**QUALIFICATION QUESTIONNAIRE**

Each prospective Proposer must answer all of the following questions and provide all requested information, where applicable. Any prospective Proposer failing to do so, will be deemed to be not responsive with respect to this Prequalification at the sole discretion of the University of California. All Proposers that have submitted a Prequalification Questionnaire will be notified in writing of whether or not they have successfully achieved Prequalification status.

Prospective Proposers that affirmatively respond (i.e. Answer YES) to all questions, submit all required information and supporting data, and are determined to have accurately responded to the questions will be prequalified. Only those Proposers that have been determined to be prequalified will be eligible to submit a Proposal for the applicable Trade Bid Package(s) on this Project.

If the prospective Proposer is determined by the University not to be prequalified, the prospective Proposer may request a review. Any such request must be received by the University within three (3) calendar days after receipt by the prospective Proposer of the determination. The decision resulting from such review is final and is not appealable within the University of California. Any person or entity not satisfied with the outcome of the prequalification must file a writ challenging the outcome within 10 calendar days from the date of the written notice regarding prequalification determination. Any assertion that the outcome of the prequalification process was improper will not be a ground for a bid protest.

All information submitted for prequalification evaluation in response to sections 6 and 7 and marked as “confidential” will be considered official information acquired in confidence, and the University will maintain its confidentiality unless (1) the University determines that it is required to release the information to a third party pursuant to the requirements of the California Public Records Act or (2) the University (typical) is required by court order to release the information to a third party pursuant to the requirements of the California Public Records Act. In the event that the University receives a request pursuant to the California Public Records Act and the University determines that it is required to disclose information marked “confidential” by the provisions of the California Public Records Act, the University will notify the prospective Proposer of the pending disclosure at least 72 hours prior to such disclosure so that the prospective Proposer may seek a restraining order in advance of such disclosure. The University shall err on the side of transparency and will generally treat information provided by the prospective proposer that is not marked “confidential” as subject to disclosure pursuant to the California Public Records Act. Likewise, any decision by the University that any document is subject to disclosure pursuant to the California Public Records Act shall not prevent the University from making a subsequent determination that any document is not subject to disclosure pursuant to the California Public Records Act.

All other information submitted for Prequalification evaluation will be considered official information acquired in

confidence, and University will maintain its confidentiality to the extent permitted by law.

The Design-Builder will require the successful Proposer to provide both design-assist and construction services. The entity that provides these services is the Proposer, but the actual structure of the entity is up to each Proposer. The Proposer may, as an example, be a construction company, may be a joint venture between construction companies, or an independent contractor. All information required herein shall be submitted within the following parameters:

1. The Proposer shall hold all required active licenses, including CSLB and California Business License, and DIR registration.
2. The Proposer shall be the financially responsible entity for bonding and insurance.
   1. **Qualification Process**

Any Proposer who fails to meet the criteria listed in this Qualification Questionnaire will not be considered qualified and will be deemed as not responsive with respect to this Qualification, and its Proposal will be rejected. Any Proposer found not qualified will receive written notice of proposal rejection from the University. A Proposer found not qualified may file a protest (limited to the rejection) within three (3) business days of receipt of the University's notice of proposal rejection. Failure to file such a protest within the three-day period is a waiver to the right to challenge the rejection.

* 1. **Rating and Evaluation Procedures**

To be considered for qualification , a prospective Proposer **must have**:

1. **CONSTRUCTION EXPERIENCE:** Have sufficient project experience for the Contractor as referenced in Item III.E
2. **KEY PERSONNEL:** Demonstrate adequate experience for Contractor Team Key Personnel as referenced in Item III.F
3. **LICENSE:** Hold the proper license(s) in good standing, current and active.
4. **SURETY:** Submit a notarized statement from the proposed surety(ies) that states:
   * 1. Contractor’s current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire. (Must meet or exceed estimated project cost.)
     2. Contractor’s total bonding capacity.
     3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
     4. Surety (ies) acknowledges its intent to provide bonding of the Project in the event Contractor is awarded the Project.
5. **INSURANCE:** Submit a written declaration from its insurance agent/broker/carrier stating that the Contractor is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Contractor’s insurance certificate.
6. **ANNUAL REVENUE (Financial Data):** Each prospective Subcontractor must complete a new application or renew an existing application using McCarthy’s Prequalification system (<https://prequalification.mccarthy.com/>.
7. **declaration:** Certify that all requested information is current, accurate, and complete.

