

ADDENDUM NO. 2

November 5, 2019

PREQUALIFICATION DOCUMENTS

FOR

**ROOFTOP SOLAR
PROJECT NO. 950581**



The following changes, additions, or deletions shall be made to the following documents as indicated for this Project; and all other terms and conditions shall remain the same.

1. **ADVERTISEMENT FOR DESIGN BUILDER PREQUALIFICATION**

Replace the Advertisement for Design Builder Prequalification with the one issued in this Addendum.

2. **PREQUALIFICATION QUESTIONNAIRE**

Replace the Prequalification Questionnaire with the one issued in this Addendum.

3. **REQUESTS FOR CLARIFICATION/INTERPRETATION:**

Prequal RFI No.	QUESTIONS / ANSWERS
1-3	<p>Question: Can the past project experience be extended to the last 10 years instead of the last 5?</p> <p>Answer: Yes. See revised documents issued in this Addendum.</p>
1-4	<p>Question: What if we have our own in-house engineer that stamps our drawings, can we use them or do we have to use a separate outside firm?</p> <p>Answer: Yes, using an in-house engineer would be acceptable so long as they meet the requirements identified for the design/engineering team. Anyone using an in-house firm must still complete the required questionnaires for that section of the prequalification package.</p>

END OF ADDENDUM

ADVERTISEMENT FOR DESIGN BUILDER PREQUALIFICATION

Subject to conditions prescribed by the **University of California, Riverside (UCR)**, responses to the University's prequalification documents for a Design Build contract are sought from proposers for the following project:

ROOFTOP SOLAR, PROJECT NO. 950581

PREQUALIFICATION OF PROSPECTIVE PROPOSERS

The University's primary objective in utilizing the design build approach is to bring the best available integrated design and construction experience to this project. The University has determined that proposers who submit proposals on this project must be prequalified. Prequalified proposers will be required to have the following California contractor's license: **Electrical Contractor "C-10" license or Solar Contractor "C-46" license.**

DESCRIPTION:

The University of California Riverside (UCR) has obtained dedicated funding to install solar, photovoltaic systems on two campus-building rooftops.

1. Student Services
2. Student Recreation Center South

The overall goal of this effort is to provide the maximum generation of renewable power with the minimum impact on the building; while also integrating the photovoltaic production (in the form of kilowatt hours, instantaneous kilowatts, and carbon/greenhouse gas savings) into the Campus Micro-grid (monitoring) system. Predictable power, with minimal annual degradation in output, and predictable maintenance, is desirable for a minimum of 25 years.

PROJECT DELIVERY: Design Build

ESTIMATED DESIGN AND CONSTRUCTION COST: \$2,000,000 (funding is pending administrative approval)

PREQUALIFICATION QUESTIONNAIRES will be available electronically at **12:00 PM on Monday, October 21, 2019**, from University of California, Riverside, Architects & Engineers.

MANDATORY PREQUALIFICATION CONFERENCE: begins promptly at **10:00 AM on Tuesday, October 29, 2019** at University of California, Riverside, at UCR Planning, Design & Construction, 1223 University Avenue, Suite 240, Riverside, CA 92507.

SECOND MANDATORY PREQUALIFICATION CONFERENCE: begins promptly at 10:00 AM on Monday, November 4, 2019 at University of California, Riverside, at UCR Planning, Design & Construction, 1223 University Avenue, Suite 240, Riverside, CA 92507. Those who attended the mandatory prequalification conference on Tuesday, October 29, 2019 are not required to attend.

PREQUALIFICATION QUESTIONNAIRES: Questionnaires must be received by **3:00 PM on Tuesday, November 12, 2019**, at UCR, 1223 University Avenue, Suite 240, Riverside, CA 92507. Attention: Betty Osuna

REQUIRED PROJECT EXPERIENCE: Prequalification questionnaires will be accepted from Design Builders (Contractors) teamed with architects; each having completed comparably sized design-build projects as follows:

Submit not less than **SIX (6) BUT NO MORE THAN EIGHT (8) SOLAR PHOTOVOLTAIC ROOFTOP INSTALLATION projects, of not less than 350 kW each, completed in the past ~~ten (10)~~ five (5) 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 **PUBLIC INSTITUTIONS OR PUBLIC AGENCIES** for which the construction cost was at least \$1 million each.
- At least four (4) projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$1 million each.

- At least two (2) projects that were **CONSTRUCTED AT AN OCCUPIED FACILITY OR IMMEDIATELY ADJACENT TO AN OCCUPIED FACILITY** for which the construction cost was at least \$1 million.
- At least one (1) project which employed a ballasted racking system.

PROCEDURES

The prequalification process will be conducted in two steps and will result in the selection of 3-4 finalists who will be prequalified and will be issued proposal documents for this Project. The prequalified proposers will submit price and technical proposals. The technical proposals will be scored according to an established scoring system. The price will be divided by the score to determine a price per technical point. The prequalified proposer submitting the lowest price per technical point will be the apparent low proposer for the Project.

Level I will be the submittal of prequalification documents described in more detail below. After receipt of the prequalification documents, the University will review and determine a preliminary point score for each submittal. Requests for clarifying information and additional data will be made at this time, if required. After receipt and review of the clarifications and additional data, each prequalification submittal will receive a final point score.

