain the firm's approach to safety and procedures that you will follow to ensure site safety and accident prevention on all jobs.



Mountain West GolfScapes, Inc.

QUALITY ASSURANCE

Quality Assurance at Mountain West GolfScapes (MWGS) is driven by our philosophy of building the best projects to fulfill our motto-“Your Dreams Become Our Vision For Generations To Come” We feel that Landscape and Recreation Projects are lasting quality of life assets to any school or community.

STAFF AND ROLES

MWGS project managers work very closely with our customer to identify needs and site specific challenges. The project manager works daily with the project superintendent to communicate the customer's requirements.

Project Superintendent is on site every day to manage our manpower, equipment resources and subcontractors to insure the schedule is met and the quality of the work meets both our and our customer's needs and desires.

Our foreman and tradesman are well trained and most have been with the organization for many years. This insures continuity and quality in our installation processes.

Project manager and superintendent attend all progress meetings with the Architect and the Owner's representative to insure communication between all parties. Project superintendents have the authority to make decisions in the field on behalf of the organization.

DOCUMENTATION

Nobody likes a lot of paper, but our goal is to create an organized project file, either on paper or electronically to document issues, decisions and changes to meet our customer's needs. It is standard for us to photograph many issues to provide clarity for all the parties involved in decision making.

RELATIONSHIPS

We are only as good as our last project. We work to create relationships with our customers as it is the only way we continue to work. We schedule follow up visits with the customer to insure that their field personnel are trained to maintain and sustain the facilities we create. We also offer on-going consulting services in turf and irrigation management. Referrals and ongoing relationships have always been our goals.

Appendix D – Approach to Recycling

Complete Appendix D by describing your company's approach to recycling.

N/A

**Appendix E - Key Personnel
Project Manager**

Name: JOHN MONDRAGON

Name: _____

Title: PRESIDENT

of Years with the Firm: 21

Experience with the Following Type of Construction Services:

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

of Years as a Project Manager for Type of Construction Services Selected Above: 35+

Check All Relevant Experience:

Projects for Higher Education Owners Laboratory Renovations Clinical / Medical Environment

General Construction Roofing Replacement/Repair Mechanical Upgrades Electrical Upgrades

Interior Renovation Asbestos abatement Exterior / Interior painting Boiler Replacement

Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation

Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement

Overhead Doors Glass Installation Steel Erection Concrete Floor

Duct bank repair / installation Outdoor light installation Fire Suppression System Installation

Landscaping Fencing Earthwork / Site Work Demolition Painting

ATTACH RESUME

Yes

Client Reference #1 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name COREY NEEDHAM Title ASST. COUNTY MANAGER

Telephone: (515) 391-2942 Email Address: cneedham@lea-county.net

Client Reference #2 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name TERESA SALAZAR Title SUPERINTENDENT

Telephone: (505) 832-4471 Email Address: TERESA.SALAZAR@mesd.us

RESUME

John F Mondragon
PO Box 1630
Peralta, NM 87042
(505) 869-9019

License # 85042 (GF5, MS6)

5/3/01 – present
President & Principal Shareholder
Mountain West Golfscapes, Inc.

- Project Manager
- Operations manager
- Estimator
- Safety Manager
- Sales
- Marketing
- Negotiations

1978 – 2001
President
Inman Irrigation, Inc.

- Laborer
- Forman
- Project Superintendent
- Operations manager
- Estimator

**Appendix F – Key Personnel
Lead Superintendent**

Name: KOTTY TILBURY

Name: _____

Title: GENERAL SUPERINTENDENT

of Years with the Firm: 21

Experience with the Following Type of Construction Services:

General Construction Electrical Mechanical Roofing

Experience with the Following Type of Construction Services:

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

of Years as a Project Manager for Type of Construction Services Selected Above: 15+

Check All Relevant Experience:

Projects for Higher Education Owners Laboratory Renovations Clinical / Medical Environment

General Construction Roofing Replacement/Repair Mechanical Upgrades Electrical Upgrades

Interior Renovation Asbestos abatement Exterior / Interior painting Boiler Replacement

Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation

Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement

Overhead Doors Glass Installation Steel Erection Concrete Floor

Duct bank repair / installation Outdoor light installation Fire Suppression System Installation

Landscaping Fencing Earthwork / Site Work Demolition Painting

ATTACH RESUME Yes

Client Reference #1 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name COREY NEEDHAM Title ASST. COUNTY MANAGER

Telephone: (579) 391-2942 Email Address: Cneedham@leacounty.net

Client Reference #2 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name TERESA SALAZAR Title SUPERINTENDENT

Telephone: (505) 932-4471 Email Address: Teresa.Salazar@mesd.us

RESUME

Korry Tilburry
PO Box 1630
Peralta, NM 87042
(505) 869-9019

5/3/01 – present
General Superintendent
Mountain West Golfscapes, Inc.

