

WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Design Build Delivery

SCHOOL OF MEDICINE EDUCATION BUILDING II PROJECT NO. 954045

**MANDATORY
PREQUALIFICATION CONFERENCE:**

MONDAY, AUGUST 10, 2020 AT 10:30 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)

**WARM-AIR HEATING, VENTILATING and Air-Conditioning SUBCONTRACT ESTIMATE:
 \$5,500,000**

B. PROJECT TIMING

- | | |
|--|------------------------------|
| • Prequalification Questionnaire issued: | July 27, 2020 |
| • Mandatory Prequalification Conference | August 10, 2020 |
| • Prequalification Questionnaire due: | August 21, 2020 |
| • Issue Request for Proposal to selected Design Build Teams: | 3 rd Quarter 2020 |
| • Proposals due: | 4 th Quarter 2020 |
| • Notice of Selection: | 1 st Quarter 2021 |
| • Award Contract & Notice to Proceed: | 1 st Quarter 2021 |

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 Documents, Construction Documents, and the actual construction of the project.

C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

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

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

This project is subject to **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. SUBCONTRACTOR PREQUALIFICATION PROCESS

The University has established a list of trades in which subcontractors will be required to prequalify. The purpose of the Prequalification Questionnaire is to provide the University with sufficient information to determine if the subcontractor is “responsible” to satisfactorily perform the proposed work. The term “responsible” has reference to trustworthiness, quality, fitness, capacity, experience, and ability of the subcontractor to satisfactorily perform the work. Prequalified Design Builder (Contractors) must use prequalified subcontractors for the trades established by the University to submit a responsive proposal for this project¹.

The prequalification process is as follows:

1. Questionnaire

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

Prequalification Questionnaires are available to all interested subcontractors and will only be issued electronically at:

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

For information call [Lynn Javier \(949\) 254-3494](tel:9492543494) or email lynn.javier@anseradvisory.com and copy [Betty Osuna](mailto:betty.osuna@ucr.edu) at email betty.osuna@ucr.edu or call [\(951\) 827- 4590](tel:9518274590).

1. Mandatory Prequalification ZOOM Conference

Subcontractors interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on **Monday August 10, 2020, beginning promptly at 10:30 AM.**

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

Any interested subcontractors who sign-in to the Mandatory Prequalification Zoom Conference after **10:35 AM** will be precluded from the prequalification process and may only bid as a sub-subcontractor.

Interested subcontractors 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

SUBCONTRACTORS 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

Subcontractors interested in prequalifying to bid on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that subcontractors may incur to complete the prequalification process. All applicable portions of the attached forms shall be completed with attachments if the space provided on the questionnaire is not sufficient. **QUESTIONNAIRES FAILING TO CLEARLY PRESENT ALL OF THE REQUESTED INFORMATION, OR THAT ARE NOT IN THE FORMAT REQUESTED MAY BE CONSIDERED NON-RESPONSIVE AND REJECTED ON THAT BASIS.** Each copy of the submittal must be complete and fully responsive to the requirements of the Prequalification Questionnaire.

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 short-listed firms.

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

Subcontractors 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. The subcontractors that receive **185** or more points out of a possible **370** points based on the established rating system will be listed in the Request for Proposal Documents as a prequalified subcontractor.

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

1. **CONSTRUCTION EXPERIENCE:** **200 Possible Points**
Have sufficient project experience as referenced in Item III. The projects submitted will receive points based on the extent to which they meet the listed criteria.
2. **KEY PERSONNEL:** **250 Possible Points**
Demonstrate adequate experience for Key Personnel as referenced in Item IV (information submitted will receive points based on education, training, and experience).
3. **LICENSE:** **Pass/Fail**
Hold the proper license, current and active.
4. **ANNUAL REVENUE:** **Pass/Fail**
Have an annual 2019 revenue equal to or greater than **\$16,500,000**.
5. Submit all requested information that is current, accurate, and complete.

- B. To be eligible to bid on the project, subcontractors **must not have**:

1. **EXPERIENCE MODIFIER RATE:** **Pass/Fail**
An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.0 for 5 or more of the past ten years.
2. **SURETY:** **Pass/Fail**
A surety complete work on any contract within the past ten years.
3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS:** **Pass/Fail**
A Contractors State License Board disciplinary action in the past ten years.
4. **LABOR CODE VIOLATIONS:** **Pass/Fail**
Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.
5. **CLAIMS HISTORY:** **Pass/Fail**
A claim filed against it that meets the parameters specified in Items V.A or V.B.