A proposer who receives **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.

Level II will be the Interview. Proposers will be notified whether or not they have been selected for Level II Interview. Interview will address the items contained in the Level II Interview Requirements Document. Prior to the Level II Interview, the University may supplement these requirements.

Proposers will be notified whether or not they have been prequalified after the University evaluates the results of the Level II Interview.

PREQUALIFICATION SCHEDULE

On **Monday, October 21, 2018**, a set of prequalification documents will be issued to intending proposers at:

University of California, Riverside
Planning, Design & Construction
Website: <http://ae.ucr.edu/business/bids.html>

You may also contact Betty Osuna directly at (951) 827-4590 or email betty.osuna@ucr.edu for the questionnaire. For other opportunities, please visit: <http://pdc.ucr.acsitefactory.com/>

On **Tuesday, November 12, 2019**, on or before **3:00 PM**, completed prequalification documents will be received at:

University of California, Planning, Design & Construction
1223 University Avenue, Suite 240
Riverside, CA 92507
951-827-4590

No prequalification documents will be accepted after 3:00 PM. However, the University reserves the right to request, receive, and evaluate supplemental information after the above time and date at its sole determination. Successful proposers will be notified of date and time of Level II Interview.

Interviews will be conducted at:

University of California, Planning, Design & Construction



1223 University Avenue, Suite 210-16 Riverside,
CA 92507

PROPOSAL SCHEDULE

Following is the anticipated proposal schedule:

1. Proposal Documents available to the prequalified proposers – 4th Quarter 2019.
2. Proposals received – 1st Quarter 2020.
3. Proposals evaluated and the apparent low proposal determined – 1st Quarter 2020.

The exact dates, times, and location will be set forth in an “Announcement to Prequalified Proposers.”

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

Proposal Security in the amount of 10% of the lump sum price proposal, excluding alternates, shall accompany each proposal. The surety issuing the Bid Bond shall be, on the proposal deadline, listed in the latest published State of California, Department of Insurance, list of “Insurers Admitted to Transact Surety Insurance in this State.”

All insurance policies required to be obtained by Proposer shall be subject to approval by University for form and substance. All such policies shall be issued by a company rated by Best as A- or better with a financial classification of VIII or better or have equivalent ratings by Standard and Poor's or Moody's. The Certificate of Insurance shall be issued on the University's form.

Prospective proposers desiring to be prequalified are informed that they will be subject to and must fully comply with all of the proposal conditions including 100% payment and 100% performance bonds.

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.

Every effort will be made to ensure that all persons have equal access to contracts and other business opportunities with the University within the limits imposed by law or University policy. Each Proposer may be required to show evidence of its equal employment opportunity policy. The successful Proposer and its subcontractors will be required to follow the nondiscrimination requirements set forth in the Proposal Documents and to pay prevailing wage at the location of the work.

The work described in the contract is a public work subject to section 1771 of the California Labor Code.

No contractor or subcontractor, regardless of tier, may be listed on a Proposal for, or engage in the performance of, any portion of this project, unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 and 1771.1.

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

The successful Prequalified Proposer shall pay all persons providing construction services and/or any labor on site, including any University location, no less than the UC Fair Wage (defined as \$13 per hour as of 10/1/15, \$14 per hour as of 10/1/16, and \$15 per hour as of 10/1/17) and shall comply with all applicable federal, state and local working condition requirements.

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
University of California, Riverside
Dates of Advertisement: 10/14/2019 thru 10/28/2019

DESIGN BUILDER (CONTRACTOR)

PREQUALIFICATION QUESTIONNAIRE

Design Build Delivery

ROOFTOP SOLAR PROJECT NO. 950581

MANDATORY PREQUALIFICATION CONFERENCE:

OCTOBER 29, 2019, 10:00 AM

NOVEMBER 4, 2019, 10:00 AM

SUBMITTAL DUE:

NOVEMBER 12, 2019, 3:00 PM

Planning, Design & Construction
1223 University Avenue, Suite 240
Riverside, CA 92507

Betty Osuna
Contract Administrator
(951) 827-4590 / betty.osuna@ucr.edu

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I. GENERAL

A. PROJECT DESCRIPTION

The University of California Riverside (UCR) has obtained dedicated funding to install solar, photovoltaic systems on two campus building rooftops.

1. Student Services
2. Student Recreation Center South

The overall goal of this effort is to provide the maximum generation of renewable power with the minimum impact on the building; while also integrating the photovoltaic production (in the form of kilowatt hours, instantaneous kilowatts, and carbon/greenhouse gas savings) into the Campus Micro-grid (monitoring) system. Predictable power, with minimal annual degradation in output, and predictable maintenance, is desirable for a minimum of 25 years.

Project Delivery: Design Build

Estimated Construction Cost: \$2,000,000

B. PROJECT TIMING

- | | |
|--|------------------------------|
| • Prequalification Questionnaire issued: | October 21, 2019 |
| • Mandatory Prequalification Conference | October 29, 2019 |
| • 2 nd Mandatory Prequalification Conference | November 04, 2019 |
| • Prequalification Questionnaire due: | November 12, 2019 |
| • Review and Shortlisting of Design Build Teams: | November 2019 |
| • Interview of Shortlisted Design Build Teams | December 2019 |
| • Issue Request for Proposal to selected Design Build Teams: | December 2019 |
| • Proposals due: | 1 st Quarter 2020 |
| • Notice of Selection: | 1 st Quarter 2020 |
| • Award Contract & Notice to Proceed: | 1 st Quarter 2020 |

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: **195 days**

The Contract Time will include completion of the Design Documents, Construction Documents, the actual construction of the project, and a production verification phase of 30 days, included in the 165 day estimated contract time listed above.