To be considered for qualification , a prospective Contractor, including any proposed joint venture partners, **must provide**:

1. **EXPERIENCE MODIFIER RATE:** An Experience Modifier Rate (EMR: Workers’ Comp) injury rating should not be more than 1.0 for **five (5)** or more of the past **ten (10)** years.
2. **SURETY:** A surety required to complete work on any contract within the past **ten (10) years**.
3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS:** A Contractors State License Board disciplinary action in the past **ten (10)** years.
4. **LABOR CODE VIOLATIONS:** Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past **ten (10)** years.
5. **CLAIMS HISTORY:** A claim filed against it that meets the parameters specified in Item V.A, and have not filed a claim against an Owner that meets the parameters specified in Item V.B.
6. **UNSETTLED WARRANTIES OR CLAIMS:** Any unsettled/pending claims, demands, or notices of default issued against the contractor or joint venture partners by the University of California on any University project.

Contractor will be evaluated on the following additional criteria:

1. **FINANCIAL DATA.** A desired financial current ratio of at least 1.0 for current assets to current liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long term debt), and has a debt to equity ratio less than 1.0, University will deem Contractors with poor financial standing not qualified.

2. **GENERAL CONTRACTOR PERFORMANCE REFERENCES:** University may find a prospective Contractor not qualified if University receives poor performance references from general contractors on other projects.

After review of the Qualification Questionnaire, McCarthy may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as “N/A” are not acceptable. **If not applicable, state “Not Applicable” and explain why**. If none, state “NONE”. **Do not leave any spaces blank**.

* 1. **Joint Ventures**

If two entities intend to form a Joint Venture for the purpose of executing the work on the Project, they must state their intentions on the Qualification Questionnaire Form. Each entity of the proposed Joint Venture must submit a separate and independent set of the Qualification Questionnaire forms. To be considered, each entity must meet all the requirements in Section I, item L. *Rating and Evaluation Procedures*. Section II, Item L *Surety*, shall be submitted on one of the two applicants’ forms completely documenting the stated requirements by a qualified Surety. Requests of Trade Partner Joint Ventures to prequalify for this project will not be considered after close of acceptance of Qualification Questionnaires unless the University decides that it is in its best interest to reopen the qualification process in a manner stated in the qualification questionnaire.

* 1. **University Controlled Insurance Program (UCIP)**

The University has determined that this project will be covered under the University Controlled Insurance Program, or “UCIP.” The UCIP is a single insurance program that insures the University of California, Enrolled Contractors, Enrolled Subcontractors, and other designated parties (“Contractors”) for Work performed at the Project Site. Certain Contractors or Subcontractors may be excluded from the UCIP. Details of this program are contained in The Regents of the University of California *UCIP Insurance Manual*. Coverage under the UCIP includes Workers’ Compensation/Employer’s Liability, General Liability, and Excess Liability. The Regents of the University of California are covered under the General and Excess Liability policies. Contractors are covered under the Workers’ Compensation/Employer’s Liability and General and Excess Liability policies. The University of California will pay the insurance premiums for the UCIP coverages described in the UCIP Insurance Manual. When the University includes UCIP coverage on a project, each proposer is required to submit a bid net of all insurance costs for coverages provided by the University of California. When the solicitation documents are assembled in the resulting bid package, UCIP project insurance will be covered in Article 11.1 of the General Conditions, with project specific details provided in the *UCIP Insurance Manual*, provided as an exhibit.

* 1. **Labor Requirements**
     1. McCarthy is signatory to the Carpenters, Laborers and Cement Masons and all scope of work involved with any of the aforementioned tradespersons shall be completed with union labor.
     2. This project has a Project Labor Agreement (PLA). See RFQP Exhibit P.

**[THIS SPACE LEFT INTENTIONALLY BLANK]**

WHERE NECESSARY, COPY THE FORMS IN THIS PACKAGE. USE ONLY THESE FORMS.

# QUALIFICATION QUESTIONNAIRE – REQUIRED ELEMENTS

All information requested must be furnished on the forms provided below and must be completed in order to prequalify. Proposer must pass the following requirements to be considered qualified.

## Company Name and Address

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | | | |
|  |  |  |  | | |  |  | | |
|  | **Telephone** |  | **Email** | | |  |  | | |
| Street Address: |  | | | , |  | | | , |  |
|  | **Street Address** | | |  | **City & State** | | |  | **Zip Code** |

## 

## Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Person #1: |  |  |  |  |  |
|  | **Name, Title** |  | **Telephone** |  | **Email** |
| Contact Person #2: |  |  |  |  |  |
|  | **Name, Title** |  | **Telephone** |  | **Email** |

## 

## Entity Submitting this Qualification Questionnaire

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent Company: |  | Subsidiary: |  | Other: |  |  |
|  |  |  |  |  |  | **(Please list)** |
| Branch Office: |  | Division: |  |  | | | |

