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| **GENERAL CONTRACTOR/ARCHITECT**  **PREQUALIFICATION QUESTIONNAIRE** |
|  |

**BRIEF DESIGN-BUILD DELIVERY**

**PROJECT NO. 9557640**

**Main Hospital Pharmacy Pyxis Reconfigurations**

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| --- |
| **Prequalification Questionnaire Due Date: Friday, March 29th, 2024, 2:00 p.m.** |

**Facilities Design & Construction Address questions to:**

**4800 2nd Avenue, Suite 3010 Leila Couceiro, Contracts Manager**

**Sacramento, CA 95817** [**lccouceiro@ucdavis.edu**](mailto:lccouceiro@ucdavis.edu)

<https://health.ucdavis.edu/facilities/work-with-us/contractors/out-to-bid>

PREQUALIFICATION QUESTIONNAIRE

**Project No. 9557640**

**Main Hospital Pharmacy Pyxis Reconfigurations**

**UC DAVIS HEALTH**

**FACILITIES DESIGN AND CONSTRUCTION**

**SACRAMENTO, CALIFORNIA**

Each prospective bidder must have the appropriate contractor’s license required by the State of California and must complete and submit all portions of this Prequalification Questionnaire.

Each prospective bidder must answer all applicable questions and provide all requested information. Any prospective bidder failing to do so may, at the sole discretion of the University of California, be deemed to be not responsive and not responsible with respect to this Prequalification, and its bid rejected.

The undersigned declares under penalty of perjury that the Prequalification information submitted with this form is correct, complete and not misleading and that this declaration was executed.

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| in |  | County, California, on |  |

|  |
| --- |
|  |
| **(Proposer Name)** |
|  |
|  |
| **(Proposer’s Contact Person for Questions)** |
|  |
|  |
| **(Address)** |
|  |
|  |
| **(City, State, Zip Code)** |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **(Telephone Number)** |  | **(Fax Number)** |  | **(Email Address)** |

|  |
| --- |
|  |
| **(Signature)** |
|  |
|  |
| **(Typed Name and Title)** |

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Each prospective Proposer must answer all of the following questions and provide all requested information, where applicable. Any prospective Proposer failing to do so may be deemed to be not responsive and not responsible with respect to this prequalification at the sole discretion of the University of California. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University of California will maintain its confidentiality to the extent permitted by law. Any prospective Proposer found to be not prequalified as a result of the Proposer's answers to this Prequalification Questionnaire will receive written response from the University Facility explaining the Facility's decision. If the Proposer can refute some of the facts upon which the decision was based, the Proposer can request a hearing at the Facility to appeal the decision. The appeal shall state the basis of the appeal and must be submitted in writing within 3 working days of receipt of notification and must request a written response or hearing from University. The decision of the Facility is final and not appealable within the University of California.

## Design Firm (Architect) Contact information:

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

|  |  |  |
| --- | --- | --- |
| **Provide the name of the Architect of Record to be used on the Project:** | | |
|  |  |  |
| **Name, Title** |  | **Current License Number** |

The Design Build contract will require the successful Proposer to provide both design and construction services. The entity that provides these services is the Proposer. All information required herein shall be submitted within the following parameters:

1. The Proposer shall hold all required licenses.

2. The Proposer shall be the financially responsible entity for bonding and insurance.

**Prequalification Questionnaires must be received by the deadline below at the upload link provided by the University. Please email** [**lccouceiro@ucdavis.edu**](mailto:lccouceiro@ucdavis.edu) **to receive an upload link for your company**.

**Provide one (1) electronic copy (pdf) of the Prequalification Questionnaire no later than 2:00 p.m. Friday,**

**March 29th, 2024.**

1. **REQUIRED ELEMENTS**

Proposer must pass the following requirements to be considered qualified.

**1. Licenses & Registration**

1.1 Proposer must be a licensed contractor in California with a **General Building Contractor “B”** classification.

Name of license holder exactly as on file with the California Contractor's State License Board:

License number:

* 1. Can you truthfully affirm that your firm's contractor's license **HAS NOT** been suspended or revoked by the California Contractor's State License Board within the last **5** years?