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 Solar Installers, -Electrical Engineers, Roofing engineers, and Structural Engineering 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 Electrical Contractor “C-10” license or Solar Contractor “C-46” 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 posted on the University’s website: <https://pdc.ucr.edu/business-opportunities/contractors> on **Monday, October 21, 2019, 12:00 PM**. For information call Betty Osuna (951) 827-4590 or email betty.osuna@ucr.edu

2. Mandatory Prequalification Conference

Design Builders (Contractors) interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Conference scheduled for **October 29, 2019 beginning promptly at 10:00 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.

SECOND MANDATORY PREQUALIFICATION CONFERENCE: begins promptly at 10:00 AM on Monday, November 4, 2019 at University of California, Riverside, at UCR Planning, Design & Construction, 1223 University Avenue, Suite 240, Riverside, CA 92507. Those who attended the mandatory prequalification conference on Tuesday, October 29, 2019 are not required to attend.

Participants shall meet at: University of California, Riverside, **Planning, Design & Construction Offices, 1223 University Ave., Suite 210-16, Riverside, CA 92507.**

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 copy (USB/CD) of the Prequalification Questionnaire. Submittals must be received no later than:
November 12, 2019, 3:00 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: Rooftop Solar

Project No. 950581

Due Date and Time: **November 12, 2019, 3:00 PM**

- Prequalification Questionnaires must be received only at:
University of California, Riverside, Planning, Design & Construction, 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** **160 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** **120 Possible Points**
Demonstrate adequate experience for Design Builder (Contractor) and Design Firm Team Key Personnel (information submitted will receive points based on education, training, and experience).
3. **LICENSE** **Pass/Fail**
Hold the proper license(s), current and active.
4. **SURETY** **Pass/Fail**

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

- a. Design Builder's (Contractor) current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
- b. Design Builder's (Contractor) total bonding capacity.
- c. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
- d. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

5. **INSURANCE** **Pass/Fail**

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

6. **ANNUAL REVENUE** **Pass/Fail**

Have an annual 2018 revenue equal to or greater than **\$100,000,000**.

7. 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 below 1.15 for 5 or more of the past ten years.

2. **SURETY** **Pass/Fail**

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

3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS** **Pass/Fail**

A Contractors State License Board disciplinary action in the past ten years.

4. **LABOR CODE VIOLATIONS** **Pass/Fail**

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

5. **CLAIMS HISTORY** **Pass/Fail**

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

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

1. **FINANCIAL DATA** **20 Points**

A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long term debt), and has a debt to net worth ratio (long term 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. Key members of the Design Builder's (Contractor) Firm, Construction Project Manager, Superintendent, and, Design Firm's Engineer of Record, and Key Consultants (Electrical, Structural Engineer, Roofing Specialist **are required** to attend the interview.

The following shall be presented during the Interview:

- a. **Relevant Experience:** Provide a brief description of the Design Builder's (Contractor) relevant project experience, especially design build project experience of similar size, scope and complexity to the proposed project.
- b. **Project Team:** Show an organized and effective strategy for coordinating a design build project team specific to a solar PV installation. Include brief comments regarding: (1) not affecting the building occupants, (2) extending and enhancing the roof warranty; (3) Integrating into the Campus Micro-grid (monitoring) system.
- c. **Subconsultant Responsibilities and Reporting Relationships:** 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. **Project Work Concept:** Describe a project work concept illustrating the ability of the team to integrate the proposal, design, and construction process including:
 - i. **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.
 - ii. **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 production verification process..

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 meeting 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.

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: _____, _____, _____
Street Address City & State Zip Code

Contact Person #1: _____
Name, Title Email

Contact Person #2: _____
Name, Title Email

B. DESIGN BUILD TEAM COMPOSITION

1. Design Builder (Contractor): _____
Company Name

2. Design Firm (Architect/Engineer):

Company Name

Telephone Facsimile

_____, _____, _____
Street Address City & State Zip Code

Contact Name, Title Email

Proposed Architect/Engineer of Record:

Name, Title Email

License No. _____ Issue Date: _____ Expiration Date: _____

Provide the following information for the Design Builder (Contractor):

C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE

Parent Company: Subsidiary: Other: _____

Branch Office: Division:

D. TYPE OF BUSINESS ORGANIZATION

Corporation: State of Incorporation: _____

Partnership: Joint Venture: Sole Proprietorship:

Other: _____

If a **partnership**, provide the following information:

Date of Organization: _____ General: Association:

Name and complete legal address of each general partner:

Partner's Name Legal Address

Partner's Name Legal Address

Total number of employees on payroll in the corporation: _____

Total number of employees on payroll in the local office submitting this prequalification: _____

Principal Office (if different from above): _____
Street Address

City, State & Zip Code

President's Name Vice President's Name

Secretary's Name Treasurer's Name

E. YEAR COMPANY WAS ESTABLISHED

Year established: _____

F. PARENT COMPANY INFORMATION (IF APPLICABLE)

Company Name: _____

Telephone Facsimile

Street Address: _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name, Title Telephone

G. LIST ALL FORMER COMPANY NAMES

H. LICENSE

Design Builder (Contractor) must have a current and active **Electrical Contractor “C-10”** license or **Solar Contractor “C-46”** California Contractors State License(s) for this project.