- Project Superintendent
- Forman
- Laborer

**Appendix G – Key Personnel
Safety Manager**

Name: JOHN MONDRAGON

Name: _____

Title: PRESIDENT

of Years with the Firm: 21

Experience with the Following Type of Construction Services:

- General Construction Mechanical, Electrical, and Plumbing Roofing Painting

of Years as a Project Manager for Type of Construction Services Selected Above: _____

Check All Relevant Experience:

- Projects for Higher Education Owners Laboratory Renovations Clinical / Medical Environment
- General Construction Roofing Replacement/Repair Mechanical Upgrades Electrical Upgrades
- Interior Renovation Asbestos abatement Exterior / Interior painting Boiler Replacement
- Bituminous Paving Concrete Masonry Exterior Facade Security Camera Installation
- Canopy Replacement/Repair Elevator Repair/Replacement Escalator Repair/Replacement
- Overhead Doors Glass Installation Steel Erection Concrete Floor
- Duct bank repair / installation Outdoor light installation Fire Suppression System Installation
- Landscaping Fencing Earthwork / Site Work Demolition Painting

ATTACH RESUME Yes

Client Reference #1 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

Client Reference #2 for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

Appendix H – Comparable Construction Experience General Construction Projects

Applicable to Firms Submitting a Proposal for General Construction Contracts

Proponent's Name: _____

Agency / Client Name: ALTO LAKES + COUNTRY CLUB

Project Name: TEE BOX RENOVATION PHASE ONE

Project Number: 15-1008 Project Value: \$ 272,610

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): 100
(Based on actual hours through the working foreperson. Supervisory hours do NOT apply.)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for: General Construction, MEP, Roofing)
 General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

TEE BOX RENOVATION
DEMO EXISTING
GRADING
IRRIGATION
HYDRO SEEDING

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name GLENN DENNY Title G.C. SUPT.

Telephone: (515) 808-0578 Email Address: gid@altolakesgolf.com

Briefly describe the project: Attached additional page, if necessary.

Appendix H - Comparable Construction Experience General Construction Projects

Applicable to Firms Submitting a Proposal for General Construction Contracts

Proponent's Name: _____

Agency / Client Name: SANTA FE SCHOOLS

Project Name: ASPEN SCHOOL

Project Number: 67-1019 Project Value: \$ 177,665

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): 80
(Based on actual hours through the working foreperson. Supervisory hours do NOT apply.)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for: General Construction, MEP, Roofing)

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

PLAYGROUND RENOVATION
GRADING
CONCRETE
IRRIGATION
LANDSCAPE
SHADE STRUCTURES

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name GREG MILLER Title LANDSCAPE ARCHITECT

Telephone: (505) 218-2166 Email Address: gmiller@mfwmia.com

Briefly describe the project: Attached additional page, if necessary.

Appendix H - Comparable Construction Experience General Construction Projects

Applicable to Firms Submitting a Proposal for General Construction Contracts

Proponent's Name: _____

Agency / Client Name: KIRTLAND, N.M.

Project Name: KIRTLAND COMMUNITY PARK

Project Number: 67-1018 Project Value: \$ 115,487

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): 100
(Based on actual hours through the working foreperson. Supervisory hours do NOT apply.)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for: General Construction, MEP, Roofing)

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

PARK CONSTRUCTION
IRRIGATION
PLANTING
GRAVEL MULCH
SEEDING

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name DAN FLACK Title ENGINEER

Telephone: (505) 338-6535 Email Address: dflack@dtengineering.com

Briefly describe the project: Attached additional page, if necessary.

