DESIGN BUILDER (CONTRACTOR)

PREQUALIFICATION QUESTIONNAIRE Design Build Delivery

PARKING STRUCTURE 1 PROJECT NO. 956553

MANDATORY

PREQUALIFICATION CONFERENCE:

THURSDAY, JANUARY 10, 2019 AT 9:00 AM

SUBMITTAL DUE:

THURSDAY, JANUARY 31, 2019 AT 4:00 PM



Architects & Engineers 1223 University Avenue, Suite 240 Riverside, CA 92507 Lynn Javier University's Consultant (951) 827- 7911 lynn.javier@ucr.edu

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I. GENERAL

A. PROJECT DESCRIPTION

The University of California Riverside (UCR) proposes to develop a Parking Structure 1 (Project), The proposed Parking Structure 1 project will be a design-build construction project consisting of an above grade parking structure facility providing a minimum capacity of 1,200 spaces over an existing foot print of approximately 400 surface parking space. The main parking structure will have 2-way vehicular traffic ingress/egress access ramps. The high-performance parking structure design shall minimize energy use and adhere to campus wide CEQA requirements and those specific to the project. Construction shall comply with current building codes, accommodate a DAS system in compliance with fire rated codes (MHz) acceptable to the Designated Campus Fire Marshal and is to tie into the UCR fire alarm systems. Selected Design-Builder shall deliver a minimum U.S. Green Building Council (USGBC) ParkSmart minimum rating of "Silver". The design shall accommodate site topography and shall be be in full compliance with all applicable building codes. The structure will be ventilated naturally to at least 50 percent of the entire structure to the open air in accordance with code requirements so as to minimize or eliminate the need for mechanical ventilation. Vertical pedestrian movement/access shall be provided by minimum of two stairwells and at least one elevator as required by code.

Project Delivery: Design Build

Estimated Construction Cost: \$24,530,000

B. PROJECT TIMING

Prequalification Questionnaire issued:
 Mandatory Prequalification Conference
 Prequalification Questionnaire due:
 Review and Shortlisting of Design Build Teams:

December 21, 2018
January 10, 2019
February 31, 2019
February 2019

Interview of Shortlisted Design Build Teams
 Issue Request for Proposal to selected Design Build Teams:
 Mid-March 2019
 Mid-March 2019

Proposals due: Mid-June 2019
Notice of Selection: Early July 2019

Award Contract & Notice to Proceed:

July - September 2019

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: **16 Months.**

The Contract Time will include completion of the Design Documents, Construction Documents, and the actual construction of the project.

C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

No contractor or subcontractor may be listed on a Bid for this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)].

No contractor or subcontractor may be awarded any portion of this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.

This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

This project is subject to *General Prevailing Wages* predetermined by the Department of Industrial Relations (DIR).

D. PREQUALIFICATION PROCESS - DESIGN BUILD DELIVERY

The University intends to evaluate Design Builder (Contractor) qualifications for prequalification, solicit proposals from prequalified design build teams, and award a contract after receipt of proposals. The design build delivery process for this project begins with the prequalification of responsible General Contractors and Architects working together as "**Design Build Teams**", but the actual structure of the entity is at the discretion of each Design Builder (Contractor).

The successful Design Builder (Contractor) will hold a current and active **General Engineering Contractor** "A" license to provide design development, construction documents and related work required to construct the project as described and specified in the Contract Documents. Each member of the design build team shall comply with the laws of the State of California and hold all required licenses to perform the work for which it is duly authorized.

To prequalify, the Design Build Team must meet all of the requirements described in this questionnaire and in the interview. The purpose of the Prequalification Questionnaire is to provide the University with sufficient information to determine if the Design Build Team is "responsible." The term "responsible" refers to trustworthiness, quality, fitness, capacity, experience, financial stability, and the ability to satisfactorily perform the work.

The prequalification process is as follows:

1. Questionnaire

Provide all requested information, as applicable, on the questionnaire. Any prospective Contractor failing to do so may be deemed non-responsive with respect to the prequalification process for this project. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

Prequalification Questionnaires will be issued electronically to interested Design Builders (Contractors) on **Friday**, **December 21**, **2018**, **9:00 AM** For information call Lynn Javier (951) 827-7911 or email lynn.javier@ucr.edu

2. Mandatory Prequalification Conference

Design Builders (Contractors) interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Conference scheduled for **Thursday**, **January 10**, **2019 beginning promptly at 9:00 AM**. Design Builders (Contractors) failing to sign in on the official attendance sheet at the prequalification conference will not be eligible to participate in the prequalification process.

Participants shall meet at: University of California, Riverside, Glen Mor Building K, Rooms K106/K108, Riverside, California 92507. The Big Springs Parking Garage located on Big Springs Road will be opened for all participants to park. A parking attendant will be issuing permits at the Big Springs Parking Garage from 8:00 AM – 9:00 AM.

3. Submittal Procedures and Deadline

Design Builders (Contractors) interested in prequalifying to propose on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that Design Builders (Contractors) may incur to complete the prequalification process. All applicable portions of the attached forms shall be completed with attachments if the space provided on the questionnaire is not sufficient.

 Provide one (1) original, five (5) copies, and one (1) electronic CD/DVD copy of the Prequalification Questionnaire. Submittals <u>must be received</u> no later than:

Thursday, January 31, 2019 at 4:00 PM

- Prequalification Questionnaires must be submitted in 3-ring binders with tabs indicating all appropriate sections. Attachments must be placed behind the appropriate tabs.
- The front of the binders must indicate the Design Builder's (Contractor) name and address using the following format:

PREQUALIFICATION QUESTIONNAIRE Company Name and Address:

Project Name: Parking Structure 1 Project No. 956553

Due Date and Time: Thursday, January 31, 2019 at 4:00 PM

Prequalification Questionnaires must be received only at:

University of California, Riverside, Architects & Engineers, 1223 University Avenue, Suite 240, Riverside, CA 92507. Attention: Lynn Javier

 Design Builders (Contractors) shall assume full responsibility for timely delivery at the location designated for receipt of Prequalification Questionnaires. ORAL, TELEPHONIC, FACSIMILE, TELEGRAPHIC, OR E-MAILED PREQUALIFICATION QUESTIONNAIRES ARE INVALID AND WILL NOT BE ACCEPTED. NO PREQUALIFICATION DOCUMENTS WILL BE ACCEPTED AFTER THE DUE DATE AND TIME.

4. Rating and Evaluation Procedures

A. To be selected for the Interview process, a prospective Design Builder (Contractor) must:

DESIGN AND CONSTRUCTION EXPERIENCE Have sufficient project experience for the Design Builder (Contractor) and Design Firm. The projects submitted will receive points based on the extent to which they meet the listed criteria.

2. KEY PERSONNEL

470 Possible Points

Demonstrate adequate experience for Design Builder (Contractor) and Design Firm Team Key Personnel (information submitted will receive points based on education, training, and experience).

3. LICENSE Pass/Fail

Hold the proper license(s), current and active.

4. SURETY Pass/Fail

Submit a notarized statement from the proposed surety(ies) that states:

- a. Design Builder's (Contractor) current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
- b. Design Builder's (Contractor) total bonding capacity.
- c. 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.
- d. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

5. INSURANCE Pass/Fail

Submit a written declaration from its insurance agent/broker/carrier stating that the Design Builder (Contractor) is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Design Builder's (Contractor) insurance certificate.

6. **SELF PERFORMANCE**

10 Possible Points

Ability to self-perform a minimum of 15% of the work of the construction contract.

7. ANNUAL REVENUE Pass/Fail Have an annual 2018 revenue equal to or greater than \$73,590,000.

- 8. Submit all requested information that is current, accurate, and complete.
- B. To be selected for the interview process, a prospective Design Builder (Contractor), including any proposed joint venture partners, **must not have**:

1. EXPERIENCE MODIFIER RATE

Pass/Fail

An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.0 for 5 or more of the past ten years.

2. SURETY Pass/Fail

A surety complete work on any contract within the past ten years.

3. CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS Pass/Fail A Contractors State License Board disciplinary action in the past ten years.

4. LABOR CODE VIOLATIONS

Pass/Fail

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 years.

5. **CLAIMS HISTORY**

Pass/Fail

A claim that meets the parameters specified in the Claims History section.

C. Design Builder (Contractor) will be evaluated on the following additional criteria:

1. FINANCIAL DATA

20 Points

A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long-term debt), and has a debt to net worth ratio (long term liability) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The University may deem Design Builders (Contractors) with poor financial standing not qualified.

THE UNIVERSITY MAY FIND A PROSPECTIVE DESIGN BUILDER (CONTRACTOR) / DESIGN BUILD TEAM NOT QUALIFIED IF THE UNIVERSITY RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.

Questionnaires failing to clearly present all of the requested information, or that are not in the format requested may be considered non-responsive and rejected on that basis. Each copy of the submittal must be complete and fully responsive to the Prequalification Questionnaire requirements.

After review of the Prequalification Questionnaire, the University 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.

Design Builders (Contractors) selected for interviews will be notified in writing, and will specify the date, time, and location of their interviews and outline the interview process. The University reserves the right to re-open the Design Builder (Contractor) prequalification process if the University determines that there are insufficient prequalified Design Builders (Contractors) to support the Proposal process.

5. Interview 20 Possible Points

The Design Build teams that receive 675 or more points out of a possible 900 points based on the established rating system will be invited to participate in the Level II Interview step and be evaluated by the University's evaluation committee. During the interview, the Design Build team will have a specified amount of time to address the items listed below followed by a session of questions and answers. Key members of the Design Builder's (Contractor) Firm (Project Executive, Construction Project Manager, Design Manager, Superintendent, and Quality Assurance Manager) and Architect's Firm (Principal-in-Charge, Design Architect, Design Firm's Project Manager, and Architect of Record), and Key Consultants (Electrical and Structural Engineers and Parking and Sustainability Consultants) are required to attend the interview.

The following shall be presented during the Interview:

- a. **Relevant Experience:** Provide a brief description of the Design Builder's (Contractor) relevant project experience, especially design build project experience of similar size, scope and complexity to the proposed project.
- b. Project Team: Show an organized and effective strategy for coordinating a design build project team. Identify key team members including the University's single point of contact for the project, the project manager and/or design manager, and quality control manager. Describe tools and strategies for monitoring progress, performance and follow-up activities as well as a proactive approach to resolving problems and disputes. Identify instances where the Design Build Team (Contractor and Design Partner) have worked with each other on previous projects.
- c. Subconsultant Responsibilities and Reporting Relationships: Identify and discuss the responsibilities and reporting relationships of key subconsultants. Identify the design build team participant who is responsible for overall project drawing coordination, document control, and the tools and technologies used for that purpose.

- Parking Structure 1 Project No. 956553
- d. **Design Firm Experience:** The Design Team Architect shall provide a brief description of the firm's design philosophy along with challenges and opportunities seen in achieving goals for this project. Provide a brief description of relevant design commissions within the past five years. Include details of the following:
 - Project Scope
 - Project Schedule
 - Construction Value
 - Design Methodology
 - Key Design Consultants
 - Key Success / Challenges Overcome
- e. **Project Work Concept:** Describe a project work concept illustrating the ability of the team to integrate the proposal, design, and construction process including:
 - Bid Phase Responsibilities: Outline the roles and responsibilities of the Design Builder (Contractor), and major subconsultants during the bid phase and the design build team's approach to providing best value in its proposal.
 - ii. **Management of Design Process:** Identify the team participants who are responsible for the successful management of the design process in terms of meeting the original schedule submitted at the time of bid and assuring compliance with the RFP.
 - iii. **Design and Construction Schedule:** Describe a conceptual approach to the project that integrates the design, construction document, and construction phases in a manner that meets project deadlines and identifies potential obstacles to success and methods for overcoming those obstacles.
 - iv. **Demobilization/Project Closeout:** Demonstrate the team's understanding of the University's project closeout process and show a commitment to properly staffing the Project through its completion.

