### BEST VALUE EVALUATION CRITERIA AND QUESTIONNAIRE

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As used herein, the term “entity” means the prospective bidder submitting this Prequalification Questionnaire regardless of whether the entity is a sole proprietorship, a corporation, joint venture, or partnership. Please note that the term “prospective bidder” may sometimes be used interchangeably with the term “entity.”

|  |  |  |
| --- | --- | --- |
| **SUBMITTED BY:** |  |  |
|  |  | (Entity Name. If a Joint Venture, state name of JV Entity) |
|  |  |  |
|  |  | (Contact Name) |
|  |  |  |
|  |  | (Address) |
|  |  |  |
|  |  | (City, State, Zip Code) |
|  |  |  |  |  |
|  |  | (Telephone Number) |  | (Facsimile Number) |
|  |  |  |  |  |
|  |  |  |
|  |  | (E-mail) |

**INSTRUCTIONS:**

Bidders shall submit a completed Best Value Questionnaire by responding to the following questions and criteria and shall attach all required documents and information as indicated below. Package shall be in PDF format and tabbed and using the same outline format presented in this questionnaire.

Submit this entire questionnaire and associated attachments as required by Supplementary Instructions to Bidders Item 7 in Article 5.3.1 Submission of Bids.

In addition to submitting questionnaire responses, the Bidder shall submit items to support Item II - Relevant Experience and Item III - Demonstrated Management Competency.

Provide responses to the Best Value criteria using the same outline format presented in this questionnaire, Article I through IV. If no response is given to a question, then no points will be given.

See checklist at the end of this Questionnaire.

**TOTAL POINTS AVAILABLE – 1,000**

1. Financial Condition……………………………. 150 Points
2. Relevant Experience…………………………...275 Points
3. Demonstrated Management Competency…...275 Points
4. Safety Record…………………………………...150 Points
5. Labor Compliance..……………………………..150 Points

 Total Points……………………………………1,000 Points

1. **FINANCIAL CONDITION – 150 POINTS**
2. Enter your firm’s current bonding capacity. $\_\_\_\_\_\_\_\_\_\_\_\_\_.00.
3. Submit a signed declaration from the Surety Company stating the amount of bonding capacity available to your firm. In addition, either submit a notarized declaration or include the following in the last paragraph of the declaration:

“The undersigned declares under penalty of perjury that the above statement(s) submitted is true and correct and that this declaration was executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state), on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date).”

1. Submit proof of your firm’s current Liability Insurance.

(NOTE: SURETY COMPANIES USED BY BIDDER SHALL BE AN ADMITTED SURETY INSURER AS DEFINED IN THE CALIFORNIA CODE OF CIVIL PROCEDURES SECTION 995.120.)

If bonding capacity meets or exceeds the above the value of the project, and Liability Insurance is appropriate, full points will be given.

1. **RELEVANT EXPERIENCE – 275 POINTS**
	1. **Instructions:**
		1. Bidder shall submit narratives for two (2) Qualifying projects that respond to the items listed in Article II.B.1 thru 10, Project Narrative Outline. Narratives shall follow the outline format of Article II.B.1 thru 10, Project Narrative Outline (Max 3 pages per project in 8 ½ x 11 page format).
	2. **Project Narrative Outline. Include the following information:**
		1. General project information of the Qualifying Project submitted with your Prequalification package:
			1. Project name:
			2. Location:
			3. Name of Owner and current contact information (name, address, telephone # and email address):
		2. Describe the Qualifying Projects and their specific relevance to the CT Scanner Replacement project – examples of relevance could include, but are not necessarily limited to, complexity of construction, equipment relevance, occupied work environment, etc.
		3. Describe your firm’s quality control and inspection process implemented during the construction phases of the Qualifying Projects to ensure conformance with all codes, owner standards, specifications, drawings, etc. Describe process to minimize or eliminate non-conformance observations from the IOR or AHJ.
		4. Describe any specific challenges with the Qualifying Projects. Identify lessons learned from these challenges, how they were mitigated in real time to minimize cost and schedule impacts to the client. Describe how these lessons learned could be applicable to this project.
		5. Describe any significant issues on the Qualifying Projects that resulted in cost or schedule increases between the original and final contract amounts and duration.
		6. Compare similarities in construction between the Qualifying Projects and the CT Scanner Replacement Project.
		7. Describe how you would approach the phased Infection Control Risk Assessment (ICRA) plan for the CT Scanner Replacement Project.
		8. Describe how you would approach the phased Interim Life Safety Measures (ILSM) plan for the CT Scanner Replacement Project.
		9. Describe potential procurement challenges for the CT Scanner Replacement project and how you will manage these items to deliver the project to meet the contract schedule.
		10. Describe how you will mitigate noise, vibration, material deliveries, etc. so as to minimize impacts to other occupants within the Radiology and Emergency departments and adjacent departments above and below.
2. **DEMONSTRATED MANAGEMENT COMPETENCY – 275 POINTS**