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

Does your firm have the required current and active California State Contractors license(s)? Yes No

Name of Licensee as it appears on record with the California Contractors State License Board:

License No. _____ Issue Date: _____ Expiration Date: _____

License Class/Classes

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:

THIS SPACE LEFT INTENTIONALLY BLANK

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?

Yes No

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

If yes, give details including dates:

L. SURETY

List below current Surety company used by your company. State whether this Surety or any other Surety has 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:

CURRENT SURETY COMPANY:

_____		_____
Surety's Name		Telephone
Street Address: _____	_____	_____
Street Address	City & State	Zip Code
_____ to _____	Has current listed Surety Company completed work on a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY	
(Period Covered)		

SURETY COMPANY INFORMATION: (Use if previous Surety completed work for firm.)

_____		_____
Surety's Name		Telephone
Street Address: _____	_____	_____
Street Address	City & State	Zip Code
_____ to _____	Has listed Surety Company completed work on a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY	
(Period Covered)		

M. FINANCIAL CAPABILITY

Attach 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):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

4. Current Liabilities (past 3 fiscal years):

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

O. INSURANCE

The successful Design Builder (Contractor) for this Project will be required to furnish certificates of insurance on University's form evidencing that it shall furnish and maintain Commercial Form of General Liability, Excess Liability (if applicable), Contractor's Professional Liability, Business Automobile Liability, 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
<i>Each Occurrence</i> - Combined Single Limit for Bodily Injury and Property Damage:	\$1,000,000
Products-Completed Operations Aggregate:	\$1,000,000
Personal and Advertising Injury:	\$1,000,000
General Aggregate:	\$2,000,000

CONTRACTOR'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Professional Liability	\$1,000,000

BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Accident</i> - Combined Single Limit for Bodily Injury and Property Damage:	\$1,000,000

WORKERS' COMPENSATION – As required by Federal and State of California law

EMPLOYER'S LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Employee:	\$1,000,000
Each Accident:	\$1,000,000
Policy Limit:	\$1,000,000

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
2. If "yes," *provide declaration(s) from your insurance agent/broker/carrier* stating that your firm is able to obtain insurance coverage in the limits and ratings 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:

2009: _____ 2010: _____ 2011: _____ 2012: _____ 2013: _____

2014: _____ 2015: _____ 2016: _____ 2017: _____ 2018: _____

If the Modification Rate has been above 1.15 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 Telephone
Project Name: _____
Project Number: _____
Date of Notice of Failure to Qualify: _____
Reason for Failure to Qualify: _____
(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)

R. YEARS OF EXPERIENCE

Does your company have at least eight years of experience as a **Electrical Contractor "C-10" license or Solar Contractor "C-46"** ?

Yes 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. 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 No

If yes, give details including dates:

U. SUPPLEMENTAL COMPANY INFORMATION

1. Safety Program

- 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:

Name: _____ Title: _____
Specific Duties:

2. Quality Control Processes

- a. Does your company have a written QA/QC program? Yes No
- b. Does your firm have personnel permanently assigned to QA/QC? Yes No

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. 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 not less than **SIX (6) but no more than EIGHT (8) SOLAR PHOTOVOLTAIC ROOFTOP INSTALLATION** projects, of not less than 350 kW each, **completed in the past ten (10) five (5) 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 **PUBLIC INSTITUTIONS OR PUBLIC AGENCIES** for which the construction cost was at least \$1 million each.
- At least four (4) projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$1 million each.
- At least two (2) projects that were **CONSTRUCTED AT AN OCCUPIED FACILITY OR IMMEDIATELY ADJACENT TO AN OCCUPIED FACILITY** for which the construction cost was at least \$1 million.
- At least one (1) project which employed a ballasted racking system.

c. Projects presented for consideration must be accompanied by **photograph(s) of the project.**

DESIGN BUILDER (CONTRACTOR) PROJECT #1

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

Project Name:	_____		
Project or Contract Number:	_____		
Project Location:	_____	_____	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email

Address of Design Builder's (Contractor) Office that Performed the Work:			
_____	_____	_____	_____
Street Address	City & State	Zip Code	
Contact Person:	_____		
	Name & Title		
Email:	_____	Telephone:	_____
Name of Design Builder's (Contractor) Project Manager for project: _____			
Was the Project Manager listed above assigned the job at the start of the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did the Project Manager listed above complete the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Design Builder's (Contractor) Superintendent for project: _____			
Was the Superintendent listed above assigned the job at the start of the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did the Superintendent listed above complete the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Design Firm:	_____		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email
Name of Design Firm's Project Manager for project: _____			
Name of Architect/Engineer of Record for project: _____			