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

1. **FINANCIAL DATA:** **20 Possible Points**
A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long term debt), and has a debt to net worth ratio (long term debt) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The University may deem subcontractors with poor financial standing not qualified.

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

After review of the Prequalification Questionnaire, the University may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE" do not leave any spaces blank.

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

The University reserves the right to 1) re-open the subcontractor prequalification process if the University determines that there are insufficient prequalified subcontractors to support the Proposal process. The University will use the same criteria in evaluating the merits of additional applicants and/or 2) reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

II. PREQUALIFICATION QUESTIONNAIRE

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

A. SUBCONTRACTOR COMPANY NAME AND ADDRESS

Company Name: _____

_____ Telephone _____ Facsimile _____

Street Address: _____ , _____ , _____

Street Address City & State Zip Code

B. CONTACT INFORMATION

Contact Person #1: _____

Name, Title Telephone

Email

Contact Person #2: _____

Name, Title Telephone

Email

C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE

Parent Company: Subsidiary: Other: _____

(Please list)

Branch Office: Division:

D. TYPE OF BUSINESS ORGANIZATION

Corporation: State of Incorporation: _____

Partnership: Joint Venture: Sole Proprietorship:

Other: _____

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

Date of Organization: _____ General: Association:

Name and complete legal address of each general partner:

Partner's Name	Legal Address
----------------	---------------

Partner's Name	Legal Address
----------------	---------------

Total number of employees on payroll in the corporation: _____

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

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

City, State & Zip Code

President's Name	Vice President's Name
------------------	-----------------------

Secretary's Name	Treasurer's Name
------------------	------------------

E. YEAR COMPANY WAS ESTABLISHED

Year established: _____

F. PARENT COMPANY INFORMATION (IF APPLICABLE)

Company Name: _____

Telephone	Facsimile
-----------	-----------

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

Contact Person: _____
Name, Title Telephone

G. LIST ALL FORMER COMPANY NAMES

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

H. LICENSE

The **Warm-Air Heating, Ventilating and Air-Conditioning** Subcontractor must have a current and active California State Contractors license with a **“C20” Warm-Air Heating, Ventilating and Air-Conditioning** Contractor Classification for this Project.

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

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.

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

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

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

License Class/Classes	Certification(s)
-----------------------	------------------

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

I. CONTRACTOR’S LICENSE BOARD DISCIPLINARY PROCEEDINGS

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

If yes, give details including dates:

J. DEBARMENT

Is your company currently debarred by any Federal, State, or local agency? Yes No

If yes, give details including dates:

K. LABOR CODE VIOLATIONS

Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?

Yes No

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

If yes, give details including dates:

L. SURETY

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

Surety Company #1: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____ to _____	Has listed Surety Company #1 completed work for a project your firm defaulted on?		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

Surety Company #2: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____ to _____	Has listed Surety Company #2 completed work for a project your firm defaulted on?		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

Surety Company #3: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____ to _____	Has listed Surety Company #3 completed work for a project your firm defaulted on?		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

Surety Company #4: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____ to _____	Has listed Surety Company #4 completed work for a project your firm defaulted on?		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

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

M. FINANCIAL DATA

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 fiscal years):

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

2. Net Income (past 3 fiscal years):

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

3. Current Assets (past 3 fiscal years):

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

4. Current Liabilities (past 3 fiscal years):

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

5. Total Long-Term Debt (past 3 fiscal years):

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

6. Total Net Worth (past 3 fiscal years):

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

7. Total Bonding Capacity:

\$ _____

8. Total Available Bonding Capacity:

\$ _____

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

N. EXPERIENCE MODIFICATION RATE

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

2010: _____ 2011: _____ 2012: _____ 2013: _____ 2014: _____

2015 _____ 2016: _____ 2017: _____ 2018: _____ 2019: _____

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

Submit a letter from your Workers' Compensation carrier
 showing your Experience Modification rate for the past ten years.