Appendix H - Comparable Construction Experience General Construction Projects

Applicable to Firms Submitting a Proposal for General Construction Contracts

Proponent's Name: _____

Agency / Client Name: CITY OF ALAMOGORDO

Project Name: WASHINGTON PARK IRRIGATION

Project Number: 67-1021 Project Value: \$ 367,382

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): 100
(Based on actual hours through the working foreperson. Supervisory hours do NOT apply.)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for: General Construction, MEP, Roofing)

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

REPLACE IRRIGATION SYSTEM AT WASHINGTON
PARK

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name NANCY BESHALER Title PROJECT MANAGER

Telephone: (575) 439-4255 Email Address: nbeshaler@ci.alamogordo.nm.us

Briefly describe the project: Attached additional page, if necessary.

Appendix H – Comparable Construction Experience General Construction Projects

Applicable to Firms Submitting a Proposal for General Construction Contracts

Proponent's Name: _____

Agency / Client Name: LEA COUNTY, NM

Project Name: LEA COUNTY AIRPORT LANDSCAPE

Project Number: 67-1026 Project Value: \$44,602

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): 100
(Based on actual hours through the working foreperson. Supervisory hours do NOT apply.)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for: General Construction, MEP, Roofing)

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

LANDSCAPE IMPROVEMENTS
GRADING
IRRIGATION
PLANTING
GRAVEL MULCH

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name COREY NEEDHAM Title ASST. COUNTY MANAGER

Telephone: (575) 391-2942 Email Address: cneedham@leacounty.net

Briefly describe the project: Attached additional page, if necessary.

Appendix I – Comparable Construction Experience Mechanical, Electrical, and Plumbing (MEP) Projects

N/A

Applicable to Firms Submitting a Proposal for the Mechanical, Electrical, and Plumbing (MEP) Contract

Proponent's Name: N/A

Agency / Client Name: _____

Project Name: _____

Project Number: _____ Project Value: _____

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): _____

(Based on actual hours through the working foreperson. Supervisory hours do NOT apply.)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for: General Construction, MEP, Roofing)

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable Trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name _____ Title _____

Telephone: _____ Email Address: _____

Briefly describe the project: Attached additional page, if necessary.

N/A

Appendix J – Comparable Construction Experience Roofing Projects

Applicable to Firms Submitting a Proposal for Roofing Contracts

Proponent's Name: _____

Agency / Client Name: _____

Project Name: _____

Project Number: _____ Project Value: _____

Achieved or Anticipated Final Acceptance after January 1, 2018 Yes No

Company Role: Sub Contractor Prime / JV Contractor

Agency: Public Private

Location: On a UNM Campus Within State of New Mexico

Estimated Self Performance (%): _____
(Based on actual hours through the working foreperson. **Supervisory hours do NOT apply.**)

Project Type: (The project type should correspond to the applicable Contract the proposal is being submitted for; General Construction, MEP, Roofing)

General Construction Mechanical, Electrical, and Plumbing Roofing Painting

Project Scope: (Briefly describe the scope of work and the trades involved. The project scope should correspond to the applicable trade Contract the proposer is submitting for: General Construction, MEP, Roofing)

Client Reference for Construction: (It is your responsibility to assure that the contact information listed is correct. If your reference can not be contacted, this project may not be considered.)

Agency's contact: Name _____ **Title** _____

Telephone: _____ Email Address: _____

Briefly describe the project: Attached additional page, if necessary.

Appendix K – Indefinite Quantity Contract Experience

General

- 1 Agency Name: _____ N/A _____
- 2 Contract #: _____

Reference Information

- 3 Reference Name, Position: _____
- 4 Address: _____

- 5 City, State Zip Code: _____
- 6 Phone Number: _____
- 7 E-mail Address: _____

Contract Time:

- 8 Potential Maximum Time: * _____
- 9 Award Date: _____
- 10 Expiration / Termination Date (Or Still Active): _____

Contract Amounts:

- 11 Potential Maximum Amount: ** _____
- 12 Total Amount of Work Issued (\$): _____
- 13 Total Number of Job Orders Issued (#): _____

Key Personnel

- 14 Name and Position: _____
- 15 Name and Position: _____
- 16 Name and Position: _____
- 17 Name and Position: _____

- 18 Yes or No, Did Any of the Key Personnel Proposed for the Naperville Contract Work on this Contract? _____
- 19 If Answer to Above Question is "Yes," and if Those Individuals are NOT Listed as a Key Personnel Above, List the Name and Position Below:

* Potential Maximum Time shall mean the the entire possible duration of the Contract. The Potential Maximum Time is calculated by adding together the base term plus all possible option terms.