Design Builders (Contractors) will be notified of their prequalification status after evaluation of the Prequalification Questionnaires and interviews.

Prospective Design Builders (Contractors) that do not prequalify as a result of their response to the Questionnaire and/or the Interview process will receive written notice from the University and may request an informal hearing to contest the University's decision. The request for a hearing must be received in writing within three business days of receipt of the University's notice and must state the basis of the appeal. The decision reached by UC Riverside as the result of any resulting hearing is final and may not be appealed within the University of California.

The University reserves the right to reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

PROPOSERS SHALL AVOID A CONFLICT OF INTEREST

Any consultant hired to develop the program plan or project proposal documents on behalf of the University shall be precluded from participating as a member of the design build team.

E. PROPOSAL PREPARATION, SUBMITTAL EVALUATION AND CONTRACT AWARD PROCESS

Design Builders (Contractors) that successfully prequalify will be invited to submit a proposal to design and construct the project. The steps leading to contract award is summarized as follows:

- 1. University issues Request for Proposal to Prequalified Proposers
- 2. Pre-proposal Conference
- Confidential one-on-one meetings between the University and individual Design Build Team
- 4. Proposals submitted before the established deadline
- 5. Technical evaluation of proposals

- 6. Public bid opening of price proposals
- 7. Best and Final Offer process, if required
- 8. Determination of the best value proposal and announcement of the apparent lowest responsible proposer
- 9. Contract award

Additional information and details regarding proposal preparation, submittal and the University's evaluation and award process will be provided to the prequalified Design Builders (Contractors) in the Request for Proposals and mandatory pre-proposal conference.

F. 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 Prequalification Questionnaire Form. Each entity of the proposed Joint Venture must submit a separate and independent set of the Prequalification Questionnaire forms. To be considered, each entity must meet the requirements in Item I.D.4, *Rating and Evaluation Procedures*, except for Items I.D.4.A.1 or I.D.4.C.1 which will be scored on the basis of combined strength of the proposed Joint Venture. Item I.D.4.A.4, *Surety*, shall be submitted on one of the two applicants' forms completely documenting the stated requirements by a qualified Surety. Requests of Design Builder (Contractor) Joint Ventures to prequalify for this project will not be considered after close of acceptance of prequalification questionnaires unless the University decides that it is in its best interest to reopen the prequalification process in a manner stated in the prequalification questionnaire.

II. PREQUALIFICATION QUESTIONNAIRE

ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

A. DESIGN BUILDER (C	ONTRACTOR) NAME AND ADD	DRESS	
Company Name:			
	Telephone	Facsimile	
Street Address:	Street Address	City & State	Zip Code
Contact Person #1:			
	Name, Title	Email	Telephone
Contact Person #2:	Name, Title	Email	Telephone
B. DESIGN BUILD TEAM	COMPOSITION		
1. Design Builde	er (Contractor):		
		Company Name	
2. Design Firm (Architect):		
	Company N	lame	
Tele	phone	Facsimile	
	Street Address	_ ,,_ City & State	Zip Code

Contact Na	ame, Title	Email
Proposed Architect of Re	ecord:	
Name	, Title	 Email
License No.	Issue Date:	Expiration Date:
Provide the following information	for the Design Builde	r (Contractor):
C. ENTITY SUBMITTING THIS PREQUAL	LIFICATION QUESTIONNAI	RE
Parent Company: Subsidiary:	Other:	
Branch Office: Division:		
D. Type of Puginess Openius ation		
D. TYPE OF BUSINESS ORGANIZATION	<u> </u>	
Corporation: State of Incorporation	on:	
Partnership: Joint Venture: So	ole Proprietorship:	
Other:		
If a partnership , provide the following		
	General:	Association:
Name and complete legal address of		<u>—</u>
Traine and complete legal address of	edon general partitor.	
Partner's Name		Legal Address
Partner's Name		Legal Address
Total number of employees on payroll	in the corporation:	
Total number of employees on payro	II in the local office sub	mitting this prequalification:
Principal Office (if different from above	/e):	
		Street Address
		City, State & Zip Code
President's Name		Vice President's Name
Secretary's Name		Treasurer's Name

E. YEAR COMPA	NY WAS ESTABLISHED		
Year established:			
F. PARENT COM	PANY INFORMATION (IF APPLICABLE)		
Company Name:			_
	Telephone	Facsimile	-
Street Address:	Street Address		Zip Code
Contact Person:			
	Name, Title	Telepho	one
G. LIST ALL FOR	MER COMPANY NAMES		
O. LISTALL TOR	MER COMPART PAMES		
H. LICENSE			
	er (Contractor) must have a current an tate License(s) for this project.	nd active General Engineering (A) California
The entity subn	nitting this Prequalification Questionnaire	must be the holder of the requisite	license(s).
Does your firm ha	eve the required current and active Califo	rnia State Contractors license(s)?	Yes 🗌 No 🗆
Name of License	ee as it appears on record with the Califo	rnia Contractors State License Boa	ard:
License No.	Issue Date:	Expiration Date:	
Li	cense Class/Classes	Certification(s)	
	contractor license been suspended or ithin the past ten years? Yes No	revoked by the California Conti	ractors State
If yes, please e	xplain:		

JOINT VENTURE: List Joint Venture's license information above and license information for all Joint Venture entities below:

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):				
Has the above contractor license been suspended or revoked by the California Contractors St License Board within the past ten years? Yes $\ \square$ No $\ \square$	ate			
If yes, please explain:				
For Joint Venture Entity #2 of 2: Name of Licensee as it appears on record with the California Contractors State License Board:				
•				
•				
Name of Licensee as it appears on record with the California Contractors State License Board:				
Name of Licensee as it appears on record with the California Contractors State License Board: License No Issue Date: Expiration Date:				
Name of Licensee as it appears on record with the California Contractors State License Board: License No Issue Date: Expiration Date: License Class/Classes:				

JOINT VENTURE APPLICANTS: 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 Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license that is current and active upon submission of the Design Builder (Contractor) Prequalification Questionnaire. The letter of commitment must include:

- 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

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.

<u> </u>	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 \(\Boxed{\square} \) No \(\Boxed{\square} \)
	If yes, give details including dates:
<u>J.</u>	DEBARMENT
	Is your company currently debarred by any Federal, State or local agency? Yes No
	If yes, give details including dates:
K.	LABOR CODE VIOLATIONS
	Lies your company during the past top years, received a determination by a court or an administrative
	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 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:

L. SURETY

List below <u>ALL</u> Surety companies used by your company **within the past ten 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:

0	Suret	y's Name		Telephone
Street Address:	Street Ac	Hdraes	,City & State	,Zip Co
			·	Zip GC
to	H		ompany #1 completed work ect your firm defaulted on?	Yes 🗌 No
(Period Cove		on a proj	ect your firm defaulted on?	
	·			
RETY COMPANY #2:				
Ctus at Addus as		y's Name		Telephone
Street Address:	Street Ad	ddress	City & State	Zip Co
to				
MM/YYYY	П	as listed Surety Co	mpany #2 completed work	Yes 🗌 No
IVIIVI/ Y Y Y Y	MM/YYYY	on a proi	ect your firm defaulted on?	163 INC
(Period Cove		on a proj	ompany #2 completed work ect your firm defaulted on?	
(Period Cove	red)	on a proj	ect your firm defaulted on?	Tes No
(Period Cove	red)	on a proj	ect your firm defaulted on?	
(Period Cove	red)	on a proj	ect your firm defaulted on?	Telephone
	red) Suret	y's Name		Telephone
(Period Cove	red) Suret		city & State	
(Period Coverage (Perio	Suret Street Ac	y's Name ddress as listed Surety Co	City & State	Telephone
(Period Covered RETY COMPANY #3: Street Address: to	Suret Street Ad MM/YYYY	y's Name ddress as listed Surety Co	, City & State	Telephone
(Period Coverage (Perio	Suret Street Ad MM/YYYY	y's Name ddress as listed Surety Co	City & State	Telephone
(Period Covered Covere	Suret Street Ad MM/YYYY	y's Name ddress as listed Surety Co	City & State	Telephone
(Period Covered RETY COMPANY #3: Street Address: to	Suret Street Ad MM/YYYY	y's Name ddress as listed Surety Co	City & State	Telephone
(Period Covered Covere	Suret Street Ac MM/YYYY red)	y's Name ddress as listed Surety Co on a proj	City & State	Telephone , Zip Co
(Period Coverage (Perio	Suret Street Ac MM/YYYY red)	y's Name ddress as listed Surety Co	City & State	Telephone
(Period Covered Covere	Suret Street Ac MM/YYYY red)	y's Name ddress as listed Surety Co on a projection	City & State	Telephone , Zip Co

M. FINANCIAL CAPABILITY

<u>Attach</u> a notarized statement from the surety(ies) that states the following:

- 1. Current available bonding capacity meets or 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 California Code of Civil Procedure Section 995.120; and
- 4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

N. FINANCIAL DATA

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Debt (Long Term Liability), and Total Net Worth for the past three (3) fiscal years. Specify your company's total and current available bonding capacity.

1. Total Revenue (past 3 fi	scal years):	2. Net Income (past 3 fiscal years):		
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending	\$	
Year Ending Year Ending Year Ending	\$	Year Ending Year Ending	\$	
3. Current Assets (past 3 f	iscal years):	4. Current Liabilities (pa	st 3 fiscal years):	
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending Year Ending		
Year Ending Year Ending Year Ending	\$	Year Ending	\$	
5. Total Debt (past 3 fiscal	years):	6. Total Net Worth (past	3 fiscal years):	
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending Year Ending	\$	
Year Ending	\$	Year Ending	\$	
7. Total Bonding Capacity	:	8. Total Available Bondi	ng Capacity:	
\$		\$		

PROVIDE <u>ONE (1) COPY</u> OF ALL AUDITED FINANCIAL STATEMENTS FOR THE PAST THREE YEARS OF OPERATION IN THE <u>ORIGINAL BINDER</u>.

O. INSURANCE

The successful Design Builder (Contractor) for this Project will be 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:

1 0 7	• ,	J
COMMERCIAL FORM GE	NERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence - Combined S	Single Limit for Bodily Injury and Property Damage:	\$5,000,000
	Products-Completed Operations Aggregate:	\$5,000,000
	Personal and Advertising Injury:	\$2,000,000
	General Aggregate:	\$10,000,000
CONTRACTO	R'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
	Professional Liability	\$10,000,000
BUSINESS AUTON	MOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Accident - Combined S	Single Limit for Bodily Injury and Property Damage:	\$5,000,000
POLI	LUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
	Each Occurrence:	\$5,000,000
	Products-Completed Operations Aggregate:	\$5,000,000
	General Aggregate:	\$5,000,000
Worker	s' Compensation – As required by Federal and Sta	ate of California law
	EMPLOYER'S LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
	Each Employee:	\$1,000,000
	Each Accident:	\$1,000,000
	Policy Limit:	\$1,000,000
Incurance required for Markers'	Componentian and Employer's Liability Insurance	aball be issued by

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 (as 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 \(\subseteq \text{No} \subseteq \)
- If "yes," <u>provide declaration(s) from your insurance agent/broker/carrier</u> stating that your firm is able to obtain insurance coverage in the <u>limits and ratings</u> stated above from the insurance companies required for this Project.
- 3. Provide a copy of your company's insurance certificate.