O. YEARS OF EXPERIENCE

Does your company have at least ten years of experience as a **Warm-Air Heating, Ventilating and Air-Conditioning Contractor**? Yes No

P. INSURANCE

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

Q. SUPPLEMENTAL COMPANY INFORMATION

1. Safety Program

a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Yes No

b. Does your company have personnel permanently assigned to safety? Yes No

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

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

2. Quality Control Processes

a. Does your company have a written QA/QC program? Yes No

b. Does your firm have personnel permanently assigned to QA/QC? Yes No

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

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

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

III. CONSTRUCTION EXPERIENCE

A. COMPLETED CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

a. **Only information, experience and Work performed by the subcontractor’s office that will bid, manage, design, construct, and staff the project will be considered for prequalification.** Projects presented for consideration must be submitted on the forms attached to this section.

a. 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 Subcontractor’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**).

b. 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 Warm-Air Heating, Ventilating and Air-Conditioning cost was at least **\$4,000,000** each.
- At least two (2) institutional or higher education projects completed and **LOCATED IN THE STATE OF CALIFORNIA** for which the **Warm-Air Heating, Ventilating and Air-Conditioning** cost was at least **\$4,000,000** each.
- At least one (1) institutional or higher education project completed that **ACHIEVED LEED GOLD CERTIFICATION** or higher and for which the **Warm-Air Heating, Ventilating and Air-Conditioning** cost was at least **\$4,000,000**.
- At least two (2) institutional or higher education projects that were a minimum of **THREE (3) STORIES ABOVE GRADE**, for which the **Warm-Air Heating, Ventilating and Air-Conditioning** cost was at least **\$4,000,000** each.
- At least one (1) institutional or higher education project completed that was **CLOSELY SURROUNDED BY INTERCONNECTED UTILITY NETWORK** for which the **Warm-Air Heating, Ventilating and Air-Conditioning** cost was at least **\$4,000,000**.
- 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 **Warm-Air Heating, Ventilating and Air-Conditioning** cost was at least **\$4,000,000**:
 - 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.

c. Projects presented for consideration must be submitted on the forms attached to this section.

SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

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

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

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

Address of **Subcontractor's** Office that Performed the Work:
 _____ , _____ , _____
Street Address *City & State* *Zip Code*
 Name of **Subcontractor'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 **Subcontractor's** 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

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

Architect/Engineer: _____
 Address: _____ , _____ , _____
Street Address *City & State* *Zip Code*
 Telephone: _____ Facsimile: _____
 Contact Person: _____
Name & Title *Email*

SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

Contract Time:		
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year	
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____	
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)		
Total Contract Amount:		
_____ \$ Base Amount	_____ \$ Adjustment Due to Change Orders	_____ \$ Final Contract Amount
Project Information:		
Completed For: Institutional Client <input type="checkbox"/> Higher Education Client <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
Type of Facility: Classroom <input type="checkbox"/> Office Building <input type="checkbox"/> Simulation Laboratories <input type="checkbox"/> Active Learning Classrooms <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
Project Delivery: Design Build <input type="checkbox"/> Traditional <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
Construction Type: New <input type="checkbox"/> Renovation <input type="checkbox"/>		
Did this project achieve LEED Certification? Specify: Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was this an institutional or higher education project that was a minimum of three stories above grade? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was this an institutional or higher education project that was closely surrounded by interconnected utility network? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was this a higher education project that included classroom and office facilities? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/>	Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Video displays for instructional purposes <input type="checkbox"/>		
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Project Description: *(Provide a brief description)*

SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

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

Project Name: _____

Project or Contract Number: _____

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

Owner Information: _____
Owner's Name

Contact Person: _____

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

Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Name of **Subcontractor'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 **Subcontractor's** 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

General Contractor: _____

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

Telephone: _____ Facsimile: _____

Contact Person: _____
Name & Title Email

Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____

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

Telephone: _____ Facsimile: _____

Contact Person: _____
Name & Title Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Contract Time:

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

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

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

Total Contract Amount:

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

Project Information:

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

Project Description: *(Provide a brief description)*

SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Verify all contacts prior to submittal.