YES  NO

* 1. Department of Industrial Relations (DIR) Registration No.:

**2. Surety**

2.1 Is the surety to be used for this project authorized by the Insurance Commissioner to transact business in the State of California as an admitted surety insurer (as defined in the California Code of Civil Procedure Section 995.120)?

YES  NO

Name of Surety:

* 1. Is the entity able to obtain bonding for **$5,000,000?**

YES  NO

* 1. Can you truthfully state that **NO SURETY** has paid out any monies on claims on the performance bond issued for the benefit of the Owner arising out of the construction activities of the entity within the last **5** years?

YES  NO

**3. Insurance**

3.1 The successful Proposer for this project will be required to furnish certificates of general liability insurance in the minimum amounts of $2,000,000 per occurrence and $4,000,000 in the Aggregate, and $1,000,000 business automobile liability. The successful Proposer will also be required to furnish certificates of professional liability insurance in the minimum amount of $2,000,000 per occurrence and $4,000,000 in the Aggregate.

Will Proposer be able to meet the minimum coverage amounts listed above?

YES  NO

**4. Prior Disqualification**

4.1 Can you truthfully state that the entity (nor any member of the entity if a joint venture or partnership) **HAS NOT** been disqualified or barred from doing business with a public agency (e.g., federal, state, county, city, University of California System, California State University System, etc.) within the last **10** years?

YES  NO

1. **False Claims History**
   1. Can you truthfully state that the entity (nor any member of the entity if a joint venture or partnership) **HAS NOT** been found in a final decision of a court to have submitted a false claim to a public agency (e.g., federal, state, county, city, University of California System, California State University System,) within the last 10 years?

YES  NO

1. **Termination**
   1. Can you truthfully state that the entity (nor any member of the entity if a joint venture or partnership) **HAS NOT** been terminated for cause by an Owner once construction commenced within the last **5** years?

YES  NO

**IF YOU HAVE ANSWERED “NO” TO ANY OF QUESTIONS 1 THROUGH 6, YOU HAVE NOT MET THE MINIMUM QUALIFICATIONS FOR FURTHER CONSIDERATION FOR THIS PROJECT.**

1. **PROPOSER MUST COMPLETE THE FOLLOWING INFORMATION ENTIRELY TO BE CONSIDERED QUALIFIED.**

**Proposed Design-Build Team Members**

Provide the following information concerning each of the listed personnel. If the title/job function envisioned differs from the listed title provide the closest match and an explanation of the differences.

\*Note, there will be consultants and subcontractors required that do not need to be listed at this time for determination of prequalification. Please do not include information on consultants not specifically requested in this proposal.

Provide a 1-page (max) resume for each member listed.

**Design-Builder’s Project Manager (Preconstruction)**

Name:

Company Name / Title:

Employed by Contractor 3 years or more?  YES  NO

Managed any of the submitted projects (see item 5)?  YES  NO

If YES, List Project(s) Name here:

**Design-Builder’s Project Manager (Construction– may be the same as Preconstruction)**

Name:

Company Name / Title:

Employed by Contractor 3 years or more?  YES  NO

Managed any of the submitted projects (see item 5)?  YES  NO

If YES, List Project(s) Name here:

**Design-Builder’s Project Superintendent**

Name:

Company Name / Title:

Employed by Contractor 3 years or more?  YES  NO

Managed any of the submitted projects (see item 5)?  YES  NO

If YES, List Project(s) Name here:

**Architect’s Project Manager**

Name:

Firm Name / Title:

Managed any of the submitted projects?  YES  NO

If YES, List Project(s) Name here:

**Proposer’s Experience in Comparable Projects (complete 2 Project Experience forms only)**

Only information, experience and Work performed by the Design-Builder’s office that will bid, manage, coordinate design, construct, and staff the project will be considered for prequalification unless otherwise indicated below. (May include an affiliated office that shares staff resources.)