P. EXPERIENCE MOI	DIFICATION RATE				
List your compar	ny's Workers' Comp	ensation Experi	ience Modificati	on Rate for the pa	st ten years:
2009:	2010:	2011:	2012:	2013:	
2014:	2015:	2016:	2017:	2018:	
If the Modifica explanation, in		en above 1.0 f	or five or more	e of the past ten	years, provide an
	Provide a letter from				
Q. QUALIFICATION F	IISTURT				
	following informati E <u>University of Cal</u>		uilder (Contract	or) has not qualifie	ed to perform
UC Campus Name: Facility's Contact Pe					
<u>-</u>					
Project Name:					
Project Number:					
Date of Notice of Fai	llure to Qualify:				
Reason for Failure to	o Qualify:				
	following information of the contracting entity				alified to perform
Contracting Entity:					
	Telepho	ne		Facsimile	
Street Address:	•				
	Street A	Address		City & State	Zip Code
Contact Person:		Name Title		_ 	
Due is at Name .		Name, Title			Telephone
Project Name:					
Project Number:					
Date of Notice of Fai					
Reason for Failure to		nrovido Haa infa	ation on voice	anony'a lattarhand	

(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.)

R.	YEARS OF EXPERIENCE
	Does your company have at least ten years of experience as a General Engineering Contractor ? Yes \(\subseteq \text{No} \subseteq \)
	Pro Jest Completion
<u> </u>	PROJECT COMPLETION
	Has your company failed to complete a Contract or been removed from a project within the past ten years? Yes \square No \square
	If yes, give details including dates:
Т.	Self-Performance
	Does your company have the ability to self-perform a minimum of 15% of the work of the construction contract? Yes \square No \square
	If yes, list trades your company self-performs:
U.	LIQUIDATED DAMAGES
	Has your company been assessed liquidated damages for failing to complete a contract within the time specified in the contract documents since within the past ten years? Yes \(\square \) No \(\square \)
	If yes, give details including dates:

V. SUPPLEMENTAL COMPANY INFORMATION

1. <u>S</u>	Safety Program	
a.	 Does your company have a written Injury and Illness Prewith California Code of Regulations, Title 8 Sections 150 	
b.	b. Does your company have personnel permanently assig	ned to safety? Yes No
<u>If</u> y	If yes, state the names of all personnel who are assigned and	d list their specific duties:
Nan	Name: Title:	
Spe	Specific Duties:	
	Name: Title:	
2. <u>Q</u>	Quality Control Processes	
a.	a. Does your company have a written QA/QC program? Y	es 🗌 No 🗌
b.	b. Does your firm have personnel permanently assigned to	QA/QC? Yes 🗌 No 🗌
	If yes, state the names of all personnel who will be permaduties:	nently assigned and list their specific
Nan	Name: Title:	
Spe	Specific Duties:	
Nan	Name: Title:	
	Specific Duties:	

(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.)

III. PROJECT EXPERIENCE

A. DESIGN BUILDER (CONTRACTOR) CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. Only information, experience and Work performed by the Design Builder's (Contractor) office that will bid, manage, design, construct, and staff the project will be considered for prequalification unless otherwise indicated below. Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **FIVE (5) PARKING STRUCTURE projects completed in the past ten 10 years** that meet the criteria listed below and demonstrate the Design Builder's (Contractor) ability to successfully complete the project with respect to project size, cost, use, complexity, etc.
 - At least three (3) PARKING STRUCTURE projects for which the construction cost was at least \$20 million each.
 - At least three (3) PARKING STRUCTURE projects located in the STATE OF CALIFORNIA for which the construction cost was at least \$20 million each.
 - At least two (2) PARKING STRUCTURE projects which used DESIGN BUILD delivery for which the construction cost was at least \$20 million each.
 - At least three (3) PARKING STRUCTURE projects that included a minimum of 1,000 PARKING STALLS for which the construction cost was at least \$20 million each.
 - At least one (1) PARKING STRUCTURE project that achieved a U.S. GREEN BUILDING COUNCIL (USBC) PARKSMART SILVER RATING for which the construction cost was at least \$20 million.
 - At least two (2) PARKING STRUCTURE projects for which your firm SELF-PERFORMED AT LEAST 15% of the construction.
- c. Projects presented for consideration must be accompanied by photograph(s) of the project.
- d. Submit a list of all parking structure projects completed in the past 10 years that include some or all of the criteria listed above. **Include the following details:**
 - Project Name
 - Project Owner (include contact name, title, phone number, and email address)
 - Final Construction Amount
 - Completion Date

DESIGN BUILDER (CONTRACTOR) PROJECT #1

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."

Project Name:						
Project or Contract N	umber:					
Project Location:	Ctract Address	,	City & State	, Zip Code		
	Street Address		City & State	Zip Code		
Owner Information:						
		Owner's				
Address:	Street Address	,	City & State	Zip Code		
Contact Person:	Oli Oot / (dal oot	,	Ony a State	216 0000		
Contact i croon.		Name & Title				
_						
	Telephone	Facsimile	Ema	ail		
Address of Design Builder's (Contractor) Office that Performed the Work:						
	Street Address	,	City & State	Zip Code		
Contact Person:						
		Name & Title				
Email: Name of Design Build for project:	der's (Contractor) Project M a	anager 	Telephone:			
Did the Project Mana	ager listed above assigned the ger listed above complete the der's (Contractor) Superinte	e project?	ne project?	Yes No No Yes No		
	ent listed above assigned the	e iob at the start of the	e project?	Yes 🗌 No 🗍		
	nt listed above complete the		, p. 0,000	Yes No		
Design Firm:						
Address:		,		,		
	Street Address	,	City & State	Zip Code		
Contact Person:		N 0 Titl-				
		Name & Title				
-	Telephone	Facsimile	Ema	ail		
N (5 : 5:	·		Lille	ALI		
Name of Design Firm	's Project Manager for proje	ect:				
Name of Architect of	f Record for project:					

DESIGN BUILDE	R (CONTRACT)	OR) PROJEC	T #1			
Contract Time:						
Start Date:		Sahadu	lad Camplatian F	Ooto:		
Start Date.	onth/Day/Year	Scriedu	ied Completion L	Date	Month/Day/Ye	ear
Actual Completion Da	te:				o Unexcused Delays	
'	Month/D	ay/Year	,		-	
If project is not comple	ete, specify percent	tage of completion	on:		% (Total cost of work	k in place)
Contract Amount:						
\$			\$		\$	
Project Information	Amount	Adjustment	Due to Change C	Orders	Final Cont	ract Amount
Completed For:	Institution of High Other ☐ Speci	c			ıblic Agency 🗌	
Type of Facility:	Parking Structure					
Project Delivery:	Design Build	Traditional	Other Specif	y:		
Construction Type:	New 🗌					
Did this project inclu	ude a minimum of	1000 Parking S	Stalls? If not, ho	w many	stalls?	Yes 🗌 No 🗌
Did this project achie	eve U.S. Green Bu	ıilding Council	(USBC) ParkSm	art Silve	r Rating?	Yes 🗌 No 🗌
Did your firm self-pe	erform 15% of the test you self-perform					Yes 🗌 No 🗌
Project Description:	(Provide a brief de	scription)				
			177			
		Attach photog	raph(s) of the p	project.		

DESIGN BUILDER (CONTRACTOR) PROJECT #2

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."

Project Name:							
Project or Contract N	lumber:						
Project Location:	Ctroot Address	,	City & State	,, 			
	Street Address	5	City & State	Zip Code			
Owner Information:							
		Owner's	s Name				
Address:	Street Addres	,	City & State	Zip Code			
Contact Person:				2.p 3000			
Contact Forcom.		Name & Title					
	 Telephone	Facsimile	Em	nail			
Address of Design B	Builder's (Contractor) Office	that Performed the W	ork:				
	Street Address	,	City & State	, Zip Code			
Contact Person:	C.100171041000		only a chaic	<u> </u>			
		Name & Title					
Email: Name of Design Build for project:	der's (Contractor) Project M	anager	Telephone:				
Did the Project Mana	ager listed above assigned to a listed above complete the der's (Contractor) Superinte	ne project?	the project?	Yes No Yes No No			
	lent listed above assigned thent listed above complete the		e project?	Yes No No Yes No			
Design Firm:							
Address:		,		,			
	Street Addres	S	City & State	Zip Code			
Contact Person:		Name & Title					
		ranio a mo					
	Telephone	Facsimile	Em	nail			
Name of Design Firm	n's Project Manager for proj	ect:					
Name of Architect o	f Record for project:						

DESIGN BUILDER'S (CONTRACTOR) PROJECT #2

Contract Time:			
Start Date:	Scheduled (Completion Date:	Month/Day/Year
Actual Completion Da	ite: Month/Day/Year	Days Extended due to Unexc	used Delays:
If project is not comple	ete, specify percentage of completion:	% (Total	cost of work in place)
Contract Amount:			
\$	\$		\$
	Amount Adjustment Due	to Change Orders	Final Contract Amount
Project Information	n:		
Completed For:	Institution of Higher Learning Pri	vate Agency Public Age	ncy
Type of Facility:	Parking Structure Other Specify:		
Project Delivery:	Design Build Traditional Oth	er Specify:	
Construction Type:	New		
Did this project inclu	ude a minimum of 1000 Parking Stalls	s? If not, how many stalls?	Yes No
Did this project achi	eve U.S. Green Building Council (US	BC) ParkSmart Silver Rating	? Yes 🗌 No 🗌
	erform 15% of the trade work?		Yes ☐ No ☐
Specify the trade	es you self-performed:		
Project Description:	(Provide a brief description)		
	Attach photograp	h(s) of the project.	

DESIGN BUILDER'S (CONTRACTOR) PROJECT #3

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."

Project Name:							
Project or Contract N	lumber:						
Project Location:	Street Addre	,	City & State	Zip Code			
0							
Owner Information:		Owner's	s Name				
Address:		<u> </u>		<u> </u>			
	Street Addre	ess	City & State	Zip Code			
Contact Person:		Name & Title					
	Telephone	Facsimile	Ema	ail			
Address of Design E	Address of Design Builder's (Contractor) Office that Performed the Work:						
	Street Address	,	City & State	, Zip Code			
Contact Person:			•	•			
		Name & Title					
Email: Name of Design Buil for project:	lder's (Contractor) Project	Manager	Telephone:				
Did the Project Mana	nager listed above assigned ager listed above complete lder's (Contractor) Superin	the project?	he project?	Yes No No Yes No			
	dent listed above assigned ent listed above complete t		e project?	Yes No No Yes No			
Design Firm:							
Address:	Street Addre	,	City & State	, Zip Code			
Contact Person:	Sileet Addie	555	Oily & State	Zip Code			
Contact i erson.		Name & Title					
	Telephone	Facsimile	Ema	ail			
Name of Design Firm	n's Project Manager for pr	oject:					
Name of Architect of	of Record for project:						

DESIGN BUILDER (CONTRACTOR) PROJECT #3

Contract Time:					
Start Date:	onth/Day/Year	Scheduled (Completion Date:	 Month/Day/Year	
Actual Completion Da	•	or	Days Extended d	ue to Unexcused Delays:	
If project is not comple	ete, specify percentage of			% (Total cost of work in	n place)
Contract Amount:					
\$		\$		\$	
	Amount Ad	ljustment Due	to Change Orders	Final Contra	ct Amount
Project Information Completed For:	Institution of Higher Lea	_	vate Agency		
Type of Facility:	Parking Structure Other Specify:				
Project Delivery:	Design Build Tradit	ional 🗌 Oth	er 🗌 Specify:		
Construction Type:	New 🗌				
Did this project inclu	ıde a minimum of 1000 l	Parking Stalls	s? If not, how ma	any stalls?	Yes 🗌 No 🗌
Did this project achie	eve U.S. Green Building	Council (US	BC) ParkSmart S	ilver Rating?	Yes No No
	erform 15% of the trade ves you self-performed:	work?			Yes No
Project Description	(Provide a brief description	on)			
Project Description:	(Provide a brief description	on)			
	Attach	h photograpl	n(s) of the projec	ot.	