## Type of Business Organization

|  |  |  |  |
| --- | --- | --- | --- |
| Corporation: |  | State of Incorporation: |  |
| Partnership: |  | Joint Venture: |  |
| Sole Proprietorship: |  | Other: |  |
|  |  |  | **(Please list)** |

|  |  |
| --- | --- |
| Total number of employees on payroll in the corporation: |  |

|  |  |  |
| --- | --- | --- |
| Total number of employees on payroll in the local office submitting this qualification : | |  |
| Principal Office (if different from above): |  | |
|  | **Street Address** | |
|  |  | |
|  |  | |
| President’s Name: | **City, State & Zip Code** | |
|  |  | |  |
|  |  | |

If a **partnership**, provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Organization: |  | General: |  | Association: |  |

Name and complete legal address of each general partner:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **(Partner’s Name)** |  | **(Legal Address)** |
|  |  |  |
| **(Partner’s Name)** |  | **(Legal Address)** |

If a **Joint Venture**, provide the above information for the financially responsible party.

|  |
| --- |
| **If more space is needed, provide the information on your company’s letterhead with reference to the project name and number, and attach it to this Questionnaire** |

## Year Company was Established

|  |  |
| --- | --- |
| Year established: |  |

## 

## Parent Company Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | | | |  | |
|  |  |  |  | | | | | | |  | |
|  | **Telephone** |  | **Website** | | | | | | |  | |
| Street Address: |  | | | , |  | | | , |  | |
|  | **Street Address** | | |  | **City & State** | | |  | **Zip Code** | |
| Contact Person: |  | | | | |  |  | | | | |
|  | **Name, Title** | | | | |  | **Telephone** | | | | |

## List All Former Company Names

|  |
| --- |
|  |
|  |
|  |

## License and Registration with California DIR

**Proposer** must have a current and active California State Contractors license in good standing with a classification for this Project. Proposer must also be registered with the Department of Industrial Relations (DIR) pursuant to Labor Code section 1725.5 and 1771.1.

For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Qualification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license in good standing that is current and active upon submission of the Trade Partner Qualification Questionnaire. The letter of commitment must include:

* + - 1. Name, address, and phone number of the Joint Venture as it will appear on the records of the Contractors State License Board
      2. Name, address, and telephone number of each entity comprising the Joint Venture as it appears on the records of the Contractors State License Board
      3. Name of the Responsible Managing Officer of the Joint Venture
      4. Organizational chart of the Joint Venture
      5. Signatures of the Responsible Managing Officers for each entity comprising the Joint Venture

|  |
| --- |
| **NOTE: The entity submitting this Qualification Questionnaire must be the holder of the requisite license** |

**ALL LICENSES AND REGISTRATION MUST BE MAINTAINED IN GOOD STANDING, CURRENT AND ACTIVE THROUGHOUT THE PROJECT.**

|  |  |
| --- | --- |
| Does your firm have the required California State Contractors license? | Yes  No |
| Is your firm registered with the Department of Industrial Relations (DIR)? | Yes  No |
| Does your firm have the required California State Business license? | Yes  No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(Name of Licensee as it appears on record with the California Contractors State License Board)** | | | | | | | |
| License No. |  | | Issue Date: |  | Expiration Date: |  |  | |
| License Class/Classes: | |  | | | | | |
| Description of Classification(s): | |  | | | | | |
| Description of Certification(s): | |  | | | | | |
| DIR Registration No.: | |  | | | | | |

**For Joint Venture:** List Joint Venture entity’s license information above as the Design-Builder and the information for the proposed Joint Venture license in the space below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| License No. |  | | | Issue Date: |  | Expiration Date: |  |
| License Class/Classes: | |
| Description of Classification(s): | | |
|  | |
| DIR Registration No.: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Has the above contractor license(s) been suspended or revoked by the California Contractors State License Board within the past ten years?** | | | | | | |
|  | | Yes |  | No |  |  |
|  | If yes, please explain: | | | | |  |
|  | | | | | | |

## Contractor’s License Board Disciplinary Proceedings

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? | | | | | |
|  | Yes |  | No |  |  |

|  |
| --- |
| If yes, give details including dates: |

## Debarment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your company currently debarred by any Federal, State or local agency? | Yes |  | No |  |

|  |
| --- |
| If yes, give details including dates: |

## Labor Code Violations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to, laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects? | | | | |
| Yes |  | No |  |  |