Submit detailed project documentation including photos that addresses the criteria below for **only two (2)** projects not less than **$250,000** in construction cost performed during the **past three (3) years (completed after December 2020)**. A **minimum of one project each** shall be submitted by the Contractor and Design Firm. This documentation shall demonstrate the Design Builder’s ability to successfully complete the project with respect to project size, cost, use, complexity, etc.

In addition to providing detailed project documentation, each project must be submitted on the **form below** in this section AND must address the criteria summarized below, to be considered a comparable project:

* **One** project must be delivered as a design-build contract or similar (i.e., Integrated Form of Agreement, or GMP Construction contract having provided Preconstruction Services, or CM-at-Risk).
* **One** project must be a medication dispensing unit replacement or similar equipment replacement. (Refrigerator equipment, Lab equipment)
* **One** project must be in an HCAI active acute care hospital.
* For **each** project, please provide owner contact information (name, title, email, phone).

1. **EVALUATION SCORING**

**Prequalification Scoring Criteria**

**A Maximum of 92 points are possible. Three of the proposers with the highest scores in Level I (this Prequalification Questionnaire) will be invited to participate in Level II (Technical Proposal).**

**Required Financial, Insurance, & Claims History Data pass/fail**

**Required Current Licenses pass/fail**

**Local Preference 4 points**

**Comparable Project Experience 56 points**

**Key Personnel 32 points**

***Total Possible: 92 points***

## 

## Local Preference

Only physical office locations within 150 miles of the UC Davis Medical Center are eligible for **a maximum of 4 points.**

**Contractor: maximum 2 points**

* **(2 points)** within 74-mile radius of UC Davis Medical Center
* **(1 points)** between 75- and 150-mile radius of UC Davis Medical Center

**Design Firm: maximum 2 points**

* **(2 points)** within 74-mile radius of UC Davis Medical Center
* **(1 points)** between 75- and 150-mile radius of UC Davis Medical Center

## Comparable Project Experience

Only two (2) comparable projects may be submitted with **a maximum of 28 points** possible for each. **Separate forms must be prepared for each Project submitted.**

**Part A:** The following criteria are worth a **maximum 16 points** for each comparable project:

* **(2 points) Project was a Design/Build Medication Dispensing Unit Project** – Medication Dispensing UnitProject was by performed by the Design-Builder (Contractor **and** Design Firm)
* **(6 points) Project was Design/Build Project** - Design-Build contract delivery method or similar (Integrated Form of Agreement, GMP Construction Contract having provided Preconstruction Services or CM-at-Risk)
* **(4 points) Project was a Medication Dispensing Unit Project** or similar equipment replacement. (Refrigerator equipment, Lab equipment)
* **(4 points) Project was in an HCAI Active Acute Care Hospital with multiple phases** – Project required complex planning with usersand multi-phased construction active on multiple floors

**Part B:** The following criteria are worth a **maximum 12 points** for each comparable project:

* **(6 points)** Contractor’s proposed Superintendent supervised construction of the Project.
* **(2 points)** Contractor’s proposed Project Manager managed the Project**.**
* **(4 points)** Design Firm’s proposed Project Manager managed the design of the Project.

## Key Personnel

Attach a description of your organization and an organizational chart proposed for this project, that includes the Key Personnel listed in the table below. It is understood that the full project team will include additional staff, consultants and subcontractors that do not need to be listed at this time for determination of prequalification. Please do not include information on any team members not specifically requested in the table below. Note: Key Personnel must be committed for the duration of the project.

|  |  |  |
| --- | --- | --- |
| ***CONTRACTOR PERSONNEL*** | ***DESIGN PROFESSIONALS*** | ***OTHER (Preferred)*** |
| **Project Executive** | **Architect of Record** |  |
| **Project Manager** | **Project Manager** |  |
| **Superintendent** |  |  |
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Provide a maximum two-page resume for each of the Key Personnel members. At a minimum, include 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. Education - list all degrees, including institution and year received.
4. Certifications – list all certifications, DBIA, etc.
5. Relevant project experience working on buildings of similar scope, size and complexity. Include project name, owner, project description, size (construction cost), project delivery method and current status (completion date if applicable). If the project listed is performed with previous employer, please list the firm’s name.
6. Relevant Design-Build project experience. Include project name, owner and size (construction cost).
7. Identify if individual worked on any of the three (3) submitted comparable projects.