### Instructions:

* + 1. Bidder shall submit a schedule narrative as required in Article III.B.1 (Max 1 pages in 8 ½ x 11 page format).
		2. Bidder shall submit a schedule as required in Article III.B.2 in 8 1/2x11 page format (no page limit).
		3. Bidder shall submit responses to items listed in Article III.C.1 thru 3 and shall follow the outline format (refer to individual items for page counts).
		4. Bidder shall submit a narrative that responds to the items listed in Article III.C.4 thru 6. Narrative shall follow the outline format (Max 2 pages in 8 ½ x 11 page format).

### Proposed Contract Schedule:

1. Bidder shall submit a schedule narrative describing the bidders understanding of the CT Scanner Replacement project. Identify key assumptions, areas of concern, important owner milestones, etc. Describe your preferred scheduling software and why it is appropriate for this project.
2. Bidder shall submit a Proposed Contract Schedule identifying all proposed phases of construction. At a minimum, include key milestones, the interrelationship of phases, cutovers, tie-ins, temporary utilities, vendor installations and training, and owners’ staff and stock.

# Project Team Organization, management, and staffing plan

* + 1. Bidder shall submit an Organizational Chart as part of its bid identifying all proposed key personnel and how the team will be managed. If any of the team members have changed from the originally submitted Prequalification Submittal, each new team member shall be identified. Limit one (1) 8 ½ x 11 page.
		2. Bidder shall submit resumes demonstrating qualifications of the key personnel who will be assigned to this project. Key personnel are defined as, but not limited to the following: Project Executive, Project Manager, and Construction Field Superintendent. Resumes shall include experience of the key personnel. Resumes shall describe their position/title, education, professional licensing, and relevant projects over the last seven (7) years. Four resumes per 8 ½ x 11 page (see example Exhibit B the end of this Package).
		3. Bidder shall submit a table or matrix showing the Bidder’s current and pending major project commitments. Include in this table or matrix all Key Personnel, their current and planned project commitments and the percentage of time assigned to those commitments and the percentage of time available for this Project. Limit one (1) 8 ½ x 11 page.
		4. Describe how the Best Value Approach’s requirement for skilled and trained will be managed, tracked, and records maintained.
1. Describe your company process will be for change order management to ensure compliance with University requirements.
2. Describe how the bidder will manage document control for this project. Identify the management software used to track this process.
3. **SAFETY RECORD – 150 POINTS**
4. Does your firm have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8, Sections 1509 and 3203?

[ ]  Yes [ ]  No.

1. Does your firm have a written safety program that meets CAL/OSHA requirements?

[ ]  Yes [ ]  No.

### Will your firm have personnel assigned and dedicated to Safety on this project?

[ ]  Yes [ ]  No.

If “Yes”, state the names of all such personnel who will be assigned and individually list their specific duties:

Name, Title Specific Duties

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

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Include in their resumes (see Article III.C.2) safety certifications and/or safety related training received.

1. Have you had accidents, which resulted in a construction fatality, on any of your projects within the last five (5) years?

[ ]  Yes [ ]  No.

 If yes, provide additional information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any recordable injury in the past 5 years?

[ ]  Yes [ ]  No.

If “yes”, include the average total recordable injury for the past 5 years: \_\_\_\_\_\_\_\_\_\_

Include a total recordable illness rate for the past 5 years: \_\_\_\_\_\_\_\_\_\_

Include lost work rate for the past 5 years: \_\_\_\_\_\_\_\_\_\_

1. Attach EMR verification from State of California or from insurance company for each of the past 5 years.

EMR Rating:

Current Current: \_\_\_\_\_\_\_\_\_\_\_\_\_

Previous year 2: \_\_\_\_\_\_\_\_\_\_\_\_\_

Previous year 3: \_\_\_\_\_\_\_\_\_\_\_\_\_

Previous year 4: \_\_\_\_\_\_\_\_\_\_\_\_\_

Previous year 5: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had Cal-OSHA fines in the Serious, Repeat or Willful categories?

