# CONCRETE SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Design Build Delivery

### STUDENT SUCCESS CENTER

PROJECT NO. 950512

# MANDATORY PREQUALIFICATION CONFERENCE:

TUESDAY, OCTOBER 9, 2018 AT 9:00 AM

### **SUBMITTAL DUE:**

TUESDAY, OCTOBER 23, 2018 AT 5:00 PM



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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 community-building, 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)

CONCRETE SUBCONTRACT ESTIMATE: \$2,000,000

#### B. PROJECT TIMING

Prequalification Questionnaire issued:
 Mandatory Prequalification Conference
 Prequalification Questionnaire due:
 Issue Request for Proposal to selected Design Build Teams:
 Proposals due:
 Notice of Selection:
 Award Contract & Notice to Proceed:
 September 24, 2018
 October 9, 2018
 October 23, 2018
 4th Quarter 2018
 1th Quarter 2019
 1st Quarter 2019
 1st 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. SUBCONTRACTOR PREQUALIFICATION PROCESS

The University has established a list of trades in which subcontractors will be required to prequalify. The purpose of the Prequalification Questionnaire is to provide the University with sufficient information to determine if the subcontractor is "responsible" to satisfactorily perform the proposed work. The term "responsible" has reference to trustworthiness, quality, fitness, capacity, experience, and ability of the subcontractor to satisfactorily perform the work. Prequalified Design Builder (Contractors) must use prequalified subcontractors for the trades established by the University to submit a responsive proposal for this project<sup>1</sup>.

#### The prequalification process is as follows:

#### 1. Questionnaire

Provide all requested information, as applicable, on the questionnaire. Any prospective subcontractor 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 subcontractors beginning **Monday**, **September 24**, **2018**, **9:00 AM**. For information call Betty Osuna (951) 827- 4590 or email <a href="mailto:betty.osuna@ucr.edu">betty.osuna@ucr.edu</a> for the questionnaire.

#### 2. Mandatory Prequalification Conference

Subcontractors are required to attend the Mandatory Prequalification Conference scheduled for **Tuesday**, **October 9**, **2018 at 9:00 AM**. Subcontractors 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 Village, 1299 University Ave., Room EUV-1103, 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.

<sup>1</sup> Contractors may elect to self perform any listed trade work for which it is duly authorized.

#### 3. Submittal Procedures and Deadline

Subcontractors interested in prequalifying to bid on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that subcontractors 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. 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 requirements of the Prequalification Questionnaire.

• Provide one (1) original, four (4) copies, and one (1) electronic CD/DVD copy of the Prequalification Questionnaire. Submittals must be received no later than:

#### Tuesday, October 23, 2018 at 5 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 subcontractor name and address using the following format:

CONCRETE SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name and Address:

Project Name: Student Success Center

Project No. 950512

Due Date and Time: Tuesday, October 23, 2018 at 5 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

 Subcontractor 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. The subcontractors that receive 150 or more points out of a possible 200 points based on the established rating system will be listed in the RFP Documents as a prequalified subcontractor.

To be eligible to bid on the project, subcontractors **must**:

#### 1. CONSTRUCTION EXPERIENCE:

130 Possible Points

Have sufficient project experience as referenced in Item III. The projects submitted will receive points based on the extent to which they meet the listed criteria.

#### 2. KEY PERSONNEL:

**60 Possible Points** 

Demonstrate adequate experience for Key Personnel as referenced in Item IV (information submitted will receive points based on education, training, and experience).

3. LICENSE: Pass/Fail

Hold the proper license, current and active.

4. ANNUAL REVENUE:

Pass/Fail

Have an annual 2017 revenue equal to or greater than \$6,000,000.

- 5. Submit all requested information that is current, accurate, and complete.
- B. To be eligible to bid on the project, subcontractors **must not have**:
  - 1. EXPERIENCE MODIFIER RATE:

Pass/Fail

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

2. SURETY: Pass/Fail

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

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

#### 4. LABOR CODE VIOLATIONS:

Pass/Fail

Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.

#### 5. CLAIMS HISTORY:

Pass/Fail

A claim filed against it that meets the parameters specified in Items V.A or V.B.

C. Subcontractors will be evaluated on the following additional criteria:

#### 1. FINANCIAL DATA:

10 Possible 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 subcontractors with poor financial standing not qualified.

THE UNIVERSITY MAY FIND A PROSPECTIVE SUBCONTRACTOR NOT QUALIFIED IF THE UNIVERSITY RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.

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.

Prospective subcontractors that do not prequalify as a result of their response to the Questionnaire 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 University of California, 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 1) re-open the subcontractor prequalification process if the University determines that there are insufficient prequalified subcontractors to support the Proposal process. The University will use the same criteria in evaluating the merits of additional applicants and/or 2) 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.

#### II. PREQUALIFICATION QUESTIONNAIRE

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

A. SUBCONTRACT	OR COMPANY NAME AND ADDRESS				
Company Name:					
Street Address:	Telephone	Facsimile			
<u>-</u>	Street Address	City & State	Zip Code		
B. CONTACT INFO	RMATION				
Contact Person #1	:Name, Title	Telephone	Email		
		releptione	Eman		
Contact Person #2	2: Name, Title	Telephone	Email		
	name, me	relephone	Liliali		
C. ENTITY SUBMIT	TING THIS PREQUALIFICATION QUESTIONNA	IRE			
Parent Company:	☐ Subsidiary: ☐ Other: ☐				
	·	(Please list)	)		
Branch Office:	Division:				
D. Type of Business Organization					
Corporation: St	ate of Incorporation:				
Partnership: ☐ Jo	int Venture: Sole Proprietorship:				