DESIGN BUILDER (CONTRACTOR) PROJECT #1

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes____/ No____

Capacity: What was the capacity of the installed system _____kW

Was a ballasted racking system used? Yes____/ No____

Structural: Estimated number of rooftop penetrations _____

Describe the panels employed in this specific project:

Panel Manufacturer: _____

Panel make/model: _____/ _____

Capacity of the Individual Panel: _____ watts

Panel Type: Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Currently Operating Yes____ No____

Operating Situation Is access to real-time monitoring (output) available? Yes____/No____

Provide domain name for access: _____

Was the roofing system modified as a part of this solar project: Yes ____; No ____

Roof warranty maintained: Yes ____; No ____

Roof Interface Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #2

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

Project Name: _____
 Project or Contract Number: _____
 Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
 Address: _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Builder's** (Contractor) Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title
 Email: _____ Telephone: _____
 Name of Design Builder's (Contractor) **Project Manager**
 for project: _____
 Was the Project Manager listed above assigned the job at the start of the project? Yes No
 Did the Project Manager listed above complete the project? Yes No
 Name of Design Builder's (Contractor) **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

Design Firm: _____
 Address: _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title

Telephone Facsimile Email
 Name of Design Firm's **Project Manager** for project: _____
 Name of **Architect/Engineer of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #2

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes____/ No____

Capacity: What was the capacity of the installed system _____kW

Was a ballasted racking system used? Yes____/ No____

Structural: Estimated number of rooftop penetrations _____

Describe the panels employed in this specific project:

Panel Manufacturer: _____
Panel make/model: _____ / _____
Capacity of the Individual Panel: _____ watts
Panel Type: Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Currently Operating Yes____ No____

Is access to real-time monitoring (output) available? Yes____/No____

Operating Situation Provide domain name for access: _____

Was the roofing system modified as a part of this solar project: Yes ____; No ____

Roof warranty maintained: Yes ____; No ____

Roof Interface Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER'S (CONTRACTOR) PROJECT #3

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

Project Name:	_____		
Project or Contract Number:	_____		
Project Location:	_____	_____	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email

Address of Design Builder's (Contractor) Office that Performed the Work:			
_____	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
Email:	_____	Telephone:	_____
Name of Design Builder's (Contractor) Project Manager for project: _____			
Was the Project Manager listed above assigned the job at the start of the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did the Project Manager listed above complete the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Design Builder's (Contractor) Superintendent for project: _____			
Was the Superintendent listed above assigned the job at the start of the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did the Superintendent listed above complete the project? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Design Firm:	_____		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email
Name of Design Firm's Project Manager for project: _____			
Name of Architect/Engineer of Record for project: _____			

DESIGN BUILDER (CONTRACTOR) PROJECT #3

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes ___/ No ___

Capacity: What was the capacity of the installed system _____ kW

Structural: Was a ballasted racking system used? Yes ___/ No ___
Estimated number of rooftop penetrations _____

Panel Type: Describe the panels employed in this specific project:
Panel Manufacturer: _____
Panel make/model: _____ / _____
Capacity of the Individual Panel: _____ watts
Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Operating Situation Currently Operating Yes ___ No ___
Is access to real-time monitoring (output) available? Yes ___/No ___
Provide domain name for access: _____

Roof Interface Was the roofing system modified as a part of this solar project: Yes ___; No ___
Roof warranty maintained: Yes ___; No ___
Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #4

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

Project Name: _____
Project or Contract Number: _____
Project Location: _____, _____, _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Address: _____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:
_____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Email: _____ Telephone: _____
Name of Design Builder's (Contractor) **Project Manager**
for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of Design Builder's (Contractor) **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

Design Firm: _____
Address: _____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email
Name of Design Firm's **Project Manager** for project: _____
Name of **Architect/Engineer of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #4

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes ___/ No ___

Capacity: What was the capacity of the installed system _____ kW

Structural: Was a ballasted racking system used? Yes ___/ No ___
Estimated number of rooftop penetrations _____

Panel Type: Describe the panels employed in this specific project:
Panel Manufacturer: _____
Panel make/model: _____ / _____
Capacity of the Individual Panel: _____ watts
Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Operating Situation Currently Operating Yes ___ No ___
Is access to real-time monitoring (output) available? Yes ___/No ___
Provide domain name for access: _____

Roof Interface Was the roofing system modified as a part of this solar project: Yes ___; No ___
Roof warranty maintained: Yes ___; No ___
Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #5

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

Project Name: _____
 Project or Contract Number: _____
 Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
 Address: _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title
 Email: _____ Telephone: _____
 Name of Design Builder's (Contractor) **Project Manager**
 for project: _____
 Was the Project Manager listed above assigned the job at the start of the project? Yes No
 Did the Project Manager listed above complete the project? Yes No
 Name of Design Builder's (Contractor) **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

Design Firm: _____
 Address: _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title

Telephone Facsimile Email
 Name of Design Firm's **Project Manager** for project: _____
 Name of **Architect/Engineer of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #5

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes___/ No___

Capacity: What was the capacity of the installed system _____ kW

Structural: Was a ballasted racking system used? Yes___/ No___
Estimated number of rooftop penetrations _____

Panel Type: Describe the panels employed in this specific project:
Panel Manufacturer: _____
Panel make/model: _____ / _____
Capacity of the Individual Panel: _____ watts
Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Operating Situation Currently Operating Yes___No___
Is access to real-time monitoring (output) available? Yes___/No___
Provide domain name for access: _____

