

DESIGN BUILDER (CONTRACTOR)

PREQUALIFICATION QUESTIONNAIRE Design Build Delivery

SCHOOL OF MEDICINE EDUCATION BUILDING II PROJECT NO. 954045

MANDATORY

PREQUALIFICATION CONFERENCE:

FRIDAY, JULY 31, 2020 AT 11:00 AM

SUBMITTAL DUE:

FRIDAY, AUGUST 21, 2020 AT 4:00 PM

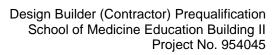
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I. GENERAL

A. PROJECT DESCRIPTION

The University of California, Riverside proposes to construct the School of Medicine Education Building II (SOM ED II), a new facility that will support the academic and programmatic mission of the University of California, Riverside School of Medicine by providing adequate space for existing needs, as well as allowing for future expansion of the class size (up to 125 students per cohort). The proposed building is anticipated to provide up to 65,000 assignable square feet within approximately 100,000 gross square feet. The space program includes the following types of spaces, which will complement SOM's existing space program:

- Instruction and instructional support spaces such as classrooms, specialized teaching spaces, and lecture halls.
- Student support and study facilities including study/lounge spaces necessary to comply with accreditation standards, and,
- Academic and administrative offices and support spaces.

The project will also include substantial site development, landscaping and infrastructure work which includes the following:

- Creation of a new plaza to unify the outdoor space in between the new SOM Ed II, the existing SOM Ed I, Boyce Hall, and Scotty's Market.
- Relocation of an existing generator and its related components in the project site area.
- Relocation of the existing SOM modular building to a nearby location in order to be utilized by SOM for the duration of the construction.
- Development of a code compliant fire lane and service access.

Project Delivery: Design Build

Estimated Construction Cost: \$80,000,000 (Project scope and funding is pending administrative approval)

B. PROJECT TIMING

 Pregualification Questionnaire issued: July 21, 2020 • Mandatory Prequalification ZOOM Conference: July 31, 2020 August 21, 2020 Prequalification Questionnaire due: August 25 - 28, 2020 Review and Shortlisting of Design Build Teams: ZOOM Interview of Shortlisted Design Build Teams September 10, 2020 • Issue Request for Proposal to selected Design Build Teams: 3rd Quarter 2020 Proposals due: 4th Quarter 2020 Notice of Selection: 1st Quarter 2021 1st Quarter 2021 Award Contract & Notice to Proceed:

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: 23-27 Months (subject to administrative and funding approvals).

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



C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

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

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

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

D. PREQUALIFICATION PROCESS - DESIGN BUILD DELIVERY

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

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

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

The prequalification process is as follows:

1. Questionnaire

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

Prequalification Questionnaires are available to all interested Design Builders (Contractors) and will only be issued electronically at:

https://pdc.ucr.edu/business-opportunities/contractors

For information, call Lynn Javier (949) 254-3494 or email lynn.javier@anseradvisory.com and copy Betty Osuna at email betty.osuna@ucr.edu or call (951) 827-4590.



2. Mandatory Prequalification ZOOM Conference

Design Builders (Contractors) interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on <u>Friday</u>, <u>July 31</u>, <u>2020</u>, <u>beginning promptly at 11:00 AM</u>.

Any interested Design Builders (Contractors) who sign-in to the Mandatory Prequalification Zoom Conference after 11:05 AM will be precluded from the prequalification process and may only bid as a subcontractor.

Interested Design Builders (Contractors) shall contact Betty Osuna at betty.osuna@ucr.edu
to receive the Zoom Conference Participant ID. Your email must include the following as the subject line:

954045 SOM Ed Bldg II - Request for Zoom Conference Participant ID

DESIGN BUILDERS (CONTRACTORS) MUST ENSURE THAT THE UNIVERSITY NOTES THEIR ATTENDANCE DURING THE ZOOM CONFERENCE. FAILING TO BE NOTED AT THE PREQUALIFICATION CONFERENCE WILL PREVENT A FIRM FROM BEING ELIGIBLE TO PARTICIPATE IN THE PREQUALIFICATION PROCESS.

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. QUESTIONNAIRES FAILING TO CLEARLY PRESENT ALL OF THE REQUESTED INFORMATION, OR THAT ARE NOT IN THE FORMAT REQUESTED MAY BE CONSIDERED NON-RESPONSIVE AND REJECTED ON THAT BASIS. Each copy of the submittal must be complete and fully responsive to the requirements of the Prequalification Questionnaire.

Prequalification Questionnaires must be uploaded to One Drive link provided to each proposer. Hard copies are not requested at this time, though the University reserves the right to request hard copies from the firms who pass Level I of the process and are to be interviewed.

Prequalification Questionnaires must be formatted in a manner that is easy to follow the information being requested.

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. SUPPLEMENTAL DATA OR ADDITIONAL PROJECT INFORMATION WILL NOT BE ACCEPTED AFTER THE DUE DATE AND TIME UNLESS SPECIFICALLY REQUESTED BY THE UNIVERSITY.



4. Rating and Evaluation Procedures

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

1. DESIGN AND CONSTRUCTION EXPERIENCE

500 Possible Points

Have sufficient project experience for the Design Builder (Contractor) as referenced in Section III.A and Design Firm as referenced in III.C. The projects submitted will receive points based on the extent to which they meet the listed criteria.

2. KEY PERSONNEL

640 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 current and active license(s).

4. SURETY Pass/Fail

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

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

5. INSURANCE Pass/Fail

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

6. **SELF PERFORMANCE**

20 Possible Points

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

7. ANNUAL REVENUE

Pass/Fail

Have an annual 2019 revenue equal to or greater than \$240,000,000.

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

1. EXPERIENCE MODIFIER RATE

Pass/Fail

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

2. SURETY 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 40 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 nonresponsive 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 30 Possible Points

The Design Build teams that receive **960** or more points out of a possible **1200** points based on the established rating system will be invited to participate in the Level II Interview step and be evaluated by the University's evaluation committee. During the interview, the Design Build team will have a specified amount of time to address the items listed below followed by a session of questions and answers. <u>Key members of the Design Builder's (Contractor) Firm (Project Executive, Construction Project Manager, Design Manager, Superintendent, Quality Assurance Manager and MEP Coordinator) and Architect's Firm (Principal-in-Charge, Design Architect, Design Firm's Project Manager, Architect of Record, Landscape Architect, and Key subconsultants (Mechanical, Electrical, and Structural Engineers), are required to attend the interview.</u>

The following shall be presented during the Interview:

- a. **Relevant Experience:** Provide a brief description of the Design Builder's (Contractor) relevant project experience, especially design build project experience of similar size, scope, and complexity to the proposed project.
- b. **Project Team:** Show an organized and effective strategy for coordinating a design build project team.
 - Identify key team members for the Design Builder (Contractor) including the University's single point of contact for the project, the Project Executive, Project Manager, Design Manager, Superintendent, Quality Control Manager and MEP Coordinator.
 - ii. Identify key team members for the Architect including the Principal-in-Charge, Design Architect, Project Manager, Architect of Record, Landscape Architect and Mechanical, Electrical and Structural Engineers.
 - iii. Describe tools and strategies for monitoring progress, performance, and follow-up activities as well as a proactive approach to resolving problems and disputes. University will require the design build team to co-locate at project site. Identify instances where the Design Build Team (Contractor and Design Partner) have worked with each other on previous projects.



- iv. Show an organized and effective strategy on how you intend to accomplish co-locating your proposed staff during design and construction phases.
- c. **Subconsultant Responsibilities and Reporting Relationships:** Identify and discuss the responsibilities and reporting relationships of key subconsultants. Identify the design build team participant who is responsible for overall project drawing coordination, document control, and the tools and technologies used for that purpose.
- d. Design Firm Experience: The Design Team Architect shall provide a brief description of the firm's design philosophy along with challenges and opportunities seen in achieving goals for this project. Provide a brief description of relevant design commissions within the past five years. Include details of the following:
 - Project Scope
 - Project Schedule
 - Construction Value
 - Design Methodology
 - Key Design Consultants
 - Key Success / Challenges Overcome
- e. **Project Design Build Work Approach:** Describe your proposed design build work plan and approach illustrating the ability of the team to integrate the proposal, design, and construction process including:
 - Bid Phase Responsibilities: Outline the roles and responsibilities of the Design Builder (Contractor), and major subconsultants during the bid phase and the design build team's approach to providing best value in its proposal.
 - ii. **Management of Design Process:** Identify the team participants who are responsible for the successful management of the design process in terms of meeting the original schedule submitted at the time of bid and assuring compliance with the RFP.
 - iii. **Design and Construction Schedule:** Describe a conceptual approach to the project that integrates the design development, construction document, and construction phases in a manner that meets project deadlines and identifies potential obstacles to success and methods for overcoming those obstacles.
 - iv. **Demobilization/Project Closeout:** Demonstrate the team's understanding of the University's project closeout process and show a commitment to properly staffing the Project through its completion.

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

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

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

PROPOSERS SHALL AVOID A CONFLICT OF INTEREST

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



E. PROPOSAL PREPARATION, SUBMITTAL EVALUATION AND CONTRACT AWARD PROCESS

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

- 1. University issues Request for Proposal to Prequalified Proposers
- 2. Pre-proposal Conference
- 3. Confidential one-on-one meetings between the University and individual Design Build Team
- 4. Proposals submitted before the established deadline
- 5. Technical evaluation of proposals
- 6. Public bid opening of price proposals
- 7. Best and Final Offer process, if required
- 8. Determination of the best value proposal and announcement of the apparent lowest responsible proposer
- 9. Contract award

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

F. JOINT VENTURES

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

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II. PREQUALIFICATION QUESTIONNAIRE

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

. Des	SIGN BUILDE	R (CONTRACTOR	A) NAME AND ADDRESS		
ompan	y Name: _				
	_	Teleph	none	Facsimile	
treet Ad	ddress:	<u> </u>	Address	City & State	,
ontact l	Person #1:		Address	City & State	Zip Code
ontaot	1 013011 // 1.		Name, Title		Phone No.
	D #0		Email		
ontact	Person #2:		Name, Title		Phone No.
			Email		
B. D	ESIGN BUIL	D TEAM COMPOS	SITION		
1	. Design E	Builder (Contract	or):		
				Company Nar	me
2	. Design F	Firm (Architect):			
	Company Name				
		Telepho	one	Facsimile	e
		Street Ad	dress	City & State	Zip Code
	Contact Name, Title			_	Email
	Propos	sed Architect of	Record:		
	License		me, Title Issue Date:	Expiration	Email
	LICETISE		issue Date.	Expiration	
	Will Design Build Architect work in association with another design firm for this efform of the following:				s effort? Yes 🗌 No 🗌
		Company Name			
		Telephone		URL	
		·	ddroo	,	,
		Street A	uuress	City & State	Zip Code
		Name of Prince	cipal-in-Charge		Email



Design Builder (Contractor) Prequalification School of Medicine Education Building II Project No. 954045

In what capacity will the design firm work of the Design Build Architect and the ass	with the Design Build Architect? Clearly delineate the activities sociated design firm:
Provide the following information for the L	Design Builder (Contractor):
C. ENTITY SUBMITTING THIS PREQUALIFICAT	
Parent Company: Subsidiary: Other:]
Branch Office: Division:	
D. Type of Business Organization	
Corporation: State of Incorporation:	
Partnership: Joint Venture: Sole Proprie	etorship:
Other:	
If a partnership, provide the following information	n:
Date of Organization:	General: Association:
Name and complete legal address of each gene	eral partner:
Partner's Name	Legal Address
Partner's Name	Legal Address
Total number of employees on payroll in the corp	oration:
Total number of employees on payroll in the loc	al 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 COMPAN	Y INFORMATION (IF APPLICABLE)			
Company Name:				
Street Address:	Telephone ,	Facsimile	,	
Contact Person:	Street Address	City & State	Zip Code	
Contact Ferson.	Name, Title	Te	elephone	
G. LIST ALL FORMER	R COMPANY NAMES			
H. LICENSE				
Design Builder (Co License(s) for this p	ontractor) must have a current and act project.	ive General Building (B) Cal	ifornia Contractors State	
The entity submittin	g this Prequalification Questionnaire	must be the holder of the req	uisite license(s).	
Does your firm have the	e 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 Bo	pard:	
License No.	Issue Date:	Expiration Date:		
Licens	se Class/Classes	Certification((s)	
Has the above contract Board within the past If yes, please explain		ed by the California Contrac	tors State License	
Are the Contractor and all Subcontractors, regardless of tier, currently registered with the California Department of Industrial Relations pursuant to California Labor Code Section 1725.5 and 1771.1, or will Contractor and all Subcontractors be registered at time of bid? Yes \sum No \sum				



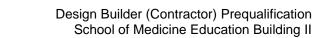
JOINT VENTURE: List Joint Venture's license information above and license information for all Joint Venture entities below:

For Joint Venture Entity #1 of 2:					
Name of Licensee as it appears	on record with the	California Contractors State License Board:			
	. 5.				
License No.	Issue Date:	Expiration Date:			
License Class/Classes:					
Description of Classification(s):	Description of Classification(s):				
Description of Certification(s):					
Has the above contractor licent Board within the past ten years		d or revoked by the California Contractors State License			
If yes, please explain:	7. 103 <u> </u>				
ii yes, piease explairi.					
	For Joint Ver	nture Entity #2 of 2:			
Name of Licensee as it appears		California Contractors State License Board:			
License No.	Issue Date:	Expiration Date:			
Licence Class/Classes					
License Class/Classes:					
Description of Classification(s):					
Description of Classification(s):					
Description of Classification(s): Description of Certification(s): Has the above contractor licenses	se been suspende	d or revoked by the California Contractors State License			
Description of Classification(s): Description of Certification(s):	se been suspende	d or revoked by the California Contractors State License			

JOINT VENTURE APPLICANTS: For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license that is current and active upon submission of the Design Builder (Contractor) Prequalification Questionnaire. The letter of commitment must include:

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

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.



School of Medicine Education Building II

Project No. 954045



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: DEBARMENT Yes No No Is your company currently debarred by any Federal, State, or local agency? 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 No Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years. If yes, give details including dates:



L. SURETY

List below <u>ALL</u> Surety companies used by your company within the past ten years and state whether the Surety had to complete any part of your work including, but not limited to warranty-related repairs or other defective workmanship on any contract within the past ten years:

SURETY COMPANY #1:	
Surety's Name Street Address:	Telephone
Street Address City & State	, Zip Code
MM/YYYY to MM/YYYY Has listed Surety Company #1 completed work on a project your firm defaulted on? (Period Covered)	Yes No No
SURETY COMPANY #2:	
Surety's Name	Telephone
Street Address:	, Zip Code
to Has listed Surety Company #2 completed work	Yes No No
MM/YYYY MM/YYYY on a project your firm defaulted on? (Period Covered)	res [No [
CUDETY COMPANY #2.	
SURETY COMPANY #3:	
Surety's Name	Telephone
Street Address:	i eleptione
Street Address City & State	Zip Code
MM/YYYY to MM/YYYY Has listed Surety Company #3 completed work on a project your firm defaulted on? (Period Covered)	Yes No No
SURETY COMPANY #4:	
Surety's Name	Telephone
Street Address: , , City & State	, Zip Code
MM/YYYY MM/YYYY on a project your firm defaulted on? (Period Covered)	Yes No No



M. FINANCIAL CAPABILITY

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

- 1. Current available bonding capacity meets or exceeds the project Estimated Construction Cost;
- 2. Total bonding capacity;
- 3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120; and
- 4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

N. FINANCIAL DATA

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Long-Term 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 fisc	al years):	2. Net Income (past 3 fiscal years):		
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending	\$	
3. Current Assets (past 3 fis	cal years):	4. Current Liabilities (past 3	fiscal years):	
		Year Ending		
Year Ending	\$	Year Ending		
Year Ending	\$	Year Ending	\$	
5. Total Long-Term Debt (pa	est 3 fiscal years):	6. Total Net Worth (past 3 fis	scal years):	
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending	\$	
Year Ending	\$	Year Ending	\$	
7. Total Bonding Capacity:		8. Total Available Bonding (Capacity:	
\$		\$		

UPLOAD <u>ONE (1) COPY</u> OF ALL AUDITED FINANCIAL STATEMENTS FOR THE PAST THREE YEARS OF OPERATION TO LINK PROVIDED UNDER A SEPARATE COVER.



O. INSURANCE

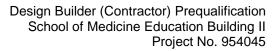
The University shall pay for, obtain and maintain a University Controlled Insurance Program (UCIP) providing Workers' Compensation and Employer's Liability Insurance coverage, Commercial General Liability Insurance coverage, and Excess Liability Insurance coverage, to persons and entities enrolled in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

The insurance required by Commercial Form General Liability Insurance, Business Automobile Liability Insurance, Contractor's Professional Liability Insurance, Excess Liability insurance and Pollution Liability Insurance shall be (i) 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) or (ii) guaranteed, under terms consented to by the University (such consent to not be unreasonably withheld), 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).

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).

The insurance required for Commercial Form General Liability, Business Automobile Liability, Workers' Compensation and Employer's Liability, Contractor's Professional Liability and Pollution Liability Insurance shall be written for not less than the following:

be written for not less than the following:	
COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<u>Each Occurrence</u> - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000
Products-Completed Operations Aggregate:	\$5,000,000
Personal and Advertising Injury:	\$2,000,000
General Aggregate:	\$10,000,000
CONTRACTOR'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Professional Liability	\$10,000,000
BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Accident - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000
POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence:	\$5,000,000
Products-Completed Operations Aggregate:	\$5,000,000
General Aggregate:	\$5,000,000
Workers' Compensation – As required by Federal and S	tate 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





•	to obtain the insurance in the required line ove? Yes No	nits and ratings from companie	s that meet the	
	obtain insurance coverage in the <u>limits and ratings</u> stated above from the insurance companies required			
3. Provide a copy	of your company's insurance certific	ate.		
P. EXPERIENCE MO	DIFICATION RATE			
		As differentiate Data for the constitution		
	's Workers' Compensation Experience I	·	•	
2010: _	2011: 2012:	2013: 2014:		
2015: _	2016: 2017:	2018: 2019: _		
If the Modificat explanation, inc	ion Rate has been above 1.0 for fiv luding dates:	e or more of the past ten ye	ears, provide an	
	Provide a letter from your Worke showing your Experience Modificatio			
Q. QUALIFICATION I	HISTORY			
	following information if Design Builder (of California:	Contractor) has not qualified to	perform work for the	
	UC Campus Name	Facility	s Contact Person	
	Project Name	Pı	roject Number	
	Reason for Failure to Qualify	Date of Not	ice of Failure to Qualify	
	following information if Design Builder (or ing entity other than the University of Ca	,	ed to perform work fo	
Contracting Littity.				
Street Address:	Telephone	Facsimile		
	Street Address	City & State	Zip Code	
Contact Person:	Name, Title		elephone	
Project Name:				
Project Number:				
Date of Notice of Failu	•			
Reason for Failure to	Qualify:			

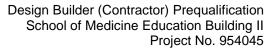
(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)





Design Builder (Contractor) Prequalification School of Medicine Education Building II Project No. 954045

ĸ.	YEARS OF EXPERIENCE
	Does your company have at least ten years of experience as a General Building Contractor ? Yes \[\subseteq \text{No} \square \]
S.	PROJECT COMPLETION
	Has your company failed to complete a Contract or been removed from a project within the past ten years? Yes \sum No \sum
	If yes, give details including dates:
т.	Self-Performance
	Does your company have the ability to self-perform a minimum of 15% of the work of the construction contract? Yes No If yes, list trades your company self-performs:
U.	LIQUIDATED DAMAGES
	Has your company been assessed liquidated damages for failing to complete a contract within the time specified the contract documents since within the past ten years? Yes No If yes, give details including dates:





V. SUPPLEMENTAL COMPANY INFORMATION

1.	Sa	<u>afety Program</u>	
	a.	Does your company have a written Injury ar California Code of Regulations, Title 8 Sections	nd Illness Prevention Program (IIPP) that complies with s 1509 and 3203? Yes \square No \square
	b.	Does your company have personnel permaner	ntly assigned to safety? Yes No
	<u>If y</u>	res, state the names of all personnel who are ass	igned and list their specific duties:
N	Nam	ne:	Title:
S	Spec	cific Duties:	
N	Nam	ne:	Title:
Specific Duties:			
2.	Q	uality Control Processes	
a. Does your company have a written QA/QC program? Yes		Does your company have a written QA/QC pro-	gram? Yes 🗌 No 🗌
	b.	Does your firm have personnel permanently as	signed to QA/QC? Yes No
	<u>If y</u>	res, state the names of all personnel who will be	permanently assigned and list their specific duties:
N	Nam	ne:	Title:
S	Spec	cific Duties:	
N	Nam	ne:	Title:
S	Spec	cific Duties:	