Other:			
If a <b>partnership</b> , provide	the following information:		
Date of Organization:	Gene	ral: Association:	
Name and complete lega	al address of each general p	artner:	
Partner's Name		Legal Address	
Partner's Name		Legal Address	
Total number of employe	es on payroll in the corporation	on:	
Total number of employe	ees on payroll in the local off	ice submitting this prequalification:	
Dringing Office (if differe	ant from abova):		
Principal Office (if differe	ent from above).	Street Address	
		City, State & Zip Code	
President's	Name	Vice President's Name	
	<del></del>		
Secretary's	Name	Treasurer's Name	
E. YEAR COMPANY WAS	S ESTABLISHED		
Year established:			
F. PARENT COMPANY IN	NFORMATION (IF APPLICABLE)		
Company Name:			
Company Name.			
	Telephone	Facsimile	
Street Address:		,	,
	Street Address	City & State	Zip Code
Contact Person:	Name, Title		elephone
	Name, me	16	лерноне
G. LIST ALL FORMER C	OMPANY NAMES		

(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.)

#### H. LICENSE

The **Concrete** Subcontractor must have a current and active California State Contractors license with a "C-8" **Concrete** Contractor Classification for this Project.

The entity submitting this Prequalification Questionnaire must be the holder of the requisite license.

	and i requamication questionians	made by the holder of the roq					
ALL LICE	NSES MUST BE CURRENT AND AC	TIVE THROUGHOUT THE PRO	JECT.				
Does your firm have the required current and active California State Contractors license? Yes \_ No \_							
Name of Licensee as	it appears on record with the Californ	nia Contractors State License B	Board:				
License No.	Issue Date:	Expiration Date:					
	- 01	0					
License	e Class/Classes	Certification(s)					
	actor license been suspended or re		ntractors State				
	the past ten years? Yes  No [						
If yes, please explain	C .						
I. CONTRACTOR'S LIC	CENSE BOARD DISCIPLINARY PROCEEDI	NGS					
Has your company	y, during the past ten years, received	any disciplinary action from th	e California				
	License Board? Yes  No	arry disciplinary action from the	e Camorria				
If yes, give detail	s including dates:						
ii yes, give detaii	s including dates.						
J. DEBARMENT							
U. DEBARMENT							
Is your company o	currently debarred by any Federal, Sta	ate or local agency? Yes	□ No □				
If yes, give detail	s 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?
Yes No No
Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.
If yes, give details including dates:

[Intentionally left blank]

#### L. SURETY

List below all 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 Na		
	Surety's Na	ame	Telephone
Street Address:			
<u> </u>	Street Address	City & State	Zip Code
to			
MM/YYYY	Has listed Surety Cor	ct your firm defaulted on?	Yes 🗌 No 🗌
(Period Co		•	
Surety Company	#2: Surety's Na	ame	Telephone
	Curety 5 No.		Теюрнопе
Street Address:		, City & State	
	Street Address	City & State	Zip Code
to	MM/YYYY Has listed Surety Cor	mpany #2 completed work	Yes 🗌 No 🗌
MM/YYYY  (Period Co	MM/YYYY for a proje		163   NO
(Feriod Co	vered)		
Surety Company	#2·		
Surety Company	#3: Surety's Na	ame	Telephone
			•
Street Address:	Street Address		Zip Code
	Street Address	City & State	Zip Code
to	Has listed Surety Cor for a proje	mpany #3 completed work	Yes ☐ No ☐
MM/YYYY  (Period Co			103 🗀 140 🗀
(Feriod Co	vereuj		
Surety Company	#4:		
	#4: Surety's Na	ame	Telephone
Street Address:			
Olioci Addiess.	Street Address	, City & State	Zip Code
MM/YYYY	MM/YYYY Has listed Surety Cor	npany #4 completed work ct your firm defaulted on?	Yes 🗌 No 🗌
(Period Co		,	

(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.)

#### M. FINANCIAL DATA

N.

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.

available bonding cap	pacity.				
1. Total Revenue (pa	ast 3 fiscal years):	2. Net Income (past	3 fiscal years):		
Year Ending	\$	Year Ending			
Year Ending	\$	Year Ending	\$		
Year Ending	\$	Year Ending	\$		
3. Current Assets (p	ast 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	s fiscal years):	6. Total Net Worth (p	past 3 fiscal years):		
Year Ending	\$	Year Ending	\$		
Year Ending	\$	Year Ending	\$ \$		
Year Ending		Year Ending	\$		
7. Total Bonding Ca	pacity:	8. Total Available Bo	8. Total Available Bonding Capacity:		
	\$	\$	\$		
PROVIDE <u>ONE (1) COPY</u> OF ALL AUDITED PROFIT AND LOSS STATEMENTS FOR THE PAST THREE YEARS OF OPERATION IN THE <u>ORIGINAL BINDER</u> .					
EXPERIENCE MODIFICATION RATE					

List your company's Workers' Compensation Experience Modifier 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:

Submit a letter from your Workers' Compensation carrier

showing your Experience Modification rate for the past ten years.