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

|  |
| --- |
| If yes, give details including dates: |

## Surety

List below all Surety companies used by your company **within the past ten (10) years** and state whether the Surety had to complete any part of your work including, but not limited to, warranty-related repairs or other defective workmanship on any contract within the past ten years: Provide a Notarized Statement from Surety.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surety Company #1**: |  | | | | |  |  | | |
|  | **Surety’s Name** | | | | |  | **Telephone** | | |
|  |  | | | , |  | | | , |  |
|  | **Street Address** | | |  | **City & State** | | |  | **Zip Code** |
|  | |  | **Has listed Surety Company #1 completed work for your Company within the past ten years?**  Yes  No | | | | | | |
| **Period Covered** | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surety Company #2**: |  | | | | |  |  | | |
|  | **Surety’s Name** | | | | |  | **Telephone** | | |
|  |  | | | , |  | | | , |  |
|  | **Street Address** | | |  | **City & State** | | |  | **Zip Code** |
|  | |  | **Has listed Surety Company #2 completed work for your Company within the past ten years?**  Yes  No | | | | | | |
| **Period Covered** | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surety Company #3**: |  | | | | |  |  | | |
|  | **Surety’s Name** | | | | |  | **Telephone** | | |
|  |  | | | , |  | | | , |  |
|  | **Street Address** | | |  | **City & State** | | |  | **Zip Code** |
|  | |  | **Has listed Surety Company #3 completed work for your Company within the past ten years?**  Yes  No | | | | | | |
| **Period Covered** | |  |

|  |
| --- |
| **If more space is needed, provide the information on your company’s letterhead with reference to the project name and number, and attach it to this Questionnaire** |

## 

## Financial Capability & Data

Each prospective Subcontractor must complete a new application or renew an existing application using McCarthy’s Qualification system ([https://qualification .mccarthy.com/](https://prequalification.mccarthy.com/)) and answer all questions and provide all requested upload information by the deadline noted in the RFQ.  To verify the status of an existing application in our Qualification system, check the “Days Until Renewal Request” section at the top of the application on the website.  Subcontractor will be required to renew application if this section lists “In renewal period for XX more days” or “Expired”.  Prospective Subcontractors failing to provide all requested information may be deemed as non-responsive and not pre-qualified for this project.

Questions or clarifications regarding McCarthy’s online pre-qualification system may be referred to Victoria Guinn at [vguinn@mccarthy.com](mailto:vguinn@mccarthy.com)**Attach a notarized statement from the surety(ies) that states:** (i) current available bonding capacity meets or exceeds the Target Cost; (ii) total bonding capacity; (iii) Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120; and (iiii) Surety(ies) acknowledges its intent to provide bonding of the Project in the event Proposer is awarded the Project.

|  |
| --- |
| **Questions or clarifications regarding McCarthy’s online pre-qualification system may be referred to Justin Marongiu at** [**jmarongiu@mccarthy.com**](mailto:jmarongiu@mccarthy.com)**.** |

## Insurance

While on-site Work will be covered under the *University Controlled Insurance Program*, or “UCIP,” the Proposer wishing to prequalify hereunder is required to furnish certificates of insurance on University’s form evidencing that it shall furnish and maintain Commercial Form of General Liability, Excess Liability (if applicable), Contractor‘s Professional Liability, Business Automobile Liability, Pollution Liability, and Workers’ Compensation insurance in the amounts below.

The insurance required for Commercial Form General Liability, Excess Liability, Contractor’s Professional Liability, Business Automobile Liability, and Pollution Liability Insurance shall be issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody’s) written for not less than the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Commercial Form General Liability Insurance – Limits of Liability** | **Minimum Requirements** | | |
| *Each Occurrence* - Combined Single Limit for Bodily Injury and Property Damage: | $1,000,000 | | |
| Products-Completed Operations Aggregate: | $2,000,000 | | |
| Personal and Advertising Injury: | $1,000,000 | | |
| General Aggregate: | $2,000,000 | | |
|  |  | | |
| **Professional (Errors and Omissions) Liability – Limits of Liability** | **Minimum Requirement** | | |
| Contractor’s Professional Liability (Each Occurrence & Aggregate) | $0 | | |
|  | |  | |
| **Business Automobile Liability Insurance – Limits of Liability** | | **Minimum Requirement** | |
| *Each Accident* - Combined Single Limit for Bodily Injury and Property Damage: | | $1,000,000 | |
|  |  | | |
| **Contractor’s Pollution Liability Insurance – Limits of Liability** | **Minimum Requirements** | | |
| Each Occurrence: | $0 | | |
| Products-Completed Operations Aggregate: | $0 | | |
| General Aggregate: | $0 | | |
|  | | | |
| **Workers’ Compensation –** As required by Federal and State of California law | | | |
|  | | | |
| **Employer’s Liability – Limits of Liability** | **Minimum Requirements** | | |
| Each Employee: | $1,000,000 | | |
| Each Accident: | $1,000,000 | | |
| Policy Limit: | $1,000,000 | | |
|  | | |  |
| **Excess/Umbrella – Limits of Liability** | | | **Minimum Requirements** |
| Each Occurrence: | | | $0 |
| Aggregate: | | | $0 |

For those not covered under UCIP, Insurance required for Workers’ Compensation and Employer’s Liability Insurance shall be issued by companies that have a (i) Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) that are acceptable to the University. Such insurance shall be written to be not less than the amount required by Federal and State of California law.