DESIGN BUILDER (CONTRACTOR) PROJECT #4

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."

Project Name:				
Project or Contract N	umber:			
Project Location:	Street Address	,	City & State	Zip Code
Owner Information:		Owner's	e Namo	
Address:		. Owner c		
	Street Address	, <u> </u>	City & State	Zip Code
Contact Person:		Name & Title		
-	Telephone	Facsimile	En	nail
Address of Design B	uilder's (Contractor) Office	that Performed the V	Vork:	
	Street Address	,	City & State	Zip Code
Contact Person:			•	<u> </u>
		Name & Title		
Email: Name of Design Build for project:	der's (Contractor) Project M	anager	Telephone:	
Did the Project Mana	ager listed above assigned t ger listed above complete th der's (Contractor) Superinte	e project?	he project?	Yes No Yes No No
	ent listed above assigned the		e project?	Yes No No Yes No
Design Firm:				
Address:	Street Address	·	City & State	, Zip Code
Contact Person:	Oli Col Addi Col	,	Only & Olato	21p 00d0
		Name & Title		
-	Telephone	Facsimile	En	nail
Name of Design Firm	's Project Manager for proj	ect:		
Name of Architect of	f Record for project:			

DESIGN BUILDER (CONTRACTOR) PROJECT #4

Contract Time:					
Start Date:	onth/Day/Year	Scheduled (Completion Date:	 Month/Day/Year	
Actual Completion Da	•	or	Days Extended d	ue to Unexcused Delays:	
If project is not comple	ete, specify percentage of			% (Total cost of work in	n place)
Contract Amount:					
\$		\$		\$	
	Amount Ad	ljustment Due	to Change Orders	Final Contra	ct Amount
Project Information Completed For:	Institution of Higher Lea	_	vate Agency		
Type of Facility:	Parking Structure Other Specify:				
Project Delivery:	Design Build Tradit	ional 🗌 Oth	er 🗌 Specify:		
Construction Type:	New 🗌				
Did this project inclu	ıde a minimum of 1000 l	Parking Stalls	s? If not, how ma	any stalls?	Yes 🗌 No 🗌
Did this project achie	eve U.S. Green Building	Council (US	BC) ParkSmart S	ilver Rating?	Yes No No
	erform 15% of the trade ves you self-performed:	work?			Yes No
Project Description	(Provide a brief description	on)			
Project Description:	(Provide a brief description	on)			
	Attach	h photograpl	n(s) of the projec	ot.	

DESIGN BUILDER (CONTRACTOR) PROJECT #5

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."

Project Name:							
Project or Contract N	lumber:						
Project Location:	Street Addres	,, ss	City & State	Zip Code			
Owner Information:		Owne	r's Name	_			
Address:	Street Addre	,	City & State	, Zip Code			
Contact Person:	· · · · · · · · · · · · · · · · · · ·						
	Telephone	Facsimile	Е	mail			
Address of Design Builder's (Contractor) Office that Performed the Work:							
	Street Address	,	City & State	Zip Code			
Contact Person:							
Email: Name of Design Buil for project:	Name of Design Builder's (Contractor) Project Manager						
Did the Project Mana	nager listed above assigned ager listed above complete der's (Contractor) Superint	the project?	f the project?	Yes No Yes No No			
	dent listed above assigned tent listed above complete the		the project?	Yes No No Yes No			
Design Firm:							
Address:	Other at A III		Oih : 0 Ot-t-	/			
Contact Deces	Street Addre	88	City & State	Zip Code			
Contact Person:		Name & Title					
	Telephone	Facsimile	E	mail			
Name of Design Firm	n's Project Manager for pro	oject:					
Name of Architect of	of Record for project:						

DESIGN BUILDER (CONTRACTOR) PROJECT #5

Contract Time:					
Start Date:	onth/Day/Year	Scheduled (Completion Date:	Month/Day/Year	
Actual Completion Da	•		Days Extended d	lue to Unexcused Delays:	
If project is not comple	ete, specify percentage of			% (Total cost of work in	n place)
Contract Amount:					
\$		\$		\$	
		ljustment Due	to Change Orders	Final Contra	ct Amount
Project Information	n:				
Completed For:	Institution of Higher Lea Other Specify:	•	vate Agency	Public Agency	
Type of Facility:	Parking Structure Other Specify:				
Project Delivery:	Design Build Tradit	ional 🗌 Oth	er 🗌 Specify: _		
Construction Type:	New 🗌				
Did this project inclu	ıde a minimum of 1000 l	Parking Stalls	? If not, how ma	any stalls?	Yes No No
Did this project achie	eve U.S. Green Building	Council (US	BC) ParkSmart S	ilver Rating?	Yes No No
	erform 15% of the trade versions something some self-performed:	work?			Yes No
Project Description:	(Provide a brief description	on)			
	Attacl	h photograpl	n(s) of the proje	ct.	

B. DESIGN BUILDER (CONTRACTOR) KEY PERSONNEL EXPERIENCE
Complete all forms in their entirety AND attach resumes. Resumes shall NOT be submitted in lieu of these forms.

1. Construction Proje	1. Construction Project Executive Qualifications					
Name of P	roposed Construc	tion Project Executive:				
	•	erience in the Industry:				
Education:						
Degree Received	d	Institution/School	Major/Discipline	Year		
License Receive	d	State Agency/Licensing Body	Specialty Area	Year		
Contificate Bassis		Organization	Charielty Area	Voor		
Certificate Receiv	ea	Organization	Specialty Area	Year		
		i.e. Computer Software Application	ns):			
L	ist all Project Manag	gement Training / Tools	Years of Ex	perience		
Project Experience:						
	recent experier	nce. List all project experience that	demonstrates the exper	rience and		
		d project responsibilities for the Parki				
Current Firm:						
Current Job Title:		Years of Employment:	through			
	PROJECT EXPE	ERIENCE WITH CURRENT FIRM LISTE	D ABOVE			
#1 Project Name:						
Owner:			act Name:			
Contract Amount:		\$ Comple	etion Date:			
Job Title used on this proje	ect:					
Project Responsibilities:						
Project Delivery:	Design Build	☐ Traditional ☐ Other ☐				
Completed For:	Institution of F	Higher Learning Private Agency	Public Agency			
	Other					
Type of Facility:	Parking Struc	ture 🗌				
	Other					
Construction Type:	New 🗌					
Did this project include a m	ninimum of 1,000 p	arking stalls?	Yes [] No []		
Did this project achieve a U	J.S. Green Building	g Council (USBC) ParkSmart Silver Ratin	g? Yes [☐ No ☐		
Did your firm self-perform	15% of the trade we	ork?	Yes [] No □		

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE				
#2 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this project	:			
Project Responsibilities:				
Project Delivery:	Design Build Traditional [Other _		
Completed For:	Institution of Higher Learning	☐ Private Agency ☐ Public Agency ☐		
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New			
Did this project include a min	imum of 1,000 parking stalls?		Yes 🗌 No 🗌	
Did this project achieve a U.S	S. Green Building Council (USB)	C) ParkSmart Silver Rating?	Yes 🗌 No 🗌	
Did your firm self-perform 15	% of the trade work?		Yes ☐ No ☐	
Other Firm				
Other Firm Job Title:		irs of Employment: through		
		rs of Employment: through H OTHER FIRM LISTED ABOVE		
Job Title:				
Job Title: #3 Project Name: Owner: Contract Amount:	PROJECT EXPERIENCE WIT	H OTHER FIRM LISTED ABOVE		
Job Title: #3 Project Name: Owner: Contract Amount: Job Title used on this project	PROJECT EXPERIENCE WIT	Contact Name:		
Job Title: #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities:	PROJECT EXPERIENCE WIT	Contact Name: Completion Date:		
Job Title: #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery:	\$ Design Build Traditional	Contact Name: Completion Date:		
#3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities:	\$: Design Build Traditional [Institution of Higher Learning]	Contact Name: Completion Date:		
#3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For:	\$ Design Build Traditional Institution of Higher Learning Other	Contact Name: Completion Date:		
Job Title: #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery:	\$ Design Build Traditional Institution of Higher Learning Other Parking Structure	Contact Name: Completion Date:		
#3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For: Type of Facility:	\$ Design Build Traditional Institution of Higher Learning Other Parking Structure Other Other	Contact Name: Completion Date:		
#3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	\$ Design Build Traditional Institution of Higher Learning Other Parking Structure Other New New	Contact Name: Completion Date:		
#3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include a min	\$: Design Build Traditional [Institution of Higher Learning Other Parking Structure Other New imum of 1,000 parking stalls?	Contact Name: Completion Date: Other Private Agency Public Agency	Yes No -	
#3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include a min	\$: Design Build Traditional [Institution of Higher Learning Other New New Image of 1,000 parking stalls? Green Building Council (USB)	Contact Name: Completion Date: Other Private Agency Public Agency		

2. Construction Proj	ect wanager Q	ualifications		
Name of	•	ruction Project Manager:		
	Years of Ex	perience in the Industry:		
Education:				
Degree Receive	d	Institution/School	Major/Discipline	Year
				-
			-	
License Receive	ed	State Agency/Licensing Body	Specialty Area	Year
Certificate Receiv	/ed	Organization	Specialty Area	Year
		s (i.e. Computer Software Application agement Training / Tools	ns): Years of Ex	nerience
	List all Froject Man	lagement training / Tools	rears or Ex	penence
Project Experience:				
		ence. List all project experience that		ience and
	fulfill the assign	ed project responsibilities for the Parkin	ng Structure 1 project.	
Current Firm:		· · · · · · · · · · · · · · · · · · ·		
Current Job Title:	DDO IECT EVI	Years of Employment: PERIENCE WITH CURRENT FIRM LISTER	through	
#4 Drainet Name:	PROJECTEA	PERIENCE WITH CORRENT FIRM LISTER	DABOVE	
#1 Project Name: Owner:		Contr	act Name:	
Contract Amount:			tion Date:	
Job Title used on this proje	ect:	Comple	mon Date.	
Project Responsibilities:				
Project Delivery:	Design Build	d ☐ Traditional ☐ Other ☐		
Completed For:			Public Agency	
•	Other	<u> </u>	<u> </u>	
Type of Facility:	Parking Stru	ucture		
<u> </u>	Other 🗌			
Construction Type:	New 🗌			
Did this project include a n	ninimum of 1,000	parking stalls?	Yes [] No □
Did this project achieve a	U.S. Green Buildi	ng Council (USBC) ParkSmart Silver Ratin	g? Yes [] No []
Did your firm self-perform	Yes [] No □		

	PROJECT EXPERIENCE WITH (CURRENT FIRM LISTED ABOVE	
#2 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this pr	oject:		
Project Responsibilities:			
Project Delivery:	Design Build Traditional	Other	
Completed For:	Institution of Higher Learning	☐ Private Agency ☐ Public Agency	
	Other		
Type of Facility:	Parking Structure		
	Other		
Construction Type:	New 🗌		
Did this project include a	minimum of 1,000 parking stalls?		Yes 🗌 No 🗌
Did this project achieve a	a U.S. Green Building Council (USBC)	ParkSmart Silver Rating?	Yes 🗌 No 🗌
Did your firm self-perforr	n 15% of the trade work?		Yes 🗌 No 🗌
Other Firm			
Job Title:		s of Employment: through	gh
	PROJECT EXPERIENCE WITH	OTHER FIRM LISTED ABOVE	
#3 Project Name:			
Owner:		·	
Contract Amount:	\$	Completion Date:	
Job Title used on this pro	oject:		
Project Responsibilities:	Design Build Traditional T	Othor	
Project Delivery:	Design Build Traditional	Other Drivete Assess Dublic Assess	
Completed For:	Institution of Higher Learning	Private Agency Public Agency	
Toma of Facilities	Other Destrict Connections Other Other		
Type of Facility:	Parking Structure ☐ Other ☐		
Construction Type:	New		
Construction Type:			Yes ☐ No ☐
Did this project include a minimum of 1,000 parking stalls? Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating?			Yes ☐ No ☐
Did this project achieve a		FAIROHAH OHVEL KAHHU!	1851 1801
District fines - If f	n 15% of the trade work?	. ag.	Yes ☐ No ☐

