DESIGN BUILDER (CONTRACTOR)

PREQUALIFICATION QUESTIONNAIRE Design Build Delivery

STUDENT SUCCESS CENTER PROJECT NO. 950512

MANDATORY

PREQUALIFICATION CONFERENCE:

THURSDAY, SEPTEMBER 27, 2018 AT 9:00 AM

SUBMITTAL DUE:

THURSDAY, OCTOBER 11, 2018 AT 5:00 PM



Architects & Engineers 1223 University Avenue, Suite 240 Riverside, CA 92507 Betty Osuna Contract Administrator (951) 827- 4590 / <u>betty.osuna@ucr.edu</u>

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I. GENERAL

A. PROJECT DESCRIPTION

The University of California Riverside (UCR) proposes to develop a Student Success Center (Project), a new facility of 60,000 GSF / 39,000 ASF. The purpose of the Project is to address UCR's growing student population and its shortfall in classroom capacity. UCR envisions the Project to increase utilization of instructional and student space and uphold UCR's academic mission through its explicit focus on "student success". The Project consists of three primary program elements:

- General assignment classrooms designed for modern pedagogies and technology;
- Multipurpose student life spaces for use by student organizations, and areas for scholarly activity such as tutoring, mentoring, and study;
- Dining Services space (shelled) for the development and fit-out of a new dining concept on campus.

The overall goal for the Student Success Center is to create a visionary and transformational facility that supports education and student success through active learning, collaboration, and communitybuilding, while also responding to the external site and climate conditions in a manner that integrates the building into the surrounding campus landscape. Bringing together classrooms and student life space, the Project has a unique opportunity to create highly utilized instructional, collaborative, and social spaces by capitalizing on synergies between these two facets of the student experience.

The University envisions the Project to be a showcase piece; a unique and dynamic location that becomes the number one stop on the campus tour. While function and practicality are key, the facility shall also inspire creativity and create a memorable place, one that engenders a deep emotional attachment for the students, faculty, and staff who inhabit the space. Located at the prominent intersection of the Arts Mall and Carillon Mall, the Project shall be a gateway building, providing an enhanced identity to the Academic Core.

Project Delivery: Design Build

Estimated Construction Cost: \$47,500,000 (funding is pending administrative approval)

B. PROJECT TIMING

 Prequalification Questionnaire issued: 	September 12, 2018
 Mandatory Pregualification Conference 	September 27, 2018
 Prequalification Questionnaire due: 	October 11, 2018
 Review and Shortlisting of Design Build Teams: 	October 2018
 Interview of Shortlisted Design Build Teams 	October 2018
 Issue Request for Proposal to selected Design Build Teams: 	4 th Quarter 2018
Proposals due:	1 th Quarter 2019
Notice of Selection:	1 st Quarter 2019
 Award Contract & Notice to Proceed: 	1 st Quarter 2019

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: **20 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 Building Contractor** "**B**" 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 **Wednesday, September 12, 2018, 9:00 AM** For information call Betty Osuna (951) 827- 4590 or email <u>betty.osuna@ucr.edu</u>

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, September 27**, **2018 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, **University Extension Center Building, 1200 University Ave., Room A, Riverside, CA 92507.** Lot 51 will be opened for all participants to park. A parking attendant will be issuing permits in the front of the parking entrance 30 minutes prior to the start of the conference.

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, October 11, 2018, at 5:00 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: Student Success Center Project No. 950512 Due Date and Time: **Thursday, October 11, 2018, at 5:00 PM**

• Prequalification Questionnaires must be received only at:

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

 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:

1. DESIGN AND CONSTRUCTION EXPERIENCE **150 Possible Points**

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

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

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

4. SURETY

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

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

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

7. ANNUAL REVENUE

Have an annual 2017 revenue equal to or greater than **\$135,000,000**.

- 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

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

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

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

120 Possible Points

Pass/Fail Pass/Fail

10 Possible Points

Pass/Fail

Pass/Fail

Student Success Center Project No. 950512

Pass/Fail

Pass/Fail

Pass/Fail

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 debt) / (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 240 or more points out of a possible 300 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. <u>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 (Mechanical, Electrical, Plumbing, Structural engineers and Sustainability consultant) **are required** to attend the interview.</u>

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.

- 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:
 - i. **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
- 3. 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 (CONTRACTOR) NAME AND ADDRESS

Company Name:			
	Telephone	Facsimile	
Street Address:		011 0 01 1	, <u> </u>
	Street Address	City & State	Zip Code
Contact Person #1:			
	Name, Title	Er	nail
Contact Person #2:			
	Name, Title	Er	nail
B. DESIGN BUILD TEA	AM COMPOSITION		
1. Design Buil	der (Contractor):	Our Name	
		Company Name	
2. Design Firm	n (Architect):		
	Company Name		
Τε	lephone	Facsimile	

	,	,
Street Address	City & State	Zip Code
Contact Name, Titl	e	Email
Proposed Architect of Record:		
Name, Title	<u> </u>	Email
License No Issu	ue Date: Expira	tion Date:
Provide the following information for the	Design Builder (Contractor):	
C. ENTITY SUBMITTING THIS PREQUALIFICATION		
Parent Company: Subsidiary: Other Branch Office: Division:	· 🖵	
D. TYPE OF BUSINESS ORGANIZATION		
Corporation: State of Incorporation:		
Partnership: Dint Venture: Sole Pro		
Other:		
If a partnership , provide the following information		
	General: 🗌 Association: 🗌	
	_	
Name and complete legal address of each g	eneral partner.	
Partner's Name	Legal Address	
Partner's Name	Legal Address	
Total number of employees on payroll in the c	•	
Total number of employees on payroll in the	local office submitting this prequali	ification:
Principal Office (if different from above):	Street Add	ress
	City, State & Zi	ip Code
President's Name	Vice Presider	nt's Name
Secretary's Name	Treasurer's	s Name

E. YEAR COMPANY WAS ESTABLISHED

Year established:

F. PARENT COMPANY I	NFORMATION (IF APPLICABLE)		
Company Name:			
Street Address	Telephone	Facsimile	-
Street Address:		City & State	Zip Code
	Name, Title	Telepho	one
G. LIST ALL FORMER C	OMPANY NAMES		
H. LICENSE			
	ontractor) must have a current a cense(s) for this project.	and active General Building (B) California
The entity submitting	this Prequalification Questionnaire	must be the holder of the requisite	license(s).
Does your firm have the	e required current and active Califor	nia State Contractors license(s)?	Yes 🗌 No [
Name of Licensee as it	t appears on record with the Califor	nia Contractors State License Boa	ard:
License No.	Issue Date:	Expiration Date:	
License	Class/Classes	Certification(s)	
	ctor license been suspended or he past ten years? Yes 🗌 No		actors State
lf yes, please explain:			

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

For Joint Venture Entity #1 of 2:

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 State License Board within the past ten years? Yes No						
If yes, please explain:						
	For Joint Vent	ure Entity #2 of 2:				
Name of Licensee as it appea	rs on record with the	e 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 State License Board within the past ten years? Yes						
If yes, please explain:						

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:

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

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.

I. CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS

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

If yes, give details including dates:					

J. 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

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?



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:

SURETY COMPANY #1:

		Surety's Name		Telephone
Street Address:				,
	Str	eet Address	City & State	Zip Code
to)	Has listed Suret	y Company #1 completed work	Yes 🗌 No 🗌
MM/YYYY	MM/YYYY	on a	project your firm defaulted on?	
(Period C	overed)			

SURETY COMPANY #2:						
-		S	urety's Name			Telephone
	Street Address:				3	
		Stre	et Address		City & State	Zip Code
-	to	MM/YYYY			ny #2 completed work our firm defaulted on?	Yes 🗌 No 🗌
	(Period Cov	rered)				

SURETY COMPANY	#3 :				
	5	Surety's Name			Telephone
Street Address:			,		,
	Stre	et Address		City & State	Zip Code
to	MM/YYYY			/ #3 completed work Ir firm defaulted on?	Yes 🗌 No 🗌
(Period Co	vered)				

SURETY COMPANY #4	1:			
		Surety's Name		Telephone
Street Address:	,	Surely S Marrie		relephone
	Stre	eet Address	, City & State	, Zip Code
to MM/YYYY (Period Cove	MM/YYYY	_ Has listed Surety on a p	Company #4 completed work roject your firm defaulted on?	Yes 🗌 No 🗌

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, 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 fiscal years):			
Year Ending	\$		
Year Ending	\$		
Year Ending	\$		

2. Net Income (past 3 fiscal years):				
Year Ending	\$			
Year Ending	\$			
Year Ending	\$			

3. Current Assets (past 3 fiscal years):		4. Current Liabilities (past 3 fiscal years):				
Year Ending	\$	Year Ending	\$			
Year Ending	\$	Year Ending	\$			
Year Ending	\$	Year Ending	\$			

5. Total Debt (past 3 fiscal years):					
Year Ending \$					
Year Ending	\$				
Year Ending \$					

6. Total Net Worth (past 3 fiscal years):			
Year Ending	\$		
Year Ending	\$		
Year Ending	\$		

7. Total Bonding Capacity:

8. Total Available Bonding 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 University shall pay for, obtain and maintain a University Controlled Insurance Program (UCIP) providing Workers' Compensation and Employer's Liability Insurance coverage, Commercial General Liability Insurance coverage, and Excess Liability Insurance coverage, to persons and entities enrolled in the UCIP for Work performed on or at the Project site.

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:

COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence - Combined 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
CONTRACTOR'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Professional Liability	\$10,000,000
BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Accident - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000
POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY Each Occurrence:	
	REQUIREMENT
Each Occurrence:	REQUIREMENT \$5,000,000
Each Occurrence: Products-Completed Operations Aggregate:	REQUIREMENT \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000
Each Occurrence: Products-Completed Operations Aggregate: General Aggregate:	REQUIREMENT \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000
Each Occurrence: Products-Completed Operations Aggregate: General Aggregate: <u>Workers' Compensation</u> – As required by Federal and Sta	REQUIREMENT \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 ate of California law MINIMUM
Each Occurrence: Products-Completed Operations Aggregate: General Aggregate: <u>WORKERS' COMPENSATION</u> – As required by Federal and Sta EMPLOYER'S LIABILITY – LIMITS OF LIABILITY	REQUIREMENT \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 ate of California law MINIMUM REQUIREMENT
Each Occurrence: Products-Completed Operations Aggregate: General Aggregate: <u>WORKERS' COMPENSATION</u> – As required by Federal and Sta <u>EMPLOYER'S LIABILITY – LIMITS OF LIABILITY</u> Each Employee:	REQUIREMENT \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 ate of California law MINIMUM REQUIREMENT \$1,000,000

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 🗌 No 🗌

- 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 MODIFICATION RATE

List your company's Workers' Compensation Experience Modification Rate for the past ten years:

2008: _____ 2009: _____ 2010: _____ 2011: _____ 2012: _____

2013: _____ 2014: _____ 2015: _____ 2016: _____ 2017: _____

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

Provide a letter from your Workers' Compensation carrier

showing your Experience Modification rate for the past ten years.