|  |  |
| --- | --- |
| 1. | Is your firm able to obtain the insurance in the required limits and ratings from companies that meet the criteria stated above? Yes  No |
| 2. | If “yes,” *provide declaration(s) from your insurance agent/broker/carrier* stating that your firm is able to obtain insurance coverage in the limits and ratings stated above from the insurance companies required for this Project. |
| 3. | **Provide a copy of your company’s insurance certificate.** |

## Experience Modification Rate

List your company’s Workers’ Compensation Experience Modifier Rate for the past ten years:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2021: |  | 2022: |  | 2023: |  | 2024: |  | 2025: |  |

|  |
| --- |
| **Submit a letter from your Workers’ Compensation carrier showing your Experience Modification rate for the past five years.** |

|  |
| --- |
| If the Modification Rate has been above 1.0 for five or more of the past ten years, provide an explanation, including dates: |
|  |

## Qualification History

Provide the following information if Proposer has not qualified to perform work for the *University of California*:

|  |  |
| --- | --- |
| UC Campus Name: |  |
| Facility’s Contact Person: |  |
| Project Name: |  |
| Project Number: |  |
| Date of Notice of Failure to Qualify: |  |
| Reason for Failure to Qualify: |  |

|  |
| --- |
| **If more space is needed, provide the information on your company’s letterhead with reference to the project name and number, and attach it to this Questionnaire.** |

## Unsettled Warranties or Claims

Provide the following information if Proposer has unsettled/pending claims, demands or notices of default issued by the University of California for University projects:

|  |  |
| --- | --- |
| UC Campus Name: |  |
| Facility’s Contact Person: |  |
| Project Name: |  |
| Project Number: |  |
| Recorded Date of Claim/Notice: |  |
| Type of Warranty: |  |
| Basis of Claim: |  |
|  |  |
|  |  |
| Status of Unsettled Warranty: |  |
|  |  |
|  |  |

|  |
| --- |
| **If more space is needed, provide the information on your company’s letterhead with reference to the project name and number and attach it to this Questionnaire. If additional projects need to be included, copy the table above to include the appropriate information.** |

|  |
| --- |
| If the Proposer or Joint Venture partner **does not** have any unsettled/pending claims, demands or notices of default, please indicate “None” in the space provided: |

## UCDH AIM/UBE Inclusion Plan

In alignment with UC Davis Health Anchor Institution Mission (AIM), proposers shall make positive efforts to support the UC Davis Health Anchor Institution Mission Program (AIM) and ensure that businesses from the AIM communities (defined on page 3 of Exhibit M of the RFP) and UBE businesses (defined on page 10 of Exhibit M of the RFP) are used to the fullest extent practicable.

Qualified Subcontractors and suppliers will be evaluated on inclusion of UCDH AIM/UBE contractors and personnel. Qualified Subcontractors should complete this section, identifying their efforts to increase AIM/UBE participation.

This will be evaluated to determine to whom to award the contract. Proposer shall state the percentage (of the total bid amount) of sub-contracting work to be provided by AIM/UBE firms.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Name, Address & Telephone Number | Specialty Scope | Participation Percentage % | List All Principals | AIM Zip Code?  (Y/N) | UBE Certification? (SB, DVBE, DBE, WBE, etc.) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **If more space is needed, provide the information on your company’s letterhead with reference to the project name and number, and attach it to this Questionnaire.** |

***Proposer shall state a participation goal of AIM/UBE inclusion.***

***Proposer plans to achieve a total of***           ***% AIM/UBE participation on our portion of the work. Minimum project goal is 10% of total bid amount.***

**[THIS SPACE LEFT INTENTIONALLY BLANK]**

**ATTACHMENT I - TEAM PROFESSIONAL CAPABILITES**

1. **ATTACH** a description of your organization and an organizational chart proposed for this project, including but not limited to Proposed Project Team‘s **Project Manager and Superintendent.**

Applicants are advised that, after the selection, no significant changes in the composition of the project team personnel and sub-consultants or their roles and responsibilities can be made without the prior written approval of the University or Design-Builder.

Provide a resume of each of the staff members for the proposed project team and identified in the organization chart. The resumes for each team member should address their respective experience with the following:

1. Full name, position in the firm, years with the firm and current location (if a multi-office firm). If less than five years with the firm, provide the name of previous firm.
2. Project role and responsibilities.
3. Where staff works or principal office.
4. Education - list all degrees and certificates including institution and year received.
5. Relevant project experience working on similar scope, size and complexity to the RHT Project. Include project name, owner and general contractor, project role and years involved, project description, size (in GSF and construction cost), project delivery method and current status. If the project listed is performed with previous employer, please list the firm’s name.
6. Relevant project experience with this project’s Misc Specialties scope.

**Note**: In the event that the prospective Subcontractor is deemed prequalified, Project Manager(s), Project Superintendent(s) and Foreman named shall be committed to and continuously retained throughout the project. Substitution or replacement of any above-named Personnel can be made only if the Personnel are no longer employed by the Subcontractor, death or are on a medical/disability leave, or for reasons otherwise approved by the University or Design-Builder, and requires the written approval of the University or Design-Builder, which approval will be at the reasonable discretion of University or Design-Builder.