3. Construction Des	ign Manager G	Qualifications		
Name of	Proposed Cons	truction Design Manager:		
	Years of E	xperience in the Industry:		
Education:				
Degree Receive	d	Institution/School	Major/Discipline	Year
			· -	
				
License Receive	-d	State Agency/Licensing Body	Specialty Area	Year
2.00.100 1.000110		State rigeries, Liestiesing Beay	— — — — — — — — — — — — — — — — — — —	
				_
Certificate Receiv	/ed	Organization	Specialty Area	Year
		s (i.e. Computer Software Application		
L	_ist all Project Ma	nagement Training / Tools	Years o	of Experience
Project Experience:				
	recent experi	ience. List all project experience tha	it demonstrates the ex	xperience and
background required to	fulfill the assign	ned project responsibilities for the Par	king Structure 1 projec	t.
Current Firm:				
Current Job Title:		Years of Employment		gh
	PROJECT EX	PERIENCE WITH CURRENT FIRM LIST	ED ABOVE	
#1 Project Name:				
Owner:			ntact Name:	
Contract Amount:		\$ Comp	letion Date:	
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Bui		_	
Completed For:		of Higher Learning 🔲 Private Agency 🔲	Public Agency	
	Other _			
Type of Facility:	Parking Str	ructure		
	Other			
Construction Type:	New 🗌			
Did this project include a r		. •		es 🗌 No 🗌
Did this project achieve a	U.S. Green Build	ling Council (USBC) ParkSmart Silver Rat	ing? Y	es 🗌 No 🗌
Did your firm self-perform	15% of the trade	work?	Y	es 🗌 No 🗌

Р	ROJECT EXP	ERIENCE WITH CURRENT FIRM LISTED ABOVE	
#2 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this projec	t:		
Project Responsibilities:			
Project Delivery:	Design Build	d 🔲 Traditional 🔲 Other 🔲	
Completed For:	Institution of	Higher Learning Private Agency Public Agency	
	Other \square		
Type of Facility:	Parking Stru	icture 🗌	
	Other		
Construction Type:	New 🗌		
Did this project include a mir	imum of 1,000	parking stalls?	Yes 🗌 No 🗌
Did this project achieve a U.	S. Green Buildir	ng Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌
Did your firm self-perform 15	% of the trade	work?	Yes 🗌 No 🗌
Other Floor			
Other Firm		Vacua of Franciscoperate through	
Job Title:	PROJECT EX	Years of Employment: through _ KPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this project	t:		
Project Responsibilities:			
Project Delivery:	Design Build	d 🔲 Traditional 🔲 Other 🗌	
Completed For:	Institution of	Higher Learning Private Agency Public Agency	
	Other		
Type of Facility:	Parking Stru	icture	
	Other		
Construction Type:	New 🗌		
Did this project include a mir			Yes 🗌 No 🗌
Did this project achieve a U.	S. Green Buildi	ng Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌
Did your firm self-perform 15	% of the trade	work?	Yes 🗌 No 🗌

4. Construction Supe	erintendent Qu	alifications				
Name of Proposed C Years o	construction Sup					
Education: Degree Received	1	Institutio	n/School	Major/Dis	scipline	Year
License Receive	d	State Agency/	Licensing Body	Specialty	/ Area	Year
Certificate Received Organization Specialty Area		/ Area	Year			
Project Management Training / Tools (i.e. Computer Software Applications): List all Project Management Training / Tools Years of Experience						
Project Experience: Begin with your most background required to Current Firm:						ence an
Current Job Title:		Yes	ars of Employment:		through	
	PROJECT EXP	PERIENCE WITH CUR		ABOVE	unougn	
#1 Project Name:			-	-		
Owner:			Conta	nct Name:		
Contract Amount:		\$		tion Date:		
Job Title used on this proje	ect:	·	<u> </u>			
Project Responsibilities:						
Project Delivery:	Design Build	d 🔲 Traditional 🔲 Ot	her 🗌			
Completed For:	Institution of	Higher Learning 🔲 F	Private Agency 🔲 F	Public Agency		
	Other 🗌					
Type of Facility:	Parking Stru	icture 🗌				
Construction Type:	New 🗌					
Did this project include a m	ninimum of 1,000	parking stalls?			Yes 🗌	No 🗌
Did this project achieve a l	J.S. Green Buildi	ng Council (USBC) Pa	rkSmart Silver Rating	g?	Yes 🗌	No 🗌
Did your firm self-perform	15% of the trade	work?			Yes 🗌	No 🗌

PR	OJECT EXPERIENCE WITH CU	RRENT FIRM LISTED ABOVE		
#2 Project Name:				
Owner:		Contact Name:		
Contract Amount:	<u> </u>	ompletion Date:		
Job Title used on this project:				
Project Responsibilities:				
Project Delivery:	Design Build Traditional C	Other		
Completed For:	Institution of Higher Learning	Private Agency Public Agency		
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New			
Did this project include a mini	mum of 1,000 parking stalls?		Yes 🗌 No 🗌	
Did this project achieve a U.S	. Green Building Council (USBC) Pa	arkSmart Silver Rating?	Yes 🗌 No 🗌	
Did your firm self-perform 15%	6 of the trade work?		Yes 🗌 No 🗌	
Other Firm				
Job Title:	Years of	f Employment: through		
	PROJECT EXPERIENCE WITH O	THER FIRM LISTED ABOVE		
#3 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$ C	ompletion Date:		
Job Title used on this project:				
Project Responsibilities:				
Project Delivery:		Other		
Completed For:		Private Agency Public Agency		
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New			
• •	Did this project include a minimum of 1,000 parking stalls? Yes ☐ No ☐			
	•		Yes 🗌 No 🗌	
Did this project achieve a U.S	mum or 1,000 parking stalls? . Green Building Council (USBC) Pa	arkSmart Silver Rating?	Yes No Yes No	

5. Construction Qua	ity Assurance Man	ager Qualifications			
Name of Proposed Co					
	Years of Experier	nce in the Industry:			
Education: Degree Receive	i -	Institution/School	Major/Disci	pline Year	
License Receive	d	State Agency/Licensing Body	Specialty A	Area Year	
Certificate Receiv	ed	Organization	Specialty A	Area Year	
	raining / Tools (i.e. ist all Project Managem	Computer Software Applica ent Training / Tools		ears of Experience	
background required to	recent experience.	List all project experience to coject responsibilities for the Paragraphy	hat demonstrates t arking Structure 1 p	he experience and project.	
Current Firm:					
Current Job Title:	DDO IECT EVDEDIE	Years of Employme		through	
#1 Project Name:	PROJECT EXPERIE	INCE WITH CORRENT FIRM LIS	DIED ABOVE		
Owner:			Contact Name:	_	
Contract Amount:	\$	_	npletion Date:		
Job Title used on this proje			inplotion Bato.		
Project Responsibilities:					
Project Delivery:	Design Build	Traditional Other			
Completed For:	Institution of High		☐ Public Agency ☐]	
	Other				
Type of Facility:	Parking Structure Other				
Construction Type:	New 🗌				
Did this project include a m	ninimum of 1,000 parki	ng stalls?		Yes 🗌 No 🗌	
Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes □ No □					
Did your firm self-perform	15% of the trade work?	•		Yes □ No □	

F	ROJECT EXP	ERIENCE WITH CURRENT FIRM LISTED ABOVE	
#2 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this project	ot:		
Project Responsibilities:			
Project Delivery:	Design Build	d 🔲 Traditional 🔲 Other 🗌	
Completed For:	Institution of	f Higher Learning Private Agency Public Agency	
	Other \square		
Type of Facility:	Parking Stru	ucture 🗌	
	Other		
Construction Type:	New 🗌		
Did this project include a mi	nimum of 1,000	parking stalls?	Yes 🗌 No 🗌
Did this project achieve a U	S. Green Buildi	ng Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌
Did your firm self-perform 19	5% of the trade	work?	Yes 🗌 No 🗌
			_
Other Firm			
Job Title:		Years of Employment: through	
	PROJECT EX	XPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this project	et:		
Project Responsibilities:			
Project Delivery:		d Traditional Other	
Completed For:		f Higher Learning Private Agency Public Agency	
	Other		
Type of Facility:	Parking Stru	ucture [_]	
	Other		
Construction Type:	New 🗌		
Did this project include a mi		•	Yes No
• •		ng Council (USBC) ParkSmart Silver Rating?	Yes No
Did your firm self-perform 19	5% of the trade	work?	Yes 🗌 No 🗌

C. DESIGN FIRM (ARCHITECT) PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. Only information, experience and Work performed by the Design Firm's office that will bid, manage, design, and staff the project will be considered for prequalification unless otherwise indicated below. Projects presented for consideration must be submitted on the forms attached to this section.
- c. Submit up to **FIVE (5) PARKING STRUCTURE projects completed in the past ten 10 years** that meet the criteria listed below and demonstrate the Design Firm's (Architect) ability to successfully complete the project with respect to project size, cost, use, complexity, etc.
 - At least three (3) PARKING STRUCTURE projects completed for which the construction cost was at least \$20 million each.
 - At least three (3) **PARKING STRUCTURE** projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$20 million each.
 - At least two (2) **PARKING STRUCTURE** projects which used **DESIGN BUILD** delivery for which the construction cost was at least \$20 million each.
 - At least three (3) PARKING STRUCTURE projects that included a minimum of 1,000 PARKING STALLS, for which the construction cost was at least \$20 million each.
 - At least one (1) PARKING STRUCTURE project that achieved a U.S. GREEN BUILDING COUNCIL (USBC) PARKSMART SILVER RATING for which the construction cost was at least \$20 million.
- c. Projects presented for consideration must be accompanied by photograph(s) of the project.
- d. Submit a list of all parking structure projects completed in the past 10 years that include some or all of the criteria listed above. **Include the following details:**
 - Project Name
 - Project Owner (include contact name, title, phone number, and email address)
 - Final Construction Amount
 - Completion Date

DESIGN FIRM (ARCHITECT) PROJECT #1

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."

Project Name:				
Project or Contract N				
Project Location:	Street Address	,	City & State	, Zip Code
Owner Information:		Owner's	s Name	_
Address:	Street Address	·	City & State	, Zip Code
Contact Person:		Name & Title		
-	Telephone	Facsimile	Ema	ail
Address of Design F i	rm's (Architect) Office that	Performed the Work	City & State	, Zip Code
Contact Person:	Oli Cot / Idai Coo		Only & Otato	219 0000
		Name & Title		
Email:			Telephone:	
Name of Design Firm	's Principal-in-Charge for pr	oject:		
	Charge listed above assigned harge listed above complete		of the project?	Yes ☐ No ☐ Yes ☐ No ☐
Name of Design Firm	's Project Manager for proje	ct:		
	ager listed above assigned th ger listed above complete the		ne project?	Yes ☐ No ☐ Yes ☐ No ☐
Name of Architect of	Record for project:			
Design Builder (Contractor):				
Address:	Otrock A Llore	,	0'1 0 01-1-	, <u> </u>
Contact Person:	Street Address	5	City & State	Zip Code
		Name & Title		
Name of Design Build Manager for project:	Telephone der's (Contractor) Project	Facsimile	Ema	ail

DESIGN FIRM PROJECT #1

Contract Time:		
Start Date:	Scheduled Completion Date: onth/Day/Year Month/Day/Year	
Actual Completion Da	Days Extended due to Unexcused Delays:	
If project is not comple	Month/Day/Year Month/Day/Year % (Total cost of work in place)	e)
Contract Amount:		
\$		
	\$ \$ Amount Adjustment Due to Change Orders Final Contract	ct Amount
Project Information		
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:	
Type of Facility:	Parking Structure Other Specify:	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	: New 🗌	
Did this project inclu	lude a minimum of 1000 Parking Stalls? If not, how many stalls?	Yes No No
Did this project achie	nieve U.S. Green Building Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌
Project Description:	n: (Provide a brief description)	
	Attach photograph(s) of the project.	