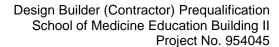
(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)



III. PROJECT EXPERIENCE

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

- a. Only information, experience and Work performed by the Design Builder's (Contractor) office that will bid, manage, design, construct, and staff the project will be considered for prequalification unless otherwise indicated below. Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to five (5) INSTITUTIONAL or HIGHER EDUCATION projects completed in the past ten (10) years that meet the criteria listed below and demonstrate the Design Builder's (Contractor) ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (Do not include projects currently under construction).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:
 - At least two (2) DESIGN BUILD institutional or higher education projects completed for which the construction cost was at least \$50 million each.
 - At least two (2) institutional or higher education projects completed and LOCATED IN THE STATE
 OF CALIFORNIA for which the construction cost was at least \$50 million each.
 - At least one (1) institutional or higher education project completed that ACHIEVED LEED GOLD CERTIFICATION or higher and for which the construction cost was at least \$50 million.
 - At least two (2) institutional or higher education projects that were a minimum of THREE (3)
 STORIES ABOVE GRADE, for which the construction cost was at least \$50 million each.
 - At least one (1) institutional or higher education project completed that was CONSTRUCTED ON A LIMITED AND CONFINED SITE IMMEDIATELY ADJACENT TO OCCUPIED FACILITIES for which the construction cost was at least \$50 million, that included:
 - Construction on a challenging site: with difficult topography/geotechnical conditions, and heavy infrastructure coordination
 - Construction within 50 ft. of multiple occupied facilities
 - At least one (1) higher education project completed that included CLASSROOM AND OFFICE FACILITIES with the following criteria (more than one facility may be submitted to demonstrate familiarity with the following features within the five (5) projects submitted) for which the construction cost was at least \$50 million:
 - High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating, video displays for instructional purposes, sound system and power data infrastructure for instructional spaces, etc.
 - Simulation laboratories
 - o Active learning classrooms
 - At least one (1) institutional or higher education project completed that ACHIEVED SIGNIFICANT DESIGN AWARDS conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence.
 - At least one (1) institutional or higher education project completed for which your firm SELF-PERFORMED AT LEAST 15% of the construction (Design Builder only)
- d. Projects presented for consideration **must be** accompanied by **photograph(s) of the project**.
- e. Submit a list of all institutional or higher education projects completed in the past 10 years for private or public agencies that include some or all of the criteria listed above. **Include the following details:**





- Project Name Project Owner (include contact name, title, phone number, and email address)
- Final Construction Amount
- Completion Date

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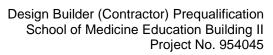




DESIGN BUILDER (CONTRACTOR) PROJECT #1

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 No	umber:			
Project Location:		,		,
	Street Addres	SS	City & State	Zip Code
Owner Information:				
_		Owne	r's Name	
Address:			0'1 0 01-1-	
Contact Person:	Street Addre	SS	City & State	Zip Code
Contact Ferson.		Name & Title		
_				
	Telephone	Facsimile	Em	ıail
Address of Design B	uilder's (Contractor) Offic	e that Performed the	Work.	
/ taging or 2 co.g., 2			· · · · · · · · · · · · · · · · · · ·	
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:		Name & Title	Telephone:	
	der's (Contractor) Project N	Manager for project:		
-				
	ager listed above assigned ger listed above complete t		f the project?	Yes No Yes No
Name of Design Build	der's (Contractor) Superint	endent for project:		
	ent listed above assigned t nt listed above complete th		the project?	Yes No No Yes No
	sition, primary office location r's proposed Key Person		ion of responsibilities specif	fic to this project below for
#1 Name:		Posit	ion:	
Office Address:				
<u>-</u>	Street Addre	SS ,	City & State	Zip Code
Responsibilities:				
#2 Name:		Posit	ion:	
Office Address:				,
D	Street Addre	SS	City & State	Zip Code
Responsibilities:				



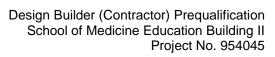


DESIGN BUILDER	(CONTRACTOR) PROJECT	Г#1		
	tion, primary office location, and bri s proposed Key Personnel listed		responsibilities specific	c to this project below for
#3 Name:		Position:		
Office Address:		·		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				
	Street Address		City & State	Zip Code
Responsibilities:				
	ADCUITE	CTURAL FIRM		
Firm Name	ANCIIIL	CIONALIINN		
Firm Name:				
Address:	Street Address, C	City, State, Zip Co	ode	Telephone
Contact Person:	·			·
Name of Architect of Re	Name & Title ecord:			Email -
	tion, primary office location, and bri 's proposed Key Personnel liste			c to this project below for
#1 Name:		Position:		
Office Address:		,		,
	Street Address		City & State	Zip Code
Responsibilities:				
#2 Name:		Position:		
Office Address:		,		<u> </u>
Responsibilities:	Street Address		City & State	Zip Code
Treoportoiomitico.				
#3 Name:		Position:		
Office Address:	0:	,	011 0 01 1	
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:	Chrook Address	,	City 9 Ctata	,, ,
Responsibilities:	Street Address		City & State	Zip Code





DESIGN BUILDER	(CONTRACTOR)	PROJECT#	1	
Start Date:		Scheduled Cor	mpletion Date:	
	tart Date: Scheduled Completion Date: Month/Day/Year Month/Day/Year			
Actual Completion Date	•	Days	Extended due to Unexcused Delays	:
	Month/Day/Year		ŕ	
If project is not complete	e, specify percentage of c	completion:	% (Total cost of work in	place)
		·		
Contract Amount:	\$		\$	\$
Base Amount	Adjustment [Due to Design ange Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount
Project Information	:		<u> </u>	
Completed For:	Institutional Client Other Specify:	Higher Educa	tion Client Private Agency	Public Agency
Type of Facility:	Classroom Office	Building 🗌 🛮 S	imulation Laboratories Active	Learning Classrooms
	Other Specify:			
Project Delivery:	Design Build Tradit	tional 🗌 Othe	r 🗌 Specify:	
Construction Type:	New ☐ Renovation ☐]		
Building Square	Classroom Spaces:		Number of Stories:	
Footage:	Office Spaces:			
	Simulation Laboratories	s:		
	Lecture Halls: Active Learning			
	Classrooms:			
	Other:			
	Total Building SF:			
Did this project achiev	re LEED Certification?	Specify: Silver	☐ Gold ☐ Platinum ☐ None ☐	Yes ☐ No ☐
Was this an institution grade?	al or higher education	project that wa	as a minimum of three stories abov	ve Yes ☐ No ☐
Was this an institutional or higher education project that was constructed on a limited and confined Yes No site immediately adjacent to occupied facilities?				
Did this project inclu	ide the following? (Che	eck all the boxe	es that apply)	
Construction	on on a challenging site		Difficult topography/geotechnic	cal conditions
Heavy infr	astructure coordination	Con	struction within 50 ft. of multiple occu	upied facilities





DESIGN BUILDER (CONTRACTOR) PROJECT #1							
Was this a higher education project that included classroom and office facilities?	Yes 🗌 No 🗌						
Did the project include the following criteria? (Check all the boxes that apply)							
High quality teaching classrooms/lecture halls that Simulation laboratories included acoustical panel partition system with at least a STC-50 rating							
Video displays for instructional purposes Active learning clas	srooms						
Sound system & power data infrastructure for instructional spaces							
Other Specify: Other Specify: Other Specify:							
Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations Yes No committed to conferring awards for design excellence? If yes, please specify the type of award:							
Organization conferring the award:							
Did your firm self-perform 15% of the construction? Specify the trades you self-performed: Project Description: (Provide a brief description)							
Attach photograph(s) of the project.							



Design Builder (Contractor) Prequalification School of Medicine Education Building II Project No. 954045

DESIGN BUILDER (CONTRACTOR) PROJECT #2

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

Project Name:				
Project or Contract N	umber:			
Project Location:		,		<u> </u>
	Street Addre	ess	City & State	Zip Code
Owner Information:				
Owner information.		Owner's	s Name	
Address:				,
	Street Addre	ess	City & State	Zip Code
Contact Person:		Name & Title		
		Name & Title		
•	Telephone	Facsimile	Ema	ail
Address of Design B	Suilder's (Contractor) Offi	ce that Performed the V	Vork:	
	Street Address	,	City & State	, Zip Code
Contact Person:	Street Address		City & State	Zip Code
		Name & Title		
Email:			Telephone:	
Name of Design Build	der's (Contractor) Project	Manager for project:		
	ager listed above assigned ger listed above complete		• •	Yes No Yes No
Name of Design Build	der's (Contractor) Superin	tendent for project:		
	lent listed above assigned ent listed above complete t		• •	Yes No Yes No
	osition, primary office locat or's proposed Key Person		n of responsibilities specific	c to this project below for
#1 Name:		Positio	n:	
Office Address:		,		,
	Street Addre	ess	City & State	Zip Code
Responsibilities:				
#2 Name:		Positio	n:	
Office Address:		,		<u> </u>
	Street Addre	ess	City & State	Zip Code
Responsibilities:				



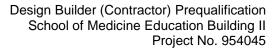
DESIGN BUILDER (C				
	n, primary office location, and br proposed Key Personnel listed		f responsibilities specific	to this project below fo
#3 Name:		Position:		
Office Address:				,
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:				
Office Address:		1 001110111		
Office Address.	Street Address	,	City & State	Zip Code
Responsibilities:				
	ARCHITE	CTURAL FIRM	И	
Firm Name:				
Address:				
	Street Address, C	City, State, Zip C	ode	Telephone
Contact Person:				Frail
	Name o O Title			
Name of Architect of Reco	Name & Title ord:			Email
Provide the name, position			f responsibilities specific	
Provide the name, position any of the Design Firm's	ord: n, primary office location, and br proposed Key Personnel liste	ed in III.D, <i>if app</i>	f responsibilities specific licable :	to this project below fo
Provide the name, position any of the Design Firm's	ord: n, primary office location, and br proposed Key Personnel liste	ed in III.D, <i>if app</i> Position:	f responsibilities specific olicable:	to this project below fo
Provide the name, position any of the Design Firm's #1 Name:	ord: n, primary office location, and br proposed Key Personnel liste	ed in III.D, <i>if app</i>	f responsibilities specific licable :	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address:	ord: n, primary office location, and br proposed Key Personnel liste	ed in III.D, <i>if app</i> Position:	f responsibilities specific olicable:	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities:	n, primary office location, and br proposed Key Personnel liste Street Address	ed in III.D, if app	f responsibilities specific olicable:	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name:	n, primary office location, and br proposed Key Personnel liste Street Address	ed in III.D, <i>if app</i> Position:	f responsibilities specific olicable:	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities:	n, primary office location, and br proposed Key Personnel liste Street Address	ed in III.D, if app	f responsibilities specific olicable:	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name:	ord: n, primary office location, and br proposed Key Personnel liste Street Address	ed in III.D, if app	f responsibilities specific blicable: City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities:	ord: n, primary office location, and br proposed Key Personnel liste Street Address	Position: Position: Position:	responsibilities specific olicable: City & State City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities:	n, primary office location, and br proposed Key Personnel liste Street Address Street Address	Position: Position: Position:	f responsibilities specific blicable: City & State City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities: #3 Name: Office Address:	n, primary office location, and br proposed Key Personnel liste Street Address Street Address	Position: Position: Position:	f responsibilities specific blicable: City & State City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities: #3 Name:	n, primary office location, and br proposed Key Personnel liste Street Address Street Address	Position: Position: Position:	f responsibilities specific blicable: City & State City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities: #3 Name: Office Address:	n, primary office location, and br proposed Key Personnel liste Street Address Street Address	Position: Position: Position: Position:	responsibilities specific blicable: City & State City & State City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities: #3 Name: Office Address:	n, primary office location, and br proposed Key Personnel liste Street Address Street Address Street Address	Position: Position: Position: Position:	responsibilities specific blicable: City & State City & State City & State	to this project below fo
Provide the name, position any of the Design Firm's #1 Name: Office Address: Responsibilities: #2 Name: Office Address: Responsibilities: #3 Name: Office Address: #4 Name: #4 Name:	n, primary office location, and br proposed Key Personnel liste Street Address Street Address Street Address	Position: Position: Position: Position:	f responsibilities specific blicable: City & State City & State City & State	to this project below fo



DESIGN BUILDER	(CONTRACTOR)	PROJECT#	2		
Start Date:		Scheduled Cor	mpletion Date:		
	Month/Day/Year Month/Day/Year				
Actual Completion Date	•	Days	Extended due to Un		
·	Month/Day/Year			·	
If project is not complete	e, specify percentage of	completion:	% (Tota	al cost of work in place)	
Contract Amount:					
\$	\$		\$	\$	
Base Amount	Adjustment I Builder Cha	Due to Design ange Orders	Adjustment due Initiated & Unfo Condition Chang	oreseen	Contract Amount
Project Information	:				
Completed For:	Institutional Client Other Specify:	Higher Educa	ation Client Priva	ate Agency 🗌 Public	Agency 🗌
Type of Facility:	Classroom Office	Building 🗌 S	Simulation Laborator	ries Active Learni	ng Classrooms 🗌
	Other Specify:				
Project Delivery:	Design Build Tradi	tional 🗌 Othe	r 🗌 Specify:		
Construction Type:	New Renovation				
Building Square	Classroom Spaces:		Number	of Stories:	
Footage:	Office Spaces:				
	Simulation Laboratorie Lecture Halls:	s:			
	Active Learning				
	Classrooms:				
	Other:				
Did this project achie	Total Building SF: eve LEED Certification	2 Specify: Silve	r□ Gold□ Plati	num 🗆 Nono 🗆	Yes No No
Did tills project achie	ve LLLD Certification	: Specily. Silve	I Gold Flatil	num	
Was this an institution grade?	al or higher education	project that wa	s a minimum of thr	ee stories above	Yes 🗌 No 🗌
	al or higher education ent to occupied facilitie		s constructed on a	limited and confined	Yes 🗌 No 🗌
Did this project inclu	ide the following? (Che	eck all the boxe	es that apply)		
Constructio	on on a challenging site		Difficult topog	raphy/geotechnical cond	ditions
Heavy infra	astructure coordination	Con	struction within 50 ft	. of multiple occupied fa	cilities



DESIGN BUILDER (CONTRACTOR) PROJECT #2						
Was this a higher education project that included classroom and office facilities?	Yes ☐ No ☐					
Did the project include the following criteria? (Check all the boxes that apply)						
High quality teaching classrooms/lecture halls that Simulation lab included acoustical panel partition system with at least a STC-50 rating						
Video displays for instructional purposes Active learning cla	assrooms					
Sound system & power data infrastructure for instructional spaces						
Other Specify: Other Specify: Other Specify:						
Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? If yes, please specify the type of award:	Yes 🗌 No 🗌					
Organization conferring the award:						
Specify the trades you self-performed: Project Description: (Provide a brief description)						
Attach photograph(s) of the project.						





DESIGN BUILDER (CONTRACTOR) PROJECT #3

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

Project Name:				
Project or Contract N	lumber:			
Project Location:		, <u></u>		
	Street Addre	ess	City & State	Zip Code
Owner Information:				
			's Name	
Address:	Street Addr	······ ,	City & State	, Zip Code
Contact Person:	Street Addi	e55	City & State	Zip Code
Contact i croon.		Name & Title		
	Telephone	Facsimile	E	Email
Address of Design B	Builder's (Contractor) Offi	ice that Performed the	Work:	
3	, ,	,		,
	Street Address		City & State	Zip Code
Contact Person:		Name & Title		
Email:		Name & The	Telephone:	
	der's (Contractor) Project	Manager for project:		
-	, ,			
	ager listed above assigned ager listed above complete		the project?	Yes ☐ No ☐ Yes ☐ No ☐
•	der's (Contractor) Superin			103 🗀 110 🗀
Name of Design Duli	der 3 (Contractor) Superi n	nemaent for project.		
	lent listed above assigned		he project?	Yes No No
•	ent listed above complete t			Yes No
	or's proposed Key Perso		on of responsibilities spe	ecific to this project below for
#1 Name:		Position	on:	
Office Address:		, <u> </u>		,
	Street Addr	ess	City & State	Zip Code
Responsibilities:				
#2 Name:		Position	on:	
Office Address:		,		,
	Street Addr	ess	City & State	Zip Code
Responsibilities:				



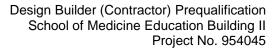
DESIGN BUILDER (C	CONTRACTOR) PROJECT	T #3		
	n, primary office location, and bi roposed Key Personnel listed		ponsibilities specific	to this project below for
#3 Name:		Position:		
Office Address:				,
Responsibilities:	Street Address		-	Zip Code
Office Address:				
		,	City & State	Zip Code
Responsibilities:	ARCHITE	CTURAL FIRM		
Firm Name:	AROTHIE	TOTOKAL TIKIN		
Address:				
	Street Address, 0	City, State, Zip Code		Telephone
Contact Person:				
	Name & Title			Email
Name of Architect of Reco	ord:			
	n, primary office location, and bi			to this project below for
_	proposed Rey Fersonner liste			
Office Address:				
	Street Address	,	City & State	Zip Code
Responsibilities:				-
#2 Name:		Position:		
Office Address:		,		,
	Street Address		City & State	Zip Code
Responsibilities:				
#3 Name:		Position:		
Office Address:		,		
	Street Address		City & State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:		, <u> </u>		,
Deeneneihilidee	Street Address		City & State	Zip Code
Responsibilities:				



DESIGN BUILDER	(CONTRACTOR)	PROJECT #3	3		
Start Date:		Scheduled Cor	npletion Date:		
	th/Day/Year			onth/Day/Year	
Actual Completion Date	•	Days	Extended due to Unex	•	
·	Month/Day/Year				
If project is not complete	e, specify percentage of	completion:	% (Total	cost of work in place)	
0 1 10 1					
Contract Amount:	\$		\$	\$	
Base Amount	Adjustment I	Due to Design ange Orders	Adjustment due to Initiated & Unfor Condition Change	Owner Final eseen	Contract Amount
Project Information	:		J.		
Completed For:	Institutional Client Other Specify:	Higher Educa	tion Client Private	e Agency 🗌 Public	Agency 🗌
Type of Facility:	Classroom Office	Building 🗌 S	imulation Laboratorie	s Active Learnin	ng Classrooms
	Other Specify:				
Project Delivery:	Design Build Tradi	tional 🗌 Othe	r 🗌 Specify:		
Construction Type:	New Renovation				
Building Square Footage:	Classroom Spaces: Office Spaces:		Number o	f Stories:	
	Simulation Laboratorie	s:			
	Lecture Halls: Active Learning Classrooms:				
	Other:				
	Total Building SF:				
Did this project achie	ve LEED Certification	? Specify: Silve	r ☐ Gold ☐ Platinu	ım 🗌 None 🗌	Yes 🗌 No 🗌
Was this an institution grade?	al or higher education	project that wa	s a minimum of three	e stories above	Yes 🗌 No 🗌
	Was this an institutional or higher education project that was constructed on a limited and confined Yes No site immediately adjacent to occupied facilities?				
Did this project inclu	ide the following? (Che	eck all the boxe	es that apply)		
Construction	on on a challenging site		Difficult topogra	phy/geotechnical cond	itions
Heavy infr	astructure coordination	Con	struction within 50 ft. c	of multiple occupied fac	cilities



DESIGN BUILDER (CONTRACTOR) PROJECT #3						
Was this a higher education project that included classroom and office facilities?	Yes ☐ No ☐					
Did the project include the following criteria? (Check all the boxes that apply)						
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating						
Video displays for instructional purposes Active learning cl	assrooms					
Sound system & power data infrastructure for instructional spaces						
Other Specify: Other Specify: Other Specify:						
Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? If yes, please specify the type of award:	Yes 🗌 No 🗌					
Organization conferring the award:						
Specify the trades you self-performed: 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 N	umber:				
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 Devicement the West.					
Address of Design Builder's (Contractor) Office that Performed the Work:					
	Street Address	,	City & State	, _	Zip Code
Contact Person:		Name & Titl	0		
Email:		Name & m	Telephone:		
Name of Design Builder's (Contractor) Project Manager for project:					
Was the Drainet Manager listed shows assigned the job at the start of the gradient O					
· · · · · · · · · · · · · · · · · · ·					No ∐ 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 Did the Superintendent listed above complete the project?					=
Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Contractor's proposed Key Personnel listed in III.B :					
#1 Name:		Р	osition:		
Office Address:			,	,	
	Street Address	3	City & State		Zip Code
Responsibilities:					
#2 Name:		P	osition:		
Office Address:			,		
	Street Address	3	City & State		Zip Code
Responsibilities:					