**ATTACHMENT II**

**CONSTRUCTION EXPERIENCE**

Your entity or your proposed project team must submit two (2) Comparable Projects completed within the last ten (10) years that meet the requirements established below.

1. Submitted Projects must have been managed and constructed under the business name submitting for qualification.
2. **Submit ATTACHMENT III** PROJECT DATA SHEET for 2 Comparable Projects per bid package selected in the QUALIFICATION QUESTIONNAIRE on page 1 “Bid Package(s) prequalifying for”. Provide all of the information requested. Proposer must list accurate names and telephone numbers of applicable contact persons (Owner, General Contractor) for reference checks.
3. **Scope of work performed on Comparable Project must be similar to scope of work anticipated per the respective Bid Package(s) prequalifying for selected in the QUALIFICATION QUESTIONNAIRE.**
4. Subject to the above qualifications, Design Builder and the University consider the following criteria to define Comparable Project experience.

All of the following items must be met to be considered Comparable.

1. **Each** project must be a Hospital, Healthcare facility, or highly technical facility of similar scope, cost, size and complexity.
2. **One** project must be an OSHPD (HCAi) Level 1 Facility.
3. **One** project must have used pull planning scheduling and resource loaded work plan scheduling. Identify projects where pull plan scheduling was incorporated into the design and construction phases.
4. **One** project must have been in a congested urban site with adjacencies to existing, operating and occupied facilities.
5. Projects completed prior to January of 2015 will not be considered.
6. For **each** project please provide trade partner performance reference. Include general contractor contact information (name, title, email, phone).
7. **Two** projects must have a minimum project (contract) value of;
   1. 10-05 Miscellaneous Specialties: $1,000,000.00

**ATTACHMENT III COMPARABLE PROJECT EXPERIENCE – TRADE PARTNER**

COMPLETE AND SUBMIT THE FOLLOWING PROJECT DATA SHEET FOR THE **EACH** OF THE **TWO** COMPARABLE PROJECTS SUBMITTED AS EVIDENCE OF THE TRADE PARTNER’S EXPERIENCE. SUBMIT NO MORE THAN **THREE**.

**Verify all contacts prior to submittal.**

**Do not leave any spaces blank. Responses such as “N/A” are not acceptable. If not applicable, state “Not Applicable” and explain why. If none, state “NONE.”**

**Required Criteria:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project or Contract Number: | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Project Location: | | | | |  | | | | | | | | | | | | | | , | |  | | | | | | | | | , | |  | | |
|  | | | | | **Street Address** | | | | | | | | | | | | | |  | | **City & State** | | | | | | | | |  | | **Zip Code** | | |
| **Owner Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner Information: | | | | | | |  | | | | | | | | Contact Person: | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | **Owner’s Name** | | | | | | | |  | | | | | | | | | **Name & Title** | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | , | |  | | | | | | | | | , | |  | | |
|  | | **Street Address** | | | | | | | | | | | | | | | | |  | | **City & State** | | | | | | | | |  | | **Zip Code** | | |
| Telephone: | |  | | | | | | | | Facsimile: | | |  | | | | | | | | | | Email: | | | |  | | | | | | | |
| **Contractor Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of **Contractor’s** Office that Performed the Work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | , | |  | | | | | | | | | | | | | , | |  | | | |
| **Street Address** | | | | | | | | | | | | | |  | | **City & State** | | | | | | | | | | | | |  | | **Zip Code** | | | |
| Contact Person: | | | | | |  | | | | | | | | | | | | | | | | Telephone: | | | |  | | | | | | | | |
|  | | | | | | **Name & Title** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Facsimile: |  | | | | | | | |  | | Email: |  | | | | | | | | | | | | | | | | | | | | | |  |
| Name of **Contractor’s** Project Manager for project: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| Name of **Contractor’s** Superintendent for project: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| **Architect Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design Firm: | | |  | | | | | | | | | | | | | | Contact Person: | | | | | | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |  | | | | | | | | **Name & Title** | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | , | |  | | | | | | | | | | , | | |  | |
|  | | | **Street Address** | | | | | | | | | | | | | | |  | | **City & State** | | | | | | | | | |  | | | **Zip Code** | |
| Telephone: | | |  | | | | | | | Facsimile: | | |  | | | | | | | | | | Email: | | | | |  | | | | | | |
| Name of Design Firm’s Project Manager for project: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

**Contract Time:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Start Date: |  | | Scheduled Completion Date: | |  | |  |
|  | **Month/Day/Year** | |  | | **Month/Day/Year** | |  |
| Actual Completion Date: | |  | | Days Extended due to Unexcused Delays: | |  |  |
| (must **not be** prior to January 2015) | | **Month/Day/Year** | |  | |  |  |
|  | | | | | | | |