DESIGN FIRM (ARCHITECT) PROJECT #2

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."

Project Name:				
Project or Contract N				
Project Location:				
	Street Addre	ess ,	City & State	Zip Code
Owner Information:				
Owner miormation.		Owner's	s Name	
Address:		,		
	Street Addr	ess	City & State	Zip Code
Contact Person:		Name & Title		
-	Telephone	Facsimile	Ema	ail
Address of Design F i	irm's (Architect) Office the	nat Performed the Works		
Address of Design 1	inii 3 (Arcinicot) Omoc ti	iat i chomica the work.		
	Street Address	,	City & State	Zip Code
Contact Person:				
		Name & Title	-	
Email:			Telephone:	
Name of Design Firm	's Principal-in-Charge fo	or project:		
	Charge listed above assig harge listed above compl		of the project?	Yes ☐ No ☐ Yes ☐ No ☐
Name of Design Firm	's Project Manager for p	roject:		
	ager listed above assigne ger listed above complete		he project?	Yes ☐ No ☐ Yes ☐ No ☐
Name of Architect of	f Record for project:			
Design Builder				
(Contactor)				
Address:	Ctroot A -1-1	,	City 9 Ctata	
Contact Person:	Street Add	ress	City & State	Zip Code
Comact closii.		Name & Title		
	Telephone	Facsimile	Ema	ail
Name of Design Build Manager for project:	der's (Contractor) Project			

DESIGN FIRM PROJECT #2

Contract Time:	
Start Date:	Scheduled Completion Date: http://day/Year Month/Day/Year
Actual Completion Da	
Actual Completion Da	tte: Days Extended due to Unexcused Delays:
If project is not comple	ete, specify percentage of completion: % (Total cost of work in place)
Contract Amount:	
\$	\$ \$
Project Information	Amount Adjustment Due to Change Orders Final Contract Amount n:
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:
Type of Facility:	Parking Structure Other Specify:
Project Delivery:	Design Build Traditional Other Specify:
Construction Type:	New
Did this project inclu	ude a minimum of 1000 Parking Stalls? If not, how many stalls?
Did this project achie	eve U.S. Green Building Council (USBC) ParkSmart Silver Rating?
Project Description:	(Provide a brief description)
	Attach photograph(s) of the project.

DESIGN FIRM (ARCHITECT) PROJECT #3

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."

Project Name:				
Project or Contract No	umber:			
Project Location:		,		,
	Street Address	3	City & State	Zip Code
Owner Information:				
<u>-</u>			's Name	_
Address:		, <u> </u>	City & State	
	Street Address	5	City & State	Zip Code
Contact Person:		Name & Title		
-	Telephone	Facsimile	Ema	ail
Address of Design Fi	rm's (Architect) Office that	Performed the Work	·	
Address of Design 11	ini 3 (Arcinicot) Onice triat	T chomica the work	Λ.	
	Street Address	,	City & State	Zip Code
Contact Person:				
		Name & Title		
Email:			Telephone:	
Name of Design Firm	's Principal-in-Charge for p	oroject:		
	Charge listed above assigne harge listed above complete		of the project?	Yes ☐ No ☐ Yes ☐ No ☐
Name of Design Firm	's Project Manager for proj	ect:		
	ager listed above assigned t ger listed above complete th		the project?	Yes ☐ No ☐ Yes ☐ No ☐
Name of Architect of	Record for project:			
Design Builder				
(Contactor)				
Address:	Street Addres	<u> </u>	City & State	, Zip Code
Contact Person:	Otroot Address	55	Only a olate	Zip Godo
		Name & Title		
	Telephone	Facsimile	Ema	 ail
Name of Design Build Manager for project:	der's (Contractor) Project	-		

DESIGN FIRM PROJECT #3

Contract Time:		
Start Date:	Scheduled Completion Date: Ionth/Day/Year Month/Day/Year	
Actual Completion Da	Date: Days Extended due to Unexcused Delays:	
If project is not comple	Month/Day/Year plete, specify percentage of completion: % (Total cost of work in place	e)
Contract Amount:	E	
\$		
	e Amount Adjustment Due to Change Orders Final Contract	t Amount
Project Information Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:	
Type of Facility:	Parking Structure Other Specify:	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	: New 🗌	
Did this project inclu	clude a minimum of 1000 Parking Stalls? If not, how many stalls?	Yes No No
Did this project achi	hieve U.S. Green Building Council (USBC) ParkSmart Silver Rating?	Yes No No
Project Description:	n: (Provide a brief description)	
	Attach photograph(s) of the project.	

DESIGN FIRM (ARCHITECT) PROJECT #4

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." Project Name: Project or Contract Number: Project Location: Street Address City & State Zip Code Owner Information: Owner's Name Address: Street Address City & State Zip Code Contact Person: Name & Title Email Telephone Facsimile Address of **Design Firm's (Architect)** Office that Performed the Work: Street Address City & State Zip Code Contact Person: Name & Title Email: Name of Design Firm's **Principal-in-Charge** for project: Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes | | Did the Principal-in-Charge listed above complete the project? Yes 🗆 Name of Design Firm's **Project Manager** for project: Was the Project Manager listed above assigned the job at the start of the project? Yes _ No Did the Project Manager listed above complete the project? Yes ☐ No ☐ Name of **Architect of Record** for project: Design Builder (Contactor) Address: Street Address City & State Zip Code Contact Person: Name & Title

Facsimile

Email

Telephone

Name of Design Builder's (Contractor) Project

Manager for project:

DESIGN FIRM PROJECT #4

Contract Time:	
Start Date:	Scheduled Completion Date: nth/Day/Year Month/Day/Year
Actual Completion Da	Days Extended due to Unexcused Delays:
If project is not compl	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in place)
Contract Amount:	
\$	\$ \$
Base	Amount Adjustment Due to Change Orders Final Contract Amount
Project Information	n:
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:
Type of Facility:	Parking Structure Other Specify:
Project Delivery:	Design Build Traditional Other Specify:
Construction Type:	New
Did this project inclu	ude a minimum of 1000 Parking Stalls? If not, how many stalls? Yes No
Did this project achi	eve U.S. Green Building Council (USBC) ParkSmart Silver Rating?
Project Description:	(Provide a brief description)
	Attach photograph(s) of the project.
	Attach photograph(s) of the project.

DESIGN FIRM (ARCHITECT) PROJECT #5

Email:

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."

Project Name:

Project Contract Number:

Project Location:

Street Address.

Project or Contract Num	ber:			
Project Location:		,		,
, <u> </u>	Street Addre	ess	City & State	Zip Code
Owner Information:				
		Owner's	Name	
Address:				
	Street Addr	' ess	City & State	,Zip Code
Contact Person:			-	·
		Name & Title		
	Telephone	Facsimile	Email	
Address of Design Firm	's (Architect) Office to	nat Performed the Work:		
Address of Doorgin I ii	o (Austriassi) Simos ii	at i orionnoa mo vvont.		
S	Street Address		City & State	Zip Code
Contact Person:				
		Name & Title		

Name of Design Firm's **Principal-in-Charge** for project:

Was the Principal-in-Charge listed above assigned the job at the start of the project?

Did the Principal-in-Charge listed above complete the project?

Name of Design Firm's **Project Manager** for project:

Was the Project Manager listed above assigned the job at the start of the project?

Yes No Did the Project Manager listed above complete the project?

Name of **Architect of Record** for project:

Telephone:

Design Builder (Contactor)
Address:

Street Address
City & State
Zip Code

Contact Person:

Name & Title

Telephone Facsimile Email

Name of Design Builder's (Contractor) Project

Manager for project:

DESIGN FIRM PROJECT #5

Contract Time:	
0 5 .	
Start Date:	Scheduled Completion Date: Month/Day/Year Month/Day/Year
Actual Completion Da	
Actual Completion Da	Month/Day/Year Days Extended due to Oriexcused Delays.
If project is not comple	ete, specify percentage of completion: % (Total cost of work in place)
Contract Amount:	
\$	\$
	Amount Adjustment Due to Change Orders Final Contract Amount
Project Information	
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:
Type of Facility:	Parking Structure
Type or r domity.	Other Specify:
Project Delivery:	Design Build Traditional Other Specify:
Construction Type:	New □
Did this project inclu	ude a minimum of 1000 Parking Stalls? If not, how many stalls? Yes No
Did this project achi	eve U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes No
Project Description:	(Provide a brief description)
	Attach photograph(s) of the project.

,	ECT) KEY PERSONNEL EXPERIENCE		
Complete all forms in their e	entirety AND attach resumes. Resumes shall NOT be su	bmitted in lieu of these forms.	
1. Principal-In-Charge	Qualifications		
Name of Proposed Pr	incinal-In-Charge:		
Years of Experien			
Education:	·		
Degree Received	Institution/School	Major/Discipline	Year
License Received	State Agency/Licensing Body	Specialty Area	Year
Certificate Receive	d Organization	Specialty Area	Year
Certificate Receive	d Organization	Specialty Area	Teal
Project Management Tr	aining / Tools (i.e. Computer Software Application	ons):	
	st all Project Management Training / Tools	Years of Exp	erience
			-
Project Experience:	the supplier of the supplier of the	A domonotrotoo the even wi	
	recent experience. List all project experience that ulfill the assigned project responsibilities for the Parl		ence and
Current Firm:		mig characters i projecti	
Current Job Title:	Years of Employment	t: through	
	PROJECT EXPERIENCE WITH CURRENT FIRM LIST		
#1 Project Name:			
Owner:	Cor	ntact Name:	
Contract Amount:	\$ Comp	letion Date:	
Job Title used on this project	ot:		
Project Responsibilities:			
Project Delivery:	Design Build Traditional Other		
Completed For:	Institution of Higher Learning Private Agency	Public Agency	
	Other		
Type of Facility:	Parking Structure		
	Other		
Construction Type:	New		
Did this project include a mi	nimum of 1,000 parking stalls?	Yes 🗌	No 🗌
Did this project achieve a LL	S. Green Building Council (LISBC) ParkSmart Silver Rat	ing? Yes 🗆	No 🗆

Р	ROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE			
#2 Project Name:				
Owner:	Contact Name:			
Contract Amount:	\$ Completion Date:			
Job Title used on this project	t:			
Project Responsibilities:				
Project Delivery:	Design Build Traditional Other			
Completed For:	Institution of Higher Learning Private Agency Public Agency			
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New			
Did this project include a mir	nimum of 1,000 parking stalls?	Yes 🗌 No 🗌		
Did this project achieve a U.	S. Green Building Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌		
		_		
Other Firm				
Job Title:	Years of Employment: through			
	PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE			
#3 Project Name:				
Owner:	Contact Name:			
Contract Amount:	\$ Completion Date:			
Job Title used on this project	t:			
Project Responsibilities:		_		
Project Delivery:	Design Build Traditional Other Other	_		
Completed For:	Institution of Higher Learning Private Agency Public Agency			
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New			
• •	nimum of 1,000 parking stalls?	Yes 🗌 No 🗌		
Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes ☐ No ☐				