Q. QUALIFICATION HISTORY

a. Provide the following information if Design Builder (Contractor) has not qualified to perform work for the *University of California*:

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

b. Provide the following information if Design Builder (Contractor) has ever not qualified to perform work for any contracting entity other than the University of California:

Contracting Entity:			
	Telephone	Facsimile	
Street Address:	,		,
	Street Address	City & State	Zip Code
Contact Person:			
	Name, Title	1	Telephone
Project Name:			
Project Number:			
Date of Notice of Failure	to Qualify:		
	alify: pace is needed, provide the information of the to the project name and number and		

R. YEARS OF EXPERIENCE

Does you	r company l	have at least	ten years of	experience as	a General	Building Contractor?
Yes 📋 I	No 🗌					

S. PROJECT COMPLETION

Has your company failed to complete a Contract or been removed from a project within the past ten years? Yes No

If yes, give details including dates:		

T. SELF-PERFORMANCE

Does your company have the ability to self-perform a minimum of 15% of the work of the construction contract? Yes $\hfill\square$ No $\hfill\square$

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

yes, give details including dates:

V. SUPPLEMENTAL COMPANY INFORMATION

1. <u>Safety Program</u>

- a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Yes No
- b. Does your company have personnel permanently assigned to safety? Yes 🗌 No 🗌

If yes, state the names of all personnel who are assigned and list their specific duties:

Name:	Title:
Specific Duties:	
Neme	
	Title:
Specific Duties:	
2. Quality Control Processes	
a. Does your company have a written QA/QC p	rogram? Yes 🗌 No 🗌
b. Does your firm have personnel permanently	assigned to QA/QC? Yes 🗌 No 🗌
If yes, state the names of all personnel who wi duties:	Il be permanently assigned and list their specific
Name:	Title:
Specific Duties:	
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 EIGHT (8) CLASSROOM, STUDENT SERVICES OR OFFICE BUILDING 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) projects completed for **INSTITUTIONS OF HIGHER LEARNING FOR PRIVATE OR PUBLIC AGENCIES** for which the construction cost was at least \$40 million each.
 - At least three (3) projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$30 million each.
 - At least two (2) projects which used **DESIGN BUILD** delivery for which the construction cost was at least \$40 million each.
 - At least two (2) projects that included a **HIGH-QUALITY TEACHING CLASSROOM** that included an acoustical panel partition system with STC-50 rating, video displays, sound system and power data infrastructure, etc., for which the construction cost was at least \$40 million each.
 - At least two (2) projects that included a **400 SEAT LECTURE HALL** for which the construction cost was at least \$40 million each.
 - At least one (1) project that included a minimum of **900 GENERAL ASSIGNMENT CLASSROOM STATIONS** for which the construction cost was at least \$40 million.
 - At least one (1) project that was CONSTRUCTED ON A LIMITED AND CONFINED SITE IMMEDIATELY ADJACENT TO OCCUPIED FACILITIES for which the construction cost was at least \$40 million.
 - At least one (1) project that included a **DINING AND RETAIL SPACE** for which the construction cost for that portion of the work was at least \$1.5 million.
 - At least two (2) projects that were a minimum of **THREE (3) STORIES IN HEIGHT** for which the construction cost was at least \$45 million each.
 - At least one (1) project that **ACHIEVED LEED GOLD CERTIFICATION** or better and for which the construction cost was at least \$45 million.
 - At least two (2) 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 classroom, student services or office building projects completed in the past 10 years for institutions of higher learning for private or public agencies 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

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 Addre	, SS	City & State	Zip Code
Owner Information:				
		Owner's	s Name	
Address:	Street Addre	, , , ,	City & State	Zip Code
Contact Person:				2.p 0000
		Name & Title		
	Telephone	Facsimile	E	Email
Address of Design B	uilder's (Contractor) Offic	ce that Performed the V	Vork:	
		,		,
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
Name of Design Build for project:	der's (Contractor) Project I	Manager		
	ager listed above assigned		he project?	Yes 🗌 No 🗌
	ger listed above complete der's (Contractor) Superin t			Yes 🗌 No 🗌
	ent listed above assigned		e project?	Yes 🗌 No 🛄
Did the Superintende	nt listed above complete th	ne project?		Yes 🗌 No 🗌
Design Firm:				
Address:		3		,
	Street Addre	ess	City & State	Zip Code
Contact Person:		Name & Title		
	Telephone	Facsimile	E	Email
Name of Design Firm	's Project Manager for pro	oject:		
Name of Architect o	f Record for project:			

Contract Time:				
Start Date: Mo Actual Completion Da	te: Days Extended due to Unexcused Delays:			
Actual Completion Da	Month/Day/Year			
If project is not comple	ete, specify percentage of completion: % (Total cost of work i	n place)		
Contract Amount:				
\$	\$			
	Amount Adjustment Due to Change Orders Final Contra	ct Amount		
Project Information Completed For:	Institution of Higher Learning			
Type of Facility:	Classroom Student Services Office Building Other Specify:			
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:			
Construction Type:	New I Interior Renovation Tenant Improvement			
Was this project a hi (check all that apply)	gh-quality teaching classroom that included the following?	Yes 🗌 No 🗌		
Acoustical Panel	Partition System 🗌 Video Displays 🗌 Sound System & P	Power Data 🔲 rastructure		
Other 🗌 Spec	oify: Other Specify: Other Specify: Other Specify:			
Did this project inclu	Ide a 400 seat lecture hall?	Yes 🗌 No 🗌		
Did this project inclu	ide a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌		
Was this project con facilities?	structed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌		
Did this project include a dining and retail space for which the construction cost for that portion yes \square No \square of the work was at least \$1.5 million?				
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌		
Did this project achie	eve LEED Gold Certification or better?	Yes 🗌 No 🗌		
Did your firm self-pe	Did your firm self-perform 15% of the trade work?Yes Yes			
Specify the trade	s you self-performed:			

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

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
Owner Information:				
		Owner's	s Name	
Address:	Street Addr		City & State	,Zip Code
Contact Person:	Street Addr	ess	City & State	Zip Code
Contact Person.		Name & Title		
	Telephone	Facsimile	E	Email
Address of Design B	uilder's (Contractor) Offic	ce that Performed the W	/ork:	
		,		,
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
Name of Design Built for project:	der's (Contractor) Project	Manager		
	ager listed above assigne ger listed above complete		he project?	Yes 🗌 No 🗌 Yes 🗍 No 🗍
	der's (Contractor) Superir			
	lent listed above assigned ent listed above complete t		e project?	Yes 🗌 No 🗌 Yes 🗍 No 🗍
	ant listed above complete			
Design Firm:				
Address:	<u></u>	,		/
	Street Addr	ess	City & State	Zip Code
Contact Person:		Name & Title		
	Telephone	Facsimile	E	mail
Name of Design Firm	n's Project Manager for p	roject:		
Name of Architect o	f Record for project:			

Contract Time:			
Start Date:	Scheduled Completion Date:		
Mor	hth/Day/Year Month/Day/Year		
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year		
If project is not comple	ete, specify percentage of completion: % (Total cost of work in pla	ce)	
Contract Amount:			
\$	\$\$		
	Amount Adjustment Due to Change Orders Final Contra	act Amount	
Project Information	n:		
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:		
Type of Facility:	Classroom Student Services Office Building Specify:		
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:		
Construction Type: New I Interior Renovation Tenant Improvement			
Was this project a hi (check all that apply)	gh-quality teaching classroom that included the following?	Yes 🗌 No 🗌	
	Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data 🔲	
Other 🗌 Spec	Sify: Other Specify: Other Specify: Other Specify:		
Did this project inclu	Ide a 400 seat lecture hall?	Yes 🗌 No 🗌	
Did this project inclu	Ide a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌	
Was this project con facilities?	structed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌	
Did this project inclu of the work was at le	Ide a dining and retail space for which the construction cost for that portion east \$1.5 million?	Yes 🗌 No 🗌	
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌	
Did this project achie	Did this project achieve LEED Gold Certification or better? Yes 🗌 No		
Did your firm self-pe	Did your firm self-perform 15% of the trade work? Yes 🗌 No		
Specify the trade	s you self-performed:		

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

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 Addr	ess	City & State		Zip Code
Owner Information:					
		Owner	s Name		
Address:	Street Addr	, , , ,	City & State	,	Zip Code
Contact Person:					
		Name & Title			
	Telephone	Facsimile		Email	
Address of Design B	Builder's (Contractor) Off	fice that Performed the \	Work:		
	Street Address		City & State	,	Zip Code
Contact Person:			City & State		Zip Code
		Name & Title			
Email:			Telephone:		
Name of Design Build for project:	der's (Contractor) Projec	t Manager			
	ager listed above assigne		the project?	Yes	
	ager listed above complete der's (Contractor) Superin			Yes 🗌	No 🛄
Was the Superintend	lent listed above assigned	I the job at the start of th	e project?	Yes 🗌] No 🗌
Did the Superintende	ent listed above complete	the project?		Yes 🗌] No 🗌
Design Firm:					
Address:	Street Addr	, ess	City & State	'	Zip Code
Contact Person:			,		•
		Name & Title			
	Talankana			F 1	
	Telephone	Facsimile		Email	
Name of Design Firm	n's Project Manager for p	roject:			
Name of Architect o	f Record for project:				

Contract Time.		
Start Date:	Scheduled Completion Date: nth/Day/Year Month/Day/Year	-
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year	
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ice)
Contract Amount:		
\$	\$	
Base Project Information	Amount Adjustment Due to Change Orders Final Contra	act Amount
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:	
Type of Facility:	Classroom Student Services Office Building Other Specify:	
Project Delivery:	Design Build 🗌 Traditional 🔲 Other 🗌 Specify:	
Construction Type:	New I Interior Renovation I Tenant Improvement	
Was this project a hi (check all that apply)	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌
	I Partition System Video Displays Sound System & I STC-50 Rating In	Power Data 🔲 frastructure
Other 🗌 Spec	Cify: Other Specify: Other Specify:	
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project inclu	ude a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project con facilities?	nstructed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌
Did this project inclu of the work was at le	ude a dining and retail space for which the construction cost for that portion east \$1.5 million?	Yes 🗌 No 🗌
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-pe	rform 15% of the trade work?	Yes 🗌 No 🗌
Specify the trade	es you self-performed:	

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

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 Addree	,	City & State	,Zip Code
	Street Addres	s,	City & State	
Owner Information:				
		Owner	s Name	
Address:	Street Addres	, ,	City & State	,Zip Code
Contact Person:			·	
		Name & Title		
	Telephone	Facsimile	I	Email
			A/	
Address of Design E	Suilder's (Contractor) Office	e that Performed the v	VOIK:	
	Street Address	,	City & State	, Zip Code
Contact Person:				
		Name & Title		
Email: Name of Design Built	der's (Contractor) Project N	lanager	Telephone:	
for project:				
Was the Project Man	ager listed above assigned	the job at the start of t	the project?	Yes 🗌 No 🗌
	ger listed above complete the der's (Contractor)			Yes 🗌 No 🗌
for project:				
	lent listed above assigned th		e project?	Yes 🗌 No 🗌
Did the Superintende	ent listed above complete the	e project?		Yes 🗌 No 🗌
Design Firm:				
Address:	Street Addres	,	City & State	,Zip Code
Contact Person:		0		2.0 0000
		Name & Title		
	Telephone	Facsimile		Email
Name of Design Firm	a's Project Manager for proj	ject:		
Name of Architect o	f Record for project:			

Contract Time.		
Start Date:	Scheduled Completion Date:	-
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year	
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ce)
Contract Amount:		
\$	\$ \$	
Project Information	Amount Adjustment Due to Change Orders Final Contra n:	act Amount
Completed For:	Institution of Higher Learning Private Agency Public Agency	
Type of Facility:	Classroom Student Services Office Building Specify:	
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
Was this project a hi (check all that apply)	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌
	I Partition System Video Displays Sound System & I Th STC-50 Rating In	Power Data 🔲 frastructure
Other 🗌 Spec	cify: Other Specify: Other Specify: Other Specify:	
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project inclu	ude a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project con facilities?	nstructed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌
Did this project inclu of the work was at le	ude a dining and retail space for which the construction cost for that portion east \$1.5 million?	Yes 🗌 No 🗌
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌
	rform 15% of the trade work?	Yes 🗌 No 🗌
Specify the trade	es you self-performed:	

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

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	ess	City & State		Zip Code	
Owner Information:						
		Owner's Name				
Address:	Street Address , City & State		City & State	,	Zip Code	
Contact Person:						
Name & Title						
	Telephone	Facsimile		Email		
Address of Design B	uilder's (Contractor) Off	ice that Performed the V	Nork:			
				_		
	Street Address	,	City & State	,	Zip Code	
Contact Person:		Name & Title				
Email:			Telephone:			
	der's (Contractor) Project	Manager				
Was the Project Manager listed above assigned the job at the start of the project? Yes 🗌 No 📃						
	ger listed above complete der's (Contractor) Superir			Yes 📋	No 🗌	
Was the Superintendent listed above assigned the job at the start of the project? Yes No						
Did the Superintende	ent listed above complete	the project?		Yes 🗌	No 🗌	
Design Firm:						
Address:						
	Street Addr	ess , ,	City & State		Zip Code	
Contact Person:						
		Name & Title				
	Telephone	Facsimile		Email		
Name of Design Firm	n's Project Manager for p	roject:				
Name of Architect of Record for project:						
INALLE OF AICHIECT O	Record for project.					