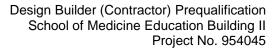
DESIGN BUILDER (C	CONTRACTOR) PROJECT	Γ #4		
	n, primary office location, and br roposed Key Personnel listed		f responsibilities specific	to this project below for
#3 Name:		Position:		
Office Address:	Street Address		City & State	
Responsibilities:	Street Address			
#4 Name:		Position:		
Office Address:	Street Address	,	City & State	,
Responsibilities:				
	ARCHITE	CTURAL FIRE	М	
Firm Name:				
Address:				
	Street Address, C	City, State, Zip C	Code	Telephone
Contact Person:	Name & Title			Email
Name of Architect of Reco				Linaii
	n, primary office location, and br proposed Key Personnel liste			to this project below for
#1 Name:		Position:		
Office Address:		,	City & State	,
Responsibilities:	Street Address		City & State	Zip Code
#2 Name:		Position:		
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code
#3 Name:				
Office Address:				
Office Address.	Street Address	,	City & State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code



DESIGN BUILDER	DESIGN BUILDER (CONTRACTOR) PROJECT #4				
Start Date:	Sch	neduled Completi	on Date:		
	nth/Day/Year Month/Day/Year				
Actual Completion Date	•	Days Exter	nded due to Unexcused Dela		
'	Month/Day/Year			, <u> </u>	
If project is not complete	e, specify percentage of comp	oletion:	% (Total cost of work	in place)	
			<u> </u>		
Contract Amount:	\$		<u> </u>	\$	
Base Amount	Φ Adjustment Due to		Adjustment due to Owner		Contract Amount
Baoo / unount	Builder Change	Orders	Initiated & Unforeseen	i iliai C	ontraot / timount
Project Information	•		Condition Change Orders		
•		ighor Education C	liont D. Brivata Aganas		Agency
Completed For:	Other Specify:	igner Education C	Client Private Agency	_ Public F	rgency 🖂
Type of Facility:	Classroom Office Build	ding 🔲 Simula	tion Laboratories Activ	ve Learning	Classrooms
Type of Facility.	Other Specify:	5 —	_		_
Project Delivery:	Design Build Traditiona	al □ Other □ S	Specify:		
Construction Type:	New Renovation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Building Square	Classroom Spaces:		Number of Stories:		
Footage:	Office Spaces:				
	Simulation Laboratories:				
	Lecture Halls:				
	Active Learning Classrooms:				
	Other:				
	Total Building SF:				
Did this project achie	eve LEED Certification? Sp	pecify: Silver 🗌	Gold 🗌 Platinum 🗌 None	= 🗆	Yes 🗌 No 🗌
Was this an institution	al or higher education proje	ect that was a m	inimum of three stories ab	ove	
grade?	an or inglior oddodaion proje				Yes ∐ No ∐
Was this an institution	al or higher education proje	ect that was con	structed on a limited and o	onfined	V D N- D
Was this an institutional or higher education project that was constructed on a limited and confined Yes No Site immediately adjacent to occupied facilities?					
Did this project inclu	ude the following? (Check a	all the boxes tha	t apply)		
Construction	on on a challenging site]	Difficult topography/geotech	nical condit	ions 🗌
Heavy infr	astructure coordination	Construct	ion within 50 ft. of multiple oc	cupied facil	ities
,			<u> </u>	•	



DESIGN BUILDER (CONTRACTOR) PROJECT #4				
Was this a higher education project that included classroom and office facilities?	Yes ☐ No ☐			
Did the project include the following criteria? (Check all the boxes that apply)				
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating	aboratories			
Video displays for instructional purposes	classrooms			
Sound system & power data infrastructure for instructional spaces				
Other Specify: Other Specify: Other Specify	:			
Did this project achieve a significant design awards conferred by the state, regional or national DBIA recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? If yes, please specify the type of award:	, Yes □ No □			
Organization conferring the award:				
Did your firm self-perform 15% of the construction? Specify the trades you self-performed: 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 Nu	umber:			
Project Location:		,		,
	Street Addre	SS	City & State	Zip Code
Owner Information:				
Owner miormation			er's Name	
Address:		,		,
	Street Addre	ess ess	City & State	Zip Code
Contact Person:		Name & Title		
		Name & Till	5	
_	Telephone	Facsimile	_ Er	mail
Address of Design B	uilder's (Contractor) Offic	e that Performed th	e Work:	
	Street Address	,	City & State	,
Contact Person:	Street Address		City & State	Zip Code
Contact i erson.		Name & Title		
Email:			Telephone:	
Name of Design Build	ler's (Contractor) Project I	Manager for project:	:	
				·
	ager listed above assigned ger listed above complete		of the project?	Yes
Name of Design Build	der's (Contractor) Superint	endent for project:		
	ent listed above assigned t nt listed above complete th		f the project?	Yes ☐ No ☐ Yes ☐ No ☐
	sition, primary office location		otion of responsibilities spec	eific to this project below for
•	- p p		ition	
#1 Name:		Pos	sition:	
Office Address:	Street Addre	,	City & State	Zip Code
Responsibilities:			Only & State	
#2 Name:		Pos	sition:	
Office Address:				
Office Address.	Street Addre	, 9SS	City & State	Zip Code
Responsibilities:				



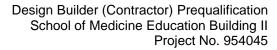
DESIGN BUILDER (CONTRACTOR) PROJECT	#5		
	n, primary office location, and brie proposed Key Personnel listed		responsibilities specific	to this project below for
#3 Name:				
Office Address:	Street Address		City & State	
Responsibilities:	Street Address			
#4 Name:		Position:		
Office Address:	Street Address	,	City & State	Zip Code
Responsibilities:				
	ARCHITE	CTURAL FIRM	1	
Firm Name:				
Address:	Street Address, Ci	ty, State, Zip Co	ode	Telephone
Contact Person:	Neve 0 Title			E a all
Name of Architect of Reco	Name & Title			Email
any of the Design Firm's	n, primary office location, and brie proposed Key Personnel listed	in III.D, <i>if appl</i>	licable:	
		Position:		
Office Address:	Street Address	,	City & State	Zip Code
Responsibilities:				
#2 Name:		Position:		
Office Address:	Street Address	,	City & State	, Zip Code
Responsibilities:	Street Address		City & State	Ζιρ Code
#3 Name:				
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code



DESIGN BUILDER	DESIGN BUILDER (CONTRACTOR) PROJECT #5				
Start Date:		Scheduled Cor	mpletion Date:		
	onth/Day/Year Month/Day/Year				
Actual Completion Date	•	Days	Extended due to Unex	•	
·	Month/Day/Year			·	
If project is not complete	e, specify percentage of	completion:	% (Total o	cost of work in place)	
On a fact of Assessment					
Contract Amount:	\$		\$	\$	
Base Amount	Adjustment I	Due to Design ange Orders	Adjustment due to Initiated & Unfore Condition Change	Owner Final eseen	Contract Amount
Project Information	:		·		
Completed For:	Institutional Client Other Specify:	Higher Educa	tion Client Private	Agency 🗌 Public	Agency
Type of Facility:	Classroom Office	Building 🗌 S	imulation Laboratories	s Active Learnin	ig Classrooms
	Other Specify:				
Project Delivery:	Design Build Tradi	tional 🗌 Othe	r 🗌 Specify:		
Construction Type:	New Renovation				
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratorie	 s:	Number of	f Stories:	
	Lecture Halls: Active Learning Classrooms:				
	Other:		,		
Did this project achie	Total Building SF: eve LEED Certification	? Specify: Silver	r	m 🗌 None 🗌	Yes No No
Was this an institution grade?	Was this an institutional or higher education project that was a minimum of three stories above grade? Yes □ No □				
Was this an institutional or higher education project that was constructed on a limited and confined Yes No site immediately adjacent to occupied facilities?					
Did this project inclu	ide the following? (Che	eck all the boxe	es that apply)		
Construction	on on a challenging site		Difficult topograp	phy/geotechnical cond	itions
Heavy infr	astructure coordination	Con	struction within 50 ft. of	f multiple occupied fac	cilities



DESIGN BUILDER (CONTRACTOR) PROJECT #5					
Was this a higher education project that included classroom and office facilities?	Yes ☐ No ☐				
Did the project include the following criteria? (Check all the boxes that apply)					
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating	oratories				
Video displays for instructional purposes Active learning cla	ssrooms				
Sound system & power data infrastructure for instructional spaces					
Other Specify: Other Specify: Other Specify:					
Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? If yes, please specify the type of award:	Yes No				
Organization conferring the award:					
Specify the trades you self-performed: Project Description: (Provide a brief description)					
Attach photograph(s) of the project.					

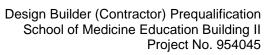




B. DESIGN BUILDER (CONTRACTOR) KEY PERSONNEL EXPERIENCE

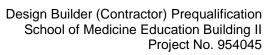
Complete all forms in their entirety AND attach resumes. Resumes shall NOT be submitted in lieu of these forms.

1. Construction Proje	ct Executive Qualifications		
Name of Prog	osed Construction Project Executive:		
,	Vegre of Experience in the Industry:		
Years	of Experience with Current Employer:		
Education:			
Degree Received	Institution/School	Major/Discipline	Year
License Received	State Agency/Licensing Body	Specialty Area	Year
Certificate Received	Organization	Specialty Area	Year
			-
Desired Management Tee			
	ining / Tools (i.e. Computer Software Applicatic all Project Management Training / Tools	Years of Ex	perience
Liot	an Froject Management Framing / Feete	10010 01 27	301101100
Project Experience:			
	cent experience. List all project experience that fill the assigned project responsibilities for the Sch		
Current Firm:			
Current Job Title:	Years of Employment:	through	
PR	OJECT EXPERIENCE WITH CURRENT FIRM LIST	ED ABOVE	
#1 Project Name:			
Owner:	Con	tact Name:	
Contract Amount:		tact Name: etion Date:	
Job Title used on this project	· · · · · · · · · · · · · · · · · · ·		
Project Responsibilities:			
	Decise Build Traditional Other Consider		
Project Delivery:	Design Build Traditional Other Specify:		
Completed For:	Institutional Client Higher Education Client Print Other	vate Agency 🗌 Public Age	ency 🗌
	Classroom Office Building Simulation Labo	ratories	
Type of Facility:	Active Learning Classrooms		
,	Other		
Construction Type:	New ☐ Renovation ☐		



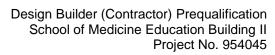


Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories:		Number of Stories:
	Lecture Halls Active Learning		
	Classrooms:		<u></u>
	Other: Total Building SF:		<u> </u>
Did this project ac	nieve LEED Certification? Ye		yes, specify: Silver 🗌 Gold 🔲 Platinum 🗌
			a minimum of three stories Yes ☐ No ☐
	utional or higher education		constructed on a limited and Yes No
Did this project	include the following? (Che	eck all the boxes th	nat apply)
Construct	ion on a challenging site		Difficult topography/geotechnical conditions
Heavy in	frastructure coordination	Cons	truction within 50 ft. of multiple occupied facilities
Was this a higher e	ducation project that include	ed classroom and	office facilities?
_	clude the following criteria?		
	_	_	_
	lity teaching classrooms/lectu tical panel partition system wi ST		Simulation laboratories
	Video displays for instruction	al purposes	Active learning classrooms
Sou	nd system & power data infras instruction	structure for onal spaces	
Other Spe	cify: Other	Specify:	Other Specify:
DBIA, recognized organizations com	national or international amitted to conferring awards becify the type of award:	societies for arch for design excelle	oy the state, regional or national itecture, or other distinguished Yes No ence?
Organizatio	on conferring the award:		
Did vour firm self-	perform 15% of the trade wo	ork?	Yes 🗌 No 🗍
PRO	JECT EXPERIENCE WITH		(List Firm)
#2 Project Name:			
Owner:			Contact Name:
Contract Amount:	\$		Completion Date:
Job Title used on the Project Responsibil	is project:		





Project Delivery:	Design Build ☐ Traditional ☐	☐ Other ☐ Specify:	
Completed For:	Institutional Client ☐ Higher Other ☐	Education Client Private Age	ncy Public Agency
Type of Facility:	Classroom Office Building Active Learning Classrooms Other		
Construction Type	: New Renovation		
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:	
Did this project ach	nieve LEED Certification? Yes \Box No \Box	If yes, specify: Silver \Box	Gold Platinum
Was this an instituabove grade?	utional or higher education project that	at was a minimum of three st	ories Yes 🗌 No 🗌
	utional or higher education project the		ited and Yes ☐ No ☐
Did this project	include the following? (Check all the b	oxes that apply)	
Constructi	on on a challenging site	Difficult topography	/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of m	ultiple occupied facilities
Was this a higher e	education project that included classro	om and office facilities?	Yes No No
Did the project i	nclude the following criteria? (Check a	all the boxes that apply)	
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating		Simulation laboratories
	Video displays for instructional purposes	Act	ive learning classrooms
Sour	nd system & power data infrastructure for instructional spaces		
Other Spec	cify: Other ☐ Spec	ify: Other	Specify:
DBIA, recognized organizations com	chieve a significant design award continuational or international societies for mitted to conferring awards for design specify the type of award: ion conferring the award:	or architecture, or other dist	tinguished Yes 🗌 No 🗌
·		·	

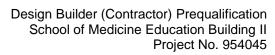




PRO	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on th	is project:	
Project Responsibil	ities:	
Project Delivery:	Design Build Traditional	☐ Other ☐ Specify:
Completed For:	Institutional Client ☐ Highe	r Education Client Private Agency Public Agency
	Classroom Office Buildi	ng Simulation Laboratories
Type of Facility:	Active Learning Classrooms	
	Other	
Construction Type	P: New ☐ Renovation ☐	
Building Square Footage:	Classroom Spaces:	Number of Stories:
i ootage.	Office Spaces:	
	Simulation Laboratories: Lecture Halls	
	Active Learning	
	Classrooms:	
	Other: Total Building SF:	
	_	
Did this project ac	hieve LEED Certification? Yes <a> No	☐ If yes, specify: Silver ☐ Gold ☐ Platinum ☐
Was this an instit above grade?	utional or higher education project t	hat was a minimum of three stories Yes \(\square\) No \(\square\)
	utional or higher education project ediately adjacent to occupied facilities	that was constructed on a limited and Yes No S?
Did this project	include the following? (Check all the	boxes that apply)
	ion on a challenging site	Difficult topography/geotechnical conditions
Heavy in	frastructure coordination	Construction within 50 ft. of multiple occupied facilities
	<u> </u>	
Was this a higher	education project that included classr	oom and office facilities? Yes No
Did the project	include the following criteria? (Check	
	lity teaching classrooms/lecture halls that tical panel partition system with at least	
moradea accus	STC-50 ratin	g
	Video displays for instructional purpose	S Active learning classrooms
Sou	nd system & power data infrastructure fo instructional space	
Other Spe	cify: Other ☐ Spe	ecify: Other Specify:

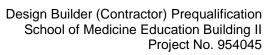


	sign award conferred by the state, regional or national nal societies for architecture, or other distinguished ards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:		
Did your firm self-perform 15% of the trade	e work?	Yes 🗌 No 🗌



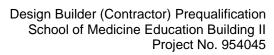


2. Constructio	n Project Manage	r Qualification	ns				
Nar	Name of Proposed Construction Project Manager:						
		Experience in the					
	Years of Experien	ce with Current	Employer: _				
Education:							
Degree Re	eceived		Institution/Sch	ool	Major/	/Discipline	Year
License Received State Agency/Licensi		ing Body	Speci	ialty Area	Year		
	0001100	Olato /	rigorioj, Licorio	ing Dody	Ороо	iaity 7 ii oa	1001
Certificate	Received		Organization	1	Spec	ialty Area	Year
						_	
Project Managen	nent Training / Too			e Applicatio	າຣ):		
	List all Project M	anagement Trainir	ng / Tools			Years of E	xperience
D							
Project Experien	ce: most recent expe	ioneo Listall	project exp	orioneo that	lomonetra	toe the eyne	rionco and
	ed to fulfill the assign						
II project.		, p. 0,000	,				
Current Firm:							
Current Job Title:			Years of	Employment:	_	through	
	PROJECT EX	PERIENCE WIT	H CURRENT	FIRM LISTE	D ABOVE		
#1 Project Name:							
Owner:				Conta	ct Name:		
Contract Amount:		\$		Comple	tion Date:		
Job Title used on th	is project:						
Project Responsibili	ties:						
Project Delivery:	Design Bu	ild Tradition	al Other	Specify:			
Completed For:	Institution	al Client Hiah	ner Education	Client ☐ Priva	ate Agencv	Public Ag	gency \square
	Completed For: Institutional Client Higher Education Client Private Agency Public Agency Other					, , _	
	Classroon	Office Build	ding Sin	nulation Labora	atories 🗌		
Type of Facility:	Active Lea	rning Classroom	s 🗌				
Other							
Construction Type	: New 🗌 F	enovation					
Puilding Causes				Number of			
Building Square Footage:	Classroom Spaces:			Stories:			
3	Office Spaces: Simulation Laborato	rios:					
	Lecture Halls						
	Active Learning			•			
	Classrooms:						
	Other: Total Building SF:						
	Total Building SF:						



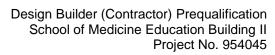


Did this project achieve LE		n ye.	s, specify: Silver Gold Platinum
Was this an institutional above grade?	or higher education project tha	t was a	minimum of three stories Yes \(\square\) No \(\square\)
	or higher education project the adjacent to occupied facilities?	at was c	onstructed on a limited and Yes ☐ No ☐
Did this project include	the following? (Check all the b	oxes that	apply)
Construction on a	challenging site		Difficult topography/geotechnical conditions
Heavy infrastruct	ure coordination	Constru	ction within 50 ft. of multiple occupied facilities
Was this a higher education	n project that included classroor	n and off	ice facilities? Yes No
Did the project include th	e following criteria? (Check all	the boxe	s that apply)
	hing classrooms/lecture halls that nel partition system with at least a STC-50 rating		Simulation laboratories
Video o	lisplays for instructional purposes		Active learning classrooms
Sound syste	m & power data infrastructure for instructional spaces		
Other Specify:	Other Speci	fy:	Other Specify:
	a significant design award conf	arrad by	
	al or international societies fo to conferring awards for design e type of award:	r archite	
organizations committed to	al or international societies fo to conferring awards for design e type of award:	r archite	cture, or other distinguished Yes \(\square\) No \(\square\)
organizations committed to	al or international societies for conferring awards for design of etype of award: rring the award:	r archite	cture, or other distinguished Yes \(\square\) No \(\square\)
organizations committed to lif yes, please specify the Organization confe	al or international societies for conferring awards for design of etype of award: rring the award:	r archite	cture, or other distinguished Yes No No ce?
organizations committed of lifyes, please specify the Organization conference of the Did your firm self-perform PROJECT E	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work?	r archite	cture, or other distinguished Yes No No Se? Yes No No Yes No
organizations committed to lif yes, please specify the Organization confe	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work?	r archite	cture, or other distinguished Yes No No See? Yes No See N
organizations committed of lifyes, please specify the Organization conference of the Organiza	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work?	r archite	cture, or other distinguished Yes No No Se? Yes No No Yes No
organizations committed of lifyes, please specify the Organization conference of the Organiza	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH	r archite	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name:
organizations committed of lifyes, please specify the Organization conference. Did your firm self-perform. PROJECT E #2 Project Name: Owner: Contract Amount:	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH	r archite	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name:
organizations committed of lifyes, please specify the Organization conference. Did your firm self-perform. PROJECT E #2 Project Name: Owner: Contract Amount: Job Title used on this project.	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH	r archite	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name:
organizations committed of lifyes, please specify the Organization conference. Did your firm self-perform. PROJECT E #2 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities:	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH \$ ct: Design Build Traditional	r archite excellence	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name: Completion Date:
organizations committed of lifyes, please specify the Organization conference of the Organization of the Organi	al or international societies for to conferring awards for design of expe of award: In the award: STATE ST	r archite excellence Other	Cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name: Completion Date: Specify: Client Private Agency Public Agency
organizations committed of lifyes, please specify the Organization conference of the Organization of the Organi	al or international societies for to conferring awards for design of etype of award: rring the award: 15% of the trade work? EXPERIENCE WITH St: Design Build Traditional Institutional Client Higher E	r archite excellence Other	cture, or other distinguished Yes No See? Yes No (List Firm) Contact Name: Completion Date:



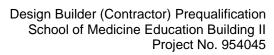


Building Square Footage:	Classroom Spaces: Office Spaces:		Num Stori	ber of es:	,
	Simulation Laboratories	:			
	Lecture Halls				
	Active Learning Classrooms:				
	Other:				
	Total Building SF:				
Did this project ach	ieve LEED Certification	? Yes 🗌 No 🗌	If yes, spec	cify: Silver 🗌 Gold 🗌 F	Platinum 🗌
Was this an instituabove grade?	itional or higher educa	tion project that	was a minim	um of three stories Yes] No
	utional or higher educa diately adjacent to occu		t was constru	icted on a limited and $\gamma_{ m G}$	es 🗌 No 🗌
Did this project	include the following?	(Check all the bo	xes that apply	')	
Constructi	on on a challenging site		Diffi	icult topography/geotechnical	conditions
Heavy inf	rastructure coordination		Construction v	vithin 50 ft. of multiple occupie	d facilities
Was this a higher e	ducation project that in	cluded classroon	n and office fa	acilities?	Yes 🗌 No 🗌
Did the project i	nclude the following cri	teria? (Check all	the boxes tha	at apply)	
High gual	ity teaching classrooms/le	ecture halls that		Simulation lal	ooratories 🖂
	tical panel partition syster	n with at least a		Omidiation	ooratories
		STC-50 rating			
	Video displays for instruc	tional purposes		Active learning cla	assrooms
Sour	nd system & power data in instr	nfrastructure for uctional spaces			
Other Spec	cify: O	ther Specify	/:	Other Specify:	
	<u> </u>				
DBIA, recognized organizations com	national or internation mitted to conferring awa	nal societies for ards for design e	architecture, xcellence?	ate, regional or national or other distinguished	∕es
Organizati	ion conferring the award:				
Did your firm self-p	perform 15% of the trade	e work?		Y	es 🗌 No 🗌
PRO.	JECT EXPERIENCE WI	тн		(List Firm)	
#3 Project Name:					
Owner:				Contact Name:	
Contract Amount:		\$		Completion Date:	
Job Title used on thi	s project:				
Project Responsibilit	ties:				
Project Delivery:	Design Build [☐ Traditional ☐	Other Spe	ecify:	



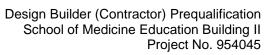


Completed For:	Institutional Client ☐ Highe Other ☐	r Education Clie	ent 🗌 Private Agency 🔲 Publ	ic Agency
	Classroom Office Buildin	ng 🔲 Simula	ition Laboratories	
Type of Facility:	Active Learning Classrooms			
	Other			
Construction Type	New Renovation			
Building Square	Classical Cassical		umber of	
Footage:	Classroom Spaces: Office Spaces:	50	ories:	
	Simulation Laboratories:			
	Lecture Halls			
	Active Learning			
	Classrooms:			
	Total Building SF:			
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗌] If yes, s	pecify: Silver 🗌 Gold 🗌	Platinum 🗌
Was this an instituabove grade?	tional or higher education project th	nat was a min	imum of three stories Yes	□ No □
	utional or higher education project to distely adjacent to occupied facilities		tructed on a limited and	'es ☐ No ☐
Did this project	include the following? (Check all the	boxes that ap	ply)	
	on on a challenging site		Difficult topography/geotechnica	Il conditions
Heavy inf	rastructure coordination	Constructio	n within 50 ft. of multiple occupi	ied facilities
Was this a higher e	ducation project that included classr	oom and office	facilities?	Yes 🗌 No 🗌
Did the project i	nclude the following criteria? (Check	all the boxes	that apply)	
High qual	ity teaching classrooms/lecture halls tha	t 🔲	Simulation la	aboratories
	ical panel partition system with at least a STC-50 rating	<u> </u>		
	Video displays for instructional purposes		Active learning c	elassrooms
Sour	nd system & power data infrastructure fo instructional space:			
Other Spec	ify: Other Spe	cify:	Other Specify:	
DBIA, recognized organizations com If yes, please sp	hieve a significant design award connational or international societies mitted to conferring awards for design ecify the type of award: n conferring the award:	for architectun excellence?		Yes No
Did your firm self-p	perform 15% of the trade work?		,	Yes No



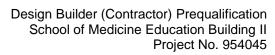


3. Constructio	n Design Manage	r Qualifications				
Name of Proposed Construction Design Manager: Years of Experience in the Industry: Years of Experience with Current Employer:						
Education:						
Degree Re	eceived	Instit	ution/School	Major/I	Discipline	Year
License Received State Agency/Licensing Body Sp		Specia	alty Area	Year		
Certificate I	Certificate Received Organization Specialty Area		alty Area	Year		
Project Managen	nent Training / Too List all Project M	ols (i.e. Computer sanagement Training / T		ions):	Years of E	xperience
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 School of Medicine Education Building II project. Current Firm:						
Current Job Title:			Years of Employmen	nt:	through	
#1 Project Name: Owner: Contract Amount: Job Title used on th Project Responsibili	PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE Contact Name: Completion Date:					
		uild D. Traditional D	Other Cancifus			
Completed For:	Project Delivery: Design Build Traditional Other Specify: Institutional Client Higher Education Client Private Agency Public Agency Other					
Type of Facility:	Classroom Office Building Simulation Laboratories					
Construction Type	: New 🗌 R	Renovation				
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laborato Lecture Halls Active Learning Classrooms: Other: Total Building SF:		Number o Stories:	of		



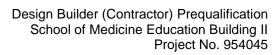


Did this project achieve LE		n ye.	s, specify: Silver Gold Platinum
Was this an institutional above grade?	or higher education project tha	t was a	minimum of three stories Yes \(\square\) No \(\square\)
	or higher education project the adjacent to occupied facilities?	at was c	onstructed on a limited and Yes ☐ No ☐
Did this project include	the following? (Check all the b	oxes that	apply)
Construction on a	challenging site		Difficult topography/geotechnical conditions
Heavy infrastruct	ure coordination	Constru	ction within 50 ft. of multiple occupied facilities
Was this a higher education	n project that included classroor	n and off	ice facilities? Yes No
Did the project include th	e following criteria? (Check all	the boxe	s that apply)
	hing classrooms/lecture halls that nel partition system with at least a STC-50 rating		Simulation laboratories
Video o	lisplays for instructional purposes		Active learning classrooms
Sound syste	m & power data infrastructure for instructional spaces		
Other Specify:	Other Speci	fy:	Other Specify:
	a significant design award conf	arrad by	
	al or international societies fo to conferring awards for design e type of award:	r archite	
organizations committed to	al or international societies fo to conferring awards for design e type of award:	r archite	cture, or other distinguished Yes \(\square\) No \(\square\)
organizations committed to	al or international societies for conferring awards for design of etype of award: rring the award:	r archite	cture, or other distinguished Yes \(\square\) No \(\square\)
organizations committed to lif yes, please specify the Organization confe	al or international societies for conferring awards for design of etype of award: rring the award:	r archite	cture, or other distinguished Yes No No ce?
organizations committed of lifyes, please specify the Organization conference of the Did your firm self-perform PROJECT E	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work?	r archite	cture, or other distinguished Yes No No Se? Yes No No Yes No
organizations committed to lif yes, please specify the Organization confe	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work?	r archite	cture, or other distinguished Yes No No See? Yes No See N
organizations committed of lifyes, please specify the Organization conference of the Organiza	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work?	r archite	cture, or other distinguished Yes No No Se? Yes No No Yes No
organizations committed of lifyes, please specify the Organization conference of the Organiza	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH	r archite	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name:
organizations committed of lifyes, please specify the Organization conference. Did your firm self-perform. PROJECT E #2 Project Name: Owner: Contract Amount:	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH	r archite	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name:
organizations committed of lifyes, please specify the Organization conference. Did your firm self-perform. PROJECT E #2 Project Name: Owner: Contract Amount: Job Title used on this project.	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH	r archite	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name:
organizations committed of lifyes, please specify the Organization conference. Did your firm self-perform. PROJECT E #2 Project Name: Owner: Contract Amount: Job Title used on this project Project Responsibilities:	al or international societies for to conferring awards for design of type of award: rring the award: 15% of the trade work? EXPERIENCE WITH \$ ct: Design Build Traditional	r archite excellence	cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name: Completion Date:
organizations committed of lifyes, please specify the Organization conference of the Organization of the Organi	al or international societies for to conferring awards for design of expe of award: In the award: STATE ST	r archite excellence Other	Cture, or other distinguished Yes No Ce? Yes No Cere (List Firm) Contact Name: Completion Date: Specify: Client Private Agency Public Agency
organizations committed of lifyes, please specify the Organization conference of the Organization of the Organi	al or international societies for to conferring awards for design of etype of award: rring the award: 15% of the trade work? EXPERIENCE WITH St: Design Build Traditional Institutional Client Higher E	r archite excellence Other	cture, or other distinguished Yes No See? Yes No (List Firm) Contact Name: Completion Date:





Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:		Number of Stories:
Did this project acl	nieve LEED Certification? Yes	s 🗌 No 🗌 🌐 If	yes, specify: Silver
Was this an instit above grade?	utional or higher education	project that was	a minimum of three stories Yes ☐ No ☐
	utional or higher education ediately adjacent to occupied		constructed on a limited and Yes No
Did this project	include the following? (Che	ck all the boxes ti	nat apply)
	ion on a challenging site		Difficult topography/geotechnical conditions
	frastructure coordination	Cons	truction within 50 ft. of multiple occupied facilities
			addicti waani oo ta or maapio oocapica taciiiloo
Was this a higher	education project that include	ed classroom and	office facilities? Yes \(\subseteq \text{No } \(\subseteq \)
Did the project	include the following criteria	? (Check all the b	oxes that apply)
	lity teaching classrooms/lecture tical panel partition system with STO		Simulation laboratories
	Video displays for instructiona	Il purposes	Active learning classrooms
Sou	nd system & power data infrast instructio	tructure for	
Other Spe	cify: Other	Specify:	Other Specify:
DBIA, recognized organizations com	national or international s mitted to conferring awards	ocieties for arch for design excelle	by the state, regional or national itecture, or other distinguished Yes No ence?
Did your firm self-	perform 15% of the trade wor	rk?	Yes 🗌 No 🗌
P. 0	IFOT EVDEDIENCE WITH		/I :- (Firms)
	JECT EXPERIENCE WITH		(List Firm)
#3 Project Name:			2
Owner:			Contact Name:
Contract Amount:	\$		Completion Date:
Job Title used on th			
Project Responsibil	ities:		
Project Delivery:	Design Build 🗌 T	raditional Oth	er 🗌 Specify:

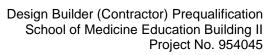




Completed For:	Institutional Client ☐ Highe Other ☐	r Education Clie	ent 🗌 Private Agency 🔲 Publ	ic Agency
	Classroom Office Buildin	ng 🔲 Simula	ition Laboratories	
Type of Facility:	Active Learning Classrooms			
	Other			
Construction Type	New Renovation			
Building Square	Classical Cassical		umber of	
Footage:	Classroom Spaces: Office Spaces:	50	ories:	
	Simulation Laboratories:			
	Lecture Halls			
	Active Learning			
	Classrooms:			
	Total Building SF:			
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗌] If yes, s	pecify: Silver 🗌 Gold 🗌	Platinum 🗌
Was this an instituabove grade?	tional or higher education project th	nat was a min	imum of three stories Yes	□ No □
	utional or higher education project to distely adjacent to occupied facilities		tructed on a limited and	'es ☐ No ☐
Did this project	include the following? (Check all the	boxes that ap	ply)	
	on on a challenging site		Difficult topography/geotechnica	Il conditions
Heavy inf	rastructure coordination	Constructio	n within 50 ft. of multiple occupi	ied facilities
Was this a higher e	ducation project that included classr	oom and office	facilities?	Yes 🗌 No 🗌
Did the project i	nclude the following criteria? (Check	all the boxes	that apply)	
High qual	ity teaching classrooms/lecture halls tha	t 🔲	Simulation la	aboratories
	ical panel partition system with at least a STC-50 rating	<u> </u>		
	Video displays for instructional purposes		Active learning c	elassrooms
Sour	nd system & power data infrastructure fo instructional space:			
Other Spec	ify: Other Spe	cify:	Other Specify:	
DBIA, recognized organizations com If yes, please sp	hieve a significant design award connational or international societies mitted to conferring awards for design ecify the type of award: n conferring the award:	for architectun excellence?		Yes No
Did your firm self-p	perform 15% of the trade work?		,	Yes No

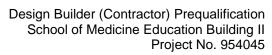


4. Construction Super	4. Construction Superintendent Qualifications					
Name of Proposed Cor	nstruction Superintendent:					
	experience in the Industry:					
Years of Experien	ce with Current Employer:					
Education:						
Degree Received	Institution/School	Major/Discipline	Year			
License Received	State Agency/Licensing Body	Specialty Area	Year			
Osetificate Deschard	2	O : 14 A				
Certificate Received	Organization	Specialty Area	Year			
Braiget Management Trai	sing / Tools /i a Computer Software Application	ana):				
	ning / Tools (i.e. Computer Software Application I Project Management Training / Tools	Years of Ex	perience			
		7.00.00 07 =				
Project Experience:						
	ent experience. List all project experience that					
	Il the assigned project responsibilities for the Sch	nool of Medicine Education	n Building			
Il project.						
	· · · · · · · · · · · · · · · · · · ·					
Current Job Title:	Years of Employment:	through				
DD/	DJECT EXPERIENCE WITH CURRENT FIRM LIST	TED AROVE				
	SECT EXPERIENCE WITH CORRENT TIRM EIST	ILD ABOVE				
#1 Project Name:	Cor	ataat Nama				
Owner:		ntact Name:				
Contract Amount:	& Comp	letion Date:				
Job Title used on this project:						
Project Responsibilities:						
Project Delivery:	Design Build Traditional Other Specify:					
Completed For:	Institutional Client Higher Education Client Pri	ivate Agency 🗌 Public Ag	ency 🗌			
	Other					
	Classroom Office Building Simulation Labo	oratories				
Type of Facility:	Active Learning Classrooms					
,	Other					
Construction Type:	New ☐ Renovation ☐					



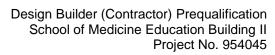


Building Square	Classica Cassas		Number of
Footage:	Classroom Spaces: Office Spaces:		Stories:
	Simulation Laboratories:		
	Lecture Halls Active Learning		_
	Classrooms:		
	Other:		_
	Total Building SF:		
Did this project ach	ieve LEED Certification? Yes [☐ No ☐ If y	ves, specify: Silver 🗌 Gold 🗌 Platinum 🗌
Was this an instituabove grade?	itional or higher education p	roject that was a	a minimum of three stories Yes No No
	utional or higher education բ diately adjacent to occupied f		constructed on a limited and Yes No
Did this project	include the following? (Checl	call the boxes th	at apply)
Constructi	on on a challenging site		Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Const	truction within 50 ft. of multiple occupied facilities
Was this a higher ed	lucation project that included	classroom and c	office facilities? Yes No
_	lude the following criteria?(
	-		_
	ity teaching classrooms/lecture ical panel partition system with		Simulation laboratories
moradou acodo		50 rating	
	Video displays for instructional	ourposes	Active learning classrooms
Sour	nd system & power data infrastru instructiona		
Other Spec	oify: Other	Specify:	Other Specify:
	· · · · · · · · · · · · · · · · · · ·		
DBIA, recognized organizations com	national or international so mitted to conferring awards fo	cieties for archi or design excelle	y the state, regional or national itecture, or other distinguished Yes No nce?
	n conferring the award:		
Did your firm self-p	perform 15% of the trade work	?	Yes 🗌 No 🗌
PRO	JECT EXPERIENCE WITH		(List Firm)
#2 Project Name:			
Owner:			Contact Name:
Contract Amount:	\$		Completion Date:
Job Title used on thi			
Project Responsibili	-		





Project Delivery:	Design Build Traditional [Other Specify:		
Completed For:	Institutional Client ☐ Higher Other ☐			
Type of Facility:	Classroom	_		
Construction Type	: New 🗌 Renovation 🗌			
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:		
Did this project acl	nieve LEED Certification? Yes 🗌 No 🗀] If yes, specify: Silver ☐ Gold [☐ Platinum ☐	
Was this an institu	utional or higher education project th	at was a minimum of three stories Y	es No	
	utional or higher education project the diately adjacent to occupied facilities?	hat was constructed on a limited and ?	Yes 🗌 No 🗌	
Did this project	include the following? (Check all the	boxes that apply)		
Construct	ion on a challenging site	Difficult topography/geotechi	nical conditions	
Heavy in	frastructure coordination	Construction within 50 ft. of multiple oc	cupied facilities	
Was this a higher of	education project that included classro	oom and office facilities?	Yes ☐ No ☐	
Did the project	include the following criteria? (Check	all the boxes that apply)		
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating		on laboratories	
-	Video displays for instructional purposes	Active learning	ng classrooms	
Sou	nd system & power data infrastructure for instructional spaces			
Other Spec	cify: Other Spec	cify: Other Spe	cify:	
DBIA, recognized organizations com If yes, please s Organizat	national or international societies funitted to conferring awards for design specify the type of award: tion conferring the award:	iferred by the state, regional or nations for architecture, or other distinguished n excellence?		
Did your firm self-	perform 15% of the trade work?		Yes 🗌 No 🗌	

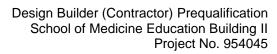




PRO.	JECT EXPERIENCE WITH	(List Firm)		
#3 Project Name:				
Owner:		Contact Name:		
Contract Amount:	\$	Completion Date:		
Job Title used on thi	is project:			
Project Responsibility	ties:			
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:		
Completed For:	Institutional Client Higher E	Education Client Private Agency Public Agency		
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐		
Construction Type	: New Renovation			
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:		
Did this project ach	nieve LEED Certification? Yes No	If yes, specify: Silver Gold Platinum		
Was this an instituabove grade?	utional or higher education project tha	t was a minimum of three stories Yes 🗌 No 🗌		
Was this an institu	utional or higher education project the diately adjacent to occupied facilities?	at was constructed on a limited and Yes No		
Did this project	include the following? (Check all the b	oxes that apply)		
Constructi	on on a challenging site	Difficult topography/geotechnical conditions		
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities		
Was this a higher education project that included classroom and office facilities? Yes □ No □ Did the project include the following criteria? (Check all the boxes that apply)				
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐		
	Video displays for instructional purposes	Active learning classrooms		
Sour	nd system & power data infrastructure for instructional spaces			
Other Spec	oify: Other Speci	fy: Other Specify:		

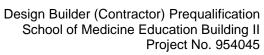


Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?				
If yes, please specify the type of award: Organization conferring the award:				
Organization comening the award.				
Did your firm self-perform 15% of the trade work?		Yes 🗌 No 🗌		



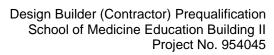


5. Construction Qualit	y Assurance Manager Qualifications						
Name of Proposed Construction Quality Assurance Manager:							
Years of Experience in the Industry:							
Years	of Experience with Current Employer:						
Education:							
Degree Received	Institution/School	Major/Discipline	Year				
License Received	State Agency/Licensing Body	Specialty Area	Year				
			-				
Certificate Received	Ouvenimeting	On a sight A	V				
Certificate Received	Organization	Specialty Area	Year				
			-				
Project Management Tra	ning / Tools (i.e. Computer Software Application	one).					
	all Project Management Training / Tools	Years of Ex	perience				
Project Experience:							
	cent experience. List all project experience that						
background required to full II project.	ill the assigned project responsibilities for the Sch	iool of Medicine Educatio	n Building				
Current Firm:	Verse of Freedom and	the many self-					
Current Job Title:	Years of Employment:	through					
PP	OJECT EXPERIENCE WITH CURRENT FIRM LIST	ED ABOVE					
#1 Project Name:	SOLOT EXILENCE WITH SOURCE THAN EIGT	LD ADOVL					
Owner:	Con	tact Name:					
Contract Amount:		letion Date:					
Job Title used on this project:		elion Date.					
Project Responsibilities:							
	D : D ! D D W D W						
Project Delivery: Design Build ☐ Traditional ☐ Other ☐ Specify:							
Completed For:							
	Other						
	Classroom Office Building Simulation Laboration	oratories 🗌					
Type of Facility:	Active Learning Classrooms						
	Other						
Construction Type:	New ☐ Renovation ☐						