** Potential Maximum Amount shall be the sum of the Potential Maximum for the base term and ALL possible option terms. Expressed as a Dollar Amount.

Appendix K – Indefinite Quantity Contract Experience

General

- 1 Agency Name: N/A
- 2 Contract #: _____

Reference Information

- 3 Reference Name, Position: _____
- 4 Address: _____

- 5 City, State Zip Code: _____
- 6 Phone Number: _____
- 7 E-mail Address: _____

Contract Time:

- 8 Potential Maximum Time:* _____
- 9 Award Date: _____
- 10 Expiration / Termination Date (Or Still Active): _____

Contract Amounts:

- 11 Potential Maximum Amount:** _____
- 12 Total Amount of Work Issued (\$): _____
- 13 Total Number of Job Orders Issued (#): _____

Key Personnel

- 14 Name and Position: _____
- 15 Name and Position: _____
- 16 Name and Position: _____
- 17 Name and Position: _____

18 Yes or No, Did Any of the Key Personnel Proposed for the Naperville Contract Work on this Contract? _____

19 If Answer to Above Question is "Yes," and if Those Individuals are NOT Listed as a Key Personnel Above, List the Name and Position Below:

* Potential Maximum Time shall mean the the entire possible duration of the Contract. The Potential Maximum Time is calculated by adding together the base term plus all possible option terms.

** Potential Maximum Amount shall be the sum of the Potential Maximum for the base term and ALL possible option terms. Expressed as a Dollar Amount.

Appendix L - Price Proposal

University of New Mexico

BID FOR JOB ORDER CONTRACT (PRICE PROPOSAL)

Date of Bid:

New Mexico State Contractor's License No. 85482

Resident Contractor's Preference Certificate No. LB 29119536

Contractor's New Mexico Gross Receipts Tax No. 2-470680-00

Contractor's Federal Employee Identification No. 85-0479875

Dept. Workforce Solutions Registered Contractors Number 00 231692010831

UNM Job Order Contracting

Request for Proposals No. 2379-23

Bid (Price Proposal) of (company name): MOUNTAIN WEST GOLFSAPES, INC.
(hereinafter called the "Bidder") organized and existing under the laws of the State of New Mexico, doing business as a Corporation, Partnership or Individual. (Circle correct one).

To: The Regents of The University of New Mexico, Albuquerque, New Mexico
(hereinafter called the "Owner").

The undersigned, as an authorized representative for the Bidder named above, in compliance with the Request For proposals (RFP) for Job Order Contracting services, having examined the Contract Documents, hereby proposes to furnish all labor, materials and supplies, and to construct the project in accordance with the contract documents at the prices stated below. These prices are to cover all expenses incurred in performing the work required under the contract documents, of which this proposal is a part.

Offeror must agree to commence work on a date specified in a written "Notice to Proceed" issued by the Owner. The Offeror must agree to complete the Project within the Job Order Completion Time stipulated date in the "Notice of Proceed". At the sole discretion of the Owner, liquidated damages will be assessed, if at all, on a Job Order-by-Job-Order basis. For each calendar day that the Detailed Scope of Work for a Job Order shall remain incomplete after the Job Order Completion Time, as amended pursuant to this Contract, the amount per calendar will be determined with each Job Order, and that amount will be deducted from any money due the Contractor, not as a penalty but as liquidated damages.

The following information is required for state reporting purposes only, and will not be used in evaluating or awarding the contract.

Is project material offered grown, produced or wholly manufactured in New Mexico? NO

Business Size / Classification:

Small Business Concern ___ Disadvantaged Business Concern
___ Large Business Concern ___ Women Owned Business Concern

The Contractor shall perform all Work required called for in each individual Job Order issued under this Contract using the Construction Task Catalog® and Technical Specifications incorporated herein. Contractor shall perform any or all functions called for in the Contract Documents in the quantities specified in individual Job Orders against this Contract for the Unit Prices specified in the Construction Task Catalog® (CTC) multiplied by the Adjustment Factors being proposed.

The Bidder shall set forth Adjustment Factors in clearly legible figures in the respective space provided. Failure to submit Adjustment Factors for all categories may result in the Proposal being deemed non-responsive. **All amounts shall exclude NM Gross Receipts Tax.** The Contractor shall perform the Tasks required by each individual Job Order using the following Adjustment Factors:

The Schedule of Prices is contained in a separate Microsoft Excel document. Complete the Microsoft Excel document and submit as part of this Appendix L. Be sure to enter Adjustment Factors for each campus and trade being proposed.