Roof Interface Was the roofing system modified as a part of this solar project: Yes ___; No ___
Roof warranty maintained: Yes ___; No ___
Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) 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 Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Builder's (Contractor) Office** that Performed the Work:

Street Address City & State Zip Code
Contact Person: _____
Name & Title
Email: _____ Telephone: _____
Name of Design Builder's (Contractor) **Project Manager**
for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of Design Builder's (Contractor) **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

Design Firm: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email
Name of Design Firm's **Project Manager** for project: _____
Name of **Architect/Engineer of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #6

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes____/ No____

Capacity: What was the capacity of the installed system _____ kW

Was a ballasted racking system used? Yes____/ No____

Structural: Estimated number of rooftop penetrations _____

Describe the panels employed in this specific project:

Panel Type: Panel Manufacturer: _____
Panel make/model: _____ / _____
Capacity of the Individual Panel: _____ watts
Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Currently Operating Yes____ No____

Operating Situation Is access to real-time monitoring (output) available? Yes____/No____

Provide domain name for access: _____

Roof Interface Was the roofing system modified as a part of this solar project: Yes ____; No ____

Roof warranty maintained: Yes ____; No ____

Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) 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 Number: _____
 Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
 Address: _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Builder's (Contractor) Office that Performed the Work:**
 _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title
 Email: _____ Telephone: _____
 Name of Design Builder's (Contractor) **Project Manager**
 for project: _____
 Was the Project Manager listed above assigned the job at the start of the project? Yes No
 Did the Project Manager listed above complete the project? Yes No
 Name of Design Builder's (Contractor) **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

Design Firm: _____
 Address: _____ , _____ , _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title

Telephone Facsimile Email
 Name of Design Firm's **Project Manager** for project: _____
 Name of **Architect/Engineer of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #7

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes____/ No____

Capacity: What was the capacity of the installed system _____ kW

Was a ballasted racking system used? Yes____/ No____

Structural: Estimated number of rooftop penetrations _____

Describe the panels employed in this specific project:

Panel Manufacturer: _____

Panel make/model: _____ / _____

Capacity of the Individual Panel: _____ watts

Panel Type: Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Currently Operating Yes____ No____

Is access to real-time monitoring (output) available? Yes____/No____

Operating Situation Provide domain name for access: _____

Was the roofing system modified as a part of this solar project: Yes ____; No ____

Roof warranty maintained: Yes ____; No ____

Roof Interface Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) 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 Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name

Address: _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

_____ , _____ , _____
Telephone Facsimile Email

Address of **Design Builder's (Contractor) Office** that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Design Builder's (Contractor) **Project Manager** for project: _____

Was the Project Manager listed above assigned the job at the start of the project? Yes No

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

Name of Design Builder's (Contractor) **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

Design Firm: _____

Address: _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

_____ , _____ , _____
Telephone Facsimile Email

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

Name of **Architect/Engineer of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #8

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Building Parking Structures
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Location: Confirm Rooftop Installation Yes ___ / No ___

Capacity: What was the capacity of the installed system _____ kW

Structural: Was a ballasted racking system used? Yes ___ / No ___
Estimated number of rooftop penetrations _____

Panel Type: Describe the panels employed in this specific project:
Panel Manufacturer: _____
Panel make/model: _____ / _____
Capacity of the Individual Panel: _____ watts
Panel Dimensions: _____

Inverter Type: Make: _____ Model: _____

Operating Situation Currently Operating Yes ___ No ___
Is access to real-time monitoring (output) available? Yes ___ / No ___
Provide domain name for access: _____

Roof Interface Was the roofing system modified as a part of this solar project: Yes ___; No ___
Roof warranty maintained: Yes ___; No ___
Roof warranty extended or integrated with the Solar System warranty: _____

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

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 Manager Qualifications

Name of Proposed Construction Project Manager: _____

Years of Experience in the Industry: _____

Education:

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 Solar Rooftop project.

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 PPA Other

Completed For: Public Private Agency Public Agency

Other

Type of Facility: Educational Commercial/Industrial Parking Structure

Other

Construction Type: New Interior Renovation Tenant Improvement

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build PPA Other

Completed For: Public Private Agency Public Agency

Other

Type of Facility: Educational Commercial/Industrial Parking Structure

Other

Construction Type: New Interior Renovation Tenant Improvement

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 PPA Other

Completed For: Public Private Agency Public Agency

Other

Type of Facility: Educational Commercial/Industrial Parking Structure

Other

Construction Type: New Interior Renovation Tenant Improvement

2. Construction Superintendent Qualifications

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

Education:

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 Solar Rooftop project.