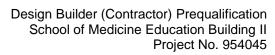


Building Square	Classroom Cassos		Number of	
Footage:	Classroom Spaces: Office Spaces:		Stories:	
	Simulation Laboratories:			
	Lecture Halls Active Learning		<u> </u>	
	Classrooms:			
	Other:			
	Total Building SF:			
Did this project ach	nieve LEED Certification? Yes	□ No □ If	f yes, specify: Silver 🗌 Gold 🗌 Platinum	n 🗌
Was this an institution above grade?	utional or higher education	oroject that was	s a minimum of three stories Yes No]
	utional or higher education ediately adjacent to occupied		as constructed on a limited and $_{Yes} \ \square$ N	lo 🗌
Did this project	include the following? (Chec	ck all the boxes t	that apply)	
Construct	ion on a challenging site		Difficult topography/geotechnical condition	ons 🗌
Heavy inf	rastructure coordination	Con	nstruction within 50 ft. of multiple occupied facilit	ies 🗌
Was this a higher ed	ducation project that included	d classroom and	d office facilities?	
-				_ 140
	clude the following criteria?	<u></u>		_
	lity teaching classrooms/lecture tical panel partition system with		Simulation laboratori	es 🗌
included acous		C-50 rating		
	Video displays for instructional	purposes	Active learning classroom	ns 🗌
Sou	nd system & power data infrast instruction	ructure for		
Other Spec	cify: Other [Specify:	Other Specify:	
				_
DBIA, recognized		ocieties for arcl	by the state, regional or national chitecture, or other distinguished Yes lence?	No 🗌
	ecify the type of award:			
Organizatio	on conferring the award:			
Did your firm self-	perform 15% of the trade wor	k?	Yes 🗌 1	No 🗆
PRO	JECT EXPERIENCE WITH _		(List Firm)	
#2 Project Name:	<u>. </u>			
Owner:			Contact Name:	
Contract Amount:	\$			
Job Title used on th				
Project Responsibili	ties:			





Project Delivery:	Design Build ☐ Traditional ☐	Design Build Traditional Other Specify:			
Completed For:	Institutional Client ☐ Higher Other ☐				
Type of Facility:	Classroom Office Building Active Learning Classrooms Other				
Construction Type	: New Renovation				
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:			
Did this project ach	nieve LEED Certification? Yes \Box No \Box	If yes, specify: Silver \square	Gold Platinum		
Was this an instituabove grade?	utional or higher education project that	at was a minimum of three st	ories Yes 🗌 No 🗌		
	utional or higher education project the		ited and Yes ☐ No ☐		
Did this project	include the following? (Check all the b	oxes that apply)			
Constructi	on on a challenging site	Difficult topography	/geotechnical conditions		
Heavy inf	rastructure coordination	Construction within 50 ft. of m	ultiple occupied facilities		
Was this a higher e	education project that included classro	om and office facilities?	Yes ☐ No ☐		
Did the project i	nclude the following criteria? (Check a	all the boxes that apply)			
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating		Simulation laboratories		
	Video displays for instructional purposes	Acti	ve learning classrooms		
Sour	nd system & power data infrastructure for instructional spaces				
Other Spec	cify: Other ☐ Spec	ify: Other	Specify:		
DBIA, recognized organizations com	chieve a significant design award confinational or international societies for mitted to conferring awards for design specify the type of award: ion conferring the award:	or architecture, or other dist	inguished Yes ☐ No ☐		
·		· · · · · · · · · · · · · · · · · · ·			

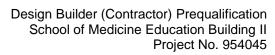




PRO	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on th	is project:	
Project Responsibil	ities:	
Project Delivery:	Design Build Traditional	☐ Other ☐ Specify:
Completed For:	Institutional Client ☐ Highe Other ☐	r Education Client Private Agency Public Agency
	Classroom Office Buildin	ng Simulation Laboratories
Type of Facility:	Active Learning Classrooms	
	Other	
Construction Type	P: New ☐ Renovation ☐	
Building Square Footage:	Classroom Spaces:	Number of Stories:
i ootage.	Office Spaces:	
	Simulation Laboratories: Lecture Halls	
	Active Learning	
	Classrooms:	
	Other: Total Building SF:	
Did this project aci	hieve LEED Certification? Yes 🗌 No 🗌	If yes, specify: Silver Gold Platinum
Was this an institution above grade?	utional or higher education project th	nat was a minimum of three stories Yes No
	utional or higher education project sediately adjacent to occupied facilities	that was constructed on a limited and Yes No
Did this project	include the following? (Check all the	boxes that apply)
	ion on a challenging site	Difficult topography/geotechnical conditions
Heavy in	frastructure coordination	Construction within 50 ft. of multiple occupied facilities
<u> </u>		<u>`</u>
Was this a higher	education project that included classr	oom and office facilities?
•	include the following criteria? (Check	
	lity teaching classrooms/lecture halls that stical panel partition system with at least a	
iliciuueu acous	STC-50 rating	
	Video displays for instructional purpose	
		-
Sou	nd system & power data infrastructure fo instructional space:	
Other Spe	cify: Other Spe	ecify: Other Specify:
Эо оро	,- Эшог <u>—</u> Орс	Suite Spoony.
	-	<u></u> -

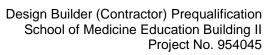


Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?				
If yes, please specify the type of award: Organization conferring the award:				
Did your firm self-perform 15% of the trade	work?	Yes 🗌 No 🗌		



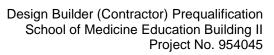


6. Construction	n MEP Coordinat	tor Qualifications			
Name	of Proposed Cons	truction MEP Coordina	ator:		
		Experience in the Indu			
	Years of Experier	nce with Current Emplo	yer:		
Education:					
Degree R	eceived	Instituti	on/School	Major/Discipline	Year
		-			
License R	eceived	State Agency	/Licensing Body	Specialty Area	Year
			, area management		
		-			
Certificate	Received	Orga	nization	Specialty Area	Year
Project Managen		ols (i.e. Computer So lanagement Training / To			Experience
	List all 1 Tojout IV	ianagomone rraining / ro		10010 01 2	гиропопоо
Project Experien	ce:				
				demonstrates the expe	
Il project.	red to fulfill the assi	ignea project responsi	bilities for the Scho	ool of Medicine Educati	on Building
Current Firm:					
Current Job Title:	-	Ye	ears of Employment:	through	
	PROJECT EX	PERIENCE WITH CUI	RRENT FIRM LIST	ED ABOVE	
#1 Project Name:					
Owner:			Cont	act Name:	
Contract Amount:		\$	Comple	etion Date:	
Job Title used on th	· ·				
Project Responsibil	ities:				
Project Delivery:	Design B	uild 🗌 Traditional 🗌	Other Specify:		
Completed For:	Institution	al Client 🗌 Higher Edu	ucation Client Priv	ate Agency 🗌 Public A	gency 🗌
	Other				
	Classroor	m Office Building [☐ Simulation Labo	oratories	
Type of Facility:	Active Le	earning Classrooms			
	Other	_			
Construction Type	: New 🗌 F	Renovation			
Decilation Courses			Number of		
Building Square Footage:	Classroom Spaces	: <u> </u>	Stories:		
g	Office Spaces: Simulation Laborate	ories.			
	Lecture Halls	UIIG8.			
	Active Learning				
	Classrooms:				
	Other: Total Building SF:	:			



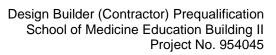


Did this project achieve LEE	ED Certification? Yes No	If yes, s	pecify: Silver Gold Platinum
Was this an institutional above grade?	or higher education project tha	t was a	minimum of three stories Yes 🗌 No 🗌
	or higher education project the adjacent to occupied facilities?	at was c	onstructed on a limited and Yes No
Did this project include	the following? (Check all the b	oxes tha	t apply)
Construction on a	challenging site		Difficult topography/geotechnical conditions
Heavy infrastruct	ure coordination	Constru	uction within 50 ft. of multiple occupied facilities
Was this a higher education	n project that included classroor	n and of	fice facilities? Yes No
Did the project include th	e following criteria? (Check all	the boxe	s that apply)
	hing classrooms/lecture halls that nel partition system with at least a STC-50 rating		Simulation laboratories
Video o	lisplays for instructional purposes		Active learning classrooms
Sound syste	m & power data infrastructure for instructional spaces		
Other Specify:	Other Speci	fy:	Other Specify:
Did this project achieve a	a significant design award conf	arred by	the state regional or national
DBIA, recognized nation	al or international societies fo	r archite	ecture, or other distinguished Yes 🗌 No 🗌
	to conferring awards for design	excellen	ce?
If yes, please specify the Organization confe			
- · g-···			
Did your firm self-perform	15% of the trade work?		Yes ☐ No ☐
PROJECT E	XPERIENCE WITH		(List Firm)
#2 Project Name:			
#2 Project Name: Owner:			Contact Name:
Contract Amount:	\$		Contact Name: Completion Date:
Job Title used on this project			Oompletion Bate.
Project Responsibilities:			
Project Delivery:	Design Build ☐ Traditional ☐] Other	Specify:
			<u> </u>
Completed For:	Institutional Client Higher E	ducation	Client Private Agency Public Agency
	Classroom Office Building	Sir	nulation Laboratories
Type of Facility:	Active Learning Classrooms [Other		





Building Square Footage:	Classroom Spaces:		Number of Stories:	
rootage.	Office Spaces:			
	Simulation Laboratories:			
	Lecture Halls Active Learning			
	Classrooms:			
	Other:			
	Total Building SF:			
Did this project ach	nieve LEED Certification? Yes	No ☐ If yes	s, specify: Silver 🗌 Gold 🗌 Platinum 🗌	
Was this an institu	utional or higher education pro	ject that was a r	minimum of three stories Yes No	
	utional or higher education pro ediately adjacent to occupied fac		onstructed on a limited and Yes ☐ No ☐]
Did this project	include the following? (Check a	all the boxes that	apply)	
	ion on a challenging site		Difficult topography/geotechnical conditions	
	frastructure coordination	Constru	ction within 50 ft. of multiple occupied facilities	
			<u> </u>	
Was this a higher of	education project that included o	lassroom and of	ffice facilities? Yes \(\sum \) N	o 🗌
Did the project i	include the following criteria? (0	Check all the box	es that apply)	
High qua	lity teaching classrooms/lecture ha	lls that	Simulation laboratories	
	tical panel partition system with at	least a		_
	STC-50			
	Video displays for instructional pu	rposes	Active learning classrooms	
Sou	nd system & power data infrastruct instructional s			
Other Spec	cify: Other	Specify:	Other Specify:	
DBIA, recognized organizations com	chieve a significant design award national or international sociemitted to conferring awards for especify the type of award: ion conferring the award:	eties for archite design excellenc	cture, or other distinguished Yes 🗌 No	
Did your firm self-	perform 15% of the trade work?		Yes 🗌 No	
DDO	IFOT EVERTIFIED WITH		(1 : -4 Firms)	
	JECT EXPERIENCE WITH		(List Firm)	
#3 Project Name:				
Owner:			Contact Name:	
Contract Amount:	\$		Completion Date:	
Job Title used on th	is project:			
Project Responsibili	ties:			
Project Delivery:	Design Build Tradi	tional Other [Specify:	





Completed For:		Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐ Other ☐				ublic Agency
Type of Facility:		ve Learning Clas	ce Building srooms	Sim	nulation Laboratories	
O to ti T		<u> </u>				
Construction Type	: New	Renovation				
Building Square Footage:	Classroom Sp Office Spaces Simulation Lab Lecture Halls Active Learnin Classrooms: Other: Total Building	: poratories: g			Number of Stories:	
Did this project ach	ieve LEED Cer	tification? Yes	□ No □	If yes	s, specify: Silver 🗌 Gold 🛭	☐ Platinum ☐
Was this an institu	ıtional or high	er education p	roject tha	t was a r	minimum of three stories Y	es 🗌 No 🗌
Was this an institution				at was c	onstructed on a limited and	Yes ☐ No ☐
Did this project	include the fol	lowing? (Chec	k all the b	oxes that	apply)	
	on on a challen				Difficult topography/geotechi	nical conditions
Heavy inf	rastructure coor	dination		Constru	ction within 50 ft. of multiple oc	cupied facilities
Was this a higher e	ducation proje	ct that include	d classroo	m and of	fice facilities?	Yes 🗌 No 🗍
Did the project i	nclude the foll	owing criteria?	(Check a	ll the box	es that apply)	
		ssrooms/lecture	-			on laboratories
included acous		ion system with		Ш	Simulation	m laboratories
	Video displays	for instructional	purposes		Active learning	ng classrooms
Sour	nd system & pov	wer data infrastruction				
Other Spec	cify:	Other _] Speci	fy:	Other Spe	pify:
DBIA, recognized organizations com	national or ir mitted to confe	nternational so erring awards fo	cieties fo	r archite	the state, regional or nationacture, or other distinguishede?	
If yes, please sp Organization	ecify the type of n conferring the					
Did your firm self-p	perform 15% of	the trade work	?			Yes 🗌 No 🗌



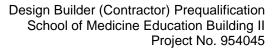
C. DESIGN FIRM (ARCHITECT) PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. Only information, experience and Work performed by the Design Firm's office that will bid, manage, design, and staff the project will be considered for prequalification unless otherwise indicated below. Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **five (5) INSTITUTIONAL or HIGHER EDUCATION** projects completed in the past **10 years** that meet the criteria listed below and demonstrate the Design Firm's ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (Do not include projects currently under construction).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:
 - At least two (2) DESIGN BUILD institutional or higher education projects completed for which the construction cost was at least \$50 million each.
 - At least two (2) institutional or higher education projects completed and LOCATED IN THE STATE
 OF CALIFORNIA for which the construction cost was at least \$50 million each.
 - At least one (1) institutional or higher education project completed that ACHIEVED LEED GOLD CERTIFICATION or higher and for which the construction cost was at least \$50 million.
 - At least two (2) institutional or higher education projects that were a minimum of **THREE (3) STORIES ABOVE GRADE**, for which the construction cost was at least \$50 million each.
 - At least one (1) institutional or higher education project completed that was CONSTRUCTED ON
 A LIMITED AND CONFINED SITE IMMEDIATELY ADJACENT TO OCCUPIED FACILITIES for
 which the construction cost was at least \$50 million, that included:
 - Construction on a challenging site: with difficult topography/geotechnical conditions, and heavy infrastructure coordination
 - Construction within 50 ft. of multiple occupied facilities
 - At least one (1) higher education project completed that included CLASSROOM AND OFFICE FACILITIES with the following criteria (more than one facility may be submitted to demonstrate familiarity with the following features within the five (5) projects submitted) for which the construction cost was at least \$50 million:
 - High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating, video displays for instructional purposes, sound system and power data infrastructure for instructional spaces, etc.
 - Simulation laboratories
 - Active learning classrooms
 - At least one (1) institutional or higher education project completed that ACHIEVED SIGNIFICANT DESIGN AWARDS conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence.
 - One (1) project that includes the design of a SIGNATURE OUTDOOR ENVIRONMENT that includes some of the following characteristics (Add images to illustrate features):
 - Urban public plazas / terraces that create
 a sense of place and identity
 - Engaging outdoor event spaces with an emphasis on indoor-outdoor connections
 - Sustainable landscape design features
- Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)



- d. Projects presented for consideration must be accompanied by photograph(s) of the project.
- e. Submit a list of all institutional or higher education projects completed in the past 10 years for private or public agencies that include some or all of the criteria listed above. **Include the following details:**
 - Project Name
 - Project Owner (include contact name, title, phone number, and email address)
 - Final Construction Amount
 - Completion Date

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DESIGN FIRM (ARCHITECT) PROJECT #1 Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE." Project Name: Project or Contract 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 Facsimile Telephone Email Address of **Design Firm's (Architect)** Office that Performed the Work: City & State Street Address 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 C 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? Name of Architect of Record for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: Position: #1 Name: Office Address: Street Address City & State Zip Code Responsibilities: #2 Name: Position: Office Address: Street Address City & State Zip Code Responsibilities:

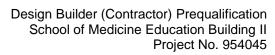


DESIGN FIRM (ARCHITECT) PROJECT #1

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #3 Name: Position: Office Address: Street Address City & State Zip Code Responsibilities: #4 Name: Position: Zip Code Office Address: City & State Street Address Responsibilities: GENERAL CONTRACTOR Firm Name: Address: Street Address, City, State, Zip Code Telephone Contact Person: Name & Title Email Name of Contractor's Project Manager: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Contractor's proposed Key Personnel listed in III.B, if applicable: #1 Name: Office Address: City & State Street Address Zip Code Responsibilities: Position: #2 Name: Office Address: City & State Street Address Zip Code Responsibilities: _____ Position: ____ #3 Name: Office Address: City & State Street Address Zip Code Responsibilities: #4 Name: Office Address: Street Address City & State Zip Code Responsibilities:

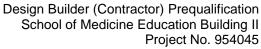


	RCHITECT) PROJECT #1		
Contract Time:			
Start Date:	Scheduled Comp	oletion Date:	
	nth/Day/Year	Month/Day/Year	_
Actual Completion Date		Days Extended due to Unexcused Delays	:
If project is not comple	Month/Day/Year te, specify percentage of completion:	% (Total cost of work in place	ce)
Contract Amount:			
\$ 	\$	\$ \$	l Contract Amount
Base Amour	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Fina Initiated & Unforeseen Condition Change Orders	Contract Amount
Project Information	n:		
Completed For:	- · - ·	on Client Private Agency Public A	gency 🗌
Type of Facility:	Other Cresitus	nulation Laboratories Active Learning Class	
Project Delivery:	Design Build ☐ Traditional ☐ Othe	r 🗌 Specify:	
Construction Type:	New ☐ Renovation ☐		
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls: Active Learning Classrooms: Other: Total Building SF:	Number of Stories:	
Did this project achie	ve LEED Certification? Specify: Silver [☐ Gold ☐ Platinum ☐ None ☐	Yes 🗌 No 🗌
Was this an institutio grade?	nal or higher education project that wa	as a minimum of three stories above	Yes 🗌 No 🗌
	nal or higher education project that wa	as constructed on a limited and confined	Yes 🗌 No 🗌
Did this project incl	ude the following? (Check all the box	es that apply)	
Constructi	on on a challenging site	Difficult topography/geotechnical cond	ditions
Heavy inf	rastructure coordination	nstruction within 50 ft. of multiple occupied fa	cilities





DESIGN FIRM (ARCHITECT) PROJECT #1	
Was this a higher education project that included classroom	and office facilities?
Did the project include the following criteria? (Check all the	e boxes that apply)
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐
Video displays for instructional purposes	Active learning classrooms
Sound system & power data infrastructure for instructional spaces	
Other Specify: Other Specify	y: Other Specify:
Did this project achieve a significant design awards conferre DBIA, recognized national or international societies for archit organizations committed to conferring awards for design excell fyes, please specify the type of award: Organization conferring the award:	ecture, or other distinguished Yes No
Did this project include the design of a signature outdoor env	vironment? Yes □ No
Specify characteristics: (Check all the boxes that apply)	
Urban public plazas / terraces that create a sense of place and identity	Sustainable landscape design features
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)
Project Description: (Provide a brief description)	
Attach photograph	(s) of the project.



No 📙

No

Yes ☐ No ☐

Zip Code

Yes 🗌

Yes



DESIGN FIRM (ARCHITECT) PROJECT #2 Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE." Project Name: Project or Contract 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)** Office that Performed the Work: Street Address City & State Zip Code Contact Person: Name & Title Telephone: Email: Name of Design Firm's **Principal-in-Charge** for project:

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D**:

#1 Name: Position:

Office Address: , , , , Zip Code

Responsibilities: Position:

City & State

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Street Address

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

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

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

Did the Project Manager listed above complete the project?