PART 1: SCHEDULE OF PRICES:

Attach Schedule of Prices from the Microsoft Excel document. On the Microsoft Excel document, be sure to enter Adjustment Factors for each campus and trade being proposed.

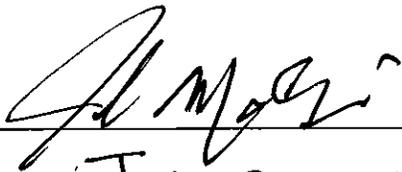
Has the Part 1: Schedule of Prices been attached to this Appendix L: Yes No

PART 2: SIGNATURES

The Bidder understands that the contract(s) will be awarded in accordance with the all terms and conditions contained in this RFP and that the Owner reserves the right to reject any or all bids and to waive any formalities in the bidding.

The Bidder agrees that this response will be good and may not be withdrawn for a period of thirty (30) calendar days after the scheduled closing time for receiving bids.

Respectfully Submitted,

By:(Authorized Signature)  Date: 11/8/22

By:(Same Name, Printed or Typed) JOAN MONDRAGON

Title: PRESIDENT

Company: MOUNTAIN WEST GOLFSAPES, INC

Address: PO Box 11630, PERALTA NM

Zip: 87042

Phone: (505) 864-9019 Fax: (505) 864-9035 Email: john@mwgs.us

(Affix Corporate Seal if response by Corporation):

Part 1 Schedule of Prices

Attach this schedule of Prices to Appendix L

OFFEROR'S NAME: **MAINTAINALVEST CONSCAPES, INC**

JOHN MONDRAGON

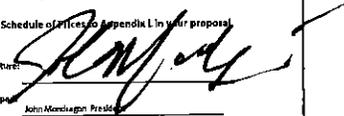
For the UNM Job Order Contracting Program the Offeror shall complete the cells highlighted gray below. Failure to submit all the Adjustment Factors for the Campus/Contract Type being proposed may result in the bid for that Campus/Contract Type being deemed non-responsive. The Contractor is to include the administrative fee of 2.98% into their responding adjustment factors. The Contractor shall perform the Tasks required by each individual Job Order using the following Adjustment Factors:

UNM Job Order Contracting Program		CONTRACT TYPES		
Campus / Region	Adjustment Factor Name	General Construction	Mechanical, Electrical, Plumbing	Roofing
Main Campus (Albuquerque)	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000
Northern New Mexico Branch Campuses	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000
Southern New Mexico Branch Campuses	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000

NOTES TO OFFERERS

1. The Other Than Normal Working Hours Adjustment Factors must be greater than or equal to the Normal Working Hours Adjustment Factors.
2. The Non Pre-Priced Adjustment factor must be greater than or equal to 1.000
3. The weighted multiples above are for the purpose of calculating an Award Criteria Figure only. No assurances are made by the owner that Work will be ordered under the Contract in a distribution consistent with the weighted percentages above. The Award Criteria Figure is only used for the purpose of determining the Bid.
4. When submitting Job Order Price Proposals related to specific Job Orders, the Bidder shall utilize one or more of the Adjustment Factors applicable to the Work being Performed.
5. Make sure to attach this Part I: Schedule of Prices to Appendix L in your proposal.

By: Authorized Signature:



By: Same Name and title Printed or typed

John Mondragon, President

Date: 11/15/2022

For the UNM Cooperative Purchasing Job Order Contracting Program the Offeror shall complete the cells highlighted gray below. Failure to submit all the Adjustment Factors for the Region/Contract Type being proposed may result in the bid for that Region/Contract Type being deemed non-responsive. A complete map of the regions can be found in the Purpose of this RFP Document. The Contractor is to include the administrative fee of 7.50% into their responding adjustment factors. The Contractor shall perform the Tasks required by each individual Job Order using the following Adjustment Factors:

UNM Cooperative Purchasing Job Order Contracting Program		CONTRACT TYPES		
Campus / Region	Adjustment Factor Name	General Construction	Mechanical, Electrical, Plumbing	Roofing
Region #1	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000
Region #2	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000
Region #3	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000
Region #4	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000
Region #5	Normal Working Hours (60%)	1.6		
	Other Than Normal Working Hours (30%)	1.6		
	Non Pre-Priced (10%)	1.6		
	Award Criteria Figure	1.6000	0.0000	0.0000