**LOCAL PREFERENCE SCORING FORM**

|  |  |
| --- | --- |
|  | **CONTRACTOR:** |
| **2 pts** | Address provided above is located within 74-mile radius of the UC Davis Medical Center.  YES  NO |
| **1 pts** | Address provided above is located between 74- and 150-mile radius of the UC Davis Medical Center.  YES  NO |
|  | **DESIGN FIRM:** |
| **2 pts** | Address provided above is located within 74-mile radius of the UC Davis Medical Center.  YES  NO |
| **1 pts** | Address provided above is located between 74- and 150-mile radius of the UC Davis Medical Center.  YES  NO |
| **4 pts** | **MAXIMUM ALLOWABLE POINTS FOR LOCAL PREFERENCE** |

**KEY PERSONNEL SCORING FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Personnel Name** | **Proposed Role** | **Project No. 1** | **Project No. 2** | **Relevant Project Experience** | **Design Build Experience** |
|  | **Contractor’s PX** |  |  |  |  |
|  | **Contractor’s PM** |  |  |  |  |
|  | **Contractor’s Supt.** |  |  |  |  |
|  | **Architect of Record** |  |  |  |  |
|  | **Architect’s PM** |  |  |  |  |
|  | **Structural Eng.** |  |  |  |  |
|  | **Electrical Eng.** |  |  |  |  |
|  | **Mechanical Eng.** |  |  |  |  |
| **Sum all rows - Maximum 8 points in Each Project column:** | |  |  |  |  |

|  |  |
| --- | --- |
| **TOTAL KEY PERSONNEL POINTS** |  |

**INSTRUCTIONS**

Complete the Key Personnel Scoring Form by listing the names all Key Personnel noted in the table and placing the number 1 next to their name in each of the three Project columns if they participated in that project; placing the number 1 next to their name in the Relevant Project Experience and/or Design-Build Experience columns if they have participated in Design-Build and/or Relevant Project Experience. Sum the project columns and enter the total in the bottom row. Sum the three project totals on the bottom row and enter that sum in the “TOTAL KEY PERSONNEL POINTS” box above. The same name may be used in one contractor or professional role and one preferred role. Note: Each name attributed to a project should also be noted on the Project Data Form.

**COMPARABLE PROJECT INFORMATION**

**PROJECT NO. 1 – PROJECT DATA FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT INFORMATION** |  | **Final Construction Value:** |  |
| **Project Name:** |  | **Project Location:** |  |
| **Total Duration (YY-MM):** |  | **Date of Completion:** |  |
| **% Change Orders1:** |  | **Unexcused Delay Days:** |  |
| ***1 – Final construction value, minus the original contract amount, divided by the original contract amount, times 100.***  **Project Description (Attach up to 2 additional sheets if necessary):** | | | |
|  | | | |
| **Owner Contact Information** |  |  |  |
| **Owner Reference:** |  | **Project Role:** |  |
| **Email:** |  | **Phone:** |  |
| **Builder Contact Information** | |  |  |
| **Contractor Name:** |  | **Contact Name:** |  |
| **Email:** |  | **Phone:** |  |
| **Design Professional of Record Contact Information** | |  |  |
| **Design Firm Name:** |  | **Contact Name:** |  |
| **Email:** |  | **Phone:** |  |

**Key Personnel**

|  |  |  |
| --- | --- | --- |
| **List all Key Personnel proposed who participated in this Project. Attach additional sheet(s) if necessary.** | | |
| **Key Individual Name:** | **Firm Name:** | **Role:** |
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**COMPARABLE PROJECT EXPERIENCE – CONTRACTOR and/or ARCHITECT STAFF**