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 PPA Other

Completed For: Public Private Agency Public Agency
Other

Type of Facility: Educational Commercial/Industrial Parking Structure
Other

Construction Type: New Interior Renovation Tenant Improvement

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name:

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build PPA Other

Completed For: Public Private Agency Public Agency
Other

Type of Facility: Educational Commercial/Industrial Parking Structure
Other

Construction Type: New Interior Renovation Tenant Improvement

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 PPA Other

Completed For: Public Private Agency Public Agency
Other

Type of Facility: Educational Commercial/Industrial Parking Structure
Other

Construction Type: New Interior Renovation Tenant Improvement

C. DESIGN FIRM (ENGINEER) 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 not less than **SIX (6) BUT NO MORE THAN EIGHT (8) SOLAR PHOTOVOLTAIC ROOFTOP INSTALLATION** projects, of not less than 350 kW each, completed in the past **ten (10) five (5) 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 PUBLIC INSTITUTIONS OR PUBLIC AGENCIES for which the construction cost was at least \$1 million each.
 - At least four (4) projects located in the STATE OF CALIFORNIA for which the construction cost was at least \$1 million each.
 - At least two (2) projects that were CONSTRUCTED AT AN OCCUPIED FACILITY OR IMMEDIATELY ADJACENT TO AN OCCUPIED FACILITY for which the construction cost was at least \$1 million.
 - At least one (1) project which employed a ballasted racking system.
- c. Projects presented for consideration must be accompanied by **photograph(s) of the project.**

DESIGN FIRM (ARCHITECT/ENGINEER) 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's Name
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email

Address of **Design Firm's (Architect/Engineering)** 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: _____
Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes No
Did the Principal-in-Charge listed above complete the project? Yes No
Name of Design Firm's **Project Manager** for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Architect/Engineer of Record** for project: _____

Design Builder
(Contractor): _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email
Name of Design Builder's (Contractor) **Project Manager** for project: _____

DESIGN FIRM PROJECT #1

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Parking Structure
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Ballasted System: Yes No

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN FIRM (ARCHITECT/ENGINEER) 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's Name
Address: _____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Firm's (Architect/Engineer) 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: _____
Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes No
Did the Principal-in-Charge listed above complete the project? Yes No
Name of Design Firm's **Project Manager** for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Architect/Engineer of Record** for project: _____

Design Builder
(Contractor)
Address: _____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email
Name of Design Builder's (Contractor) **Project Manager** for project: _____

DESIGN FIRM PROJECT #2

Contract Time:		
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year	
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____	
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)		
Contract Amount:		
_____ \$ Base Amount	_____ \$ Adjustment Due to Change Orders	_____ \$ Final Contract Amount
Project Information:		
Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>	
Ballasted System:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN FIRM (ARCHITECT/ENGINEER) PROJECT #3

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

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email

Address of **Design Firm's (Architect/Engineer) 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: _____
Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes No
Did the Principal-in-Charge listed above complete the project? Yes No
Name of Design Firm's **Project Manager** for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Architect/Engineer of Record** for project: _____

Design Builder
(Contractor)
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email
Name of Design Builder's (Contractor) **Project Manager** for project: _____

DESIGN FIRM PROJECT #3

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Parking Structure
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Ballasted System: Yes No

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

DESIGN FIRM (ARCHITECT) PROJECT #4

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

Project Name:	_____		
Project or Contract Number:	_____		
Project Location:	_____	_____	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email

Address of Design Firm's (Architect/Engineer) 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: _____			
Was the Principal-in-Charge listed above assigned the job at the start of the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Principal-in-Charge listed above complete the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Design Firm's Project Manager for project: _____			
Was the Project Manager listed above assigned the job at the start of the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Project Manager listed above complete the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Architect/Engineer of Record for project: _____			

Design Builder (Contractor)			
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email
Name of Design Builder's (Contractor) Project Manager for project: _____			

DESIGN FIRM PROJECT #4

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Private Agency Public Agency
Other Specify: _____

Type of Facility: Educational Commercial/Industrial Parking Structure
Other Specify: _____

Project Delivery: Design Build PPA Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Ballasted System: Yes No

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

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 Number:	_____		
Project Location:	_____	_____	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email

Address of Design Firm's (Architect/Engineer) 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: _____			
Was the Principal-in-Charge listed above assigned the job at the start of the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Principal-in-Charge listed above complete the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Design Firm's Project Manager for project: _____			
Was the Project Manager listed above assigned the job at the start of the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Project Manager listed above complete the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Architect/Engineer of Record for project: _____			

Design Builder (Contractor)			
Address: _____			
	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email
Name of Design Builder's (Contractor) Project Manager for project: _____			

DESIGN FIRM PROJECT #5

Contract Time:		
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year	
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____	
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)		
Contract Amount:		
_____ \$ Base Amount	_____ \$ Adjustment Due to Change Orders	_____ \$ Final Contract Amount
Project Information:		
Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>	
	Other <input type="checkbox"/> Specify: _____	
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>	
	Other <input type="checkbox"/> Specify: _____	
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>	
Ballasted System:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

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 Number: _____
Project Location: _____, _____, _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Address: _____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email

Address of **Design Firm's (Architect/Engineer) 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: _____
Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes No
Did the Principal-in-Charge listed above complete the project? Yes No
Name of Design Firm's **Project Manager** for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Architect/Engineer of Record** for project: _____

Design Builder
(Contractor)
Address: _____, _____, _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title
Telephone Facsimile Email
Name of Design Builder's (Contractor) **Project Manager** for project: _____

DESIGN FIRM PROJECT #6

Contract Time:		
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year	
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____	
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)		
Contract Amount:		
_____ \$ Base Amount	_____ \$ Adjustment Due to Change Orders	_____ \$ Final Contract Amount
Project Information:		
Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>	
	Other <input type="checkbox"/> Specify: _____	
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>	
	Other <input type="checkbox"/> Specify: _____	
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>	
Ballasted System:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