DIVERSITY VENDOR CERTIFICATION PARTICIPATION

Diversity Vendor Certification Participation - It is the policy of some Members participating in Omnia Partners to involve minority and women business enterprises (M/WBE), small and/or disadvantaged business enterprises, disable veterans business enterprises, historically utilized businesses (HUB) and other diversity recognized businesses in the purchase of goods and services. Respondents shall indicate below whether or not they hold certification in any of the classified areas and include proof of such certification with their response.

1. Minority Women Business Enterprise

Respondent certifies that this firm is an MWBE

Yes No

List certifying agency: _____

2. Small Business Enterprise (SBE) or Disadvantaged Business Enterprise (DBE)

Respondent certifies that this firm is a SBE or DBE

Yes No

List certifying agency: _____

3. Disabled Veterans Business Enterprise (DVBE)

Respondent certifies that this firm is an DVBE

Yes No

List certifying agency: _____

4. Historically Underutilized Businesses (HUB)

Respondent certifies that this firm is an HUB

Yes No

List certifying agency: _____

5. Historically Underutilized Business Zone Enterprise (HUBZone)

Respondent certifies that this firm is an HUBZone

Yes No

List certifying agency: _____

6. Other

Respondent certifies that this firm is a recognized diversity certificate holder

Yes No

List certifying agency: _____

Insurance Coverage

1. The proposer shall submit evidence of current insurance to cover the following required coverage. Proposers must submit with the proposal a Certificate of Insurance showing current coverage equal to or greater than what is required in this RFP.

- a) Worker's Compensation and Employer's Liability Insurance – In accordance with applicable laws the minimum amount should be the amount required by New Mexico law, but no less than \$1,000,000.
- b) Commercial General Bodily Injury and Property Damage Liability – Including automobile (owned, non-owned, and hired) of not less than \$3,000,000 for each occurrence and in the aggregate of \$5,000,000.
- c) Owner's and Contractor's Protective Liability Insurance - Covering bodily injury to or death of persons and/or loss of or damage to property, in a combined single limit of \$3,000,000 per Occurrence and \$5,000,000 Aggregate
- d) Builders Risk Insurance - The Contractor shall procure and shall maintain during the life of this contract Builder's Risk insurance as required by applicable State law. The minimum limits shall be for the total amount of the project.

Each certificate of insurance required shall remain in effect for the entire term of the contract and shall not be reduced or canceled without prior written acceptance by UNM. Commercial General Liability and Auto liability policies required hereunder shall name UNM as additional insured. Coverage shall be primary. All insurance required under this section shall be with companies acceptable to UNM. Stated minimums shall not be interpreted as limiting the contractor's insurance coverage.

ATTACHED

STATE OF NEW MEXICO

TAXATION AND REVENUE DEPARTMENT

RESIDENT CONTRACTOR CERTIFICATE

Issued to: MOUNTAIN WEST GOLFSCAPES, INC.

DBA: MOUNTAIN WEST GOLFSCAPES, INC.
PO BOX 1630
PERALTA, NM 87042-1630

Expires: 15-Jan-2024

Certificate Number:

L0291119536



Stephanie Schardin Clarke
Cabinet Secretary

THIS CERTIFICATE IS NOT TRANSFERABLE

**RESIDENT/NATIVE AMERICAN VETERANS RESIDENT PREFERENCE
CERTIFICATION**

N/A (NAME OF CONTRACTOR) hereby certifies the following in regard to application of the resident veterans' preference to this procurement:

Please check one box only

I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is less than \$6M allowing me the 10% preference discount on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

I agree to submit a report, or reports, to the State Purchasing Division of the General Services Department declaring under penalty of perjury that during the last calendar year starting January 1 and ending on December 31, the following to be true and accurate:

In conjunction with this procurement and the requirements of this business' application for a Resident Veteran Business Preference /Native American resident veteran Contractor Preference under section 13-1-21 or 13-1-22 NMSA 1978, when awarded a contract which was on the basis of having such veteran's preference, I agree to report to the State Purchasing division of the General Services Department the awarded amount involved. I will indicate in the report the award amount as a purchase from a public body or as a public works contract from a public body as the case may be.