Contract Time.					
Start Date:	Scheduled Completion Date:	-			
Actual Completion Date: Days Extended due to Unexcused Dela					
If project is not comple	Month/Day/Year % (Total cost of work in pla	ice)			
Contract Amount:					
\$	\$\$				
Base Project Information	Amount Adjustment Due to Change Orders Final Contra	act Amount			
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:				
Type of Facility:	Classroom Student Services Office Building Conternation Specify:				
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:				
Construction Type: New I Interior Renovation Tenant Improvement					
Was this project a high-quality teaching classroom that included the following? Yes I No I (check all that apply)					
Acoustical Panel Partition System Video Displays Sound System & Power Data Infrastructure					
Other 🗌 Spec	Sify: Other Specify: Other Specify: Specify:				
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌			
Did this project inclu	Yes 🗌 No 🗌				
Was this project con facilities?	Yes 🗌 No 🗌				
Did this project inclu of the work was at le	Yes 🗌 No 🗌				
Was this project a m	Yes 🗌 No 🗌				
Did this project achi	Yes 🗌 No 🗌				
Did your firm self-pe	Yes 🗌 No 🗌				
Specify the trades you self-performed:					

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

Project Name:				
Project or Contract N	lumber:			
Project Location:		, , , , , , , , , , , , , , , , , , , ,		,
	Street Addre	ess	City & State	Zip Code
Owner Information:				
		Owner's	s Name	
Address:	Street Addr	,	City & State	Zip Code
Contact Person:				F • • • • • •
		Name & Title		
	Telephone	Facsimile	E	Email
Address of Design E	Builder's (Contractor) Off	ice that Performed the V	Vork:	
_		,		,
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
	der's (Contractor) Project	Manager		
	nager listed above assigne		he project?	Yes 🗌 No 🗌
	ager listed above complete der's (Contractor) Superir			Yes 🗌 No 🗌
	dent listed above assigned		e project?	Yes 🗌 No 🗌
Did the Superintende	ent listed above complete	the project?		Yes 🗌 No 🗌
Design Firm:				
Address:		3		,
	Street Addr	ess	City & State	Zip Code
Contact Person:		Name & Title		
	Telephone	Facsimile	E	Email
Name of Design Firm	n's Project Manager for p	roject:		
Name of Architect o	of Record for project:			

Contract Time.		
Start Date:	Scheduled Completion Date:	-
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year	
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ıce)
Contract Amount:		
\$	\$ \$	
Base A Project Information	Amount Adjustment Due to Change Orders Final Contra	act Amount
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:	
Type of Facility:	Classroom Student Services Office Building Specify:	
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
Was this project a hi (check all that apply)	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌
	I Partition System Video Displays Sound System & I This STC-50 Rating Initial Structure Structu	Power Data 🔲 frastructure
Other 🗌 Spec	cify: Other Specify: Other Specify: Other Specify:	
Did this project inclu	Ide a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project inclu	ide a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project con facilities?	structed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌
Did this project inclu of the work was at le	ude a dining and retail space for which the construction cost for that portion east \$1.5 million?	Yes 🗌 No 🗌
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-pe	rform 15% of the trade work?	Yes 🗌 No 🗌
Specify the trade	s you self-performed:	

Project Name:				
Project or Contract N	lumber:			
Project Location:		, , , , , , , , , , , , , , , , , , , ,		,
	Street Addre	ess	City & State	Zip Code
Owner Information:				
		Owner's	s Name	
Address:	Street Addr	,	City & State	Zip Code
Contact Person:				F • • • • • •
		Name & Title		
	Telephone	Facsimile	E	Email
Address of Design E	Builder's (Contractor) Off	ice that Performed the V	Vork:	
_		,		,
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
	der's (Contractor) Project	Manager		
	nager listed above assigne		he project?	Yes 🗌 No 🗌
	ager listed above complete der's (Contractor) Superir			Yes 🗌 No 🗌
	lent listed above assigned		e project?	Yes 🗌 No 🗌
Did the Superintende	ent listed above complete	the project?		Yes 🗌 No 🗌
Design Firm:				
Address:		3		,
	Street Addr	ess	City & State	Zip Code
Contact Person:		Name & Title		
	Telephone	Facsimile	E	Email
Name of Design Firm	n's Project Manager for p	roject:		
Name of Architect o	of Record for project:			

Contract Time.		
Start Date:	Scheduled Completion Date:	-
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year	
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ıce)
Contract Amount:		
\$	\$ \$	
Base A Project Information	Amount Adjustment Due to Change Orders Final Contra	act Amount
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:	
Type of Facility:	Classroom Student Services Office Building Specify:	
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
Was this project a hi (check all that apply)	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌
	I Partition System Video Displays Sound System & I This STC-50 Rating Initial Structure Structu	Power Data 🔲 frastructure
Other 🗌 Spec	cify: Other Specify: Other Specify: Other Specify:	
Did this project inclu	Ide a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project inclu	de a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project con facilities?	structed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌
Did this project inclu of the work was at le	ude a dining and retail space for which the construction cost for that portion east \$1.5 million?	Yes 🗌 No 🗌
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-pe	rform 15% of the trade work?	Yes 🗌 No 🗌
Specify the trade	s you self-performed:	

Project Name:				
Project or Contract N	lumber:			
Project Location:	Street Addre		City & State	, Zip Code
Owner Information:		Owner's	Name	
Address:		,		
	Street Addr	ess	City & State	Zip Code
Contact Person:		Name & Title		
	Telephone	Facsimile	E	mail
Address of Design B	Builder's (Contractor) Off	ice that Performed the V	Vork:	
		, ,		· · · · · · · · · · · · · · · · · · ·
Contact Derson	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email: Name of Design Buil for project:	der's (Contractor) Project	Manager	Telephone:	
Did the Project Mana	ager listed above assigne ager listed above complete der's (Contractor) Superir	the project?	he project?	Yes D No D Yes No D
	lent listed above assigned ent listed above complete t		e project?	Yes I No I Yes I No I
Design Firm:				
Address:		3		,
	Street Addr	ess	City & State	Zip Code
Contact Person:		Name & Title		
	Telephone	Facsimile	E	mail
Name of Design Firm	n's Project Manager for p	roject:		
Name of Architect o	f Record for project:			

Contract Time.		
Start Date:	Scheduled Completion Date:	-
Actual Completion Da		
If project is not comple	Month/Day/Year % (Total cost of work in pla	ice)
Contract Amount:		
\$	\$\$	
Base Project Information	Amount Adjustment Due to Change Orders Final Contra	act Amount
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:	
Type of Facility:	Classroom Student Services Office Building Specify:	
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
Was this project a hi (check all that apply)	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌
	I Partition System Video Displays Sound System & I STC-50 Rating In	Power Data 🔲 frastructure
Other 🗌 Spec	Sify: Other Specify: Other Specify: Specify:	
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project inclu	de a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project con facilities?	structed on a limited and confined site immediately adjacent to occupied	Yes 🗌 No 🗌
Did this project inclu of the work was at le	ude a dining and retail space for which the construction cost for that portion east \$1.5 million?	Yes 🗌 No 🗌
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-pe	rform 15% of the trade work?	Yes 🗌 No 🗌
Specify the trade	s you self-performed:	

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 Project Executive Qualifications

Name of Proposed Construction Project Executive:

Years of Experience in the Industry:

Education:			
Degree Received	Institution/School	Major/Discipline	Year
License Received	State Agency/Licensing Body	Specialty Area	Year
Certificate Received	Organization Specialty Area		Year
	ols (i.e. Computer Software Application		
List all Project M	lanagement Training / Tools	Years of Expe	erience

Project Experience:			
	ost recent experience. List all project		
	to fulfill the assigned project responsibil	ities for the Student Succes	s Center project.
Current Firm:			
Current Job Title:	Year	s of Employment:	through
	PROJECT EXPERIENCE WITH CURR	RENT FIRM LISTED ABOVE	
#1 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this p	roject:		
Project Responsibilities	:		
Project Delivery:	Design Build 🗌 Traditional 🗌 Oth	ner 🗌	
Completed For:	Institution of Higher Learning	rivate Agency 🗌 Public Agen	ncy 🗌
	Other		
Type of Facility:	Classroom 🗌 Student Services 🗌	Office Building	
	Other		
Construction Type:	New 🗌 Interior Renovation 🗌 Ter	nant Improvement	
	quality teaching classroom that included the	following? Yes 🗌 No 🗌]
(check all that apply) Acoustical Panel P	artition System		System & Power Data
	STC-50 Rating		Infrastructure
Other Specify:	Other 🗌 Specify:	Other 🗌 S	pecify:
Did this project include	a 400 seat lecture hall?		Yes 🗌 No 🗌
Did this project include	a minimum of 900 general assignment class	room stations?	Yes 🗌 No 🗌

Was this project const	tructed on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
	e a dining and retail space for which the construction cost for that portion of the	
work was at least \$1.5		Yes 🗌 No 🗌
Was this project a mir	nimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achiev	e LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perf	orm 15% of the trade work?	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 Responsibilitie	es:	
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌	
Completed For:	Institution of Higher Learning 🗌 Private Agency 🗌 Public Agency 🗌	
	Other	
Type of Facility:	Classroom 🗌 Student Services 🗌 Office Building 🗌	
	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
	h-quality teaching classroom that included the following? Yes 🗌 No 🗌	
(check all that apply) Acoustical Panel	Partition System Video Displays Sound System	& Power Data
		Infrastructure
Other 🗖 Specify	" Other C Specify" Other C Specify	
Other Specify	y: Other Specify: Other Specify:	
Did this project include	e a 400 seat lecture hall?	Yes 🗌 No 🗍
	e a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project const	tructed on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
	e a dining and retail space for which the construction cost for that portion of the	Yes 🗌 No 🗍
work was at least \$1.5	nimum of three stories above grade?	Yes 🗌 No 🗌
	-	
Did this project achiev	ve LEED Gold Certification or better?	Yes 📋 No 🛄
Did your firm self-perf	orm 15% of the trade work?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Vooro of Employments thereich	
	Years of Employment: through	
#3 Project Name:		
Owner:	Contact Name:	
Contract Amount:	\$ Completion Date:	
Job Title used on this		
Project Responsibilitie	es:	
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌	
Completed For:	Institution of Higher Learning 🗌 Private Agency 🗌 Public Agency 🗌	
	Other	
Type of Facility:	Classroom 🗌 Student Services 🗌 Office Building 🗌	
	Other	

Construction Type: New I Interior Renovation Tenant Improvement							
Was this project a high-quality teaching classroom that included the following? Yes No							
Acoustical Panel Partition System 🗌 Video Displays 🗌 Sound System &	& Power Data 🔲 Infrastructure						
Other Specify: Other Specify: Other Specify: Other Specify:	:						
Did this project include a 400 seat lecture hall?	Yes 🗌 No 🗌						
Did this project include a minimum of 900 general assignment classroom stations? Yes 🗌 No 🗌							
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes 🗌 No 🗌							
Did this project include a dining and retail space for which the construction cost for that portion of the work was at least \$1.5 million?	Yes 🗌 No 🗌						
Was this project a minimum of three stories above grade?	Yes 🗌 No 🗌						
Did this project achieve LEED Gold Certification or better?	Yes 🗌 No 🗌						
Did your firm self-perform 15% of the trade work?	Yes 🗌 No 🗌						

2.	Construction	Project	Manager	Qualifications	
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Name	of Proposed Con		· · ·				
Education:	Years of E	-xperience in	the Industry:	_			
Degree Rece	eived	Institution/School Major/Disci			Major/Discipli	ne	Year
License Rec	eived	Sta	ate Agency/Licensing	Body	Specialty Are	;a	Year
Certificate Re	ceived		Organization		Specialty Are	a	Year
Project Manageme	nt Training / Too List all Project M			pplication		ars of Experi	ience
Project Experience Begin with your m background required	ost recent expe						ice and
Current Firm:						<u>n projecti</u>	
Current Job Title:			Years of Err	ployment:	tł	nrough	
	PROJECT E	XPERIENCE	WITH CURRENT FI			<u> </u>	
#1 Project Name:							
Owner:				Conta	ect Name:		
Contract Amount:		\$		Complet	tion Date:		
Job Title used on this	-						
Project Responsibilitie							
Project Delivery:		uild 🗌 Tradit					
Completed For:		of Higher Lea	arning 🗌 Private A	gency 📋 F	Public Agency		
	Other		<u> </u>	<u> </u>	1		
Type of Facility:		n 🔄 Student	Services 🗌 Office	Building			
Construction Type	Other	atorior Donov	ation 🗌 Tenant Im	arovement [
Construction Type: Was this project a high				na?			
(check all that apply)				- re	es 🗌 No 🗌		_
	Partition System		Video Display	s 🗌	Sound System a	& Power Da Infrastructu	
Other D Specify	:	Other 🗌	Specify:	0	ther Specify:		
Did this project include	a 400 seat lecture	hall?				Yes 🗌 🛚	No 🗌
Did this project include	a minimum of 900	general assig	gnment classroom st	tations?		Yes 🗌 🛚	No 🗌
Was this project constr	ucted on a limited	and confined	site immediately adj	acent to occ	upied facilities?	Yes 🗌 N	No 🗌
Did this project include work was at least \$1.5		space for wh	ich the construction	cost for that	portion of the	Yes 🗌 1	No 🗌
Was this project a mini	mum of three storie	es above grac	le?			Yes 🗌 🛚	No 🗌

Did this project achieve LEED	Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 15%	of the trade work?	Yes 🗌 No 🗌
PR	DJECT 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:	Classroom 🗌 Student Services 🗌 Office Building 🔲	
	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
	teaching classroom that included the following? Yes D No D	
(check all that apply) Acoustical Panel Partition	System Video Displays Sound System	& Power Data
with STC-5		Infrastructure
Other Specify:	Other C Specify Other C Specify	
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400 s	eat lecture hall?	Yes 🗌 No 🗌
	num of 900 general assignment classroom stations?	Yes 🗌 No 🗌
	n a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dinin work was at least \$1.5 million?	g and retail space for which the construction cost for that portion of the	Yes 🗌 No 🗌
Was this project a minimum of	three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED	Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 15%	of the trade work?	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:		
	Design Build 🔲 Traditional 🗌 Other 🗌	
Project Delivery:		
Completed For:	Institution of Higher Learning Private Agency Public Agency	
Type of Facility:	Classroom Classroom Student Services Classroom Classroom Student Services Classroom Student Services Student	
i ype of i acility.		
Construction Type:	New Interior Renovation Tenant Improvement	