Name of Proposed	d Design Architect:			
	nce in the Industry:			
Education:				
Degree Receive	d	Institution/School	Major/Discipline	Yea
License Receive	d	State Agency/Licensing Body	Specialty Area	Yea
Certificate Receiv	ed	Organization	Specialty Area	Year
Certificate Necely	eu	Organization	Opecially Alea	1 C a
	ist all Project Management		Years of E	жропопос
		ist all project experience that ect responsibilities for the Park		erience ar
Current Firm:				
Current Job Title:		Years of Employment:	through	
	PROJECT EXPERIENCE	CE WITH CURRENT FIRM LISTE	D ABOVE	
#1 Project Name:				
Owner:			tact Name:	
Contract Amount:	\$	Compl	etion Date:	
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Build 🗌 Tra	ditional Other		
Completed For:	Institution of Higher	Learning Private Agency	Public Agency	
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New 🗌			
Did this project include a n	ninimum of 1,000 parking	stalls?	Yes	□ No □
Dial this music at a ship, a sel	LS Green Building Coun	cil (USBC) ParkSmart Silver Ratir	ng? Yes	☐ No ☐

3. Project Manager Q	ualifications					
	d Project Manager: nce in the Industry:					
Education: Degree Received		Institution/Scho	ol	Majo	or/Discipline	Year
License Received		State Agency/Licensir	ng Body	Spe	cialty Area	Year
Certificate Receive	ed	Organization		Spe	cialty Area	Year
Project Experience: Begin with your most background required to f						ence and
Current Firm:	uniii tric doorgrica pi	roject responsibilities i	or the r arkin	g Otraote	are i project.	
Current Job Title:		Years of E	mployment:		through	
	PROJECT EXPERIE	ENCE WITH CURRENT		ABOVE		
#1 Project Name:						
Owner:			Contac	ct Name:		
Contract Amount:	\$		Completi	on Date:		
Job Title used on this proje	ct:					
Project Responsibilities:						
Project Delivery:		Traditional Other				
Completed For:	Institution of High		Aganay D	ublic Age	ncv 🗆	
		ner Learning Private	Agency L P	ublic Age	псу 🗀	
	Other	<u> </u>	Agency P	ublic Age	псу	
Type of Facility:	Other Parking Structure	<u> </u>	Agency P	ublic Age	псу 🗆	
Type of Facility:	Other Parking Structure Other	<u> </u>	Agency P	ublic Age	люу 🗔	
	Other Parking Structure Other New		Agency P	ublic Age	Yes	No □

	PROJECT EXPERIENCE WITH O	CURRENT FIRM LISTED ABOVE		
#2 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Build 🗌 Traditional 🗌	Other		
Completed For: Institution of Higher Learning Private Agency Public Agency				
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New 🗌			
Did this project include a n	ninimum of 1,000 parking stalls?		Yes 🗌 No 🗌	
Did this project achieve a	J.S. Green Building Council (USBC)	ParkSmart Silver Rating?	Yes 🗌 No 🗌	
Other Firm				
Job Title:		s of Employment: through		
	PROJECT EXPERIENCE WITH	OTHER FIRM LISTED ABOVE		
#3 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this proje	ect:			
Project Responsibilities:	Desire Build To Tree different T	L Others 🗔		
Project Delivery:	Design Build Traditional			
Completed For:	Institution of Higher Learning [☐ Private Agency ☐ Public Agency ☐		
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New _			
• •	ninimum of 1,000 parking stalls?		Yes No	
Did this project achieve a	J.S. Green Buildina Council (USBC)	ParkSmart Silver Rating?	Yes □ No □	

4. Architect of Reco	rd Qualifications			
Name of Proposed	Architect of Record:ence in the Industry:			
·				
Education: Degree Receive	d lı	nstitution/School	Major/Discipline	Year
Licence Receive	Ctata A	gangy/lipagaing Dady	Charletty Area	Voor
License Receive	u State A	gency/Licensing Body	Specialty Area	Year
Certificate Receiv	ed	Organization	Specialty Area	Year
	Fraining / Tools (i.e. Compute ist all Project Management Training		ns): Years of Ex	perience
Drainet Eventrianes				
	recent experience. List all fulfill the assigned project resp			ience an
Current Firm:	<u> </u>		, ,	
Current Job Title:		Years of Employment:	through	
	PROJECT EXPERIENCE WIT			
#1 Project Name:				
Owner:		Cont	act Name:	
Contract Amount:	\$	Comple	etion Date:	
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Build Traditional	☐ Other ☐		
Completed For:	Institution of Higher Learning	g Private Agency	Public Agency	
<u> </u>	Other	<u> </u>	<u> </u>	
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New 🗌			
	ninimum of 1,000 parking stalls?		Υes Γ	No 🗌
	LS Green Building Council (USF	RC) ParkSmart Silver Ratio		

	PROJECT EXPERIENCE WITH O	CURRENT FIRM LISTED ABOVE		
#2 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Build 🗌 Traditional 🗌	Other		
Completed For: Institution of Higher Learning Private Agency Public Agency				
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New 🗌			
Did this project include a n	ninimum of 1,000 parking stalls?		Yes 🗌 No 🗌	
Did this project achieve a	J.S. Green Building Council (USBC)	ParkSmart Silver Rating?	Yes 🗌 No 🗌	
Other Firm				
Job Title:		s of Employment: through		
	PROJECT EXPERIENCE WITH	OTHER FIRM LISTED ABOVE		
#3 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this proje	ect:			
Project Responsibilities:	Desire Build To Tree different T	L Others 🗔		
Project Delivery:	Design Build Traditional			
Completed For:	Institution of Higher Learning [☐ Private Agency ☐ Public Agency ☐		
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New _			
• •	ninimum of 1,000 parking stalls?		Yes No	
Did this project achieve a	J.S. Green Buildina Council (USBC)	ParkSmart Silver Rating?	Yes □ No □	

5. Electrical Enginee				
	roposed Electrical Enginee of Experience in the Industry			
Education:	TEXPENSIVE IT the industry	/·		
Degree Receive	d	Institution/School	Major/Discipline	Yea
License Receive	ed Sta	te Agency/Licensing Body	Specialty Area	Yea
Certificate Receiv	red	Organization	Specialty Area	Yea
	recent experience. List fulfill the assigned project r			erience a
Current Job Title:		Years of Employment:	through	
	PROJECT EXPERIENCE V	VITH CURRENT FIRM LISTE		
#1 Project Name:				
Owner:		Conta	act Name:	
Contract Amount:	\$	Comple	tion Date:	
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Build Traditio	nal 🗌 Other 🗌		
Completed For:	Institution of Higher Lear		Public Agency	
	Other	ning Private Agency		
Гуре of Facility:		ning Private Agency		
Type of Facility.	Parking Structure	ning Private Agency		
	Parking Structure Other	ning Private Agency		
Construction Type:	Other New			
Construction Type: Did this project include a n	Other	s?	Yes	

	PROJECT EXPERIENCE WITH O	CURRENT FIRM LISTED ABOVE		
#2 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this proj	ect:			
Project Responsibilities:				
Project Delivery:	Design Build 🗌 Traditional 🗌	Other		
Completed For: Institution of Higher Learning Private Agency Public Agency				
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New 🗌			
Did this project include a n	ninimum of 1,000 parking stalls?		Yes 🗌 No 🗌	
Did this project achieve a	J.S. Green Building Council (USBC)	ParkSmart Silver Rating?	Yes 🗌 No 🗌	
Other Firm				
Job Title:		s of Employment: through		
	PROJECT EXPERIENCE WITH	OTHER FIRM LISTED ABOVE		
#3 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on this proje	ect:			
Project Responsibilities:	Desire Build To Tree different T	L Others 🗔		
Project Delivery:	Design Build Traditional			
Completed For:	Institution of Higher Learning [☐ Private Agency ☐ Public Agency ☐		
	Other			
Type of Facility:	Parking Structure			
	Other			
Construction Type:	New _			
• •	ninimum of 1,000 parking stalls?		Yes No	
Did this project achieve a	J.S. Green Buildina Council (USBC)	ParkSmart Silver Rating?	Yes □ No □	

Nama at Di	10.	. – .				
	oposed Structur of Experience in t	_				
Education:	TEXPENSIVE III	ine industry		-		
Degree Receive	d	In	stitution/School	Major/Discip	pline	Year
License Receive	d	State A	gency/Licensing Body	Specialty A	Area	Year
Certificate Receiv	red		Organization	Specialty A	Area	Year
Project Management T L	List all Project Mana				ears of Expe	rience
Begin with your most						nce ar
Begin with your most background required to Current Firm:						nce ar
Begin with your most background required to Current Firm:	fulfill the assigne	ed project resp	onsibilities for the Park Years of Employment:	ing Structure 1 p		nce ar
Begin with your most background required to Current Firm: Current Job Title:	fulfill the assigne	ed project resp	onsibilities for the Park	ing Structure 1 p	oroject.	nce ar
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name:	fulfill the assigne	ed project resp	Years of Employment:	ing Structure 1 p	oroject.	nce a
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Current:	fulfill the assigne	ed project resp	Years of Employment: I CURRENT FIRM LISTE	ing Structure 1 p D ABOVE tact Name:	oroject.	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount:	fulfill the assigned	ed project resp	Years of Employment: I CURRENT FIRM LISTE	ED ABOVE	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project.	fulfill the assigned	ed project resp	Years of Employment: I CURRENT FIRM LISTE	ing Structure 1 p D ABOVE tact Name:	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Contract Amount: Job Title used on this project Responsibilities:	PROJECT EXP	ERIENCE WITH	Years of Employment: CURRENT FIRM LISTE Conf	ing Structure 1 p D ABOVE tact Name:	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Contract Amount: Job Title used on this project Responsibilities: Project Delivery:	PROJECT EXP ect: Design Build	ERIENCE WITH	Years of Employment:	ing Structure 1 p	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Contract Amount: Job Title used on this project Responsibilities: Project Delivery:	PROJECT EXP ect: Design Build Institution of	ERIENCE WITH	Years of Employment:	ing Structure 1 p	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery: Completed For:	PROJECT EXP ect: Design Build Institution of Other	ERIENCE WITH \$ Traditional Higher Learning	Years of Employment:	ing Structure 1 p	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery: Completed For:	PROJECT EXP ect: Design Build Institution of Other Parking Struct	ERIENCE WITH \$ Traditional Higher Learning	Years of Employment:	ing Structure 1 p	through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery: Completed For: Type of Facility:	PROJECT EXP ect: Design Build Institution of Other	ERIENCE WITH \$ Traditional Higher Learning	Years of Employment:	ing Structure 1 p	through	
Project Experience: Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include a responsibilities and the construction Type:	PROJECT EXP PROJECT EXP ect: Design Build Institution of Other Parking Struct Other New New	ERIENCE WITH \$ Traditional Higher Learning Cture	Years of Employment:	ing Structure 1 p	through	

PR	OJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE	
#2 Project Name:		
Owner:	Contact Name:	
Contract Amount: \$	Completion Date:	
Job Title used on this project:		
Project Responsibilities:		
Project Delivery:	Design Build Traditional Other	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
	Other	
Type of Facility:	Parking Structure	
	Other	
Construction Type:	New	
Did this project include a mini	mum of 1,000 parking stalls?	Yes 🗌 No 🗌
Did this project achieve a U.S	. Green Building Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Years of Employment: through	
	PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:		
Owner:	Contact Name:	
Contract Amount:	\$ Completion Date:	
Job Title used on this project: Project Responsibilities:		
Project Delivery:	 	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
Town of Facilities	Other Desking Christian	
Type of Facility:	Parking Structure	
Construction Times	Other Name	
Construction Type:	New	Yes 🗌 No 🗍
<u> </u>		
Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes ☐ No ☐		