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 Number:	_____		
Project Location:	_____	_____	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email

Address of Design Firm's (Architect/Engineer) 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: _____			
Was the Principal-in-Charge listed above assigned the job at the start of the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Principal-in-Charge listed above complete the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Design Firm's Project Manager for project: _____			
Was the Project Manager listed above assigned the job at the start of the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Project Manager listed above complete the project?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Architect/Engineer of Record for project: _____			

Design Builder (Contractor)			
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email
Name of Design Builder's (Contractor) Project Manager for project: _____			

DESIGN FIRM PROJECT #7

Contract Time:	
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)	
Contract Amount:	
_____ \$ Base Amount	_____ \$ Adjustment Due to Change Orders
	_____ \$ Final Contract Amount
Project Information:	
Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>
Ballasted System:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

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 Number:	_____		
Project Location:	_____	,	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	,	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email

Address of Design Firm's (Architect/Engineer) 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: _____			
Was the Principal-in-Charge listed above assigned the job at the start of the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Principal-in-Charge listed above complete the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Design Firm's Project Manager for project: _____			
Was the Project Manager listed above assigned the job at the start of the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Project Manager listed above complete the project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Architect/Engineer of Record for project: _____			

Design Builder (Contactor)	_____		
Address:	_____	,	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	_____
	Telephone	Facsimile	Email
Name of Design Builder's (Contractor) Project Manager for project: _____			

DESIGN FIRM PROJECT #8

Contract Time:		
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year	
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____	
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)		
Contract Amount:		
_____ \$ Base Amount	_____ \$ Adjustment Due to Change Orders	_____ \$ Final Contract Amount
Project Information:		
Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>	
	Other <input type="checkbox"/> Specify: _____	
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>	
	Other <input type="checkbox"/> Specify: _____	
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>	
Ballasted System:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Description: *(Provide a brief description)*

Attach photograph(s) of the project.

D. DESIGN FIRM (ENGINEER) KEY PERSONNEL EXPERIENCE

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

1. Electrical Engineer of Record Qualifications

Name of Proposed Architect of Record: _____
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
_____	_____	_____	_____
_____	_____	_____	_____

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 Solar Rooftop project.

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: _____

Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>

Ballasted System: Yes No

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____
Owner: _____ **Contact Name:** _____
Contract Amount: _____ \$ **Completion Date:** _____
Job Title used on this project: _____
Project Responsibilities: _____

Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>

Ballasted System: Yes No

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: _____

Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>

Ballasted System: Yes No

2. Structural Engineer Qualifications

Name of Proposed Structural Engineer: _____

Years of Experience in the Industry: _____

Education:

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received

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 Solar Rooftop project.

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:

Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>

Ballasted System: Yes No

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ _____ Completion Date: _____
Job Title used on this project: _____
Project Responsibilities: _____

Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>

Ballasted System: Yes No

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ _____ Completion Date: _____
Job Title used on this project: _____

Completed For:	Public <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Type of Facility:	Educational <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Parking Structure <input type="checkbox"/>
	Other <input type="checkbox"/> Specify: _____
Project Delivery:	Design Build <input type="checkbox"/> PPA <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
Construction Type:	New <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Tenant Improvement <input type="checkbox"/>

Ballasted System: 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 \$50,000 for poor workmanship, incomplete performance, defective work, or b) in excess of \$50,000 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/ENGINEER) 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/ENGINEER) 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/Engineer) or its insurer was required to pay to Owner, or was assessed a deduction in fee by Owner, an amount exceeding 40% of the highest amount claimed.

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

FORM A

OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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

Are there claims that meet the criteria in Section IV.A of this statement?

Yes No

If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:

Settled by Contracting Parties without Litigation or Arbitration:

Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor):

My signature below signifies my declaration that the answers provided on this **Form A** are true and correct.

Design Builder (Contractor)

Authorized Signature: _____

Printed Name & Title: _____

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

FORM B

DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

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

Are there claims that meet the criteria in Section IV.B of this statement?

Yes No

If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

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 **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor) against an Owner:

My signature below signifies my declaration that the answers provided on this **Form B** are true and correct.

Design Builder (Contractor)

Authorized Signature: _____

Printed Name & Title: _____

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

FORM C

OWNER AGAINST DESIGN FIRM (ARCHITECT/ENGINEER) 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?

Yes No

If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:

Settled by Contracting Parties without Litigation or Arbitration:

Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an Owner against the Design Firm (Architect) and/or persons or entities associated with Design Firm (Architect/Engineer):

My signature below signifies my declaration that the answers provided on this **Form C** are true and correct.

Design Builder (Contractor)

Authorized Signature: _____

Printed Name & Title: _____

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

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.
- One (1) copy** of all Audited Financial Statements (reference Section II.N – Financial Data).
- Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section II.O – Insurance).
- 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 declare that I am the _____
Printed Name Title

of _____ submitting this Prequalification Questionnaire;
Company Name

that I am duly authorized to execute this Questionnaire on behalf of Design Builder (Contractor); and that all information set forth in this Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed at _____ County of _____
Location and City County

State of _____ on _____
State Date

Signature

Printed Name

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