(check all tha	ect a high-quality teaching cla t apply) al Panel Partition System with STC-50 Rating	_	included the fo Video Dis	_			Power Data
Other 🗌	Specify:	Other 🗌	Specify:		Other 🗌	Specify:	
Did this proje	ct include a 400 seat lecture	hall?					Yes 🗌 No 🗍
Did this proje	ct include a minimum of 900	general assig	Inment classroo	om stations?			Yes 🗌 No 🗌
Was this proje	ect constructed on a limited a	and confined	site immediatel	y adjacent to o	ccupied fac	ilities?	Yes 🗌 No 🗌
	ct include a dining and retail : east \$1.5 million?	space for whi	ch the construc	ction cost for th	nat portion o	f the	Yes 🗌 No 🗌
Was this proje	ect a minimum of three storie	s above grad	le?				Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?				Yes 🗌 No 🗌
Did your firm	self-perform 15% of the trade	e work?					Yes 🗌 No 🗌

3. Construction Design Manager Qualifications

Name	of Proposed Cons Years of E	truction Desig xperience in tl					
Education:							
Degree Rece	ived	Institution/School Major/Dis			Major/Disciplin	ne Year	
License Rece	ived	State	e Agency/Licensir	ng Body	Specialty Area	a Year	
Certificate Rec	eived		Organization		Specialty Area		
Project Managemer	nt Training / Tool List all Project Ma			Applicatior		rs of Experience	
Project Experience: Begin with your mo background required	ost recent exper						
Current Firm:							
Current Job Title:			Years of E	mployment:	thi	rough	
	PROJECT EX	PERIENCE W	TH CURRENT			<u> </u>	
#1 Project Name:							
Owner:				Conta	act Name:		
Contract Amount:		\$			tion Date:		
Job Title used on this p	roiect:	T					
Project Responsibilities							
Project Delivery:		ild 🗌 Traditior	nal 🗌 Other 🗌				
Completed For:		of Higher Learn		Agency 🗌 F	Public Agency		
	Other						
Type of Facility:		Student Se	ervices 🗌 Offic	e Building			
	Other						
Construction Type:		terior Renovati	ion 🗌 Tenant Ir	mprovement [7		
Was this project a high	the second se			vina?			
(check all that apply)				- Ye	s 🗌 No 🗌	_	
	artition System		Video Display	/s 🗌	Sound System & I	Power Data	
Other Specify:		Other 🗌	Specify:	Ot	ther Specify:		
Did this project include	a 400 seat lecture l	hall?				Yes 🗌 No 🗌	
Did this project include	a minimum of 900	general assigni	ment classroom	stations?		Yes 🗌 No 🗌	
Was this project constru					cupied facilities?	Yes 🗌 No 🗌	
Did this project include work was at least \$1.5	a dining and retail		-	•	•	Yes 🗌 No 🗌	
Was this project a minir		s above grade'	?			Yes 🗌 No 🗌	

Did this project achieve LEE	D Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 15	Yes 🗌 No 🗌	
PF	ROJECT 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:	Classroom 🗌 Student Services 🗌 Office Building 🗌	
	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	
	y teaching classroom that included the following? Yes \Box No \Box	
(check all that apply) Acoustical Panel Partitio	n System 🗌 Video Displays 🗌 Sound System	& Power Data
with STC-		Infrastructure
Othor D Specify	Other 🔲 Specific Other 🗍 Specific	
Other Specify:	Other Specify: Other Specify:	
Did this project is shude a 400		
Did this project include a 400		
Did this project include a min	imum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dini work was at least \$1.5 million	ng and retail space for which the construction cost for that portion of the ?	Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEE	D Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 159	% of the trade work?	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	
Type of Facility:	Classroom Student Services Office Building	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	

Was this project a high-quality teaching classroom that included the following? Yes I No I (check all that apply) Acoustical Panel Partition System I Video Displays I Sound System with STC-50 Rating Video Displays I Sound System	& Power Data 🔲 Infrastructure
Other Specify: Other Specify: Other Specify: Other Specify:	y:
Did this project include a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project include a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dining and retail space for which the construction cost for that portion of the work was at least \$1.5 million?	Yes 🗌 No 🗌
Was this project a minimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 15% of the trade work?	Yes 🗌 No 🗌

4. Construction Superintendent Qualifications

Name of Proposed Construction Superintendent:	
Years of Experience in the Industry:	

Education:								
Degree Receiv	ed		Institution/Sc	chool	M	ajor/Discipli	ne	Year
License Receiv	red	Sta	ate Agency/Licer	nsing Body	S	pecialty Are	ea	Year
Certificate Rece	ived		Organizati	on	Specialty Area			Year
Project Management	Training / Too List all Project M			re Applicatio	ons):	Yea	ars of Expe	rience
Project Experience: Begin with your most background required to								
Current Firm:								
Current Job Title:				of Employment			nrough	
	PROJECT E	XPERIENCE	WITH CURREN	NT FIRM LISTE	ED ABOV	E		
#1 Project Name:								
Owner:		•			ntact Nam			
Contract Amount:		\$		Comp	letion Dat	e:		
Job Title used on this pro	oject:							
Project Responsibilities:		_	_	_				
Project Delivery:	Design Br			_				
Completed For: _		of Higher Lea	arning 🔄 Priva	ate Agency	Public A	gency 📋		
	Other				_			
Type of Facility:		n 📋 Student	Services 🗌 O	ffice Building				
	Other							
Construction Type:			ation 🗌 Tenar		t 🛄			
Was this project a high-q (check all that apply)	uality teaching c	lassroom that	included the fo	llowing? Y	′es 🗌 No	\square		
Acoustical Panel Pa	rtition System [TC-50 Rating		Video Disp	olays 🗌	Sour	nd System a	& Power D Infrastruc	
Other 🗌 Specify:		Other 🗌	Specify:	(Other 🗌	Specify:		
Did this project include a	400 seat lecture	hall?					Yes 🗌	No 🗌
Did this project include a	minimum of 900	general assig	gnment classroo	om stations?			Yes 🗌	No 🗌
Was this project construc	ted on a limited	and confined	site immediatel	y adjacent to o	ccupied fa	acilities?	Yes 🗌	No 🗌
Did this project include a work was at least \$1.5 m		space for wh	ich the construc	tion cost for th	at portion	of the	Yes 🗌	No 🗌
Was this project a minim	um of three stori	es above grac	le?				Yes 🗌	No 🗌

Did this project achieve LEED	O Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 159	Yes 🗌 No 🗌	
PF	ROJECT 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:	Classroom 🗌 Student Services 🗌 Office Building 🗌	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partitio	n System 🗌 Video Displays 🗌 Sound System	& Power Data
with STC-		Infrastructure
Other D Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗍
	mum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
	on a limited and confined site immediately adjacent to occupied facilities?	
	ng and retail space for which the construction cost for that portion of the	
work was at least \$1.5 million		Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED	O Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 159	% of the trade work?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:	TROJECT EXPERIENCE WITH OTHER FIRM LISTED ADOVE	
When the second	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:	Classroom Student Services Office Building	
- 	Other	
Construction Type:	New 🔲 Interior Renovation 🗌 Tenant Improvement 🗌	

Was this project a high-quality teaching classroom that included the following? Yes I No I (check all that apply) Acoustical Panel Partition System I Video Displays I Sound System with STC-50 Rating Video Displays I Sound System	& Power Data 🔲 Infrastructure
Other Specify: Other Specify: Other Specify: Other Specify:	y:
Did this project include a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project include a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dining and retail space for which the construction cost for that portion of the work was at least \$1.5 million?	Yes 🗌 No 🗌
Was this project a minimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 15% of the trade work?	Yes 🗌 No 🗌

5. Construction Quality Assurance Manager Qualifications

Name of Proposed			nce Manager:				
Education:			·				
Degree Rece	eived		Institution/School		Major/Discipl	ine	Year
License Rec	eived	Sta	ate Agency/Licensing	l Body	Specialty Are	еа	Year
Certificate Re	ceived		Organization		Specialty Are	ea	Year
Project Manageme	nt Training / Too List all Project Ma			Application		ars of Expe	rience
Project Experience Begin with your me background required	ost recent exper						
Current Firm:							
Current Job Title:			Years of Err	nployment:	tl	hrough	
	PROJECT EX	VPERIENCE	WITH CURRENT F	IRM LISTED	ABOVE		
#1 Project Name:							
Owner:				Conta	ct Name:		
Contract Amount:		\$		Completi	on Date:		
Job Title used on this p	oroject:						
Project Responsibilities	s:						
Project Delivery:	Design Bu	ild 🗌 Tradit	ional 🗌 Other 🗌				
Completed For:	Institution	of Higher Lea	arning 🔲 Private A	.gency 🗌 P	ublic Agency 🗌		
	Other						
Type of Facility:	Classroom Other	n 🗌 Student	Services 🗌 Office	Building 🗌			
Construction Type:	New 🗌 Ir	nterior Renov	ation 🗌 Tenant Imp	provement]		
Was this project a high	and the second se			na?			
	Partition System]	Video Displays		Sound System	& Power D Infrastruct	
Other 🗌 Specify:	:	Other 🗌	Specify:	Oth	ner 🗌 Specify:		
Did this project include	a 400 seat lecture	hall?				Yes 🗌	No 🗌
Did this project include	a minimum of 900	general assig	gnment classroom st	tations?		Yes 🗌	No 🗌
Was this project constr	ucted on a limited a	and confined	site immediately adj	acent to occu	upied facilities?	Yes 🗌	No 🗌
Did this project include work was at least \$1.5		space for wh	ich the construction	cost for that	portion of the	Yes 🗌	No 🗌
Was this project a mini		es above grad	de?			Yes 🗌	No 🗌

Did this project achieve LEED	O Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 159		Yes 🗌 No 🗌
	ROJECT 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:	Classroom Student Services Office Building	
Construction Turses		
Construction Type:	New I Interior Renovation Tenant Improvement y teaching classroom that included the following?	
(check all that apply)		
Acoustical Panel Partition with STC-5		& Power Data 🔲 Infrastructure
with 510-c	50 Nating	IIIIastructure
Other D Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a mini	mum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dinir work was at least \$1.5 million	ng and retail space for which the construction cost for that portion of the ?	Yes 🗌 No 🗌
Was this project a minimum c	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED	Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 159	% of the trade work?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Years of Employment: through	
#2 Project Neme:	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:	Classroom Student Services Office Building	
	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	

Was this project a high-quality teaching classroom that included the following? Yes I No I (check all that apply) Acoustical Panel Partition System I Video Displays I Sound System with STC-50 Rating Video Displays I Sound System	& Power Data 🔲 Infrastructure
Other Specify: Other Specify: Other Specify: Other Specify:	y:
Did this project include a 400 seat lecture hall?	Yes 🗌 No 🗌
Did this project include a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dining and retail space for which the construction cost for that portion of the work was at least \$1.5 million?	Yes 🗌 No 🗌
Was this project a minimum of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED Gold Certification or better?	Yes 🗌 No 🗌
Did your firm self-perform 15% 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.
- b. Submit up to **EIGHT (8) CLASSROOM, STUDENT SERVICES OR OFFICE BUILDING 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) projects completed for **INSTITUTIONS OF HIGHER LEARNING FOR PRIVATE OR PUBLIC AGENCIES** for which the construction cost was at least \$40 million each.
 - At least three (3) projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$30 million each.
 - At least two (2) projects which used **DESIGN BUILD** delivery for which the construction cost was at least \$40 million each.
 - At least two (2) projects that included a **HIGH-QUALITY TEACHING CLASSROOM** that included an acoustical panel partition system with STC-50 rating, video displays, sound system and power data infrastructure, etc., for which the construction cost was at least \$40 million each.
 - At least two (2) projects that included a 400 SEAT LECTURE HALL for which the construction cost was at least \$40 million each.
 - At least one (1) project that included a minimum of **900 GENERAL ASSIGNMENT CLASSROOM STATIONS** for which the construction cost was at least \$40 million.
 - At least one (1) project that was CONSTRUCTED ON A LIMITED AND CONFINED SITE IMMEDIATELY ADJACENT TO OCCUPIED FACILITIES for which the construction cost was at least \$40 million.
 - At least one (1) project that included a **DINING AND RETAIL SPACE** for which the construction cost for that portion of the work was at least \$1.5 million.
 - At least two (2) projects that were a minimum of **THREE (3) STORIES IN HEIGHT** for which the construction cost was at least \$45 million each.
 - At least one (1) project that **ACHIEVED LEED GOLD CERTIFICATION** or better and for which the construction cost was at least \$45 million.
- c. Projects presented for consideration must be accompanied by photograph(s) of the project.
- d. Submit a list of all classroom, student services or office building projects completed in the past 10 years for institutions of higher learning for private or public agencies 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