[ ]  Yes [ ]  No.

If yes, provide additional information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **LABOR COMPLIANCE – 150 Points**
2. Provide the **name**, **address and telephone number** of the apprenticeship program (approved by the California Apprenticeship Council) from whom Bidder intends to request the dispatch of apprentices to Bidder for use on the Project.

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Bidder operates its own State-approved apprenticeship program state the year in which each such apprenticeship program was approved, and attach evidence of the most recent California Apprenticeship Council approval(s) of Bidder’s apprenticeship program(s).

1. If any of the trade work identified below will be performed by subcontractors listed by Bidder in the Subcontractor Listing that accompanies its bid then answer the question below for each of such affected subcontractors.

 {EXAMPLE: Electrical, plumbing etc.}

Provide the **name**, **address and telephone number** of the apprenticeship program (approved by the California Apprenticeship Council) from whom Subcontractor intends to request the dispatch of apprentices to Subcontractor for use on the Project.

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Subcontractor operates its own State-approved apprenticeship program state the year in which each such apprenticeship program was approved, and attach evidence of the most recent California Apprenticeship Council approval(s) of Subcontractor’s apprenticeship program(s).

1. At any time during the last five years, has Bidder been found to have violated any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?

[ ]  Yes [ ]  No

If yes, provide the date(s) of such findings, and attach copies of the Department’s final decision(s).

1. If any of the trade work identified below will be performed by subcontractors listed by Bidder in the Subcontractor Listing that accompanies its bid then answer the question below for each of such affected subcontractors.

 {EXAMPLE: Electrical, plumbing etc.}

During the last five (5) years, was [IDENTIFY SUBCONTRACTOR] found to have violated any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?

[ ]  Yes [ ]  No

If yes, provide the date(s) of such findings, and attach copies of the Department’s final decision(s).

1. During the last five (5) years, was Bidder required to pay either back wages or penalties for Bidder’s failure to comply with the State's prevailing wage laws?

[ ]  Yes [ ]  No.

If "yes," identify the violation by providing the project name, date of the violation, name of the entity (or entities), a brief description of the nature of the violation, and a brief description of the status of the violation (pending, or if resolved, a brief description of the resolution).

1. If any of the trade work identified below will be performed by subcontractors listed by Bidder in the Subcontractor Listing that accompanies its bid then answer the question below for each of such affected subcontractors.

{EXAMPLE: Electrical, plumbing etc.}

During the last five (5) years, was [IDENTIFY SUBCONTRACTOR] required to pay either back wages or penalties for [IDENTIFY SUBCONTRACTOR] failure to comply with the State's prevailing wage laws?

[ ]  Yes [ ]  No.

If "yes," identify the violation by providing the project name, date of the violation, name of the entity (or entities), a brief description of the nature of the violation, and a brief description of the status of the violation (pending, or if resolved, a brief description of the resolution).

I declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Bidders’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the person signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position at the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CHECK LIST – EXHIBIT A

Provide responses using the same outline format presented in this questionnaire, Article I through V. Package shall be in PDF format and tabbed.

|  |  |  |  |
| --- | --- | --- | --- |
| Check | Item | Ref. | Sheets |
|  | Completed Questionnaire |  |  |
|  | Signed Declaration from Surety | I.B |  |
|  | Proof of Liability Insurance | I.C |  |
|  | Relevant Experience Narrative | II.B.1 thru 10 | Max 3 pages |
|  | Schedule Narrative  | III.B.1 | Max 2 pages |
|  | Proposed Contract Schedule  | III.B.2 | No Limit |
|  | Organization Chart | III.C.1 | Max 1 page |
|  | Key Personnel Resumes | III.C.2 | (4) per page |
|  | Project Commitment Matrix | III.C3 | Max 1 page |
|  | Management Narrative  | III.C.4 thru 6 | Max 2 pages |
|  | Additional Labor Compliance Documents if Necessary | IV |  |
|  | EMR Verification | V.F |  |

**Exhibit B - Example of requested 4 resumes per page per Article III.C.2**

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