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

Name of Architect of Record for project:

Office Address:

Responsibilities:



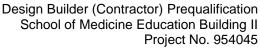
DESIGN FIRM (ARC	HITECT) PROJECT #2		
	on, primary office location, and brief de m's proposed Key Personnel listed i		o this project below
#3 Name:		Position:	
Office Address:	Street Address	, City & State	Zip Code
Responsibilities:			
#4 Name:			
Office Address:	20 1011	_ ,	· ,
Responsibilities:	Street Address	City & State	Zip Code
	GENERAL CON	ITRACTOR	
Firm Name:			
Address:			
	Street Address, City, S	tate, Zip Code	Telephone
Contact Person:	Name & Title Email		
Name of Contractor's Pro	oject Manager:		
	on, primary office location, and brief dec 's proposed Key Personnel listed in		o this project below
#1 Name:		Position:	
Office Address:	Street Address	, City & State	, Zip Code
Responsibilities:	Street Address	Oily & State	Zip Code
·			
		Position:	
Office Address:	Street Address	, City & State	, Zip Code
Responsibilities:	On oot / toda ooo	Only a state	2.6 0000
#2 Name:		Decition	
		Position:	
Office Address:	Street Address	City & State	Zip Code
Responsibilities:			
#4 Name:		Position:	
Office Address:	Street Address	, City & State	, Zip Code
Responsibilities:	Sireel Address	City a State	∠ ір Соае
			_



DESIGN FIRM (A	RCHITECT) PROJEC	T #2		
Contract Time:				
Start Date:	Sch hth/Day/Year	neduled Compl	etion Date: Month/Day/Year	
Actual Completion Date	·		Days Extended due to Unexcused I	Delaye:
Actual Completion Date	Month/Day/Yea	<u> </u>	Days Extended due to offexcused i	
If project is not comple	te, specify percentage of co	mpletion:	% (Total cost of work	(in place)
Contract Amount:				
\$	\$			\$
Base Amour	nt Adjustment D Builder Cha		Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount
Project Information	n:			
Completed For:	Institutional Client ☐ Hi Other ☐ Specify: _	•	n Client Private Agency P	ublic Agency 🗌
Type of Facility:	Classroom	_	ulation Laboratories Active Learni	_
Project Delivery:	Design Build Tradition	nal Other	☐ Specify:	
Construction Type:	New ☐ Renovation ☐			
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls: Active Learning Classrooms: Other: Total Building SF:		Number of Stories:	
Did this project achie	ve LEED Certification? Sp	pecify: Silver] Gold ☐ Platinum ☐ None ☐	Yes ☐ No ☐
Was this an institutio grade?	Was this an institutional or higher education project that was a minimum of three stories above grade? Yes ☐ No ☐			
	nal or higher education procent to occupied facilities		s constructed on a limited and con	fined Yes No No
Did this project incl	ude the following? (Chec	k all the boxe	es that apply)	
Constructi	on on a challenging site		Difficult topography/geotechnic	al conditions
Heavy int	rastructure coordination	Con	struction within 50 ft. of multiple occup	pied facilities



I office facilities? Yes No No				
oxes that apply)				
Simulation laboratories				
Active learning classrooms				
Other Specify:				
y the state, regional or national ure, or other distinguished Yes No nce?				
Did this project include the design of a signature outdoor environment? Yes No Specify characteristics: (Check all the boxes that apply) (Add images to illustrate features): Urban public plazas / terraces that create a sense of place and identity Sustainable landscape design features Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)				
Project Description: (Provide a brief description) Attach photograph(s) of the project.				





Responsibilities:

DESIGN FIRM (ARCHITECT) PROJECT #3 Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE." Project Name: Project or Contract Number: _____ Project Location: City & State Zip Code Street Address 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)** Office that Performed the Work: Street Address City & State Zip Code Contact Person: Name & Title Telephone: Email: Name of Design Firm's **Principal-in-Charge** for project: Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes \square No \square 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? No Did the Project Manager listed above complete the project? Name of Architect of Record for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: Position: #1 Name: Office Address: Street Address City & State Zip Code Responsibilities: #2 Name: Position: Office Address: Street Address City & State Zip Code



DESIGN FIRM (ARCHITECT) PROJECT #3 Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #3 Name: Position: Office Address: Street Address City & State Zip Code Responsibilities: Position: #4 Name: Zip Code Office Address: Street Address City & State Responsibilities: GENERAL CONTRACTOR Firm Name: Address: Street Address, City, State, Zip Code Telephone Contact Person: Name & Title Email Name of Contractor's Project Manager: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Contractor's proposed Key Personnel listed in III.B, if applicable: #1 Name: Office Address: City & State Street Address Zip Code Responsibilities: Position: #2 Name: Office Address: City & State Street Address Zip Code Responsibilities: #3 Name: Position: Office Address: City & State Street Address Zip Code Responsibilities: #4 Name: Office Address: Zip Code Street Address City & State Responsibilities:



	RCHITECT) PROJECT #3	3
Contract Time:		
Start Date:	Schedule	led Completion Date: Month/Day/Year
		•
Actual Completion Date		Days Extended due to Unexcused Delays:
If project is not complet	Month/Day/Year e, specify percentage of complet	etion: % (Total cost of work in place)
Contract Amount:		
\$	\$	\$ \$
Base Amoun	Builder Change C	
Project Information	1:	
Completed For:	0.1	r Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Building Other Specify:	g ☐ Simulation Laboratories ☐ Active Learning Classrooms ☐
Project Delivery:	Design Build Traditional	☐ Other ☐ Specify:
Construction Type:	New Renovation	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls: Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project achie	ve LEED Certification? Specify.	y: Silver Gold Platinum None Yes No
Was this an institution grade?	nal or higher education project	ct that was a minimum of three stories above
	nal or higher education project cent to occupied facilities?	ct that was constructed on a limited and confined Yes No
Did this project incl	ude the following? (Check all	I the boxes that apply)
Constructi	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities



DESIGN FIRM (ARCHITECT) PROJECT #3				
Was this a higher education project that included classroom and o	ffice facilities? Yes \(\subseteq \text{No } \subseteq \)			
Did the project include the following criteria? (Check all the box	es that apply)			
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating	Simulation laboratories			
Video displays for instructional purposes	Active learning classrooms			
Sound system & power data infrastructure for instructional spaces				
Other Specify: Other Specify:	Other Specify:			
Did this project achieve a significant design awards conferred by to DBIA, recognized national or international societies for architecture organizations committed to conferring awards for design excellent lif yes, please specify the	e, or other distinguished Yes No			
type of award: Organization conferring the award:				
Did this project include the design of a signature outdoor environn	nent? Yes □ No			
Specify characteristics: (Check all the boxes that apply) (Add	I images to illustrate features):			
Urban public plazas / terraces that create a sense of place and identity	Sustainable landscape design features			
Engaging outdoor event spaces with an emphasis on	Landscape / hardscape design that enhances unctionality and appearance of service spaces (loading docks etc.)			
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 Facsimile Telephone Email Address of **Design Firm's (Architect)** Office that Performed the Work: Street Address City & State Zip Code Contact Person: Name & Title Email: Telephone: Name of Design Firm's **Principal-in-Charge** for project: 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? Name of Design Firm's **Project Manager** for project: Was the Project Manager listed above assigned the job at the start of the project? Yes [No [Did the Project Manager listed above complete the project? Yes ☐ No ☐ Name of **Architect of Record** for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: Position: #1 Name: Office Address: City & State Street Address Zip Code Responsibilities: #2 Name: Position: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (ARCHITECT) PROJECT #4 Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #3 Name: Position: Office Address: Street Address Zip Code City & State Responsibilities: #4 Name: Position: Zip Code Office Address: City & State Street Address Responsibilities: GENERAL CONTRACTOR Firm Name: Address: Street Address, City, State, Zip Code Telephone Contact Person: Name & Title Email Name of Contractor's Project Manager: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Contractor's proposed Key Personnel listed in III.B, if applicable: Position: ____ #1 Name: Office Address: City & State Street Address Zip Code Responsibilities: #2 Name: Position: _____ Office Address: Street Address City & State Zip Code Responsibilities: Position: #3 Name: Office Address: Street Address City & State Zip Code Responsibilities: Position: #4 Name: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (AI	RCHITECT) PROJE	CT #4		
Contract Time:				
Start Date:	S	cheduled Comp	letion Date:	
	nth/Day/Year		Month/Day/Y	ear
	•		•	
Actual Completion Date	e: Month/Day/Ye		Days Extended due to Unexcus	sed Delays:
Manada at la material de	•		0/ /T-1-11 -f-	and to all and
if project is not complet	e, specify percentage of c	completion:	% (Total cost of	work in place)
Contract Amount:				
	\$		\$	¢
\$				\$
Base Amoun		Due to Design	Adjustment due to Owner Initiated & Unforeseen	Final Contract Amount
	Builder Cri	ange Orders	Condition Change Orders	
Project Information	n'		Condition Change Cracis	
r roject illiorillation	ı.			
Completed For:	Institutional Client H	Higher Education	Client Private Agency	Public Agency
Completed For.	Other Specify:	ng.ro. =aacanc.	remain in manarigana, in	· done rigeney 🗀
	Other Decony.			
T (F 1114	0	D 0:		
Type of Facility:		uilding 🔲 Simi	ılation Laboratories 🗌 Active Lea	arning Classrooms 🔲
	Other Specify:			
Project Delivery:	Design Build Traditi	onal 🗌 Other	☐ Specify:	
Construction Type:	New ☐ Renovation ☐			
Duilding Caucro	Classroom Spaces:		Number of Stories:	
Building Square Footage:	Office Spaces:			
i ootage.	Simulation Laboratories	· ·		
	Lecture Halls: Active Learning			
	Classrooms:			
	Other:			
	Total Building SF:	-		
Did this project achie	ve LEED Certification?	Specify: Silver] Gold 🗌 Platinum 🗌 None [☐ Yes ☐ No ☐
	nal or higher education _ا	project that was	s a minimum of three stories ab	ove Yes □ No □
grade?				1 c3 🗀 1 NO 🗀
				-
	nal or higher education cent to occupied facilitie		s constructed on a limited and o	confined Yes No No
Did this project incl	ude the following? (Che	eck all the boxe	s that apply)	
				nnical conditions
Constructi	on on a challenging site		Difficult topography/geotech	
Heavy inf	rastructure coordination	Cons	struction within 50 ft. of multiple of	ccupied facilities
		_	<u>'</u>	. —



DESIGN FIRM (ARCHITECT) PROJECT #4				
Was this a higher education project that included classroom ar	nd office facilities? Yes No			
Did the project include the following criteria? (Check all the	boxes that apply)			
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating	Simulation laboratories			
Video displays for instructional purposes	Active learning classrooms			
Sound system & power data infrastructure for instructional spaces				
Other Specify: Other Specify:	Other Specify:			
Did this project achieve a significant design awards conferred DBIA, recognized national or international societies for architecorganizations committed to conferring awards for design excel	cture, or other distinguished Yes No			
If yes, please specify the type of award:				
Organization conferring the award:				
Did this project include the design of a signature outdoor envir	onment? Yes No			
Specify characteristics: (Check all the boxes that apply)	(Add images to illustrate features):			
Urban public plazas / terraces that create a sense of place and identity	Sustainable landscape design features			
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)			
Project Description: (Provide a brief description)				
Tioject Description. (Fronte à 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 N	Number:			
Project Location:		, <u> </u>		,
	Street Add	ress	City & State	Zip Code
Owner Information:				
			's Name	_
Address:	Street Add	,	City & State	, Zip Code
Contact Person:	Oli ool / laa	1000	ony a olato	219 0000
		Name & Title		
	Telephone	Facsimile	Ema	 ail
Address of Design F	Firm's (Architect) Office t	hat Performed the Wor	k:	
	Otro of A Llores	,	0'. 8 01-	, <u> </u>
Contact Person:	Street Address		City & State	Zip Code
		Name & Title	T. 1. 1	
Email:			Telephone:	
Name of Design Firn	n's Principal-in-Charge fo	or project:		
Was the Principal-in-	-Charge listed above assig	gned the job at the start	of the project?	Yes ☐ No ☐
Did the Principal-in-0	Charge listed above comp	lete the project?		Yes 🗌 No 🗌
Name of Design Firm	n's Project Manager for p	roject:		
	nager listed above assigne ager listed above complete		the project?	Yes No Yes No
Name of Architect of	of Record for project:			
	osition, primary office loca n Firm's proposed Key F		on of responsibilities specifi) :	c to this project below
#1 Name:		Positi	on:	
		_		
Office Address:		,		,
	Street Add	ress	City & State	Zip Code
Responsibilities:				
#2 Name:		Positi	on:	
Office Address:		,		,
	Street Add	ress	City & State	Zip Code
Responsibilities:				



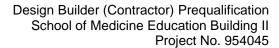
DESIGN FIRM (ARCHIT	TECT) PROJECT #5			
Provide the name, position, p for any of the Design Firm's			responsibilities specifi	ic to this project below
#3 Name:		Position:		
Office Address:		, <u> </u>		,
	Street Address		City & State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:				
	Street Address	·	City & State	Zip Code
Responsibilities:				
	GENERAL (CONTRACTOR		
Circa Nama	GLINLINAL	CONTINACTOR		
Firm Name:				
Address:	Street Address, C	City, State, Zip Co	de	Telephone
Contact Person:		,, etato, <u>-</u> .p ee		. с.орс.
-	Name & Title		<u> </u>	Email
Name of Contractor's Project Manager:	· 			_
Provide the name, position, p for any of the Contractor's p				ic to this project below
#1 Name:		Position:		
Office Address:		,		,
	Street Address		City & State	Zip Code
Responsibilities:				
#2 Name:		Position:		
Office Address:		1 0311011		
Office Address.	Street Address	,	City & State	Zip Code
Responsibilities:				·
#3 Name:		Position: _		
Office Address:	0, , , , , , ,	,	0:: 0.0: 1	,
Pagnanaihilitiag:	Street Address		City & State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:		,		,
	Street Address		City & State	Zip Code
Responsibilities:				



DESIGN FIRM (AF	RCHITECT) PROJECT #5		
Contract Time:			
Start Date:	Scheduled Comp	etion Date: Month/Day/Year	
Actual Completion Date	: :	Days Extended due to Unexcused Delays:	
	Month/Day/Year	· 	
If project is not complet	e, specify percentage of completion:	% (Total cost of work in place)	
Contract Amount:			
\$		\$	
Base Amoun	Builder Change Orders	Adjustment due to Owner Final Contract Amount Initiated & Unforeseen Condition Change Orders	
Project Information	n:		
Completed For:	Institutional Client Higher Education Other Specify:	n Client	
Type of Facility:	Classroom Office Building Sim	ulation Laboratories	
Project Delivery:	Design Build Traditional Other	☐ Specify:	
Construction Type:	New Renovation		
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls: Active Learning Classrooms: Other: Total Building SF:	Number of Stories:	
Did this project achiev	ve LEED Certification? Specify: Silver	Gold ☐ Platinum ☐ None ☐ Yes ☐ No ☐	
Was this an institution grade?	nal or higher education project that wa	s a minimum of three stories above	
	nal or higher education project that wa	s constructed on a limited and confined Yes No	
Did this project inclu	ude the following? (Check all the boxe	es that apply)	
Construction	on on a challenging site	Difficult topography/geotechnical conditions	
Heavy infi	rastructure coordination	struction within 50 ft. of multiple occupied facilities	



DESIGN FIRM (ARCHITECT) PROJECT #5
Was this a higher education project that included classroom and office facilities? Yes ☐ No ☐
Did the project include the following criteria? (Check all the boxes that apply)
High quality teaching classrooms/lecture halls that Simulation laboratories included acoustical panel partition system with at least a STC-50 rating
Video displays for instructional purposes Active learning classrooms
Sound system & power data infrastructure for instructional spaces
Other Specify: Other Specify: Other Specify:
Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished Yes No organizations committed to conferring awards for design excellence?
type of award: Organization conferring the award:
Did this project include the design of a signature outdoor environment? Yes \(\Boxed{\text{No}}\) No
Specify characteristics: (Check all the boxes that apply) (Add images to illustrate features):
Urban public plazas / terraces that create a sense of place and identity Sustainable landscape design features
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)
Project Description: (Provide a brief description)
Attach photograph(s) of the project.

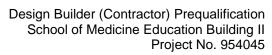




D. DESIGN FIRM (ARCHITECT) KEY PERSONNEL EXPERIENCE

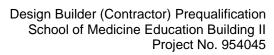
Complete all forms in their entirety AND attach resumes. Resumes shall NOT be submitted in lieu of these forms.

1. Principal-In-Cl	narge Qualif	ications				
Years	of Experience	ncipal-In-Charge: ce in the Industry: Current Employer:				
Education:						
Degree Received		Institution/S	School	Major/Discip	ine	Year
License Received		State Agency/l Body		Specialty Ar	ea	Year
Certificate Receive	d	Organiza	tion	Specialty Ar	rea	Year
Project Experience: Begin with your most rebackground required to full project. Current Firm: Current Job Title:		ned project responsib	pilities for the	e School of Medic	ine Educati	
	DO IFOT EVE		nployment:		hrough	
#1 Project Name:	RUJECI EXP	PERIENCE WITH CUF	KKENI FIKI	I LISTED ABOVE		
Owner:				Contact Name:		
Contract Amount:		\$		Completion Date:		
Job Title used on this project	ot:					
Project Responsibilities:						
Project Delivery:	Design Bui	ld Traditional	Other Sp	ecify:		
Completed For:	Institutional Other	l Client 🗌 Higher Edu	ıcation Client	☐ Private Agency	Public A	Agency 🗌
Type of Facility:	Classroom Active Lear Other	Office Building Ining Classrooms	Simulatio	n Laboratories 🗌		
Construction Type:	New □ Re	enovation \Box				



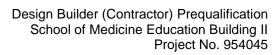


Building Square				Number of	
Footage:	lassroom Spaces: office Spaces:		;	Stories:	
	imulation Laboratories:				
	ecture Halls				
	ctive Learning				
C	lassrooms:				
	ther:				
T	otal Building SF:				
Did this project achiev	ve LEED Certification? Yes	□ No □	If yes,	specify: Silver	Gold Platinum
Was this an institution above grade?	onal or higher education	project that	was a m	inimum of three sto	ries Yes 🗌 No 🗌
	onal or higher education ately adjacent to occupied		was co	nstructed on a limit	ed and Yes ☐ No ☐
Did this project inc	lude the following? (Che	ck all the box	ces that a	apply)	
	on a challenging site				geotechnical conditions
	tructure coordination	<u> </u>	Construc		Itiple occupied facilities
					<u> </u>
Was this a higher educ	ation project that included	d classroom	and offic	e facilities?	Yes No No
Did the project include	de the following criteria?	(Check all th	e hoxes	that annly)	
	_				
	teaching classrooms/lecture		Ш	\$	Simulation laboratories
included acoustica		2-50 rating			
Vic	deo displays for instructional			Activ	e learning classrooms
Sound s	system & power data infrast instruction	ructure for nal spaces			
Other Specify:	: Other [Specify	:	Other 🗌	Specify:
DBIA, recognized na organizations commit lf yes, please speci	eve a significant design a ational or international setted to conferring awards for the type of award:	ocieties for for design ex	architec cellence	ture, or other distir	nguished Yes 🗌 No 🗌
Organization of	conferring the award:				
DDO IE	CT EXPERIENCE WITH			(1)	Liat Cirm\
PROJE	CI EXPERIENCE WITH _				List Firm)
#2 Project Name: _					
Owner:				Contact Name:	:
Contract Amount:	\$:
Job Title used on this p	oroject:				
Project Responsibilities	•				
Project Delivery:	Design Build T	raditional 🗌	Other [] Specify:	_





Completed For:	Institutional Client Higher Other	Education Client Private Agency Public Agency	
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	-	
Construction Type	P: New ☐ Renovation ☐		
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:	
Did this project ach	hieve LEED Certification? Yes 🗌 No 🗌	If yes, specify: Silver ☐ Gold ☐ Platinum ☐	
Was this an institu	utional or higher education project the	at was a minimum of three stories Yes \(\square \) No \(\square \)	
	tutional or higher education project the ediately adjacent to occupied facilities?		
Did this project	include the following? (Check all the b	ooxes that apply)	
Constructi	ion on a challenging site	Difficult topography/geotechnical conditions	
Heavy inf	Heavy infrastructure coordination Construction within 50 ft. of multiple occupied facilities		
Did the project i	education project that included classro	all the boxes that apply)	
	lity teaching classrooms/lecture halls that stical panel partition system with at least a STC-50 rating	Simulation laboratories	
	Video displays for instructional purposes	☐ Active learning classrooms ☐	
Soul	nd system & power data infrastructure for instructional spaces		
Other Spec	cify: Other Spec	offy: Other Specify:	
DBIA, recognized organizations com		ferred by the state, regional or national or architecture, or other distinguished Yes \(\scale \) No \(\scale \) excellence?	