Project Name:				
Project or Contract Nu				
Project Location:	Street Address	,	City & State	,Zip Code
Owner Information:				
-		Owner's	Name	
Address:	Street Address		City & State	Zip Code
Contact Person:			-	
		Name & Title		
_	Telephone	Facsimile	En	nail
Address of Design Fi	rm's (Architect) Office that P	Performed the Work:		
	. ,	,		,
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
Name of Design Firm's Principal-in-Charge for project:				
	Charge listed above assigned harge listed above complete the second		f the project?	Yes □ No □ Yes □ No □
Name of Design Firm'	's Project Manager for projec	:t:		
	ager listed above assigned the ger listed above complete the		ne project?	Yes □ No □ Yes □ No □
Name of Architect of	Record for project:			
Design Builder (Contractor):				
Address:		,,		,
Contact Baraan:	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Name of Design Build Manager for project:	Telephone er's (Contractor) Project	Facsimile	En	nail

DESIGN FIRM PROJECT #1

Contract Time:				
Start Date: Scheduled Completion Date: Month/Day/Year Month/Day/Year				
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year			
If project is not compl	ete, specify percentage of completion: % (Total cost of work in pla	ce)		
Contract Amount:				
	\$ \$			
\$ \$ Base Amount Adjustment Due to Change Orders Final Contract Project Information: Final Contract Final Contract				
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:			
Type of Facility:	Classroom Student Services Office Building Specify:			
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:			
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌			
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌		
	I Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data 🔲		
Other 🗌 Spec	cify: Other Specify: Other Specify: Specify:			
Did this project inclu	Did this project include a 400 seat lecture hall? Yes No			
Did this project inclu	Did this project include a minimum of 900 general assignment classroom stations? Yes 🗌 No 🗌			
Was this project constructed on a limited and confined site immediately adjacent to occupied Yes I No I facilities?				
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?				
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌		
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌		

DESIGN FIRM (ARCHITECT) PROJECT #2

Project Name:				
Project or Contract Nu				
Project Location:		_		
	Street Address	;	City & State	Zip Code
Our or laformation.				
Owner Information:		Owner's	Name	
Address:		3		,
_	Street Address	3	City & State	Zip Code
Contact Person:		Name & Title		
		Name & The		
_	Telephone	Facsimile	Em	ail
Address of Design Fi	rm's (Architect) Office that	Performed the Work:		
	Street Address	,	City & State	Zip Code
Contact Person:				
_		Name & Title		
Email:			Telephone:	
Name of Design Firm's Principal-in-Charge for project:				
	Charge listed above assigne harge listed above complete		f the project?	Yes □ No □ Yes □ No □
Name of Design Firm'	s Project Manager for proj	ect:		
	ger listed above assigned t ger listed above complete th		ne project?	Yes □ No □ Yes □ No □
Name of Architect of	Record for project:			
Design Builder				
(Contactor)				
Address:	Street Addres	· , ,	City & State	,Zip Code
Contact Person:	Officer Addres		Only & Oldie	
		Name & Title		
Name of Design Build Manager for project:	Telephone er's (Contractor) Project	Facsimile	Em	ail
- , ,				

DESIGN FIRM PROJECT #2

Contract Time:				
Start Date: Scheduled Completion Date: Month/Day/Year Month/Day/Year				
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year			
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ce)		
Contract Amount:				
\$	Amount Adjustment Due to Change Orders Final Contra			
Project Information				
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:			
Type of Facility:	Classroom Student Services Office Building Specify:			
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:			
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌			
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌		
	I Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data		
Other 🗌 Spec	cify: Other Specify: Other Specify: Specify:			
		<u> </u>		
Did this project inclu	Did this project include a 400 seat lecture hall? Yes I No I			
Did this project inclu	Did this project include a minimum of 900 general assignment classroom stations? Yes 🗌 No 🗌			
Was this project constructed on a limited and confined site immediately adjacent to occupied Yes No I facilities?				
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?				
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌		
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌		

DESIGN FIRM (ARCHITECT) PROJECT #3

Project Name:				
Project or Contract Nu	ımber:			
Project Location:	Street Address	,	City & State	,Zip Code
Owner Information:				
-				
Address:	Street Address		City & State	,Zip Code
Contact Person:				
		Name & Title		
-	Telephone	Facsimile	Ema	ail
Address of Design Fi	rm's (Architect) Office that F	Performed the Work:		
		,		,
Contact Deveous	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
Name of Design Firm'	s Principal-in-Charge for pro	oject:		
	Charge listed above assigned narge listed above complete t		f the project?	Yes 🗌 No 🗌 Yes 🗌 No 🗌
Name of Design Firm'	s Project Manager for projec	:t:		
	ager listed above assigned the ger listed above complete the		ne project?	Yes □ No □ Yes □ No □
Name of Architect of	Record for project:			
Design Builder				
(Contactor) Address:		,		
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Name of Design Build	Telephone er's (Contractor) Project	Facsimile	Ema	ail
Manager for project:				

DESIGN FIRM PROJECT #3

Contract Time:				
Start Date: Scheduled Completion Date: Month/Day/Year Month/Day/Year				
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year			
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ce)		
Contract Amount:				
	\$ \$			
Base Base Base Base Base Base Base Base	Amount Adjustment Due to Change Orders Final Contra	act Amount		
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:			
Type of Facility:	Classroom Student Services Office Building Specify:			
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:			
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌			
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌		
	I Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data 🔲		
Other 🗌 Spec	cify: Other Specify: Other Specify: Specify:			
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗍		
Did this project include a minimum of 900 general assignment classroom stations? Yes I No I				
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes \Box No \Box				
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?				
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌		
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌		

DESIGN FIRM (ARCHITECT) PROJECT #4

Project Name:				
Project or Contract Nu	und har m			
Project Location:	Street Address	,	City & State	Zip Code
Owner Information:				
-				
Address:	Street Address	,,	City & State	Zip Code
Contact Person:				
		Name & Title		
_	Telephone	Facsimile	E	mail
Address of Design Fi	rm's (Architect) Office that P	erformed the Work:		
	. ,	, , _		3
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:			Telephone:	
Name of Design Firm'	s Principal-in-Charge for pro	ject:		
	Charge listed above assigned narge listed above complete the		of the project?	Yes
Name of Design Firm'	s Project Manager for projec	t:		<u>.</u>
	ger listed above assigned the ger listed above complete the		ne project?	Yes □ No □ Yes □ No □
Name of Architect of	Record for project:			
Design Builder (Contactor)				
Address:		,		,
Contact Person:	Street Address		City & State	Zip Code
		Name & Title		
Name of Design Build Manager for project:	Telephone er's (Contractor) Project	Facsimile	E	nail

DESIGN FIRM PROJECT #4

Contract Time:				
Start Date: Scheduled Completion Date: Month/Day/Year Month/Day/Year				
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year			
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ce)		
Contract Amount:				
	\$ \$			
Base Base Base Base Base Base Base Base	Amount Adjustment Due to Change Orders Final Contra	act Amount		
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:			
Type of Facility:	Classroom Student Services Office Building Specify:			
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:			
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌			
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌		
	I Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data 🔲		
Other 🗌 Spec	cify: Other Specify: Other Specify: Specify:			
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗍		
Did this project include a minimum of 900 general assignment classroom stations? Yes I No I				
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes \Box No \Box				
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?				
Was this project a m	inimum of three stories above grade?	Yes 🗌 No 🗌		
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌		

DESIGN FIRM (ARCHITECT) 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 Nu				
Project Location:				,
-	Street Address		City & State	Zip Code
Owner Information:				
_		Owner's	Name	
Address:	Street Address	,		,
Contact Darage	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
_				
	Telephone	Facsimile	Ema	ail
Address of Design Fi	rm's (Architect) Office that I	Performed the Work:		
_		3		3
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:		Name & Hae	Telephone:	
	s Principal-in-Charge for pr	oiect:		
		•	f the project?	
	Charge listed above assigned narge listed above complete			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				
Design Builder (Contactor)				
Address:		, ,		,
	Street Address	3	City & State	Zip Code
Contact Person:		Name & Title		
Name of Design Build Manager for project:	Telephone er's (Contractor) Project	Facsimile	Ema	ail
wanayer for project:				

DESIGN FIRM PROJECT #5

Contract Time:				
Start Date:	Scheduled Completion Date:			
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year			
If project is not comple	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ce)		
Contract Amount:				
	\$ \$			
Base Base Base Base Base Base Base Base	Amount Adjustment Due to Change Orders Final Contra	act Amount		
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:			
Type of Facility:	Classroom Student Services Office Building Specify:			
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:			
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌			
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌		
	I Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data 🔲		
Other 🗌 Spec	cify: Other Specify: Other Specify: Other Specify:			
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌		
Did this project inclu	ude a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌		
Was this project constructed on a limited and confined site immediately adjacent to occupied Yes I No I facilities?				
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?				
Was this project a minimum of three stories above grade?				
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌		

DESIGN FIRM (ARCHITECT) PROJECT #6

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 Nu				
Project Location:	Street Address	,	City & State	,Zip Code
Owner Information:				
-		Owner's	Name	
Address:	Street Address		City & State	Zip Code
Contact Person:				
		Name & Title		
	Telephone	Facsimile	Em	ail
Address of Design Fi	rm's (Architect) Office that F	erformed the Work:		
		, ,,		, <u> </u>
Contact Person:	Street Address		City & State	Zip Code
		Name & Title		
Email:			Telephone:	
Name of Design Firm'	's Principal-in-Charge for pro	oject:		
	Charge listed above assigned harge listed above complete t		f the project?	Yes 🗌 No 🗌 Yes 🗌 No 🗌
Name of Design Firm'	's Project Manager for projec	:t:		
	ager listed above assigned the ger listed above complete the		ne project?	Yes □ No □ Yes □ No □
Name of Architect of	Record for project:			
Design Builder				
(Contactor) Address:				
	Street Address	/	City & State	Zip Code
Contact Person:		Name & Title		
Name of Design Build Manager for project:	Telephone ler's (Contractor) Project	Facsimile	Em	ail

DESIGN FIRM PROJECT #6

Contract Time:					
Start Date:	Scheduled Completion Date:				
Actual Completion Da	ate: Days Extended due to Unexcused E)elays:			
If project is not compl	lete, specify percentage of completion: % (Total cost of worl	k 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 C Other Specify:				
Type of Facility:	Classroom Student Services Office Building Specify:				
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:				
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌				
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following? /)	Yes 🗌 No 🗌			
	el Partition System Sound System Video Displays Sound System Strong Video Displays Sound System Sound Syste	em & Power Data 🗌 Infrastructure			
Other 🗌 Spec	cify: Other Specify: Other Specify:	pecify:			
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌			
Did this project inclu	ude a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌			
Was this project constructed on a limited and confined site immediately adjacent to occupied Yes I No I facilities?					
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?					
Was this project a m	Was this project a minimum of three stories above grade? Yes 🗌 No 🗌				
Did this project achi	Did this project achieve LEED Gold Certification or better? Yes I No I				

DESIGN FIRM (ARCHITECT) PROJECT #7

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 Nu				
Project Location:		_		
	Street Address	' S	City & State	Zip Code
Ourses Information.				
Owner Information:		Owner's	Name	
Address:		,		2
-	Street Addres	s	City & State	Zip Code
Contact Person:				
		Name & Title		
	Telephone	Facsimile	Em	ail
Address of Design Fi	rm's (Architect) Office that	Performed the Work:		
J				
	Street Address		City & State	Zip Code
Contact Person:				
		Name & Title		
Email:			Telephone:	
Name of Design Firm'	s Principal-in-Charge for p	project:		
	Charge listed above assigne narge listed above complete		f the project?	Yes □ No □ Yes □ No □
Name of Design Firm'	s Project Manager for proj	ect:		
	nger listed above assigned t ger listed above complete th		ne project?	Yes □ No □ Yes □ No □
Name of Architect of	Record for project:			
Design Builder				
(Contactor)				
Address:	Street Addres		City & State	,Zip Code
Contact Person:	Sileei Addie	55	City & State	Zip Code
		Name & Title		
	Telephone	Facsimile	Em	ail
Name of Design Build Manager for project:	er's (Contractor) Project			

DESIGN FIRM PROJECT #7

Contract Time:					
Start Date:	Scheduled Completion Date:				
Actual Completion Da	te: Days Extended due to Unexcused Delays: Month/Day/Year				
If project is not compl	Month/Day/Year ete, specify percentage of completion: % (Total cost of work in pla	ce)			
Contract Amount:					
	\$ \$				
Base Base Base Base Base Base Base Base	Amount Adjustment Due to Change Orders Final Contra	act Amount			
Completed For:	Institution of Higher Learning Private Agency Public Agency Other Specify:				
Type of Facility:	Classroom Student Services Office Building Specify:				
Project Delivery:	Design Build 🗌 Traditional 🗌 Other 🗌 Specify:				
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌				
Was this project a hi (check all that apply	igh-quality teaching classroom that included the following?)	Yes 🗌 No 🗌			
	I Partition System Video Displays Sound System & F th STC-50 Rating Inf	Power Data			
Other 🗌 Spec	Cify: Other Specify: Other Specify: Other Specify:				
Did this project inclu	ude a 400 seat lecture hall?	Yes 🗌 No 🗌			
Did this project inclu	ude a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌			
Was this project cor facilities?	Was this project constructed on a limited and confined site immediately adjacent to occupied Yes No I facilities?				
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?					
Was this project a minimum of three stories above grade?					
Did this project achi	eve LEED Gold Certification or better?	Yes 🗌 No 🗌			