Ο.	YEARS OF EXPERIENCE				
	Does your company have at least ten years of experience as a <b>Concrete</b> Contractor? Yes \( \subseteq \text{No} \square \)				
P.	INSURANCE				
	The University shall pay for, obtain, and maintain a University Controlled Insurance Program ("UCIP") providing Commercial Form General Liability Insurance coverage, Business Automobile Liability Insurance coverage, Workers' Compensation and Employer's Liability Insurance coverage, and Professional Liability Insurance coverage, to persons and entities enrolled in the UCIP, for Work performed on or at the Project site.				
Q.	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 \( \square\$ No \square\$				
	b. Does your company have personnel permanently assigned to safety? Yes <pre> No</pre>				
	If yes, state the names of all personnel who are assigned and list their specific duties:				
	Name: Title:				
	Specific Duties:				
	Name: Title:				
	Specific Duties:				
	2. Quality Control Processes				
	a. Does your company have a written QA/QC program? Yes \( \square \) No \( \square \) b. Does your firm have personnel permanently assigned to QA/QC? Yes \( \square \) No \( \square \)				
	If yes, state the names of all personnel who will be permanently assigned and list their specific duties:				
	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. CONSTRUCTION EXPERIENCE**

#### A. COMPLETED CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. Only information, experience and Work performed by the subcontractor's office that will bid, manage, design, construct, and staff the project will be considered for prequalification. Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to FIVE (5) CLASSROOM, STUDENT SERVICES OR OFFICE BUILDING projects completed in the past ten 10 years that meet the criteria listed below and demonstrate the Subcontractor's 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 concrete construction cost was at least \$2 million each.
  - At least three (3) projects located in the **STATE OF CALIFORNIA** for which the concrete construction cost was at least \$2 million each.
  - At least two (2) projects which used **DESIGN BUILD** delivery for which the concrete construction cost was at least \$2 million each.
  - At least one (1) project that included a **200 SEAT LECTURE HALL** for which the concrete construction cost was at least \$2 million.
  - At least one (1) project that included a minimum of 500 GENERAL ASSIGNMENT CLASSROOM STATIONS including 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 concrete construction cost was at least \$2 million.
  - At least one (1) project that included a **DINING AND RETAIL SPACE** for which the concrete construction cost was at least \$2 million.
  - At least two (2) projects that were a minimum of THREE (3) STORIES IN HEIGHT for which the concrete construction cost was at least \$2 million each.
  - c. Projects presented for consideration must be submitted on the forms attached to this section.

#### SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

#### Verify all contacts prior to submittal.

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

Project Name:							
Project or Contract Number:							
Project Location:			,				
	Street Address	City & State	Zip Code				
Owner Information:							
Owner information.		ner's Name					
Contact Person:	_						
Address:	Street Address ,	City & State	,				
Telephone:	Facsimile:	Email:	Zip Gode				
тоюрноно.	r decirring.						
Address of Subcon	tractor's Office that Performed the Work:						
	· · · · · · · · · · · · · · · · · · ·	0'' 0 0''	· ' <del></del>				
	Street Address	City & State	Zip Code				
	actor's Project Manager for project:						
	nager listed above assigned the job at the st nager listed above complete the project?	art of the project?	Yes  No Yes No No				
Name of Subcontra	actor's Superintendent for project:						
	ndent listed above assigned the job at the sta	rt of the project?	Yes 🗌 No 🔲				
Did the Superintend	dent listed above complete the project?		Yes No				
General Contractor:							
Address:	Street Address	City & State	,				
Telephone:	Facsimile:						
	T desimile.						
Contact Person:	Name & Title		Email				
Name of General C	ontractor's Project Manager for project:						
Traine of Ceneral C	ontractor of Tojock Manager for project.						
Architect/Engineer:							
Address:							
	Street Address	City & State	Zip Code				
Telephone:	Facsimile:						
Contact Person: _							
Name & Title Email							

### SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

Contract Time:					
Start Date:	nth/Day/Year	Scheduled C	Completion Date:	Month/Day/Year	
Actual Completion Da	ate: Month/Day	·/\/~~~	Days Extended	due to Unexcused Dela	ays:
If project is not compl	· ·		tion:	% (Total cost of work in	n place)
Total Contract Am	ount:				
\$		\$		\$	
Base Project Informatio	Amount	Adjustmen	t Due to Change Orde	ers Final Co	ontract Amount
Completed For:		_	Private Agency	Public Agency 🗌	
Type of Facility:	Classroom Stud		s ☐ Office Building ☐	]	
Project Delivery:	Design Build  T	raditional 🗌	Other Specify:		
Construction Type:	New ☐ Interior R	enovation 🗌	Tenant Improveme	nt 🗌	
Did this project inclu	ude a 200 seat lectu	re hall?		-	Yes 🗌 No 🗌
Did this project inclu	ude a minimum of 5	00 general a	ssignment classrooi	m stations?	Yes 🗌 No 🗌
Did this project inclu (check all that apply		eaching clas	sroom that included	the following?	Yes 🗌 No 🗌
	I Partition System ☐ th STC-50 Rating	]	Video Displays	☐ Sound System	n & Power Data
Other Spec	cify:	Other 🗌	Specify:	Other Spec	cify:
Did this project inclu	ude a dining and ret	ail space?			Yes 🗌 No 🗌
Was this project a m	ninimum of three sto	ories above (	grade?		Yes 🗌 No 🗌
Project Description: (Provide a brief description)					

#### SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

#### Verify all contacts prior to submittal.

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

Project Name:							
Project or Contract Number:							
Project Location:							
	Street Address	City & State	Zip Code				
Owner Information:							
Owner information.	Owi	ner's Name					
Contact Person:							
Address:	,						
T.1	Street Address	City & State	Zip Code				
Telephone:	Facsimile:	Email:					
Address of Subcont	ractor's Office that Performed the Work:						
	Street Address ,	City & State	Zip Code				
Name of Subcontract	ctor's Project Manager for project:						
Did the Project Mana	nager listed above assigned the job at the stager listed above complete the project?		Yes  No  Yes  No  No  No  No  No  No  No  No  No  N				
Name of <b>Subcontractor's</b> Superintendent for project:							
Was the Superintendent listed above assigned the job at the start of the project?  Yes No Did the Superintendent listed above complete the project?  Yes No Did the Superintendent listed above complete the project?							
			= =				
		. ,	= =				
Did the Superintende	ent listed above complete the project?	. ,	= =				
Did the Superintende General Contractor:	ent listed above complete the project?	. ,	= =				
Did the Superintende General Contractor:	ent listed above complete the project?  Street Address		Yes No				
Did the Superintende General Contractor: Address:	Street Address  Facsimile:	City & State	Yes No Zip Code				
Did the Superintende  General Contractor:  Address:  Telephone:	ent listed above complete the project?  Street Address	City & State	Yes No				
Did the Superintende  General Contractor:  Address:  Telephone:  Contact Person:	Street Address  Facsimile:	City & State	Yes No Zip Code				
Did the Superintende  General Contractor:  Address:  Telephone:  Contact Person:  Name of General Co	Street Address  Facsimile:  Name & Title	City & State	Yes No Zip Code				
Did the Superintende  General Contractor:  Address:  Telephone:  Contact Person:	Street Address  Facsimile:  Name & Title	City & State	Yes No Zip Code				
Did the Superintende  General Contractor:  Address:  Telephone:  Contact Person:  Name of General Co	Street Address  Facsimile:  Name & Title  Intractor's Project Manager for project:	City & State	Yes No Zip Code  Email				
Did the Superintende  General Contractor:  Address:  Telephone:  Contact Person:  Name of General Co  Architect/Engineer:	Street Address  Facsimile:  Name & Title	City & State	Yes No Zip Code				
Did the Superintende  General Contractor:  Address:  Telephone:  Contact Person:  Name of General Co  Architect/Engineer:	Street Address  Facsimile:  Name & Title  Intractor's Project Manager for project:	City & State	Yes No Zip Code  Email				
Did the Superintender  General Contractor:  Address:  Telephone: Contact Person:  Name of General Co  Architect/Engineer:  Address:	Street Address  Name & Title  Intractor's Project Manager for project:  Street Address	City & State	Yes No Zip Code  Email				

#### SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Contract Time:						
Start Date:	nth/Day/Year	Scheduled C	Completion Date:	N	/lonth/Day/Year	
Actual Completion Da	Actual Completion Date: Days Extended due to Unexcused Delays:					
If project is not compl	/Month/Day ete, specify percentag		tion:	% (T	otal cost of work in plac	ce)
<b>Total Contract Am</b>	ount:					
\$		S	1 D ( ) Ol O (		\$	
Project Informatio	Amount	Adjustmen	t Due to Change Ord	ers	Final Contra	ct Amount
Completed For:		Learning 🗌	Private Agency	] P	ublic Agency 🗌	
Type of Facility:	Classroom ☐ Stude Other ☐ Specify:	ent Services	S ☐ Office Building [	<u> </u>		
Project Delivery:	Design Build 🗌 Tra	aditional 🗌	Other   Specify:			
Construction Type:	New  Interior Re	novation 🗌	Tenant Improveme	ent 🗌	l	
Did this project inclu	ude a 200 seat lecture	e hall?				Yes 🗌 No 🗌
Did this project inclu	ude a minimum of 50	0 general a	ssignment classroo	m sta	ations?	Yes 🗌 No 🗌
Did this project inclu (check all that apply	ude a high-quality tea )	aching clas	sroom that included	d the	following?	Yes 🗌 No 🗌
	Partition System   th STC-50 Rating		Video Displays	s 🗌	Sound System & P	ower Data  astructure
Other Spec	cify:	Other 🗌	Specify:		Other Specify:	
						<u> </u>
Did this project inclu	ude a dining and reta	il space?		_		Yes 🗌 No 🗌
Was this project a m	Was this project a minimum of three stories above grade? Yes ☐ No ☐					
Project Description: (Provide a brief description)						

#### **SUBCONTRACTOR COMPARABLY SIZED PROJECT #3**

Verify all contacts prior to submittal.

Do not leave any spaces blank. Responses such as "N/A" are not acceptable.

If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name:			
Project or Contrac	et Number:		
Project Location:			<u> </u>
	Street Address	City & State	Zip Code
Owner Information		er's Name	
Contact Person:	CW//C	or o rvamo	
Address:			,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of <b>Subco</b>	ontractor's Office that Performed the Work:		
	Street Address ,	City & State	,
Name of Colores		City & State	Zip Code
	tractor's Project Manager for project:	what the amusication	Vac D Na D
	Manager listed above assigned the job at the star anager listed above complete the project?		Yes ☐ No ☐ Yes ☐ No ☐
	tractor's Superintendent for project:		
	endent listed above assigned the job at the start ndent listed above complete the project?	of the project?	Yes No Yes No
General Contracto	or:		
Address:	,		,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
Contact i cison.	Name & Title		Email
Name of General	Contractor's Project Manager for project:		
Architect/Enginee	r:		
Address:	,		,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
20.110.01.1	Name & Title		Email

### SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Contract Time:						
Start Date:	Month/Day/Year	Scheduled C	completion Date:	Month/Day/Year		
Actual Completion	Date: Month/Da	0.4	Days Extended	due to Unexcused D	elays:	
If project is not con	Month/Da nplete, specify percenta		tion:	% (Total cost of work	( in place)	
Total Contract A	Amount:					
\$		\$		\$		
	se Amount	Adjustment	Due to Change Orde	rs Final	Contract Amount	
Project Information Completed For:		•	Private Agency	Public Agency		
Type of Facility:	Classroom ☐ Stu		Office Building	]		
Project Delivery:	Design Build 🔲 T	raditional 🗌	Other Specify:			
Construction Type:	New ☐ Interior R	enovation 🗌	Tenant Improvemer	nt 🗌		
Did this project in	Did this project include a 200 seat lecture hall?					
Did this project in	Did this project include a minimum of 500 general assignment classroom stations?  Yes □ No □					
Did this project ir (check all that ap	clude a high-quality to	eaching class	sroom that included	the following?	Yes ☐ No ☐	
Acoustical Pa	nel Partition System  with STC-50 Rating	]	Video Displays	☐ Sound Syst	em & Power Data  Infrastructure	
Other S	pecify:	Other 🗌	Specify:	Other Sp	pecify:	
				_		
Did this project in	clude a dining and re	ail space?			Yes ☐ No ☐	
Was this project a	a minimum of three sto	ories above ç	grade?		Yes 🗌 No 🗌	
Project Description	on: (Provide a brief des	cription)				

#### SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Verify all contacts prior to submittal.

Do not leave any spaces blank. Responses such as "N/A" are not acceptable.