**PROJECT NO. 1 – QUESTIONNAIRE PART A**

**Name of Project:**

**Location of Project:**

|  |  |
| --- | --- |
| **2 pts** | **Project was a Design/Build Medication Dispensing Unit Project** – Medication Dispensing Unit Project was by performed by the Design-Builder (Contractor and Design Firm)  YES  NO |
| **6 pts** | **Project was Design/Build Project** - Design-Build contract delivery method or similar (Integrated Form of Agreement, GMP Construction Contract having provided Preconstruction Services or CM-at-Risk)  YES  NO |
| **4 pts** | **Project was a Medication Dispensing Unit Project** or similar equipment replacement. (Refrigerator equipment, Lab equipment)  YES  NO |
| **4 pts** | **Project was in an HCAI Active Acute Care Hospital with multiple phases** – Project required complex planning with usersand phases construction  YES  NO |
| **16 pts** | **TOTAL ALLOWABLE POINTS PROJECT 1 - PART A** |

**PROJECT NO. 1 – PART B**

|  |  |
| --- | --- |
| **2 pts** | Contractor’s proposed Project Manager managed the Project.  YES  NO |
| **4 pts** | A Design Firm’s proposed Project Manager managed the design of the Project.  YES  NO |
| **6 pts** | Contractor’s proposed Superintendent supervised construction of the Project.  YES  NO |
| **12 pts** | **TOTAL ALLOWABLE POINTS PROJECT 1 - PART B** |

**COMPARABLE PROJECT INFORMATION**

**PROJECT NO. 2 – PROJECT DATA FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT INFORMATION** |  | **Final Construction Value:** |  |
| **Project Name:** |  | **Project Location:** |  |
| **Total Duration (YY-MM):** |  | **Date of Completion:** |  |
| **% Change Orders1:** |  | **Unexcused Delay Days:** |  |
| ***1 – Final construction value, minus the original contract amount, divided by the original contract amount, times 100.***  **Project Description:** | | | |
|  | | | |
| **Owner Contact Information** |  |  |  |
| **Owner Reference:** |  | **Project Role:** |  |
| **Email:** |  | **Phone:** |  |
| **Builder Contact Information** | |  |  |
| **Contractor Name:** |  | **Contact Name:** |  |
| **Email:** |  | **Phone:** |  |
| **Designer Contact Information** | |  |  |
| **Design Firm Name:** |  | **Contact Name:** |  |
| **Email:** |  | **Phone:** |  |

**Key Personnel**

|  |  |  |
| --- | --- | --- |
| **List all Key Personnel proposed who participated in this Project. Add additional sheet(s) if necessary.** | | |
| **Key Individual Name:** | **Firm Name:** | **Role:** |
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**COMPARABLE PROJECT EXPERIENCE – CONTRACTOR and/or ARCHITECT STAFF**

**PROJECT NO. 2 – QUESTIONNAIRE PART A**

**Name of Project:**

**Location of Project:**

|  |  |
| --- | --- |
| **2 pts** | **Project was a Design/Build Medication Dispensing Unit Project** – Medication Dispensing Unit Project was by performed by the Design-Builder (Contractor and Design Firm)  YES  NO |
| **6 pts** | **Project was Design/Build Project** - Design-Build contract delivery method or similar (Integrated Form of Agreement, GMP Construction Contract having provided Preconstruction Services or CM-at-Risk)  YES  NO |
| **4 pts** | **Project was a Medication Dispensing Unit Project** or similar equipment replacement. (Refrigerator equipment, Lab equipment)  YES  NO |
| **4 pts** | **Project was in an HCAI Active Acute Care Hospital with multiple phases** – Project required complex planning with usersand phases construction  YES  NO |
| **16 pts** | **TOTAL ALLOWABLE POINTS PROJECT 1 - PART A** |

**PROJECT NO. 2 – PART B**

|  |  |
| --- | --- |
| **2 pts** | Contractor’s proposed Project Manager managed the Project.  YES  NO |
| **4 pts** | A Design Firm’s proposed Project Manager managed the design of the Project.  YES  NO |
| **6 pts** | Contractor’s proposed Superintendent supervised construction of the Project.  YES  NO |
| **12 pts** | **TOTAL ALLOWABLE POINTS PROJECT 2 - PART B** |