DESIGN FIRM (ARCHITECT) PROJECT #8

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 Nu	ımber:						
Project Location:	Street Address	,	City & State	,Zip Code			
Owner Information:							
-		Owner's	Name				
Address:	Street Address	, , , , , , , , , , , , , , , , , , , ,	City & State	Zip Code			
Contact Person:			-				
		Name & Title					
_	Telephone	Facsimile	E	mail			
Address of Design Fi	rm's (Architect) Office that P	erformed the Work:					
		, ,,		3			
	Street Address		City & State	Zip Code			
Contact Person:		Name & Title					
Email:			Telephone:				
Name of Design Firm'	s Principal-in-Charge for pro	ject:					
	Charge listed above assigned harge listed above complete t		f the project?	Yes □ No □ Yes □ No □			
Name of Design Firm'	s Project Manager for projec	t:					
	ager listed above assigned the ger listed above complete the		e project?	Yes □ No □ Yes □ No □			
Name of Architect of	Record for project:						
Design Builder (Contactor)							
Address:				,			
Contact Person:	Street Address		City & State	Zip Code			
		Name & Title					
Telephone Facsimile Email Name of Design Builder's (Contractor) Project Manager for project: Email							

DESIGN FIRM PROJECT #8

Contract Time:					
Start Date:	Schec	duled Comple	etion Date:	Month/Day/Year	-
Actual Completion Da	te: Month/Day/Year		Days Extended due	e to Unexcused Delays:	
If project is not compl	ete, specify percentage of c		% (Total cost of work in pla	ace)
Contract Amount:					
\$		\$		\$	
		Ť	to Change Orders		act Amount
Completed For:	Institution of Higher Learn Other Specify:	•	vate Agency 🗌 I		
Type of Facility:	Classroom Student Se Other Specify:		Office Building 🗌		
Project Delivery:	Design Build 🗌 Tradition	onal 🗌 Oth	er 🗌 Specify:		
Construction Type:	New 🗌 Interior Renovat	tion 🗌 🛛 Ter	ant Improvement]	
Was this project a hi (check all that apply	gh-quality teaching class	sroom that in	ncluded the follow	ing?	Yes 🗌 No 🗌
	Partition System		Video Displays	Sound System & In	Power Data
Other 🗌 Spec	ify: Othe	er 🗌 Spec	cify:	Other Specify:	
		10		-	
Did this project inclu	de a 400 seat lecture hall	17			Yes 🗌 No 🗌
Did this project inclu	de a minimum of 900 ger	neral assign	ment classroom s	ations?	Yes 🗌 No 🗌
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes \Box No \Box					
Did this project include a dining and retail space for which the construction cost for that portion Yes \Box No \Box of the work was at least \$1.5 million?					
Was this project a m	Was this project a minimum of three stories above grade? Yes Yes				
Did this project achi	Did this project achieve LEED Gold Certification or better? Yes Yes				

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

1. Principal-In-Cha	rge Qualificati	ons					
Name of Proposed							
•	ience in the Ind	ustry:					
Education: Degree Receiv	up d		Institution/Schoo		Major/Discip	line	Year
Degree Receiv	/eu			л 	wajur Discip		i eai
License Receiv	ved	Sta	ate Agency/Licensing	g Body	Specialty A	rea	Year
Certificate Rece	vived		Organization		Specialty A	rea	Year
Project Management	t Training / Toc List all Project M			Applications		ars of Experi	ience
	Listan Projection	anagement					Chico
Project Experience:							
Begin with your most background required to							ce and
Current Firm:				 _			
Current Job Title:	Years of Employment: through						
	PROJECT E	XPERIENCE \	WITH CURRENT F	IRM LISTED	ABOVE		
#1 Project Name:				<u> </u>			
Owner:		\$			t Name:		
Contract Amount:		\$		Completic	on Date:		
Job Title used on this propert Responsibilities:	-						
Project Delivery:	Design Bu	uild 🗌 Traditio	onal 🗍 Other 🗍				
Completed For:		of Higher Lea		aency 🗌 Pu	ublic Agency 🗌		
	Other			<u> </u>	~ .		
Type of Facility:	Classroon	n 🗌 Student S	Services 🗌 Office	Building			_
	Other						
Construction Type:			ation 🗌 Tenant Im	-			
Was this project a high-c (check all that apply)	quality teaching c	lassroom that	included the followi	ing? Yes	🗌 No 🗌		
Acoustical Panel Pa	rtition System STC-50 Rating]	Video Displays	s 🗌	Sound System	& Power Da Infrastructu	
Other 🗌 Specify:		Other 🗌	Specify:	Oth	ner 🗌 Specify	:	
Did this project include a	a 400 seat lecture	hall?				Yes 🗌 N	No 🗌
Did this project include a	a minimum of 900	general assig	inment classroom s	stations?		Yes 🗌 N	No 🗌
Was this project construe	cted on a limited	and confined s	site immediately ad	jacent to occu	pied facilities?	Yes 🗌 N	No 🗌

	Did this project include a dining and retail space for which the construction cost for that portion of the work was at least \$1.5 million?						
Was this project a mi	nimum of three stories ab	pove grade?		Yes 🗌 No 🗌			
Did this project achie	ve LEED Gold Certification	on or better?		Yes 🗌 No 🗌			
	PROJECT EXPER		STED ABOVE				
#2 Project Name:							
Owner:		Contact Name:					
Contract Amount:	\$	Completion Date:					
Job Title used on this	project:						
Project Responsibilit	es:						
Project Delivery:	Design Build] Traditional 🗌 Other 🗌					
Completed For:	Institution of Hi	igher Learning 🗌 Private Agency	Public Agency				
	Other						
Type of Facility:	Classroom 🗌 Other 🔲	Student Services Office Building	9 🗆				
Construction Type:	New 🗌 Interio	or Renovation 🗌 Tenant Improvem	ent 🗌				
Was this project a hig		oom that included the following?	Yes 🗌 No 🗍				
(check all that apply)	Partition System	Video Displays 🗌	Sound System	& Power Data			
	n STC-50 Rating		Cound Cystern	Infrastructure			
Other 🗌 Specif	/: 0	other 🗌 Specify:	Other Specify:				
Did this project incluc	e a 400 seat lecture hall?	?		Yes 🗌 No 🗌			
Did this project includ	e a minimum of 900 gene	eral assignment classroom stations?	,	Yes 🗌 No 🗌			
Was this project cons	tructed on a limited and o	confined site immediately adjacent to	o occupied facilities?	Yes 🗌 No 🗌			
Did this project includ work was at least \$1.		ce for which the construction cost for	that portion of the	Yes 🗌 No 🗌			
	nimum of three stories ab	pove grade?		Yes 🗌 No 🗌			
. ,	ve LEED Gold Certification	•		Yes 🗌 No 🗌			
Other Firm							
Job Title:		Years of Employment:	through				
	PROJECT EXP	ERIENCE WITH OTHER FIRM LIST	ED ABOVE				
#3 Project Name:							
Owner:		Contact Name:					
Contract Amount:	\$	Completion Date:					
Job Title used on this							
Project Responsibiliti							
Project Delivery:	Design Build						
Completed For:	Institution of Hi	igher Learning Private Agency	Public Agency				
Type of Facility:		Student Services D Office Building	л П				
. ype of i dollity.	Other						
Construction Type:		or Renovation 🗌 Tenant Improvem	ent 🗌				

(check all tha	ect a high-quality teaching cla at apply) al Panel Partition System with STC-50 Rating		included the following? Video Displays		☐ No ☐ I System & Power Data ☐ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	nment classroom station	ıs?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacen	t to occupied fac	cilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for wh	ich the construction cost	for that portion o	of the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	es above grac	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

2. Design Architect C	Qualifications						
	d Design Architect: nce in the Industry:						
Education:							
Degree Received	1		Institution/Sch	lool	Major/Discipli	ne	Year
License Receive	d	Sta	ate Agency/Licen	sing Body	Specialty Are	a	Year
Certificate Receiv	ed		Organizatio	'n	Specialty Are	a	Year
Project Management Training / Tools (i.e. Computer Software Applications): List all Project Management Training / Tools Years of Experience							nce
Project Experience: Begin with your most background required to	recent experienc fulfill the assigned	: e. List project	all project exp responsibilities	perience that for the Stude	demonstrates the ent Success Cente	experience er project.	e and
Current Firm:							
Current Job Title:			Years of	f Employment:	th	rough	
	PROJECT EXPER						
#1 Project Name:							
Owner:	Contact Name:						
Contract Amount:		\$		Comple	tion Date:		
Job Title used on this proje	ect:						
Project Responsibilities:							
Project Delivery:	Design Build 🗌] Tra <u>ditio</u>	onal 🗌 Other 🗌]			
Completed For:	Institution of Hig	ghe <u>r Lea</u>	rning 🔲 Private	e Agency 🔲 F	Public Agency 🗌		
	Other						
Type of Facility:	Classroom 🗌 S Other 🔲	Student	Services 🗌 Offi	ice Building	 		
Construction Type:	New 🗌 Interior	r Renova	ation 🗌 Tenant	Improvement]		
Was this project a high-qua	ality teaching classro	om that	included the follo	owing? Ye	es 🗌 No 🗌		
(check all that apply) Acoustical Panel Partii with ST(tion System		Video Displ		Sound System &	& Power Data Infrastructure	
Other 🗌 Specify:	Ot	ther 🗌	Specify:	0	ther Specify:		
Did this project include a 4	00 seat lecture hall?					Yes 🗌 No	
Did this project include a m	ninimum of 900 gene	ral assig	inment classroor	n stations?		Yes 🗌 No	
Was this project constructe	ed on a limited and co	onfined s	site immediately	adjacent to occ	cupied facilities?	Yes 🗌 No	
Did this project include a d work was at least \$1.5 mill		e for whi	ch the constructi	ion cost for that	t portion of the	Yes 🗌 No	
Was this project a minimur	n of three stories abo	ove grad	le?			Yes 🗌 No	>

Did this project achieve LEEI	D Gold Certification or better?	Yes 🗌 No 🗌
PI	ROJECT 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:	Classroom C Student Services C Office Building	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
(check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partitio		
with STC-	50 Rating	Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a min	imum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dini work was at least \$1.5 millior	ng and retail space for which the construction cost for that portion of the n?	Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEEI	D Gold Certification or better?	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: Job Title used on this project	\$ Completion Date:	
Project Responsibilities:	·	
Project Delivery:	Design Build 🔲 Traditional 🗌 Other 🗌	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
	Other	
Type of Facility:	Classroom Student Services Office Building	
	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	

(check all tha	ect a high-quality teaching cla t apply) al Panel Partition System with STC-50 Rating] No □ System & Power Data □ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	nment classroom statior	ns?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacer	nt to occupied fac	ilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for whi	ich the construction cost	for that portion o	f the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	s above grad	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

3. Project Manager Q	ualifications					
Name of Proposed Years of Experied						
Education: Degree Received			Institution/School Major/Disc			ne Year
License Received			ate Agency/Licensing	у войу	Specialty Are	ea Year
Certificate Receive	ed		Organization		Specialty Are	ea Year
Project Management T Li	raining / Too st all Project Ma			Applications		rs of Experience
Project Experience: Begin with your most background required to f						
Current Firm:						
Current Job Title:			Years of Er	mployment:	th	irough
	PROJECT EX	XPERIENCE '	WITH CURRENT F	IRM LISTED	ABOVE	
#1 Project Name:						
Owner:				Contac	ct Name:	
Contract Amount:		\$		Completi	on Date:	
Job Title used on this proje	ct:					
Project Responsibilities:						
Project Delivery:	Design Bu	iild 🗌 Traditio	onal 🗌 Other 🗌			
Completed For:		of Higher Lea	rning 🗌 Private A	.gency 🗌 Pi	ublic Agency 🗌	
Type of Facility:	Other Classroom Other	n 🗌 Student :	Services 🗌 Office	Building		
Construction Type:		nterior Renova	ation 🗌 Tenant Im	provement		
Was this project a high-qua (check all that apply) Acoustical Panel Partiti	lity teaching cl	assroom that		ing? Yes	No No Sound System 8	& Power Data
Other Specify:		Other 🗌	Specify:	Oth	ner 🗌 Specify:	
Did this project include a 40	0 seat lecture	hall?				Yes 🗌 No 🗌
Did this project include a m	inimum of 900	general assig	nment classroom s	tations?		Yes 🗌 No 🗌
Was this project constructe	d on a limited a	and confined s	site immediately ad	jacent to occu	upied facilities?	Yes 🗌 No 🗌
Did this project include a di work was at least \$1.5 milli		space for whi	ich the construction	cost for that	portion of the	Yes 🗌 No 🗌
Was this project a minimum	Was this project a minimum of three stories above grade? Yes 🗌 No 🗌					