If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name:					
Project or Contract N	Number:				
Project Location:	,		,		
•	Street Address	City & State	Zip Code		
Owner Information:	0.00	er's Name			
Contact Person:		er's Name			
Address:					
Address	Street Address	City & State	,		
Telephone:	Facsimile:	Email:			
Address of Subcont	tractor's Office that Performed the Work:				
	Otro et Addrese	014 0 04-4-			
	Street Address	City & State	Zip Code		
	ctor's Project Manager for project:				
Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Yes No Did the Project Manager listed above complete the project?					
	ctor's Superintendent for project:				
	dent listed above assigned the job at the start ent listed above complete the project?		Yes  No  Yes  No  No  No  No  No  No  No  No  No  N		
•	, ,				
General Contractor:					
Address:					
	Street Address ,	City & State	Zip Code		
Telephone:	Facsimile:				
Contact Person:	Name & Title		Email		
Name of Canaral Ca					
Name of General Co	ontractor's Project Manager for project:				
Architect/Engineer:					
Address:			_		
	Street Address	City & State	Zip Code		
Tolophono	Eggaimile				
Telephone:	Facsimile:				
Contact Person:	Name & Title		Email		

### SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Start Date: Scheduled Completion Date: Month/Day/Year					
Month/Day/Year   Mont					
If project is not complete, specify percentage of completion: % (Total cost of work in place)  Total Contract Amount:  \$ \$ \$ \$  Base Amount Adjustment Due to Change Orders Final Contract Amount  Project Information:  Completed For: Institution of Higher Learning  Private Agency Public Agency Other Specify:  Type of Facility: Classroom Student Services Office Building  Other Specify:					
\$ Base Amount Adjustment Due to Change Orders Final Contract Amount  Project Information:  Completed For: Institution of Higher Learning Private Agency Public Agency Other Specify:  Type of Facility: Classroom Student Services Office Building Other Specify:					
Base Amount Adjustment Due to Change Orders Final Contract Amount  Project Information:  Completed For: Institution of Higher Learning Private Agency Public Agency Other Specify:  Type of Facility: Classroom Student Services Office Building Other Specify:					
Project Information:  Completed For: Institution of Higher Learning  Private Agency Public Agency  Other Specify:  Type of Facility: Classroom Student Services Office Building  Other Specify:					
Completed For: Institution of Higher Learning  Private Agency Public Agency  Other Specify:  Type of Facility: Classroom Student Services Office Building  Other Specify:					
Other Specify:					
Project Delivery: Design Build Traditional Other Specify:					
Construction Type: New Interior Renovation Tenant Improvement					
Did this project include a 200 seat lecture hall?					
Did this project include a minimum of 500 general assignment classroom stations? Yes ☐ No ☐					
Did this project include a high-quality teaching classroom that included the following?  (check all that apply)  Yes \( \subseteq \text{No} \subseteq \)					
Acoustical Panel Partition System    Video Displays    Sound System & Power Data    Infrastructure					
Other Specify: Other Specify: Other Specify:					
Did this project include a dining and retail space?					
Was this project a minimum of three stories above grade? Yes ☐ No ☐					
Project Description: (Provide a brief description)					

#### SUBCONTRACTOR COMPARABLY SIZED 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 I	Number:					
Project Location:			,			
	Street Address	City & State	Zip Code			
Owner Information:	Own	er's Name				
Contact Person:		ers ivarrie				
Address:						
	Street Address	City & State	Zip Code			
Telephone:	Facsimile:	Email:				
Address of <b>Subcon</b>	tractor's Office that Performed the Work:					
	Street Address ,	City & State	,			
Name of Subcentra		ony a olato	Zip Godo			
	actor's Project Manager for project:	rt of the project?	Voc D No D			
	Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Yes No Did the Project Manager listed above complete the project?					
	actor's Superintendent for project:					
Was the Superinten	dent listed above assigned the job at the start	of the project?	Yes  No			
Did the Superintend	ent listed above complete the project?		Yes No No			
General Contractor:						
Address:						
	Street Address	City & State	Zip Code			
Telephone:	Facsimile:					
Contact Person:						
	Name & Title		Email			
Name of General Co	ontractor's Project Manager for project:					
	, , ,					
Architect/Engineer:						
Address:						
	Street Address	City & State	Zip Code			
Telephone:	Facsimile:					
Contact Person:	1 doomino.					
	Name & Title		Email			

### SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

Contract Time:					
Start Date:	nth/Day/Year	Scheduled C	ompletion Date:	Month/Day/Year	_
Actual Completion Da	ate:		Days Extended	due to Unexcused Delays	:
	Month/Day		_		
If project is not compl	ete, specify percentag	ge of complet	tion:	% (Total cost of work in place)	ace)
Total Contract Am	ount:				
\$		\$		\$	
	Amount	Adjustment	Due to Change Order	rs Final Cont	ract Amount
Project Informatio	n:				
Completed For:	Institution of Higher Other Specify:	Learning	Private Agency	Public Agency	
Type of Facility:	Classroom ☐ Stud		Office Building	]	
Project Delivery:	Design Build T	aditional 🗌	Other Specify:		
Construction Type:	New 🗌 Interior Re	enovation 🗌	Tenant Improvemer	nt 🗌	
Did this project incl	ude a 200 seat lectu	e hall?			Yes 🗌 No 🗌
Did this project include a minimum of 500 general assignment classroom stations? Yes ☐ No ☐					
Did this project incl (check all that apply		aching clas	sroom that included	the following?	Yes 🗌 No 🗌
	I Partition System ☐ th STC-50 Rating		Video Displays		Power Data   frastructure
Other Spe	cify:	Other 🗌	Specify:	Other Specify:	
	_			_	
Did this project incl	ude a dining and ret	ail space?			Yes 🗌 No 🗌
Was this project a m	ninimum of three sto	ries above ç	grade?		Yes 🗌 No 🗌
	/D : 1 -1 : 1 :	· · · ·			
Project Description:	: (Provide a brief desc	ription)			

#### A. SUBCONTRACTOR KEY PERSONNEL EXPERIENCE

Complete all forms in their entirety AND attach resumes. Resumes shall NOT be submitted in lieu of these forms.

1. PROJECT MAI	NAGER QUALIFICATION	IS					
	Name of Pro	posed Proje	ect Manager:				
	Years of Ex	perience in t	the Industry:				
Degree Re	ceived		Institution/School		Major/Discipline		Year —
License Re	eceived	Stat	e Agency/Licensing	Body	Spe	ecialty Area	Year
Certificate F		Organization		Spe	ecialty Area	Year	
List all Project Management Training / Tools  Years of Experience							
Begin with your I	most recent experi Center project.	ence. List	all project experi	ence tha	t demonstr	rates the ex	xperience and
Current Firm:							
Current Job Title:			Years of Em		_	throu	ıgh
"" D ' (No.	PROJECT EXI	PERIENCE W	VITH CURRENT FI	RM LISTI	ED ABOVE		
#1 Project Name: Owner:				Con	taat Nama:		
Contract Amount:	\$				etion Date:		
Job Title used on this	·				olion bate.		
Project Responsibilit	• •						
Project Delivery:	Design Buil	d 🔲 Traditio	nal 🗌 Other 🗌				
Completed For:		f Higher Lear		aency 🗌	Public Age	encv 🗌	
	Other	· · · · · ·				, <u> </u>	
Type of Facility:	Classroom	Student	Services Office	e Building			
	Other						
Construction Type:	New 🗌 Ir	terior Renova	ation 🔲 Tenant In	nproveme	nt 🔲		
Did this project inclu	de a 200 seat lecture h	all?					Yes 🗌 No 🗌
Did this project inclu	de a minimum of 500 g	eneral assigr	nment classroom s	tations?		•	Yes 🗌 No 🗌
(check all that apply) Acoustical Pan	de a high-quality teach el Partition System vith STC-50 Rating	ing classroon	n that included the Video Display		res	□ No □ Sound Syste Data In	em & Power   frastructure
Other Spec	cify:	Other	Specify:		Other 🗌	Specify:	

## Concrete Subcontractor Prequalification Questionnaire 09/24/2018

Did this project include a dining and retail space?				
Was this project a minimum	of three stories above grade?	Yes 🗌 No 🗌		
F	PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE			
#2 Project Name:				
Owner:	Contact Name:			
Contract Amount: \$	Completion Date:			
Job Title used on this proje				
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			
Did this project include a 20	· ·	Yes 🗌 No 🗍		
	inimum of 500 general assignment classroom stations?	Yes No No		
. ,	ah-quality teaching classroom that included the following?			
(check all that apply) Acoustical Panel Part	ition System ☐ Video Displays ☐ Sound Sy	zstem & Power  Infrastructure		
Other Specify:	Other ☐ Specify: Other ☐ Specify:			
очног 🗀 ороону.	, ,			
Did this project include a di		Yes  No		
Did this project include a di				
Did this project include a di Was this project a minimum	ning and retail space?	Yes  No		
Did this project include a di Was this project a minimum  Other Firm	ning and retail space?  n of three stories above grade?	Yes  No		
Did this project include a di Was this project a minimum	ning and retail space?	Yes  No		
Did this project include a di Was this project a minimum  Other Firm	ning and retail space?  n of three stories above grade?  Years of Employment: through	Yes  No		
Did this project include a di Was this project a minimum  Other Firm Job Title:	ning and retail space?  n of three stories above grade?  Years of Employment: through	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name:	ning and retail space?  n of three stories above grade?  Years of Employment: through  PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: \$ Job Title used on this project	rof three stories above grade?  Years of Employment: through  PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date:	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: \$ Job Title used on this project Project Responsibilities:	rof three stories above grade?  Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date:	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery:	rof three stories above grade?  Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date: ct: Design Build Traditional Other	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: \$ Job Title used on this project Project Responsibilities:	rof three stories above grade?  Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date: ct:  Design Build  Traditional Other  Institution of Higher Learning Private Agency Public Agency	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For:	rof three stories above grade?  Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date: ct:  Design Build Traditional Other Institution of Higher Learning Private Agency Public Agency Other	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery:	rof three stories above grade?  Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date: ct:  Design Build  Traditional Other  Institution of Higher Learning Private Agency Public Agency	Yes No No		
Did this project include a di Was this project a minimum  Other Firm Job Title:  #3 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities: Project Delivery: Completed For:	rof three stories above grade?  Years of Employment: through PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE  Contact Name: Completion Date: ct:  Design Build Traditional Other Institution of Higher Learning Private Agency Public Agency Other Classroom Student Services Office Building	Yes No No		