PRO.	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on thi	is project:	
Project Responsibility	ties:	
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:
Completed For:	Institutional Client Higher E	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐
Construction Type	: New Renovation	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	nieve LEED Certification? Yes No	If yes, specify: Silver Gold Platinum
Was this an instituabove grade?	utional or higher education project tha	t was a minimum of three stories Yes 🗌 No 🗌
Was this an institu	utional or higher education project the diately adjacent to occupied facilities?	at was constructed on a limited and Yes No
Did this project	include the following? (Check all the b	oxes that apply)
Constructi	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
•	education project that included classroon	
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐
	Video displays for instructional purposes	Active learning classrooms
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	oify: Other Speci	fy: Other Specify:



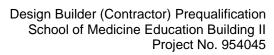
Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:	



2. Design Architect	ct Qualifications	S			
Name o	f Proposed Desig	gn Architect:			
	of Experience in t				
•	erience with Currer	nt Employer:			
Education: Degree Received	1	Institution/Scho	ool	Major/Discipline	Year
Degree Neceived		mstitution/Scric	JOI	wajor/Discipiine	i eai
				_	
License Received	d	State Agency/Licensi	ng Body	Specialty Area	Year
Certificate Receive	ed	Organization		Specialty Area	Year
				opcolanty viscoi	
Project Management Tr			e Application		
LIST	ali Project Managen	nent Training / Tools		Years of E	Experience
Project Experience:					
Begin with your most					
background required to f project.	ullil the assigned	a project responsibilitie	is for the Sc	nool of Medicine Educa	tion Building II
Current Firm:					
		Years			
Current Job Title:		Emplo	yment:	through	
	PRO IFCT EXP	ERIENCE WITH CURRI	ENT FIRM I I	ISTED AROVE	
#1 Project Name:	TROOLOT EXIL	LIGILIOL WITH CORRE		OTED ABOVE	
Owner:			C	ontact Name:	
Contract Amount:		\$		pletion Date:	
Job Title used on this pro	ject:				
Project Responsibilities:					
Project Delivery:	Design Build	☐ Traditional ☐ Oth	er Specify	:	
Completed For:	Institutional C	Client Higher Education	on Client 🗌 F	Private Agency Public	Agency
	Other	-			
	Classroom [Office Building	Simulation La	boratories	
Type of Facility:	Active Learni	ng Classrooms 🗌	•		
	Other				
Construction Type:	New □ Ren	ovation \square			

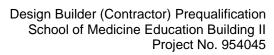


Building Square				umber of
Footage:	Classroom Spaces:		St	ories:
	Office Spaces: Simulation Laboratories	 s:		
	Lecture Halls			
	Active Learning			
	Classrooms: Other:			
	Total Building SF:	_		
Did this project ach	nieve LEED Certification	? Yes 🗌 No 🗌	If yes, s	pecify: Silver 🗌 Gold 🗌 Platinum 🗌
Was this an institu	utional or higher educa	ation project that	t was a min	nimum of three stories Yes ☐ No ☐
	utional or higher educ ediately adjacent to occ		at was cons	structed on a limited and Yes ☐ No ☐
Did this project	include the following?	(Check all the be	oxes that ap	oply)
Constructi	on on a challenging site		[Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination		Construction	on within 50 ft. of multiple occupied facilities
Was this a higher	education project that i	included classro	om and offic	ce facilities? Yes No
Did the project i	nclude the following cr	iteria? (Check a	II the boxes	that apply)
High gi	uality teaching classroom	s/lecture halls tha	t 🗆	Simulation laboratories
	ustical panel partition sys	tem with at least a	ì	
		STC-50 rating		
	Video displays for instr	ructional purposes	· 🗆	Active learning classrooms
Sc	ound system & power data in	a infrastructure for structional spaces		
		otraotional opacoc	,	
Other Sp	ecify:	Other Spe	cify:	Other Specify:
Did this waste to a	deleges a significant des			atata madanal annational
Did this project ac	nieve a significant des	sign award confe nal societies fo	erred by the r architectu	e state, regional or national ire, or other distinguished Yes ☐ No ☐
	mitted to conferring aw			
	ecify the type of award:			
Organizatio	on conferring the award:			
PRO	JECT EXPERIENCE W	TTH		(List Firm)
#2 Project Name:				
Owner:		•		Contact Name:
Contract Amount:	·	\$		Completion Date:
Job Title used on the Project Responsibility				
		□ -	l 04 🗆	Connection.
Project Delivery:	Design Build	Traditional	Other 🗌	Specify:





Completed For:	Institutional Client ☐ Higher Other ☐	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Buildin Active Learning Classrooms Other	-
Construction Type	: New ☐ Renovation ☐	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗌	If yes, specify: Silver ☐ Gold ☐ Platinum ☐
Was this an institu	itional or higher education project th	at was a minimum of three stories Yes No
confined site imme	utional or higher education project the diately adjacent to occupied facilities include the following? (Check all the	
	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
Did the project i High qual	ducation project that included classronclude the following criteria? (Check ity teaching classrooms/lecture halls that ical panel partition system with at least a STC-50 rating	all the boxes that apply) Simulation laboratories
-	Video displays for instructional purposes	
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	ify: Other Spec	cify: Other Specify:
DBIA, recognized organizations com		ferred by the state, regional or national or architecture, or other distinguished Yes \(\subseteq \text{No} \subseteq \text{excellence} \)





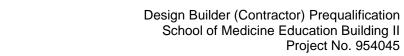
PRO.	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on thi	s project:	
Project Responsibili	ties:	
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:
Completed For:	Institutional Client ☐ Higher E	ducation Client Private Agency Public Agency
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐
Construction Type	: New Renovation	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories:	Number of Stories:
	Lecture Halls Active Learning Classrooms: Other: Total Building SF:	
Did this project ach	ieve LEED Certification? Yes No	If yes, specify: Silver ☐ Gold ☐ Platinum ☐
Was this an institu	utional or higher education project that	t was a minimum of three stories Yes No
	utional or higher education project that diately adjacent to occupied facilities?	at was constructed on a limited and Υes No
Did this project	include the following? (Check all the bo	oxes that apply)
Constructi	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
•	education project that included classroon nclude the following criteria? (Check a	
	ity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐
	Video displays for instructional purposes	Active learning classrooms
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	cify: Other ☐ Speci	fy: Other Specify:



	sign award conferred by the state, regional or national nal societies for architecture, or other distinguished ards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:		

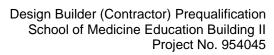


3. Project Manager Qualifications					
Name of Pr	oposed Projec	ct Manager:			
	xperience in t				
Years of Experier	ce with Currer	nt Employer:			
Education:					
Degree Received		Institution/School	Major/Disci	oline Year	
					
License Received		State Agency/Licensing Body	Specialty A	rea Year	
Certificate Received		Organization	Specialty A	Area Year	
		J.gam_auon	openius, 7		
Project Management Tra	aining / Tools	s (i.e. Computer Software A	Applications):		
		ment Training / Tools		Years of Experience	
		ence. List all project experined project responsibilities for			
Current Firm:					
		Years of			
Current Job Title:		Employmen	t:	through	
DI	O IFOT EVE	EDIENOE WITH OUDDENT F	IDM LIOTED ADOV	-	
	ROJECT EXPE	ERIENCE WITH CURRENT F	IKM LISTED ABOV	E	
#1 Project Name:					
Owner:		Φ.	Contact Name:		
Contract Amount: \$ Completion Date:					
Job Title used on this projec	::				
Project Responsibilities:					
Project Delivery:	Design Build	d 🗌 Traditional 📗 Other 🗌	Specify:		
Completed For:	Institutional Other	Client Higher Education Cl	ient Private Agend	cy Public Agency D	
	Classroom [☐ Office Building ☐ Simul	ation Laboratories		
Type of Facility:	Active Learn	ning Classrooms			
Construction Type:	New 🗌 Rei	novation			



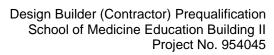


Building Square Footage:	Classroom Spaces:			Number of Stories:		
. comgo:	Office Spaces: Simulation Laboratories					
	Lecture Halls	•				
	Active Learning					
	Classrooms: Other:	-				
	Total Building SF:					
Did this project ac	hieve LEED Certification	? Yes ☐ No ☐	If yes, sp	ecify: Silver 🗌 Gold	l 🗌 Platinum 🗌	
Was this an instit above grade?	utional or higher educa	tion project that	was a mini	mum of three stories	Yes 🗌 No 🗌	
	tutional or higher educa ediately adjacent to occu		t was const	ructed on a limited a	and Yes 🗌 No 🗌	
Did this project	include the following?	(Check all the bo	xes that app	oly)		
	tion on a challenging site			ifficult topography/geote		
Heavy in	frastructure coordination		Construction	within 50 ft. of multiple	occupied facilities	
Was this a higher	education project that i	ncluded classro	om and office	e facilities?	Yes □ No □	
_					163 🗀 140 🗀	
	include the following cri	•			_	
	uality teaching classrooms sustical panel partition syst			Sin	nulation laboratories	
	Video displays for instr	uctional purposes		Active I	earning classrooms	
S	ound system & power data ins	a infrastructure for structional spaces				
Other S	pecify:	Other Spe	cify:	Other 🗌	Specify:	
Did this project a	chieve a significant des	ion award confe	rred by the	state regional or nat	ional	
DBIA, recognized	national or internation	nal societies for	architectur			
•	nmitted to conferring awa	ards for design e	excellence?			
	pecify the type of award: on conferring the award:					
- · g-····						
PRC	JECT EXPERIENCE WI	ITH		(List	Firm)	
#2 Project Name:						
Owner:				Contact Name:		
Contract Amount:		\$		Completion Date:		
Job Title used on th	nis project:			· · · · · · · · · · · · · · · · · · ·		
Project Responsibil	• •					
Project Delivery:	Design Build [☐ Traditional ☐	Other 🗌 S	specify:		





Completed For:	Institutional Client ☐ Higher Other ☐					
Type of Facility:	Classroom Office Buildin Active Learning Classrooms Other	-				
Construction Type	: New ☐ Renovation ☐					
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:				
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗌	If yes, specify: Silver ☐ Gold ☐ Platinum ☐				
Was this an institu	itional or higher education project th	at was a minimum of three stories Yes No				
Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Did this project include the following? (Check all the boxes that apply)						
	on on a challenging site	Difficult topography/geotechnical conditions				
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities				
Did the project i High qual	ducation project that included classronclude the following criteria? (Check ity teaching classrooms/lecture halls that ical panel partition system with at least a STC-50 rating	all the boxes that apply) Simulation laboratories				
-	Video displays for instructional purposes					
Sour	nd system & power data infrastructure for instructional spaces					
Other Spec	ify: Other Spec	cify: Other Specify:				
DBIA, recognized organizations com		ferred by the state, regional or national or architecture, or other distinguished Yes \(\subseteq \text{No} \subseteq \text{excellence} \)				





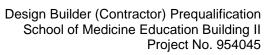
PRO.	JECT EXPERIENCE WITH	(List Firm)				
#3 Project Name:						
Owner:		Contact Name:				
Contract Amount:	\$	\$ Completion Date:				
Job Title used on thi	s project:					
Project Responsibili	ties:					
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:				
Completed For:	Institutional Client ☐ Higher E	ducation Client Private Agency Public Agency				
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐				
Construction Type	: New 🗌 Renovation 🗌					
Building Square Footage:	Classroom Spaces: Office Spaces:	Number of Stories:				
	Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:					
Did this project ach	ieve LEED Certification? Yes No	If yes, specify: Silver Gold Platinum				
Was this an institu	itional or higher education project that	t was a minimum of three stories Yes No				
	utional or higher education project that diately adjacent to occupied facilities?	at was constructed on a limited and γes No				
Did this project	include the following? (Check all the bo	oxes that apply)				
Construction on a challenging site Difficult topography/geotechnical conditions						
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities				
•	education project that included classroon nclude the following criteria? (Check a					
	ity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐				
	Video displays for instructional purposes	Active learning classrooms				
Sour	nd system & power data infrastructure for instructional spaces					
Other Spec	cify: Other ☐ Speci	fy: Other Specify:				



Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?			
If yes, please specify the type of award: Organization conferring the award:			

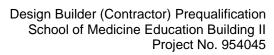


4. Architect of Recor	d Qualifications					
Years of E	Evnorioned in the Industry:					
Education:						
Degree Received	Institution/So	chool	Major/Discipline	Year		
License Received	State Agency/Li Body	icensing	Specialty Area	Year		
Certificate Receive	d Organizati	on	Specialty Area	Year		
Project 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 School of Medicine Education Building						
II project.						
Current Firm:	Voc	are of				
Current Job Title:	Years of Title: Employment		through			
D	ROJECT EXPERIENCE WITH CUR	DENT EIDM I I	STED ABOVE			
#1 Project Name:	ROJECT EXPERIENCE WITH COR	KENI FIKIVI LI	STED ABOVE			
Owner:			Contact Name:			
Contract Amount:	 \$		Completion Date:			
Job Title used on this project	·					
Project Responsibilities:						
Project Delivery:						
Completed For:	Institutional Client Higher Education Client Private Agency Public Agency Other					
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Classrooms Other					
Construction Type:	New ☐ Renovation ☐					



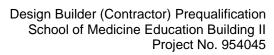


Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories Lecture Halls Active Learning Classrooms: Other:	s:	-	Number of Stories:
	Total Building SF:			
Did this project ach	nieve LEED Certification	? Yes ☐ No ☐	☐ If yes,	specify: Silver 🗌 Gold 🗌 Platinum 🗌
Was this an instituabove grade?	utional or higher educa	ntion project tl	nat was a m	inimum of three stories Yes ☐ No ☐
	utional or higher educediately adjacent to occ			nstructed on a limited and Yes ☐ No ☐
Did this project	include the following?	(Check all the	boxes that a	apply)
	ion on a challenging site			Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination		Construct	tion within 50 ft. of multiple occupied facilities
Was this a higher	education project that i	included class	room and of	ifice facilities? Yes No No
Did the project i	include the following cr	iteria? (Check	all the boxe	es that apply)
	uality teaching classroom	•		Simulation laboratories
	ustical panel partition sys	tem with at leas STC-50 rat	st a ing	Simulation laboratories
	Video displays for insti	ructional purpos	ses	Active learning classrooms
So	ound system & power data in	a infrastructure structional spac		
Other Sp	pecify:	Other S	pecify:	Other Specify:
Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? If yes, please specify the type of award: Organization conferring the award:				
PRO	JECT EXPERIENCE W	ITH		(List Firm)
				(====,,
#2 Project Name:				
Owner:	-			Contact Name:
Contract Amount:		\$		Completion Date:
Job Title used on th				
Project Responsibili				
Project Delivery:	Design Build	Traditional	Other	Specify:





Completed For:	Institutional Client ☐ Higher Other ☐	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Buildin Active Learning Classrooms Other	-
Construction Type	: New ☐ Renovation ☐	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗀	If yes, specify: Silver ☐ Gold ☐ Platinum ☐
Was this an institu	itional or higher education project th	at was a minimum of three stories Yes No
confined site imme	utional or higher education project the diately adjacent to occupied facilities include the following? (Check all the	
	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
Did the project i High qual	ducation project that included classronclude the following criteria? (Check ity teaching classrooms/lecture halls that ical panel partition system with at least a STC-50 rating	all the boxes that apply) Simulation laboratories
-	Video displays for instructional purposes	
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	ify: Other Spec	cify: Other Specify:
DBIA, recognized organizations com		ferred by the state, regional or national or architecture, or other distinguished Yes \(\subseteq \text{No} \subseteq \text{excellence} \)





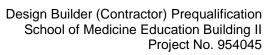
PRO.	JECT EXPERIENCE WITH	(List Firm)			
#3 Project Name:					
Owner:		Contact Name:			
Contract Amount:	\$	Completion Date:			
Job Title used on thi	s project:				
Project Responsibili	ties:				
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:			
Completed For:	Institutional Client ☐ Higher E	ducation Client Private Agency Public Agency			
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐			
Construction Type	: New Renovation				
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories:	Number of Stories:			
	Lecture Halls Active Learning Classrooms: Other: Total Building SF:				
Did this project ach	Did this project achieve LEED Certification? Yes ☐ No ☐ If yes, specify: Silver ☐ Gold ☐ Platinum ☐				
Was this an institutional or higher education project that was a minimum of three stories above grade? Yes ☐ No ☐					
Was this an institutional or higher education project that was constructed on a limited and $\gamma_{es} \square N_0 \square$ confined site immediately adjacent to occupied facilities?					
Did this project	include the following? (Check all the bo	oxes that apply)			
Constructi	on on a challenging site	Difficult topography/geotechnical conditions			
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities			
Was this a higher education project that included classroom and office facilities? Yes □ No □ Did the project include the following criteria? (Check all the boxes that apply)					
	ity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐			
	Video displays for instructional purposes	Active learning classrooms			
Sour	nd system & power data infrastructure for instructional spaces				
Other Spec	cify: Other ☐ Speci	fy: Other Specify:			



Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:	

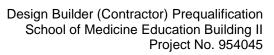


5. Landscape Architec	t Qualifications					
Name of Propose	ed Landscape Architect:					
•	Years of Experience in the Industry:					
Years of Experience	e with Current Employer:					
Education:						
Degree Received	Institution/Sch	iool Major/D	Discipline	Year		
						
License Received	State Agency/Lic	ensing Specia	alty Area	Year		
	Body					
Certificate Received	Organizatio	n Specia	alty Area	Year		
			_			
	ning / Tools (i.e. Computer Soft	ware Applications):				
List all Pi	oject Management Training / Tools		Years of Expe	erience		
Project Experience:						
	ent experience. List all project	experience that demo	nstrates the exp	erience and		
	II the assigned project responsibile					
II project.						
Current Firm:						
Current Job Title:	Year Emp		through			
Current Job Title: Employmen						
PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE						
#1 Project Name:						
Owner:		Contact Na	ame:			
Contract Amount:	\$	Completion D	Completion Date:			
Job Title used on this project:						
Project Responsibilities:						
Project Delivery:	Project Delivery: Design Build Traditional Other Specify:					
Completed For:	Institutional Client Higher Educa	ation Client Private Ac	gency Public A	aencv \square		
p	Other		<u>, </u>	<u></u>		
	Building Construction Landsc	ape \square				
Type of Project:	Other Specify:	·1 - —				
Construction Type:						
······································						
Did this project achieve LEF	D Certification? Yes No	If ves. specify: Silver	I I Gold □ Pl	atinum 🗌		





Did this project inclu	ude the following? (Check all the	he boxes that apply)
Construction on	a challenging site	Difficult topography/geotechnical conditions
Heavy infrastru	cture coordination	Construction within 50 ft. of multiple occupied facilities
Was this a higher educ	ation project that included clas	sroom and office facilities? Yes \(\scale \) No \(\scale \)
DBIA, recognized nation		onferred by the state, regional or national s for architecture, or other distinguished Yes \(\scale \) No \(\scale \) ign excellence?
If yes, please specify t	the type of award: ferring the award:	
Organization con		
Did this project include	the design of a signature outo	door environment? Yes No
Specify characterist	ics: (Check all the boxes that a	pply) - (Add images to illustrate features):
Urban public plazas place and identity	/ terraces that create a sense of	Sustainable landesane decign features.
place and identity L		Sustainable landscape design features Landscape / hardscape design that enhances
	vent spaces with an emphasis on	functionality and appearance of service spaces
indoor-outdoor conne	ections 📙	(loading docks etc.)
PROJECT	EXPERIENCE WITH	(List Firm)
#2 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on this pro	oject:	
Project Responsibilities:		
Project Delivery:	Design Build Traditiona	I ☐ Other ☐ Specify:
Completed For:	Institutional Client Higher Other	er Education Client Private Agency Public Agency
	Building Construction	Landscape
Type of Project:	Other Specify:	
Construction Type:	New Renovation	
Did this project achieve	LEED Certification? Yes No	☐ If yes, specify: Silver ☐ Gold ☐ Platinum ☐
	al or higher education project	t that was constructed on a limited and Yes No es?
• •	ude the following? (Check all the	* * * * * * * * * * * * * * * * * * * *
Construction on	a challenging site	Difficult topography/geotechnical conditions
	cture coordination	Construction within 50 ft. of multiple occupied facilities





DBIA, recognized nation	al or international societies for to conferring awards for design a type of award:	erred by the state, regional or national rarchitecture, or other distinguished Yes No excellence?
Did this project include t	the design of a signature outdoor	r environment? Yes \(\square\) No
Urban public plazas / te	erraces that create a sense of at spaces with an emphasis on	Sustainable landscape design features Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)
PROJECT E	XPERIENCE WITH	(List Firm)
#3 Project Name: Owner: Contract Amount: Job Title used on this proje Project Responsibilities:	\$ ct:	Contact Name: Completion Date:
Project Delivery:	Design Build Traditional	Other Specify:
Completed For:	Institutional Client ☐ Higher Ed	ducation Client Private Agency Public Agency
Type of Project:	Building Construction Land	dscape
Construction Type:	New ☐ Renovation ☐	
Did this project achieve LI	EED Certification? Yes No	If yes, specify: Silver 🗌 Gold 🗌 Platinum 🗌
	or higher education project that adjacent to occupied facilities?	at was constructed on a limited and Yes No
Did this project include Construction on a Heavy infrastruction		oxes that apply) Difficult topography/geotechnical conditions Construction within 50 ft. of multiple occupied facilities
Was this a higher educati	on project that included classroo	om and office facilities?
DBIA, recognized nation	al or international societies for to conferring awards for design of type of award:	erred by the state, regional or national r architecture, or other distinguished Yes No excellence?