**Contract Amount:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | $ |  | $ |  | $ |  |
|  | **Base Amount** |  | **Adjustment Due to Change Orders** |  | **Final Contract Amount** |  |
| Minimum Amount Accepted: See Attachment II, Item D.7 above. | | | | | | |
|  | | | | | | |

**Scored Elements:**

|  |  |
| --- | --- |
| 1. | **Each** project must be a Hospital, Healthcare facility, or highly technical facility of similar scope, cost, size and complexity. Indicate if this project meets this criteria.  YES  NO |
| 2. | **One** project must be an OSHPD Level 1 Facility. Indicate if this project meets this criteria.  YES  NO |
| 3. | **One** project must have used pull planning scheduling and resource loaded work plan scheduling. Identify projects where pull plan scheduling was incorporated into the design and construction phases. Indicate if this project meets this criteria.  YES  NO |
| 4. | **One** project must have been in a congested urban site with adjacencies to existing, operating and occupied facilities. Indicate if this project meets this criteria.  YES  NO |
| 5. | Projects completed prior to January of 2015 will not be considered. Indicate if this project meets this criteria.  YES  NO |
| 6. | For each project please provide trade partner performance reference. Include general contractor contact information (name, title, email, phone). Indicate if this project meets this criteria.  YES  NO |
| 7. | **Two** projects must have a minimum project (contract) value listed above, per bid package. Indicate if this project meets this criteria.  YES  NO |

# CLAIMS HISTORY

|  |
| --- |
| **Only information for the Proposer’s office that will bid, manage, manage the design, construct, and staff the project shall be submitted** |

1. **General Contractor Against Contractor Claim**

Provide the information requested below for the Contractor (Licensee) listed in Item II.H

Complete a separate **FORM A – GENERAL CONTRACTOR AGAINST CONTRACTOR CLAIM** tabulation sheet for all claims: a) in excess of $30,000 for poor workmanship, incomplete performance, defective work, or b) in excess of $30,000 for unexcused delays in completion, asserted by General Contractor and/or Performance/Payment Bond sureties against the Contractor within the past five (5) years which were resolved with the result that Contractor, its surety or insurer was required to pay to General Contractor, or was assessed a deduction in the contract price by General Contractor, an amount exceeding forty percent (40%) of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration or lawsuit or by negotiated settlement with General Contractor or third party.

|  |
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| **A signature by the Proposer’s sole proprietor, general partner, or corporate officer is required on Form A. If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution** |

1. **Contractor Against General Contractor Claim**

Provide the information requested below for the Contractor (Licensee) listed in Item II.H.

Complete a separate **FORM B – CONTRACTOR AGAINST OWNER CLAIM** tabulation sheet for all claims (including false claims) in excess of $30,000 for extra compensation or damages asserted by Contractor against Owners within the past five (5) years, which were resolved with the result that Contractor received less than sixty percent (60%) of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes subcontractor claims (“pass through” claims) even if the contractor had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration or lawsuit or by negotiated settlement with Owner or third party. Do not include stop notices or causes of action to enforce stop notices.

|  |
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| **A signature by the Proposer’s sole proprietor, general partner, or corporate officer is required on Form B. If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.** |

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| **SUBCONTRACTOR AGAINST PRIME CONTRACTOR CLAIM** |

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| **FORM A** |

***Use one Form per Lawsuit or Arbitration***

***(Make Copies as Needed)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are there claims that meet the criteria in Section V.A of this statement?**  **If yes, please complete & sign the form below:** | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case Name and Number including Name and Location of Court or Arbitration Service: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Date Arbitration or Litigation Commenced: | | | | | | | |  | | | | | | | |  | | | | | | | |
| Project Name: |  | | | | | | | | | | | | | | | | | | | | | | |
| Project or Contract Number: | | | | |  | | | | | | | |  | | | | | | | | | | |
| Project Location: | |  | | | | | | | | | | | | , |  | | | | | | , |  | |
|  | | **Street Address** | | | | | | | | | | | |  | **City & State** | | | | | |  | **Zip Code** | |
| Name of Owner: | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact Person: | |  | | | | | | | | | | | | | | | | Telephone: | |  | | |
|  | | **Name & Title** | | | | | | | | | | | | | | | |  | | | | |
| Highest Amount Sought for All Claims: | | | | | | | $ | | | | | | | | | |  | | | | | |
|  | | | | | | | **(Amount in Figures)** | | | | | | | | | |  | | | | | |
| Amount Recovered: | | | $ | | | | | | |  | | | | | | | | | | | | |
|  | | | **(Amount in Figures)** | | | | | | |  | | | | | | | | | | | | |
| Method of Resolution (Check One): | | | | | | Judgment: | | | | | | Arbitration Award: | | | | | | | Litigation: | | | | |
|  | | | | | | Settled by Contracting Parties without Litigation or Arbitration: | | | | | | | | | | | | | | | | | |
|  | | | | | | Other: | | | | List: |  | | | | | | | | | | | |
| Date of Claim Resolution: | | | |  | | | | |  | | | | | | | | | | | | | | |
| Basis for Claim: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| If the lawsuit or arbitration was resolved for more than **forty percent (40%)** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Contractor and/or persons or entities associated with Contractor: | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | My signature below signifies my declaration that the answers provided on this **Form A** are current, accurate, and complete. | | | | | Proposer’s Signature: |  |  |  | | Printed Name & Title |  |  | **Date** | | **If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**OWNER AGAINST CONTRACTOR CLAIM**