## Concrete Subcontractor Prequalification Questionnaire 09/24/2018

Did this project include a minimum of 500 ge	Yes ☐ No ☐			
Did this project include a high-quality teachir (check all that apply)  Acoustical Panel Partition System  with STC-50 Rating	ng classroor	m that included the fo	- Y6	es  No  Sound System & Power  Data Infrastructure
Other Specify:	Other 🗌	Specify:	Other 🗌	Specify:
Did this project include a dining and retail sp	ace?			Yes ☐ No ☐
Was this project a minimum of three stories	above grade	e?		Yes 🗌 No 🗌

2. FIELD SUPER	INTENDENT QUALIFIC	ATIONS					
	Name of Propo	sed Field Su	perintendent:				
	·		the Industry:				
Degree Re	ceived		Institution/School		Major/Disciplin	e	Year
License Re	eceived	Sta	ate Agency/Licensing	Body	Specialty Area	a	Year
Certificate F	Received		Organization		Specialty Area		
List all Project Management Training / Tools  Years of Experience							
	most recent expered to fulfill the assig						e and
Current Firm:							
Current Job Title:		Years of Employment: through					
	PROJECT EX	PERIENCE V	VITH CURRENT FIR	M LISTED AB	OVE		
#1 Project Name:							
Owner:					ame:		
Contract Amount:				Completion I	Date:		
Job Title used on this							
Project Responsibilitie		— —					
Project Delivery:		ld 🔲 Traditio					
Completed For:	Institution of	of Higher Lea	rning 🗌 Private Ag	ency 📙 Publi	ic Agency		
	Other _						
Type of Facility:	Classroon Other 🗌	n   Student	Services Office	Building			
<b>Construction Type:</b>	New 🗌 I	nterior Renov	ation 🗌 Tenant Imp	rovement 🗌			
Did this project includ	e a 200 seat lecture l	nall?				Yes 🗌 N	lo 🗌
Did this project includ	e a minimum of 500 g	general assig	nment classroom sta	tions?		Yes 🗌 N	lo 🗌
	e a high-quality teachel Partition System [ith STC-50 Rating	J	m that included the fo Video Displays	ollowing?	Yes  No Sound Sys	tem & Powe	
Other Spec	ify:	Other 🗌	Specify:	Other	Specify:		
Did this project includ	e a dining and retail s	space?				Yes 🗌 N	lo 🗌

Was this project a minimum of	of three stories above grade?	Yes ∐ No ∐
PR	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 ☐	
Did this project include a 200	seat lecture hall?	Yes No No
Did this project include a min	imum of 500 general assignment classroom stations?	Yes 🗌 No 🗌
	n-quality teaching classroom that included the following?	 ]
(check all that apply)  Acoustical Panel Partition		stem & Power
		Infrastructure
Other Specify:	Other Specify: Other Specify:	
Did this project include a dini	ng and retail space?	Yes 🗌 No 🗌
Was this project a minimum of	of three stories above grade?	Yes ☐ No ☐
Trao ano project a minimum c	The transfer of the state of th	
Other Firm		
Job Title:	Years of Employment: through	
JOB TILLE.	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	
Did this project include a 200	seat lecture hall?	Yes No No

## Concrete Subcontractor Prequalification Questionnaire 09/24/2018

Did this project include a minimum of 500 general assignment classroom stations?						Yes 🗌 No 🗌
Did this project include a high-quality teaching of (check all that apply)  Acoustical Panel Partition System  with STC-50 Rating	classroom	that included the fo	ollowing?	res	•	tem & Power 🔲 nfrastructure
Other Specify: Of	ther 🗌	Specify:		Other 🗌	Specify:	
Did this project include a dining and retail space	e?					Yes 🗌 No 🗌
Was this project a minimum of three stories abo	ove grade	?				Yes 🗌 No 🗌

3. QUALITY ASSURANCE MANAGER QUALIFICATIONS						
Na	ame of Proposed Qu	ıalitv Assuran	ce Manager:			
	•	•	the Industry:			
Degree Re	ceived		Institution/School		Major/Discip	line Year
License Re	eceived	Stat	te Agency/Licensing	Body	Specialty Ar	rea Year
Certificate Received		Organization			Specialty Ar	rea Year
List all Project Management Training / Tools  Years of Experience						
Begin with your I	most recent exper Center project.		all project experi		monstrates th	e experience and
Current Firm:						
Current Job Title:			Years of Em			through
	PROJECT EX	(PERIENCE V	VITH CURRENT FI	RM LISTED A	BOVE	
#1 Project Name:				• • • • •		
Owner:	\$					
Contract Amount:				Completion	i Date:	
Job Title used on this						
Project Responsibilit		uild 🗆 Troditio	onal □ Other □			
Project Delivery:	•	ild Traditio		gonov 🗆 Dul	blic Agency 🗆	
Completed For:		of Higher Lea	rning	gency Pul	blic Agency	
Type of Facility:  Classroom Student Services Office Building Other Other						
Construction Type:		Interior Renov	ation  Tenant Im	nprovement		
Did this project include a 200 seat lecture hall?  Yes No						
Did this project include a minimum of 500 general assignment classroom stations?  Yes No						
Did this project include (check all that apply)  Acoustical Pan	de a high-quality teac	hing classroor		following?		System & Power  ta Infrastructure
Other Spec	cify:	Other 🗌	Specify:	Oth	er  Specify	<i>y</i> :
Did this project inclu	de a dining and retail	space?				Yes 🗌 No 🗌