7. Sustainability Eng	ineer Qualifications				
•	sed Sustainability Enginee f Experience in the Industr				
Education: Degree Received		Institution/School	Major/Di	scipline	Year
License Receive	d Sta	te Agency/Licensing Body	Specialt	y Area	Year
Certificate Receiv	ed	Organization	Specialt	y Area	Year
Project Experience:	ist all Project Management Tra			Years of Expe	
		all project experience that responsibilities for the Parki			nce and
Current Firm:					
Current Job Title:	DDO IFOT EVDEDIENCE	Years of Employment:		through	
#4.D. 1. 4.N.	PROJECT EXPERIENCE	WITH CURRENT FIRM LISTE	D ABOVE		
#1 Project Name:		Cont	a at Nama.		
Owner: Contract Amount:	\$		act Name: etion Date:		
Job Title used on this proje	•				
Project Responsibilities:					
Project Delivery:	Design Build Tradition	onal 🗌 Other 🗌			
Completed For:	Institution of Higher Lea		Public Agency		
<u> </u>	Other				
Type of Facility:	Parking Structure				
	Other				
Construction Type:	New 🗌				
Did this project include a m	inimum of 1,000 parking stall	ls?		Yes 🗌	No 🗌
Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes ☐ No ☐					No 🗌

PR	OJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE	
#2 Project Name:		
Owner:	Contact Name:	
Contract Amount: \$	Completion Date:	
Job Title used on this project:		
Project Responsibilities:		
Project Delivery:	Design Build Traditional Other	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
	Other	
Type of Facility:	Parking Structure	
	Other	
Construction Type:	New	
Did this project include a mini	mum of 1,000 parking stalls?	Yes 🗌 No 🗌
Did this project achieve a U.S	. Green Building Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Years of Employment: through	
	PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:		
Owner:	Contact Name:	
Contract Amount:	\$ Completion Date:	
Job Title used on this project: Project Responsibilities:		
Project Delivery:	 	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
Town of Facilities	Other Desking Christian	
Type of Facility:	Parking Structure	
Construction Times	Other Name	
Construction Type:	New	Yes 🗌 No 🗍
<u> </u>		
Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes ☐ No ☐		

	roposed Parking Con of Experience in the Ir			
Education:	•	·		
Degree Receive	d	Institution/School	Major/Discipline	Year
License Receive	ed	State Agency/Licensing Body	Specialty Area	Year
Certificate Receiv	/ed	Organization	Specialty Area	Year
Project Experience:	List all Project Manageme	ent Training / Tools	Years of Ex	rperience
	recent experience	List all project experience that	domanstrates the evne	rionco an
Begin with your most background required to		List all project experience that oject responsibilities for the Parki		rience an
Begin with your most background required to Current Firm:		pject responsibilities for the Parki	ng Structure 1 project.	rience an
Begin with your most background required to Current Firm:	fulfill the assigned pro	oject responsibilities for the Parkii Years of Employment:	ng Structure 1 project. through	rience an
Begin with your most background required to Current Firm: Current Job Title:	fulfill the assigned pro	pject responsibilities for the Parki	ng Structure 1 project. through	rience an
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name:	fulfill the assigned pro	Years of Employment: NCE WITH CURRENT FIRM LISTER	through ABOVE	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner:	fulfill the assigned pro	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta	ng Structure 1 project. through	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount:	PROJECT EXPERIE	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta	through O ABOVE act Name:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this proj	PROJECT EXPERIE	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta	through O ABOVE act Name:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities:	PROJECT EXPERIE \$ ect:	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta	through O ABOVE act Name:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery:	PROJECT EXPERIE \$ ect:	Years of Employment: Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta Comple	through ABOVE act Name: tion Date:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery:	PROJECT EXPERIE \$ ect: Design Build 1	Years of Employment: Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta Comple	through ABOVE act Name: tion Date:	
Begin with your most	PROJECT EXPERIE \$ ect: Design Build Institution of Higher	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta Comple Traditional Other Private Agency	through ABOVE act Name: tion Date:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery: Completed For:	PROJECT EXPERIE \$ ect: Design Build Institution of Higher Other Other	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta Comple Traditional Other Private Agency	through ABOVE act Name: tion Date:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this proj Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	PROJECT EXPERIE \$ ect: Design Build	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta Comple Traditional Other Private Agency	through ABOVE act Name: tion Date:	
Begin with your most background required to Current Firm: Current Job Title: #1 Project Name: Owner: Contract Amount: Job Title used on this project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include a name of the contract of the contrac	PROJECT EXPERIE \$ ect: Design Build	Years of Employment: NCE WITH CURRENT FIRM LISTEI Conta Comple Traditional Other Private Agency	through ABOVE act Name: tion Date: Public Agency Yes [

PR	OJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE		
#2 Project Name:			
Owner:	Contact Name:		
Contract Amount: \$	Completion Date:		
Job Title used on this project:			
Project Responsibilities:			
Project Delivery:	Design Build Traditional Other		
Completed For:	d For:		
	Other		
Type of Facility:	Parking Structure		
	Other		
Construction Type:	New		
Did this project include a mini	mum of 1,000 parking stalls?	Yes 🗌 No 🗌	
Did this project achieve a U.S	. Green Building Council (USBC) ParkSmart Silver Rating?	Yes 🗌 No 🗌	
Other Firm			
Job Title:	Years of Employment: through		
	PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE		
#3 Project Name:			
Owner:	Contact Name:		
Contract Amount:	\$ Completion Date:		
Job Title used on this project:			
Project Responsibilities:			
Project Delivery:	Design Build Traditional Other		
Completed For:	Institution of Higher Learning Private Agency Public Agency		
	Other _		
Type of Facility:	Parking Structure		
	Other		
Construction Type:	New _	<u> </u>	
Did this project include a mini		Yes No No	
Did this project achieve a U.S. Green Building Council (USBC) ParkSmart Silver Rating? Yes ☐ No ☐			

IV. CLAIMS HISTORY

A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

Provide the information requested below for the entity listed in Section II.A.

Complete a separate **FORM A – OWNER AGAINST DESIGN BUILDER (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 Owner and/or Performance/Payment Bond sureties against the Design Builder (Contractor) within the past five (5) years which were resolved with the result that Design Builder (Contractor), its surety or insurer was required to pay to Owner, or was assessed a deduction in the contract price by Owner, an amount exceeding 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 Owner or third party.

A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form A. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

B. DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

Provide the information requested below for the entity listed in Section II.A.

Complete a separate FORM B – DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM tabulation sheet for all claims (including false claims) in excess of \$30,000 for extra compensation or damages asserted by Design Builder (Contractor) against Owners within the past five (5) years, which were resolved with the result that Design Builder (Contractor) received less than 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 Design Builder (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.

A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form B. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

C. OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

Provide the information requested below for the entity listed in Section II.B.2.

Complete a separate FORM C – OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM tabulation sheet for all claims in excess of \$30,000 for either excessive Change Orders, lack of coordination or design errors and omissions asserted by Owner over the past five (5) years which were resolved with the result that the Design Firm (Architect) or its insurer was required to pay to Owner, or was assessed a deduction in fee by Owner, an amount exceeding 40% of the highest amount claimed.

A signature by the Design Firm's sole proprietor, general partner, or corporate officer is required on Form C. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

FORM A

OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.A of this statement? Yes \square No \square If yes, please complete the form and sign below:			
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 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 Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor):			
My signature below signifies my declaration that the answers provided on this Form A are true and correct.			
Design Builder (Contractor) Authorized Signature:			
Printed Name & Title:			

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

FORM B

DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM Use one Form per Lawsuit or Arbitration (Make Copies as Needed) Are there claims that meet the criteria in Section IV.B of this statement? Yes ☐ No ☐ If yes, please complete the form and sign below: Case Name and Number including Name and Location of Court or Arbitration Service: Date Arbitration or Litigation Commenced: Project Name: Project or Contract Number: Name of Owner: Name & Title Contact Person: 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: Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolved for less than 60% of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor) against an Owner: My signature below signifies my declaration that the answers provided on this **Form B** are true and correct. Design Builder (Contractor) Authorized Signature:

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

Printed Name & Title:

FORM C

OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM Use one Form per Lawsuit or Arbitration (Make Copies as Needed) Are there claims that meet the criteria in Section IV.C of this statement? If yes, please complete the form and sign below: Yes No

ii yes, piease complete the form a	na sign below.			
Case Name and Number including Name and Location of Court or Arbitration Service:				
Date Arbitration or Litigation Comme	nced:			
Project Name:				
Project or Contract Number:				
Project Location:Street Ad	,	City & State	Zip Code	
Name of Owner:		,	•	
Contact Person:		Telephone:		
	lame & Title			
Highest Amount Sought for All Claim	s: \$ (Amount in Fig	gures)		
Amount Recovered: \$ (Amount i	n Figures)			
Method of Resolution (Check One):	Judgment: Arbit	ration Award: 🔲 Litig	ation:	
	Settled by Contractin	g Parties without Litigati	ion or Arbitration:	
	Other: List:			
Date of Claim Resolution:				
Basis for Claim:				
If the lawsuit or arbitration was resolved for more than 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 the Design Firm (Architect) and/or persons or entities associated with Design Firm (Architect):				
My signature below signifies my decl Design Firm's Authorized Signature: _ Printed Name & Title:	aration that the answe	rs provided on this Forr	m C are true and correct.	
Project Location: Street Add Name of Owner: Contact Person: Highest Amount Sought for All Claims Amount Recovered: (Amount i Method of Resolution (Check One): Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolve why the lawsuit or arbitration should against the Design Firm (Architect) are My signature below signifies my declar Design Firm's Authorized Signature:	ddress Jame & Title s: \$ (Amount in Fig Figures) Judgment: Arbit Settled by Contractin Other: List: red for more than 40% not be considered a mad/or persons or entities	City & State Telephone: _ gures) ration Award: Litig g Parties without Litigati of the highest amount s eritorious lawsuit or arbi s associated with Design	ought for all claims, state itration filed by an Owner Firm (Architect):	

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

V. REQUIRED COMPLETED ATTACHMENTS

	Notarized Statement from Surety stating (refe 1. Current available bonding exceeds the p 2. 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 SectiSurety(ies) acknowledges its intent to p (Contractor) is awarded the Project.	on 995.120; provide bonding of the Project in the event Design Builder
	One (1) copy of all Audited Financial Statem	ents (reference Section II.N – Financial Data).
		agent/broker/carrier stating that your firm can obtain and ratings for the project (reference Section II.O –
	Insurance Certificate (reference Section II.O	– Insurance).
	Letter from Workers' Compensation carrier Section II.P – Experience Modifier Rate).	evidencing your EMR for the past ten years (reference
	Resumes of all proposed Key Personnel (refe	erence Sections III.B and III.D).
	Signatures declaring the answers on Forms Claims History).	A, B, and C are true and correct (reference Section IV -
V	I. DECLARATION	
V	I. DECLARATION	
	h analas d	and the state of t
I,	Printed Name	eclare that I am the
of		submitting this Prequalification Questionnaire;
	Company Name	
info		onnaire on behalf of Design Builder (Contractor); and that all attachments hereto are, to the best of my knowledge, true,
	· '	oing is true and correct and that this declaration was executed
at		County of
	Location and City	County
Sta	ate of on	
	ate of on State	Date .
		Signature
		Oignature
		Printed Name
	If alamad by other than the sale was	viotor, a ganaral partner, ar acrearate officer
		rietor, a general partner, or corporate officer, er of attorney or corporate resolution.