|  |
| --- |
| **PRIME CONTRACTOR AGAINST SUBCONTRACTOR CLAIM** |

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| **FORM B** |

***Use one Form per Lawsuit or Arbitration***

***(Make Copies as Needed)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are there claims that meet the criteria in Section V.B of this statement?**  **If yes, please complete & sign the form below:** | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case Name and Number including Name and Location of Court or Arbitration Service: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Date Arbitration or Litigation Commenced: | | | | | | | |  | | | | | | | |  | | | | | | | |
| Project Name: |  | | | | | | | | | | | | | | | | | | | | | | |
| Project or Contract Number: | | | | |  | | | | | | | |  | | | | | | | | | | |
| Project Location: | |  | | | | | | | | | | | | , |  | | | | | | , |  | |
|  | | **Street Address** | | | | | | | | | | | |  | **City & State** | | | | | |  | **Zip Code** | |
| Name of Owner: | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact Person: | |  | | | | | | | | | | | | | | | | Telephone: | |  | | |
|  | | **Name & Title** | | | | | | | | | | | | | | | |  | | | | |
| Highest Amount Sought for All Claims: | | | | | | | $ | | | | | | | | | |  | | | | | |
|  | | | | | | | **(Amount in Figures)** | | | | | | | | | |  | | | | | |
| Amount Recovered: | | | $ | | | | | | |  | | | | | | | | | | | | |
|  | | | **(Amount in Figures)** | | | | | | |  | | | | | | | | | | | | |
| Method of Resolution (Check One): | | | | | | Judgment: | | | | | | Arbitration Award: | | | | | | | Litigation: | | | | |
|  | | | | | | Settled by Contracting Parties without Litigation or Arbitration: | | | | | | | | | | | | | | | | | |
|  | | | | | | Other: | | | | List: |  | | | | | | | | | | | |
| Date of Claim Resolution: | | | |  | | | | |  | | | | | | | | | | | | | | |
| Basis for Claim: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| If the lawsuit or arbitration was resolved for more than **sixty percent (60%)** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Contractor and/or persons or entities associated with Contractor: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| My signature below signifies my declaration that the answers provided on this **Form B** are current, accurate, and complete. | | | |
| Proposer’s Signature: |  |  |  |
| Printed Name & Title |  |  | **Date** |
| **If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.** | | | |

# VI. REQUIRED COMPLETED ATTACHMENTS

1. Qualification Questionnaire (reference Section I.)
2. Notarized Statement from Surety stating (reference Section II.M):
   1. Current available bonding exceeds the project Estimated Construction Cost;
   2. Total bonding capacity;
   3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the
   4. California Code of Civil Procedure Section 995.120;
   5. Surety(ies) acknowledge its intent to provide bonding of the Project in the event Contractor is awarded the Project.
3. Complete enrollment or update in McCarthy’s Prequalification system. (reference Section II.M).
4. Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section I.O).
5. Insurance Certificate (reference Section I.O).
6. Letter from Workers’ Compensation carrier evidencing your EMR for the past 5 years (reference Section I.P)
7. Resumes of all proposed Key Personnel (reference Attachment I). (with RFP)
8. List of comparable projects. (reference Attachment II).
9. Claims History, Forms A & B. (reference Section V).
10. Signature declaring the answers on RFQ response are true and correct (reference Attachment IV).

**ATTACHMENT IV - QUALIFICATION DECLARATION**

I,       ,hereby declare that I am the

(Printed Name)

      of

(Title) (Name of Firm)

(Circle one: Sole Proprietor, Partnership, or Corporation)

submitting this Qualification Questionnaire; that I am duly authorized to sign this Qualification Questionnaire on behalf of the above-named firm; and that all information set forth in this Qualification Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate and complete as of its submission date.

The undersigned declares under penalty of perjury that all of the Qualification information submitted with this form is true and correct and that this declaration was executed in       County, California, on       .

(Date)

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name)

**If the above is signed by someone other than the sole proprietor, a general partner or corporate officer, attach notarized power of attorney or corporate resolution.**