Did this project achieve LEE	D Gold Certification or better?	Yes 🗌 No 🗌
Pf	ROJECT 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:	Classroom C Student Services C Office Building	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partition		& Power Data 🔲
with STC-8	50 Rating	Infrastructure
Other D Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a min	imum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dini work was at least \$1.5 millior	ng and retail space for which the construction cost for that portion of the n?	Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEE	D Gold Certification or better?	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: Job Title used on this project	\$ Completion Date:	
Project Responsibilities:	·	
Project Delivery:	Design Build 🔲 Traditional 🗌 Other 🗌	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
	Other	
Type of Facility:	Classroom Student Services Office Building	
- -	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	

(check all tha	ect a high-quality teaching cla at apply) al Panel Partition System with STC-50 Rating		included the following? Video Displays		☐ No ☐ I System & Power Data ☐ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	nment classroom station	ıs?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacen	t to occupied fac	cilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for wh	ich the construction cost	for that portion o	of the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	es above grac	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

Yes 🗌 No 🗌

A Architect of Becard O

4. Architect of Record Qualifications						
Name of Proposed Architect of Record: Years of Experience in the Industry:						
Education:						
Degree Received Institution/School Major/Discip	oline Year					
License Received State Agency/Licensing Body Specialty A	rea Year					
Certificate Received Organization Specialty A	rea Year					
Project Management Training / Tools (i.e. Computer Software Applications): List all Project Management Training / Tools	ears of Experience					
Project Experience: Begin with your most recent experience. List all project experience that demonstrates the background required to fulfill the assigned project responsibilities for the Student Success Center Student Success Center Student Stude						
Current Firm:						
Current Job Title: Years of Employment:	through					
PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE						
#1 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 Drivate Agency Dublic Agency						
Other						
Type of Facility: Classroom Student Services Office Building						
Construction Type: New Interior Renovation Tenant Improvement Was this project a high-quality teaching classroom that included the following? Vac Nac						
(check all that apply)	a & Power Data 🔲 Infrastructure					
Other Specify: Other Specify: Other Specify						
Did this project include a 400 seat lecture hall?	Yes 🗌 No 🗌					
Did this project include a minimum of 900 general assignment classroom stations?	Yes 🗌 No 🗌					
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌					
Did this project include a dining and retail space for which the construction cost for that portion of the Yes No Yes No						

Was this project a minimum of three stories above grade?

Did this project achieve LEEI	D Gold Certification or better?	Yes 🗌 No 🗌
PI	ROJECT 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:	Classroom 🗌 Student Services 🗌 Office Building 🗌	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partitio	n System 🗌 Video Displays 🗌 Sound System 8	& Power Data
with STC-		Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
	imum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
· ·	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
	ng and retail space for which the construction cost for that portion of the	
work was at least \$1.5 millior		Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEEI	D Gold Certification or better?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Years of Employment: through	
#0 Dusis of Names	PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:	Constant Name:	
	Contact Name:	
Contract Amount: Job Title used on this project	\$ Completion Date:	
Project Responsibilities:		
Project Delivery:	Design Build 🔲 Traditional 🗌 Other 🗌	
Completed For:	Institution of Higher Learning Private Agency Public Agency	
·	Other	
Type of Facility:	Classroom Student Services Office Building	
*	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	

(check all tha	ect a high-quality teaching cla t apply) al Panel Partition System with STC-50 Rating		included the following? Video Displays] No □ System & Power Data □ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	nment classroom statior	ns?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacen	t to occupied fac	ilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for whi	ich the construction cost	for that portion o	f the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	s above grad	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

6. Mechanical Engineer Qualifications

Name of Proposed Mechanical Engineer:	
Years of Experience in the Industry:	Ì

	of Experience in	i the industr	y		-		
Education:					M : (D: :		Ň
Degree Receiv	red		Institution/Sc	hool	Major/Disci	pline	Year
License Receiv	/ed	Sta	ate Agency/Licen	sing Body	Specialty A	Area	Year
		Oli		ong body	opoolarly /	liou	1001
Certificate Rece	ived		Organizatio	on	Specialty A	Area	Year
			5				
Project Management	Training / Tool	s (i.e. Com	puter Softwar	e Applicatio	ns):		
	List all Project Ma					ears of Expe	rience
Project Experience:							
Begin with your most background required to							
	o ruinii the assig	neu project	responsibilities		ent Success Cer	iter project	•
Current Firm:				(F		the second second	
Current Job Title:			WITH CURREN	f Employment:		through	
#4 Droiget Norme	FROJECIEA						
#1 Project Name:				Cant	taat Nama.		
Owner: Contract Amount:		\$			tact Name:		
		φ			etion Date:		
Job Title used on this pro							
Project Responsibilities:	Dooign Bui			7			
Project Delivery:		ld 🗌 Traditio				1	
Completed For:		of Higher Lea	ming 🔄 Privat	e Agency 🗌	Public Agency]	
	Other				7		
Type of Facility:			Services 🗌 Off				
	Other						
Construction Type: Was this project a high-q	and the second se		ation Tenant included the fell				
(check all that apply)	luanty teaching cla	155100111 11141		Ye	es 🗌 No 🗌		
Acoustical Panel Par			Video Disp	lays 🗌	Sound Systen		
with S	TC-50 Rating					Infrastruct	ture
Other Specify:		Other 🗌	Specify:	C	Other 🗌 Specify	/:	
					,		
Did this project include a	400 seat lecture l	nall?				Yes	No 🗌
Did this project include a			Inment classroo	m stations?			
Was this project construct			-	-	•	Yes 🗌	No 🗌
Did this project include a work was at least \$1.5 m		space for whi	ch the construct	ion cost for the	at portion of the	Yes 🗌	No 🗌
Was this project a minim	um of three storie	s above grad	e?			Yes 🗌	No 🗌

Did this project achieve LEED	Gold Certification or better?	Yes 🗌 No 🗌
PF	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:	Classroom 🗌 Student Services 🗌 Office Building 🔲	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partition	n System 🗌 Video Displays 🗌 Sound System &	& Power Data
with STC-5	0 Rating	Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a mini	mum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dinin work was at least \$1.5 million	ng and retail space for which the construction cost for that portion of the	Yes 🗌 No 🗌
Was this project a minimum c		Yes 🗌 No 🗌
Did this project achieve LEED	• •	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	
Type of Facility:	Classroom Student Services Office Building	
Type of Laonity.	Other	
Construction Type:	New I Interior Renovation Tenant Improvement	

(check all tha	ect a high-quality teaching cla t apply) al Panel Partition System with STC-50 Rating		included the following? Video Displays]No □ I System & Power Data □ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	gnment classroom station	is?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacen	t to occupied fac	ilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for whi	ich the construction cost	for that portion c	if the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	s above grad	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

7. Electrical Engineer Qualifications

Name of Proposed Electrical Engineer:	
Years of Experience in the Industry:	

Year	s of Experience in	n the Industr	y:		_		
Education:							
Degree Rece	ived		Institution/Sc	hool	Major/Discipli	ne	Year
						·	
License Rece	aived	Ct/	to Agonov/Licor	sing Rody	Specialty Are		Year
LICENSE RECE	erveu	316	ate Agency/Licer	Ising bouy	Specially Alt	ta	Teal
						·	
Certificate Red	ceived		Organizatio	on	Specialty Are	a	Year
			organizati	511	opoolary	74	i oui
Project Manageme	nt Training / Too	ls (i.e. Com	puter Softwa	re Applicatio	ons):		
	List all Project Ma					ars of Exper	ience
Project Experience				· ·		·	
Begin with your me background required							
• ·		lieu project	responsibilities		ent Success Cent	er project.	
Current Firm:				<u>.</u>			
Current Job Title:	PRO JECT E		WITH CURREN	of Employment:		hrough	
#1 Draigat Nama;	TROJECT L/						
#1 Project Name: Owner:				Con	tact Name:		
Contract Amount:		\$			etion Date:		
Job Title used on this p	vroiect:	Ψ					
Project Responsibilities							
Project Delivery:	Design Bu	ild 🗌 Traditio	onal 🗍 Other [7			
Completed For:		of Higher Lea			Public Agency		
completed i or.	Other	or riigher Lea					
Type of Facility:			Services 🗌 Off	fice Building [7		
rype of racinty.	Other						
Construction Type:		terior Renova	ation 🗌 Tenant				
Was this project a high				lowing?			
(check all that apply)				- f	ïes 🗌 No 🗌		_
	artition System 🔲 STC-50 Rating		Video Disp	lays 🗋	Sound System	& Power Da Infrastruct	
WILLI	STC-50 Railing					IIIIastiucu	ue
Other D Specify:		Other 🗌	Specify:	(Other D Specify:		
Did this project include	a 400 seat lecture	hall?				Yes 🗌 I	No 🗌
Did this project include	a minimum of 900	general assig	nment classroo	m stations?		Yes 🗌 I	No 🗌
Was this project constr					counied facilities?	-	No 🗌
Did this project include				•	•		··· 🗆
work was at least \$1.5		Space for white				Yes 🗌 I	No 🗌
Was this project a mini	mum of three storie	es above grad	e?			Yes 🗌 I	No 🗌

Did this project achieve LEEI	D Gold Certification or better?	Yes 🗌 No 🗌
PI	ROJECT 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:	Classroom 🔲 Student Services 🗌 Office Building 🗌	
Construction Type:	New Interior Renovation Tenant Improvement	
(check all that apply)	y teaching classroom that included the following? Yes No	
Acoustical Panel Partition		
with STC-5	50 Rating	Infrastructure
Other D Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a min	imum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dini work was at least \$1.5 millior	ng and retail space for which the construction cost for that portion of the ?	Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEEI	D Gold Certification or better?	Yes 🗌 No 🗌
Other Firm		
Job Title:	Years of Employment: through	
#0 Designed Manage	PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE	
#3 Project Name:	Contact Name:	
Owner:	Contact Name:	
Contract Amount: Job Title used on this project	\$ Completion Date:	
Project Responsibilities:		
Project Delivery:	Design Build 🔲 Traditional 🗌 Other 🗌	
Completed For:	Institution of Higher Learning 🗌 Private Agency 🗌 Public Agency 🗌	
	Other	
Type of Facility:	Classroom 🗌 Student Services 🗌 Office Building 🔲	
	Other	
Construction Type:	New 🗌 Interior Renovation 🗌 Tenant Improvement 🗌	

(check all tha	ect a high-quality teaching cla at apply) al Panel Partition System with STC-50 Rating		included the following? Video Displays		☐ No ☐ I System & Power Data ☐ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	nment classroom station	ıs?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacen	t to occupied fac	cilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for wh	ich the construction cost	for that portion o	of the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	es above grac	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

8.	Plumbing	Engineer	Qualifications	
----	----------	----------	----------------	--

Name of Proposed Plumbing Engineer:	
Years of Experience in the Industry:	

Years	s of Experience II	n the Indust	ry:		_		
Education:							
Degree Recei	ved		Institution/Sc	hool	Major/Disc	ipline	Year
							_
License Recei	ived	Sta	ate Agency/Licer	nsing Body	Specialty /	Area	Year
Certificate Rec	eived		Organizati	on	Specialty	Area	Year
			U				
Project Managemen	t Training / Too	ls (i e Com	nuter Softwa	re Annlicatio	ns).		
r roject managemen	List all Project Ma					ears of Expe	erience
			3				
Project Experience:							
Begin with your mo		rience. List	all project ex	perience that	demonstrates	the experie	nce and
background required							
Current Firm:							
Current Job Title:			Years c	f Employment:		through	
	PROJECT EX	(PERIENCE	WITH CURREN			uneugn	
#1 Project Name:							
Owner:				Con	tact Name:		
Contract Amount:		\$			etion Date:		
Job Title used on this p	roject:	Ψ					
	-						
Project Responsibilities			anal 🗔 Othar [-			
Project Delivery:		ild 🔲 Traditi					
Completed For:		of Higher Lea		te Agency	Public Agency		
	Other						
Type of Facility:		Student	Services 🗌 Of	fice Building			
	Other						
Construction Type:			ation 🗌 Tenant				
Was this project a high-	quality teaching cla	assroom that	included the fol	lowing? Y	es 🗌 No 🗌		
(check all that apply) Acoustical Panel Pa	artition System		Video Disp	lavs 🗌	Sound Syster	n & Power F	Data 🔲
	STC-50 Rating					Infrastruc	
	5	_					
Other Specify:		Other 🗌	Specify:	(Other 🗌 Specif	y:	
Did this project include	a 400 seat lecture	hall?				Yes 🗌	No 🗌
Did this project include	a minimum of 900	general assic	nment classroo	m stations?		Yes 🗌	No 🗌
Was this project constru			-		cunied facilities?	Yes 🗌	
			1	•	•	163	
Did this project include a work was at least \$1.5 r				uon cost for th		Yes 🗌	No 🗌
Was this project a minin	num of three storie	es above grad	le?			Yes 🗌	No 🗌

Did this project achieve LEEI	D Gold Certification or better?	Yes 🗌 No 🗌
PI	ROJECT 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:	Classroom Student Services Office Building	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partition		& Power Data 🔲
with STC-8	50 Rating	Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a min	imum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dini work was at least \$1.5 millior	ng and retail space for which the construction cost for that portion of the ?	Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEE	O Gold Certification or better?	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:	Classroom Student Services Office Building	
	Other	
Construction Type:	New I Interior Renovation Tenant Improvement	

(check all tha	ect a high-quality teaching cla at apply) al Panel Partition System with STC-50 Rating		included the following? Video Displays		☐ No ☐ I System & Power Data ☐ Infrastructure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌
Did this proje	ct include a minimum of 900	general assig	nment classroom station	ıs?	Yes 🗌 No 🗌
Was this proj	ect constructed on a limited a	and confined	site immediately adjacen	t to occupied fac	cilities? Yes 🗌 No 🗌
	ct include a dining and retail east \$1.5 million?	space for wh	ich the construction cost	for that portion o	of the Yes 🗌 No 🗌
Was this proj	ect a minimum of three storie	es above grac	le?		Yes 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Yes 🗌 No 🗌

9.	Structural	Engineer	Qualifications	
•••	••••••••••			

Name of Proposed Struc Years of Experience			
Education:			
Degree Received	Institution/School	Major/Discipline	Year
License Received	State Agency/Licensing Body	Specialty Area	Year
Certificate Received	Organization	Specialty 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 recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Student Success Center project.