Was this project a minimum of	of three stories above grade?	Yes ∐ No ∐	
PR	OJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE		
#2 Project Name:			
Owner:	Contact Name:		
Contract Amount: \$	Completion Date:		
Job Title used on this project:			
Project Responsibilities:			
Project Delivery:	Design Build  Traditional  Other		
Completed For:	Institution of Higher Learning  Private Agency  Public Agency		
	Other		
Type of Facility:	Classroom ☐ Student Services ☐ Office Building ☐		
	Other		
Construction Type:	New ☐ Interior Renovation ☐ Tenant Improvement ☐		
Did this project include a 200	seat lecture hall?	Yes No No	
Did this project include a min	mum of 500 general assignment classroom stations?	Yes 🗌 No 🗌	
	i-quality teaching classroom that included the following?	 ]	
(check all that apply)  Acoustical Panel Partition		stem & Power	
		Infrastructure	
	_		
Other Specify:	Other Specify: Other Specify:		
Did this project include a dining and retail space? Yes ☐ No ☐			
Was this project a minimum of three stories above grade?  Yes ☐ No			
Trao ano project a minimum c	The state of the s		
Other Firm			
Job Title:	Years of Employment: through		
JOD TRIC.	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		
Did this project include a 200	seat lecture hall?	Yes No No	

## Concrete Subcontractor Prequalification Questionnaire 09/24/2018

Did this project include a minimum of 500 general assignment classroom stations?						Yes ☐ No ☐
Did this project include a high-quality teaching classroom that included the following? (check all that apply)  Acoustical Panel Partition System   Wideo Displays   with STC-50 Rating				•	tem & Power  Infrastructure	
Other Specify:	Other 🗌	Specify:		Other 🗌	Specify:	
Did this project include a dining and retail space? Yes ☐ No ☐						
Was this project a minimum of three stories above grade? Yes ☐ No ☐					Yes 🗌 No 🗌	

#### V. CLAIMS HISTORY

#### A. GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

Provide the information requested below for the entity listed in Item II.H

Complete a separate FORM A – GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM tabulation sheet for all claims: in excess of \$20,000 for poor workmanship, incomplete performance, defective work, or unexcused delays in completion, asserted by General Contractor and/or Performance/Payment Bond sureties against the subcontractor within the last five (5) years which were resolved with the result that subcontractor, its surety or insurer was required to pay to General Contractor, or was assessed a deduction in the contract price by General Contractor, an amount exceeding 60% of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of arbitration or lawsuit or by negotiated settlement with General Contractor or third party.

A signature by the subcontractor's 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. SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

Provide the information requested below for the entity listed in Item II.H.

Complete a separate FORM B – SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM tabulation sheet for all claims: in excess of \$20,000 for extra compensation or damages asserted by subcontractor against General Contractor within the last five (5) years which were resolved with the result that subcontractor 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 sub-subcontractor and material supplier claims ("pass through" claims) even if the subcontractor had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of arbitration or lawsuit or by negotiated settlement with General Contractor or third party. Do <u>not</u> include stop notices or causes of action to enforce stop notices.

A signature by the subcontractor's 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.

#### FORM A

### GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM Use one Form per Lawsuit or Arbitration (Make Copies as Needed) Are there claims that meet the criteria in Section V.A of this statement? Yes \quad No \quad \quad If yes, please complete the form and sign below: Case Name and Number including Name and Location of Court or Arbitration Service: Date Arbitration or Litigation Commenced: Project Name: Project or Contract Number: Street Address Project Location: Name of Owner: Telephone: \_\_\_\_\_\_Name & Title Contact Person: Highest Amount Sought for All Claims: (Amount in Figures) Amount Recovered: \$ (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: List: Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolved for more than 60% of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by General Contractor against Subcontractor and/or persons or entities associated with Subcontractor: My signature below signifies my declaration that the answers provided on this **Form A** are true and correct.

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

Subcontractor's Signature: \_\_\_\_

Printed Name & Title:

### **FORM B**

#### SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

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

Are there claims that meet the criteria in Section V.B of this statement?				
If yes, please complete the form and sign below:				
Case Name and Number including Name and Location of Court or Arbitration Service:				
Date Arbitration or Litigation Commenced:				
Project Name:				
Project or Contract Number:				
Project Location: , , , , , Street Address City & State Zip Code				
Name of Owner:				
Contact Person: Telephone: Name & Title				
Highest Amount Sought for All Claims: \$ (Amount in Figures)				
Amount Recovered: \$ (Amount in Figures)				
Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:				
Settled by Contracting Parties without Litigation or Arbitration:				
Other: List:				
Date of Claim Resolution:				
Basis for Claim:				
If the lawsuit or arbitration was resolved for less than <b>60%</b> of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by Subcontractor against General Contractor and/or persons or entities associated with General Contractor:				
My signature below signifies my declaration that the answers provided on this <b>Form B</b> are true and correct.				
Subcontractor's 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.

VI. REQUIRED COMPLETED ATTACHN	MENTS			
One (1) copy of all Audited Profit and Loss S	Statements (reference Section II.M Financial Data).			
Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.N Experience Modifier Rate).				
Resumes of all proposed Key Personnel (reference Section IV Key Personnel).				
☐ Signature declaring the answers on Forms A and B are true and correct (reference Section V Claims History).				
VII. DECLARATION				
I, hereby de	eclare that I am the			
Printed Name				
	submitting this Prequalification Questionnaire;			
forth in this Questionnaire and all attachments he complete as of its submission date.	nnaire on behalf of subcontractor and that all information set ereto are, to the best of my knowledge, true, accurate, and regoing is true and correct and that this declaration was			
atLocation and City	County of			
Location and City	County			
State of on				
State	Date			
_	Signature			
-	Printed Name			
	ietor, a general partner, or corporate officer,			