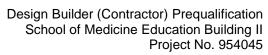
esign features	
Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)	

- Submit photograph(s) of projects referenced above completed by proposed Landscape Design Architect.
- b. Submit a list of similar projects completed in the past 5 years by the Landscape Architect firm. Include the following details:
 - Project name

- Project owner, include contact information
- Final construction amount
- Completion date

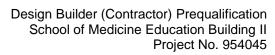


6. Mechanical Engine	er Qualification	ons			
Name of Propos	sed Mechanical	Engineer:			
	xperience in the				
Years of Experier	nce with Current	Employer:			
Education:					
Degree Received		Institution/School	Major/Discipline	Year	
License Received Sta		State Agency/Licensing Body	Specialty Area	Year	
			-	_	
Certificate Received Organization			Specialty Area	Year	
		i.e. Computer Software Ap		of Formarian as	
LIST AII	Project Managem	ent Training / Tools	Years	of Experience	
Project Experience:					
Begin with your most r		ce. List all project experier d project responsibilities for			
Current Firm:					
		Years of			
Current Job Title:	bb Title: Employme		throug	h	
D	O LEGT EVDE	NENOE WITH OURRENT FIR	DM LIOTED ADOVE		
	ROJECT EXPER	RIENCE WITH CURRENT FIF	KM FI21ED AROVE		
#1 Project Name:					
Owner:		•	_ Contact Name:		
Contract Amount:	<u> </u>				
Job Title used on this project	t:				
Project Responsibilities:					
Project Delivery:	Design Build ☐ Traditional ☐ Other ☐ Specify:				
Completed For:	Institutional Client Higher Education Client Private Agency Public Agency Other				
	Classroom	Office Building Simulat	tion Laboratories		
Type of Facility:	Active Learnin	earning Classrooms			
Other					
Construction Type:	New 🗌 Rend	ovation			



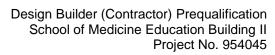


Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories Lecture Halls Active Learning Classrooms: Other:	s:	-	Number of Stories:
	Total Building SF:			
Did this project ach	nieve LEED Certification	? Yes ☐ No ☐	☐ If yes,	specify: Silver 🗌 Gold 🗌 Platinum 🗌
Was this an instituabove grade?	utional or higher educa	ntion project tl	nat was a m	inimum of three stories Yes ☐ No ☐
	utional or higher educediately adjacent to occ			nstructed on a limited and Yes ☐ No ☐
Did this project	include the following?	(Check all the	boxes that a	apply)
	ion on a challenging site			Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination		Construct	tion within 50 ft. of multiple occupied facilities
Was this a higher	education project that i	included class	room and of	ifice facilities? Yes No No
Did the project i	include the following cr	iteria? (Check	all the boxe	es that apply)
	uality teaching classroom	•		Simulation laboratories
	ustical panel partition sys	tem with at leas STC-50 rat	st a ing	Simulation laboratories
	Video displays for insti	ructional purpos	ses	Active learning classrooms
So	ound system & power data in	a infrastructure structional spac		
Other Sp	pecify:	Other S	pecify:	Other Specify:
Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? If yes, please specify the type of award: Organization conferring the award:				
PRO	JECT EXPERIENCE W	ITH		(List Firm)
				(====,,
#2 Project Name:				
Owner:	-			Contact Name:
Contract Amount:		\$		Completion Date:
Job Title used on th				
Project Responsibili				
Project Delivery:	Design Build	Traditional	Other	Specify:





Completed For:	Institutional Client Higher Other	Education Client Private Agency Public Agency		
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	-		
Construction Type:	New ☐ Renovation ☐			
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:		
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗌	If yes, specify: Silver ☐ Gold ☐ Platinum ☐		
Was this an institu	tional or higher education project that	at was a minimum of three stories Yes No		
Was this an institutional or higher education project that was constructed on a limited and $\gamma_{es} \square N_0 \square$ confined site immediately adjacent to occupied facilities?				
Did this project i	nclude the following? (Check all the b	poxes that apply)		
Construction	on on a challenging site	Difficult topography/geotechnical conditions		
Heavy info	astructure coordination	Construction within 50 ft. of multiple occupied facilities		
_	ducation project that included classronclude the following criteria? (Check a			
	ty teaching classrooms/lecture halls that ical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐		
	Video displays for instructional purposes	☐ Active learning classrooms ☐		
Sour	d system & power data infrastructure for instructional spaces			
Other Spec	ify: Other Spec	offy: Other Specify:		
DBIA, recognized organizations comi		ferred by the state, regional or national or architecture, or other distinguished Yes \(\scale \) No \(\scale \) excellence?		





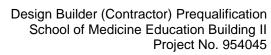
PRO.	JECT EXPERIENCE WITH	(List Firm)			
#3 Project Name:					
Owner:		Contact Name:			
Contract Amount:	\$	Completion Date:			
Job Title used on thi	s project:				
Project Responsibili	ties:				
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:			
Completed For:	Institutional Client ☐ Higher E	ducation Client Private Agency Public Agency			
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐			
Construction Type	: New Renovation				
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories:	Number of Stories:			
	Lecture Halls Active Learning Classrooms: Other: Total Building SF:				
Did this project ach	Did this project achieve LEED Certification? Yes ☐ No ☐ If yes, specify: Silver ☐ Gold ☐ Platinum ☐				
Was this an institutional or higher education project that was a minimum of three stories above grade? Yes ☐ No ☐					
Was this an institutional or higher education project that was constructed on a limited and $\gamma_{es} \square N_0 \square$ confined site immediately adjacent to occupied facilities?					
Did this project	include the following? (Check all the bo	oxes that apply)			
Constructi	on on a challenging site	Difficult topography/geotechnical conditions			
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities			
Was this a higher education project that included classroom and office facilities? Yes □ No □ Did the project include the following criteria? (Check all the boxes that apply)					
	ity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐			
	Video displays for instructional purposes	Active learning classrooms			
Sour	nd system & power data infrastructure for instructional spaces				
Other Spec	cify: Other ☐ Speci	fy: Other Specify:			



Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:	

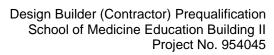


7. Electrical Enginee	r Qualifications	5		
Name of Prog	osed Electrical I	Engineer:		
	xperience in the			_
Years of Experier	nce with Current E	Employer:		
Education:				
Degree Received		Institution/School	Major/Discipline	Year
			-	
License Received		State Agency/Licensing Body	Specialty Area	Year
Certificate Received	t	Organization	Specialty Area	Year
	aining / Tools (i Project Manageme	.e. Computer Software App		Evnorionos
LISI dii	Project Manageme	ent Training / Tools	Teals of	Experience
Project Experience:				
Begin with your most re		ce. List all project experience I project responsibilities for the contract the co		
Current Firm:				
		Years of		
Current Job Title:		Employment:	through	
D.	O LEGT EVDED	IENOE WITH OURRENT FIRE	M LICTED ADOVE	
	RUJECT EXPER	IENCE WITH CURRENT FIRI	M FISTED ABOVE	
#1 Project Name:			0 1 11	
Owner:		Φ.	Contact Name:	
Contract Amount:		\$	Completion Date:	
Job Title used on this project	t:			
Project Responsibilities:				
Project Delivery:	Design Build [☐ Traditional ☐ Other ☐ Sp	pecify:	
Completed For:	Institutional Cli	ent Higher Education Clien	t 🗌 Private Agency 📗 Pub	lic Agency
	Classroom	Office Building Simulation	on Laboratories	
Type of Facility:	Active Learning	_ <u>_</u>		
•	Other			
Construction Type:	New Renov	vation		



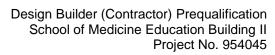


Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories Lecture Halls Active Learning Classrooms: Other:	s:	-	Number of Stories:
	Total Building SF:			
Did this project ach	nieve LEED Certification	? Yes ☐ No ☐	☐ If yes,	specify: Silver 🗌 Gold 🗌 Platinum 🗌
Was this an instituabove grade?	utional or higher educa	ntion project tl	nat was a m	inimum of three stories Yes ☐ No ☐
	utional or higher educediately adjacent to occ			nstructed on a limited and Yes ☐ No ☐
Did this project	include the following?	(Check all the	boxes that a	apply)
	ion on a challenging site			Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination		Construct	tion within 50 ft. of multiple occupied facilities
Was this a higher	education project that i	included class	room and of	ifice facilities? Yes No No
Did the project i	include the following cr	iteria? (Check	all the boxe	es that apply)
	uality teaching classroom	•		Simulation laboratories
	ustical panel partition sys	tem with at leas STC-50 rat	st a ing	Simulation laboratories
	Video displays for insti	ructional purpos	ses	Active learning classrooms
So	ound system & power data in	a infrastructure structional spac		
Other Sp	pecify:	Other S	pecify:	Other Specify:
DBIA, recognized organizations com	national or internation mitted to conferring aw	nal societies ards for desig	for architect n excellence	he state, regional or national ture, or other distinguished Yes No =
PRO	JECT EXPERIENCE W	ITH		(List Firm)
				(====,,
#2 Project Name:				
Owner:	-			Contact Name:
Contract Amount:		\$		Completion Date:
Job Title used on th				
Project Responsibili				
Project Delivery:	Design Build	Traditional	Other	Specify:





Completed For:	Institutional Client Higher Other	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	-
Construction Type:	New ☐ Renovation ☐	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗌	If yes, specify: Silver ☐ Gold ☐ Platinum ☐
Was this an institu	tional or higher education project that	at was a minimum of three stories Yes No
	itional or higher education project the diately adjacent to occupied facilities?	nat was constructed on a limited and Yes No No
Did this project i	nclude the following? (Check all the b	poxes that apply)
Construction	on on a challenging site	Difficult topography/geotechnical conditions
Heavy info	astructure coordination	Construction within 50 ft. of multiple occupied facilities
_	ducation project that included classronclude the following criteria? (Check a	
	ty teaching classrooms/lecture halls that ical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐
	Video displays for instructional purposes	☐ Active learning classrooms ☐
Sour	d system & power data infrastructure for instructional spaces	
Other Spec	ify: Other Spec	offy: Other Specify:
DBIA, recognized organizations comi		ferred by the state, regional or national or architecture, or other distinguished Yes \(\scale \) No \(\scale \) excellence?

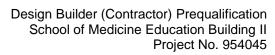




PRO.	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on thi	is project:	
Project Responsibility	ties:	
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:
Completed For:	Institutional Client Higher E	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐
Construction Type	: New Renovation	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	nieve LEED Certification? Yes No	If yes, specify: Silver Gold Platinum
Was this an instituabove grade?	utional or higher education project tha	t was a minimum of three stories Yes 🗌 No 🗌
Was this an institu	utional or higher education project the diately adjacent to occupied facilities?	at was constructed on a limited and Yes No
Did this project	include the following? (Check all the b	oxes that apply)
Constructi	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
•	education project that included classroon	
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐
	Video displays for instructional purposes	Active learning classrooms
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	oify: Other Speci	fy: Other Specify:

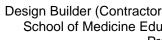


Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:	



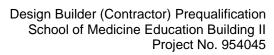


9. Structural Engine	er Qualifications			
Name of Pro	oosed Structural Engineer:			
•	Experience in the Industry:			
	nce with Current Employer:			
Education:				
Degree Received	Institut	tion/School	Major/Discipline	Year
License Received		ency/Licensing	Specialty Area	Year
LICONICO MOCCINO		Body	opedialty / lica	rear
		_		
0 111 1 5 1				
Certificate Receive	ed Orga	anization	Specialty Area	Year
				-
D : 414 4.T			•	
	raining / Tools (i.e. Compute I Project Management Training / To		Years of E	yporioneo
List a	r Froject Management Training / To	0015	reals of E	xpenence
Project Experience:				
	ecent experience. List all pr	oiect experience	that demonstrates the ex	operience and
	ulfill the assigned project response			
II project.	3 1 , 1			3
Current Firm:				
		Years of		
Current Job Title:	b Title: Employment:		through	
	ROJECT EXPERIENCE WITH (CURRENT FIRM I	LISTED ABOVE	
#1 Project Name:				
Owner:			Contact Name:	
Contract Amount:	\$	Co	ompletion Date:	
Job Title used on this project	t:			
Project Responsibilities:				
Project Delivery:	Design Build Traditional [Other Spec	ify:	
Completed For:	Institutional Client Higher	Education Client	Private Agency Public	c Agency 🗌
•	Other			<u> </u>
	Classroom Office Buildin	g Simulation	Laboratories	
Type of Facility:	Active Learning Classrooms			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other			
Construction Type:	New ☐ Renovation ☐			



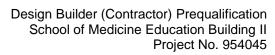


Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories Lecture Halls Active Learning Classrooms: Other: Total Building SF:	::		umber of cories:
Did this project ach	nieve LEED Certification	? Yes 🗌 No 🗌	If yes, s	pecify: Silver 🗌 Gold 🗌 Platinum 🗌
Was this an instituabove grade?	utional or higher educa	tion project tha	t was a min	nimum of three stories Yes 🗌 No 🗌
	utional or higher educational or higher educational or higher educational or higher than the contraction of		at was cons	structed on a limited and Yes 🗌 No 🗌
Did this project	include the following?	(Check all the b	oxes that ap	pply)
Constructi	on on a challenging site	`		Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination		Construction	on within 50 ft. of multiple occupied facilities
Was this a higher	education project that i	ncluded classro	om and office	ce facilities? Yes No
Did the project i	nclude the following cr	iteria? (Check a	III the hoves	that apply)
	_	•		_
	uality teaching classrooms ustical panel partition syst		a	Simulation laboratories
	Video displays for instr			Active learning classrooms
Sc	ound system & power data in	a infrastructure fo structional space		
Other Sp	ecify:	Other Spe	ecify:	Other Specify:
DBIA, recognized organizations com If yes, please sp	national or internation	nal societies fo ards for design	r architectu excellence?	e state, regional or national ire, or other distinguished Yes No
PRO	JECT EXPERIENCE W	ITH		(List Firm)
				(=====
#2 Project Name:				
Owner:				Contact Name:
Contract Amount:		\$		Completion Date:
Job Title used on th	is project:			
Project Responsibili	ties:			
Project Delivery:	Design Build	Traditional [Other 🔲	Specify:





Completed For:	Institutional Client ☐ Higher Other ☐	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Buildin Active Learning Classrooms Other	-
Construction Type	: New ☐ Renovation ☐	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	ieve LEED Certification? Yes 🗌 No 🗀	If yes, specify: Silver ☐ Gold ☐ Platinum ☐
Was this an institu	itional or higher education project th	at was a minimum of three stories Yes No
confined site imme	utional or higher education project the diately adjacent to occupied facilities include the following? (Check all the	
	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
Did the project i High qual	ducation project that included classronclude the following criteria? (Check ity teaching classrooms/lecture halls that ical panel partition system with at least a STC-50 rating	all the boxes that apply) Simulation laboratories
-	Video displays for instructional purposes	
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	ify: Other Spec	cify: Other Specify:
DBIA, recognized organizations com		ferred by the state, regional or national or architecture, or other distinguished Yes \(\subseteq \text{No} \subseteq \text{excellence} \)





PRO.	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on thi	is project:	
Project Responsibility	ties:	
Project Delivery:	Design Build 🗌 Traditional 🗌] Other ☐ Specify:
Completed For:	Institutional Client Higher E	Education Client Private Agency Public Agency
Type of Facility:	Classroom Office Building Active Learning Classrooms Other	☐ Simulation Laboratories ☐
Construction Type	: New Renovation	
Building Square Footage:	Classroom Spaces: Office Spaces: Simulation Laboratories: Lecture Halls Active Learning Classrooms: Other: Total Building SF:	Number of Stories:
Did this project ach	nieve LEED Certification? Yes No	If yes, specify: Silver Gold Platinum
Was this an instituabove grade?	utional or higher education project tha	t was a minimum of three stories Yes 🗌 No 🗌
Was this an institu	utional or higher education project the diately adjacent to occupied facilities?	at was constructed on a limited and Yes No
Did this project	include the following? (Check all the b	oxes that apply)
Constructi	on on a challenging site	Difficult topography/geotechnical conditions
Heavy inf	rastructure coordination	Construction within 50 ft. of multiple occupied facilities
•	education project that included classroon	
	lity teaching classrooms/lecture halls that tical panel partition system with at least a STC-50 rating	☐ Simulation laboratories ☐
	Video displays for instructional purposes	Active learning classrooms
Sour	nd system & power data infrastructure for instructional spaces	
Other Spec	oify: Other Speci	fy: Other Specify:



	sign award conferred by the state, regional or national nal societies for architecture, or other distinguished ards for design excellence?	Yes 🗌 No 🗌
If yes, please specify the type of award: Organization conferring the award:		



IV. CLAIMS HISTORY

A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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

Complete a separate **FORM A – OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM** tabulation sheet for all claims: a) in excess of \$30,000 for poor workmanship, incomplete performance, defective work, or b) in excess of \$30,000 for unexcused delays in completion, asserted by Owner and/or Performance/Payment Bond sureties against the Design Builder (Contractor) within the past five (5) years which were resolved with the result that Design Builder (Contractor), its surety or insurer was required to pay to Owner, or was assessed a deduction in the contract price by Owner, an amount exceeding 40% of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration, or lawsuit or by negotiated settlement with Owner or third party.

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

B. DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

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

Complete a separate FORM B – DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM tabulation sheet for all claims (including false claims) in excess of \$30,000 for extra compensation or damages asserted by Design Builder (Contractor) against Owners within the past five (5) years, which were resolved with the result that Design Builder (Contractor) received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes subcontractor claims ("pass through" claims) even if the Design Builder (Contractor) had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration, or lawsuit or by negotiated settlement with Owner or third party. Do not include stop notices or causes of action to enforce stop notices.

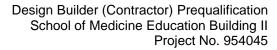
A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form B. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

C. OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

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

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

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



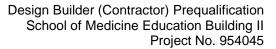


FORM A

OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM Use one Form per Lawsuit or Arbitration (Make Copies as Needed

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)
Are there claims that meet the criteria in Section IV.A of this statement? Yes \square No \square If yes, please complete the form and sign below:
Case Name and Number including Name and Location of Court or Arbitration Service:
Date Arbitration or Litigation Commenced:
Project Name:
Project or Contract Number:
Project Location: , , , , , Street Address City & State Zip Code
Name of Owner:
Contact Person: Name & Title Telephone:
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.



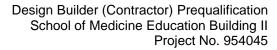


FORM B

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? If yes, please complete the form and sign below: Yes No					
Case Name and Number including Name and Location of Court or Arbitration Service:					
Date Arbitration or Litigation Commenced:					
Project Name:					
Project or Contract Number:					
Project Location: , , , , , 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.					

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FORM C

OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)				
Are there claims that meet the criteria in Section IV.C of this statement? If yes, please complete the form and sign below: Yes No				
Case Name and Number including Name and Location of Court or Arbitration Service:				
Date Arbitration or Litigation Commenced:				
Project Name:				
Project or Contract Number:				
Project Location: , , , , 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):				
My signature below signifies my declaration that the answers provided on this Form C are true and correct.				
Design Firm's Authorized Signature:				
Printed Name & Title:				
If signed by other than the sole proprietor, a general partner or corporate officer,				

Page 134 of 135

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 pr	roject is an admitted surety insurer as defined in the	
	4.	California Code of Civil Procedure Section Surety(ies) acknowledges its intent to procedure (Contractor) is awarded the Project.	n 995.120; rovide bonding of the Project in the event Design Builder	
	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).			
	Res	sumes of all proposed Key Personnel (refer	rence Sections III.B and III.D).	
		natures declaring the answers on Forms A	A, B, and C are true and correct (reference Section IV -	
V	ı De	ECLARATION		
V	i. Di	LOLARATION		
I,		hereby dec	clare that I am the	
''	-	Printed Name	Title	
of			submitting this Prequalification Questionnaire;	
tha	t I a	Company Name	uppire on behalf of Decign Builder (Centractor): and that all	
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.				
		•	ng is true and correct, and that this declaration was executed	
at			County of	
		Location and City	County	
Sta	ate o	of on		
		State	Date .	
		_	Signature	
			C.g. with C	
			Printed Name	
		If signed by other than the sole proprie	etor, a general partner, or corporate officer,	
			of attorney or corporate resolution.	