Current Firm:				
Current Job Title:		Years of Employment:	through	
	PROJECT EXPERIENCE WI	TH CURRENT FIRM LISTE	D ABOVE	
#1 Project Name:				
Owner:		Cont	act Name:	
Contract Amount:	\$	Comple	etion Date:	
Job Title used on this	project:			
Project Responsibilitie	s:			
Project Delivery:	Design Build 🗌 Tradition	al 🗌 Other 🗌		
Completed For:	Institution of Higher Learni	ng 🗌 Private Agency 🗌	Public Agency	
	Other			
Type of Facility:	Classroom 🗌 Student Se	rvices 🗌 Office Building 🗌]	
	Other			
Construction Type:	New 🗌 Interior Renovation	on 🗌 Tenant Improvement		
Was this project a high (check all that apply)	n-quality teaching classroom that inc	cluded the following? Ye	es 🗌 No 🗌	
	Partition System STC-50 Rating	Video Displays 🗌	Sound System & Power Data Infrastructure	
Other 🗌 Specify	: Other 🗌 S	Specify: C	Other D Specify:	
Did this project include	e a 400 seat lecture hall?		Yes 🗌 No 🗍	
Did this project include	a minimum of 900 general assignr	nent classroom stations?	Yes 🗌 No 🗌	
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes 🗌 No 🗌				
Did this project include work was at least \$1.5	a dining and retail space for which million?	the construction cost for the	t portion of the Yes 🗌 No 🗌	
Was this project a min	imum of three stories above grade?		Yes 🗌 No 🗌	

Did this project achieve LEED	O Gold Certification or better?	Yes 🗌 No 🗌
PF	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:	Classroom 🗌 Student Services 🗌 Office Building 🔲	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partition	n System 🗌 Video Displays 🗌 Sound System 8	& Power Data
with STC-5	0 Rating	Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a mini	mum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
Was this project constructed	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dinin work was at least \$1.5 million	ng and retail space for which the construction cost for that portion of the ?	Yes 🗌 No 🗌
Was this project a minimum c	of three stories above grade?	Yes 🗌 No 🗌
Did this project achieve LEED	Gold Certification or better?	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:	Design Build Traditional Other I Institution of Higher Learning Private Agency Public Agency	
	Other	
Type of Facility:	Classroom Student Services Office Building	
,, , -	Other	
Construction Type:	New I Interior Renovation I Tenant Improvement	

Was this project a high-quality teaching classroom that included the following? Yes I No I (check all that apply) Acoustical Panel Partition System I Video Displays I Sound System with STC-50 Rating Video Displays I Sound System						wer Data 🔲 structure
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:	
Did this proje	ct include a 400 seat lecture	hall?			Ye	s 🗌 No 🗌
Did this project include a minimum of 900 general assignment classroom stations?						s 🗌 No 🗌
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes 🗌 No 🗌						
Did this project include a dining and retail space for which the construction cost for that portion of the work was at least \$1.5 million?						s 🗌 No 🗌
Was this project a minimum of three stories above grade?						s 🗌 No 🗌
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		Ye	s 🗌 No 🗌

9. Sustainability Engineer Qualifications

Name of Proposed Sustainability Engineer:	
Years of Experience in the Industry:	

Years	of Experience in	n the Indust	ry:						
Education: Degree Receive	ed	Institution/School Majo				Major/Discipline			
License Received State Agency/Licensing Body Specia							Year		
Certificate Recei	ved		Organiza	tion	Specialty Area				
Project Experience:	List all Project Ma	anagement Tra	aining / Tools			Years of E			
Begin with your mos background required to									
Current Firm:									
Current Job Title:			Years	of Employme	nt:	through			
	PROJECT EX	KPERIENCE	WITH CURRE	NT FIRM LIS	TED ABOVE	_			
#1 Project Name:									
Owner:				Co	ontact Name:				
Contract Amount:		\$			pletion Date:				
Job Title used on this pro	viect:				· -				
Project Responsibilities:									
Project Delivery:	Design Bu	ild 🗌 Traditi	onal 🗌 Other						
Completed For:		of Higher Lea		ate Agency] Public Agen	cv 🗆			
	Other	er i ligiter 1 04	<u></u>						
Type of Facility:		Student	Services 🗌 C	Office Building					
Construction Type:	New 🗌 In	terior Renova	ation 🗌 Tenai	nt Improveme	nt 🗌				
Was this project a high-qu	uality teaching cla	assroom that	included the fo	ollowing?	Yes 🗌 No 🗌	1			
(check all that apply) Acoustical Panel Par with ST	tition System □ ΓC-50 Rating		Video Dis	splays 🗌		system & Powe	er Data 🔲 rructure		
Other 🗌 Specify:		Other 🗌	Specify:		Other 🗌 S	pecify:			
Did this project include a	400 seat lecture	hall?				Yes	No 🗌		
Did this project include a	minimum of 900	general assig	nment classro	om stations?		Yes	🗌 No 🗌		
Was this project construc	ted on a limited a	and confined s	site immediate	ly adjacent to	occupied facilit	ties? Yes	🗌 No 🗌		
Did this project include a work was at least \$1.5 mi		space for whi	ch the constru	ction cost for	that portion of t	he Yes	🗌 No 🗌		
Was this project a minimu	um of three storie	es above grad	le?			Yes	🗌 No 🗌		

Did this project achieve LEED	Gold Certification or better?	Yes 🗌 No 🗌
PF	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:	Classroom 🗌 Student Services 🗌 Office Building 🔲	
	Other	
Construction Type:	New Interior Renovation Tenant Improvement	
Was this project a high-qualit (check all that apply)	y teaching classroom that included the following? Yes \Box No \Box	
Acoustical Panel Partition	n System 🗌 Video Displays 🗌 Sound System &	& Power Data
with STC-5	0 Rating	Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a 400	seat lecture hall?	Yes 🗌 No 🗌
Did this project include a mini	mum of 900 general assignment classroom stations?	Yes 🗌 No 🗌
	on a limited and confined site immediately adjacent to occupied facilities?	Yes 🗌 No 🗌
Did this project include a dinin work was at least \$1.5 million	ng and retail space for which the construction cost for that portion of the	Yes 🗌 No 🗌
Was this project a minimum c		Yes 🗌 No 🗌
Did this project achieve LEED	• •	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	
Type of Facility:	Classroom Student Services Office Building	
Type of Laonity.	Other	
Construction Type:	New I Interior Renovation Tenant Improvement	

Was this project a high-quality teaching classroom that included the following? Yes I No I (check all that apply) Acoustical Panel Partition System I Video Displays I Sound System with STC-50 Rating Video Displays I Sound System] No □ System & Power Data □ Infrastructure	
Other 🗌	Specify:	Other 🗌	Specify:	Other 🗌	Specify:	
Did this proje	ct include a 400 seat lecture	hall?			Yes 🗌 No 🗌	
Did this proje	Yes 🗌 No 🗌					
Was this project constructed on a limited and confined site immediately adjacent to occupied facilities? Yes 🗌 No 🗌						
Did this proje work was at l	f the Yes 🗌 No 🗌					
Was this proj	Yes 🗌 No 🗌					
Did this proje	ct achieve LEED Gold Certifi	cation or bett	er?		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? If yes, please complete the form and sign below:

Yes 🗌 No 🗌

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Comm	enced:							
Project Name:								
Project or Contract Number:								
Project Location:	Address	, City & State	Zip Code					
Name of Owner:	-001633	City & State						
		Talanhana						
	Name & Title							
Highest Amount Sought for All Clai								
Amount Recovered: \$ (Amount)	t in Figures)							
Method of Resolution (Check One)	: Judgment: 🗌 Arbi	ration Award: 🔲 Liti	gation:					
	Settled by Contractir	g Parties without Litigat	tion or Arbitration:					
	Other: D List:							
Date of Claim Resolution:								
Basis for Claim:								
If the lawsuit or arbitration was resol	had for more than 10%	of the highest amount of	aught for all claims, state					
why the lawsuit of arbitration was resoluted why the lawsuit or arbitration should against Design Builder (Contractor)	not be considered a me	eritorious lawsuit or arbit	ration filed by an owner					
My signature below signifies my de Design Builder (Contractor) Authorized Signature:		ers provided on this For						
Printed Name & Title:								
If signed by other than attach original n	the sole proprietor, a otarized power of atto	general partner or cor rney or corporate reso	porate officer, olution.					

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? Y If yes, please complete the form and sign below:

Yes 🗌 No 🗌

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Comm	nenced:							
Project Name:								
Project or Contract Number:								
Project Location:Street	Address	City & State	Zip Code					
		-						
Contact Person:								
	Name & Title	Telephone:						
Highest Amount Sought for All Clai	ms:\$ (Amount in F	-igures)						
Amount Recovered: \$ (Amoun)	t in Figures)							
Method of Resolution (Check One)	: Judgment: 🗌 Art	pitration Award: 🗌 Liti	gation:					
	Settled by Contract	ing Parties without Litiga	tion or Arbitration:					
	Other: 🗌 List:							
Date of Claim Resolution:								
Basis for Claim:								
	hund for loop them COO/							
If the lawsuit or arbitration was reso why the lawsuit or arbitration should Builder (Contractor) and/or persons	be considered a merit	orious lawsuit or arbitration	on filed by the Design					
My signature below signifies my de Design Builder (Contractor) Authorized Signature:		vers provided on this For						
Printed Name & Title:								
If signed by other than attach original n		a general partner or con corney or corporate res						

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 🗌

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:,,,,,,,
lame of Owner:
Contact Person: Telephone: Name & Title
lighest Amount Sought for All Claims:\$ (Amount in Figures)
mount Recovered: \$ (Amount in Figures)
lethod 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:
the lawsuit or arbitration was resolved for more than 40 % of the highest amount sought for all claims, state <i>i</i> /hy the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an Owner gainst the Design Firm (Architect) and/or persons or entities associated with Design Firm (Architect):
<i>I</i> y signature below signifies my declaration that the answers provided on this Form C are true and correct. Design Firm's 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.

V. REQUIRED COMPLETED ATTACHMENTS

Notarized Statement from Surety stating (reference Section II.M – Financial Capacity):

- 1. Current available bonding exceeds the project Estimated Construction Cost;
- 2. Total bonding capacity;

- 3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120;
- 4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

	Dne (1) copy of all Audited	Financial Statements	(reference Section II.N	 Financial Data).
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Written deo	claration f	rom y	our insur	ance ag	gent/broker	/carrier	stating	that	your	firm o	can	obtain
insurance of Insurance).	0	in the	required	limits a	nd ratings	for the	e project	t (ref	erence	Sect	tion	II.O –

- Insurance Certificate (reference Section II.O Insurance).
- Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.P Experience Modifier Rate).
- Resumes of all proposed Key Personnel (reference Sections III.B and III.D).
- Signatures declaring the answers on Forms A, B, and C are true and correct (reference Section IV Claims History).

VI. DECLARATION

I,	hereby de	eclare that I am the						
Printed Name	Printed Name Title							
of	submitting this Prequalification Questionnaire;							
	Company Name							
	ionnaire and al	onnaire on behalf of Design Builder Il attachments hereto are, to the be						
I declare, under penalty of perjury	that the forego	ping is true and correct and that this	declaration was executed					
at		County of						
Location a	nd City		County					
State of	on							
State		Date	_					
		Signature						
		Printed Name	9					
		rietor, a general partner, or corpo er of attorney or corporate resolu						