I understand that knowingly giving false or misleading information on this report constitutes a crime.

I declare under penalty of perjury that this statement is true to the best of my knowledge. I understand that giving false or misleading statements about material fact regarding this matter constitutes a crime.

N/A

(Signature of Business Representative) *

(Date)

*Must be an authorized signatory for the Business.

The representations made in checking the boxes constitutes a material representation by the Business that is subject to protest and may result in denial of an award or unaward of the procurement involved if the statements are proven incorrect.

EXHIBIT B

SMALL AND SMALL DISADVANTAGED BUSINESS CERTIFICATION

The University of New Mexico participates in the Government's Small and Small Disadvantaged Business programs. This requires written certification from our suppliers and contractors as to their business status. Please furnish the information requested below.

1.0 Small Business - An enterprise independently owned and operated, not dominant in its field and meets employment and/or sales standards developed by the Small Business Administration. See 13 CFR 121.201

1.a Small Disadvantaged Business - a Small Business Concern owned and controlled by socially and economically disadvantaged individuals; and

- (1) Which is at least 51% owned by one or more socially and economically disadvantaged individuals; or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals and
(2) Whose management of daily operations is controlled by one or more such individuals. The contractor shall presume Black Americans, Hispanic Americans, Native Americans (such as American Indians, Eskimos, Aleuts and Native Hawaiians), Asian-Pacific Americans and other minorities or any other individual found to be disadvantaged by the Administration pursuant to Section 8 (a) of the Small Business Act and
(3) Is certified by the SBA as a Small Disadvantaged Business.

1.b Women-Owned Business Concern - A business that is at least 51% owned by a woman or women who also control and operate it. Control in this context means exercising the power to make policy decisions. Operate in this context means being actively involved in the day-to-day management.

1.c HUBZone Small Business Concern - A business that is located in historically underutilized business zones, in an effort to increase employment opportunities, investment and economic development in those areas as determined by the Small Business Administration's (SBA) List of Qualified HUBZone Small Business Concerns.

1.d Veteran-Owned Small Business Concern - A business that is at least 51% owned by one or more veterans; or in the case of any publicly owned business, at least 51% of the stock of which is owned and controlled by one or more veterans and the management and daily business operations of which are controlled by one or more veterans.

1.e Service Disabled Veteran-Owned Small Business - A business that is at least 51% owned by one or more service disabled veterans; or in the case of any publicly owned business, at least 51% of the stock of which is owned and controlled by one or more service disabled veterans and the management and daily business operations of which are controlled by one or more service disabled veterans. Service disabled veteran means a veteran as defined in 38 U.S.C. 101(2) with a disability that is service connected as defined in 13 U.S.C. 101(16).

Company Name: MOUNTAIN WEST COLLEGE Telephone: (505) 816-9099
Street Address: 3609 NM 47 County: VALENCIA
City: PEDALTA State & Zip: NM 87042

Is this firm a (please check): [] Division [] Subsidiary [] Affiliated? Primary NAICS Code: 561330
If an item above is checked, please provide the name and address of the Parent Company below:

Check All Categories That Apply:

- [x] 1. Small Business
[] 2. Small Disadvantaged Business (Must be SBA Certified)
[] 3. Woman Owned Small Business
[] 4. HUBZone Small Business Concern (Must be SBA Certified)
[] 5. Veteran Owned Small Business
[] 6. Disabled Veteran Owned Small Business
[] 7. Historically Black College/University or Minority Institution
[] 8. Large Business

Signature and Title of Individual Completing Form: [Signature] President

Date

Please return this form to:

The University of New Mexico
Purchasing Department
MSC01 1240
Albuquerque, NM 87131
505-277-2036 (voice)
505-277-7774 (fax)

NOTE:

This certification is valid for a one year period. It is your responsibility to notify us if your size or ownership status changes during this period. After one year, you are required to re-certify with us.

THANK YOU FOR YOUR COOPERATION

Notice: In accordance with U.S.C. 645(d), any person who misrepresents a firm's proper size classification shall (1) be punished by imposition of a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

If you have difficulty determining your size status, you may contact the Small Business Administration at 1-800-U-ASK-SBA or 202-205-6618. You may also access the SBA website at www.sba.gov/size or you may contact the SBA Government Contracting Office at 817-684-5301. (Rev. 6/2002)