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

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

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

Address of **Subcontractor's** Office that Performed the Work:
 _____ , _____ , _____
Street Address *City & State* *Zip Code*
 Name of **Subcontractor'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 **Subcontractor's** 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

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

Architect/Engineer: _____
 Address: _____ , _____ , _____
Street Address *City & State* *Zip Code*
 Telephone: _____ Facsimile: _____
 Contact Person: _____
Name & Title *Email*

SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Contract Time:

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

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

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

Total Contract Amount:

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

Project Information:

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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

Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____

Other Specify: _____

Other Specify: _____

Project Description: *(Provide a brief description)*

SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

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

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

Owner Information: _____
Owner's Name

Contact Person: _____
 Address: _____ , _____ , _____
Street Address *City & State* *Zip Code*

Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
 _____ , _____ , _____
Street Address *City & State* *Zip Code*

Name of **Subcontractor'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 **Subcontractor's** 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

General Contractor: _____

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

Telephone: _____ Facsimile: _____

Contact Person: _____
Name & Title *Email*

Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____

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

Telephone: _____ Facsimile: _____

Contact Person: _____

Name & Title

Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Contract Time:

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

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

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

Total Contract Amount:

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

Project Information:

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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

Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____

Other Specify: _____

Other Specify: _____

Project Description: *(Provide a brief description)*

SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

Verify all contacts prior to submittal.

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

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

Owner Information: _____
Owner's Name

Contact Person: _____
 Address: _____, _____, _____
Street Address *City & State* *Zip Code*

Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
 _____, _____, _____
Street Address *City & State* *Zip Code*

Name of **Subcontractor'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 **Subcontractor's** 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

General Contractor: _____
 Address: _____, _____, _____
Street Address *City & State* *Zip Code*

Telephone: _____ Facsimile: _____

Contact Person: _____
Name & Title *Email*

Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____
 Address: _____, _____, _____
Street Address *City & State* *Zip Code*

Telephone: _____ Facsimile: _____

Contact Person: _____

Name & Title

Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

Contract Time:

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

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

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

Total Contract Amount:

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

Project Information:

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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

Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____

Other Specify: _____

Other Specify: _____

Project Description: *(Provide a brief description)*

A. SUBCONTRACTOR KEY PERSONNEL EXPERIENCE

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

1. PROJECT MANAGER QUALIFICATIONS

Name of Proposed Project Manager: _____
 Years of Experience in the Industry: _____
 Years of Experience with Current Employer: _____

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

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

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and School of Medicine Education Building II project.

Current Firm: _____
 Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

PROJECT EXPERIENCE WITH _____ (List Firm)

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces
 Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

2. FIELD SUPERINTENDENT QUALIFICATIONS

Name of Proposed Field Superintendent: _____
 Years of Experience in the Industry: _____
 Years of Experience with Current Employer: _____

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

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

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and School of Medicine Education Building II project.

Current Firm: _____
 Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

PROJECT EXPERIENCE WITH _____ (List Firm)

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces
 Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

3. QUALITY ASSURANCE MANAGER QUALIFICATIONS

Name of Proposed Quality Assurance Manager: _____

Years of Experience in the Industry: _____

Years of Experience with Current Employer: _____

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

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

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and School of Medicine Education Building II project.

Current Firm: _____
 Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: \$ _____ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces

Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

PROJECT EXPERIENCE WITH _____ (List Firm)

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

Completed For: Institutional Client Higher Education Client Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Renovation

Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No

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 closely surrounded by interconnected utility network? Yes No

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 Sound system & power data infrastructure for instructional spaces
 Video displays for instructional purposes

Other Specify: _____ Other Specify: _____ Other Specify: _____

V. CLAIMS HISTORY

A. GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

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

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

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

B. SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

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

Complete a separate **FORM B – SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM** tabulation sheet for all claims: in excess of \$20,000 for extra compensation or damages asserted by subcontractor against General Contractor within the last five (5) years which were resolved with the result that subcontractor received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes sub-subcontractor and material supplier claims ("pass through" claims) even if the subcontractor had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of arbitration or lawsuit or by negotiated settlement with General Contractor or third party. Do **not** include stop notices or causes of action to enforce stop notices.

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

FORM A

GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

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

Are there claims that meet the criteria in Section V.A of this statement? Yes No
If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

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

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

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

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by General Contractor against Subcontractor and/or persons or entities associated with Subcontractor:

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

Subcontractor's Signature: _____

Printed Name & Title: _____

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

FORM B

SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

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

Are there claims that meet the criteria in Section V.B of this statement? Yes No
If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

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

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

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

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for less than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by Subcontractor against General Contractor and/or persons or entities associated with General Contractor:

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

Subcontractor's Signature: _____

Printed Name & Title: _____

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

VI. REQUIRED COMPLETED ATTACHMENTS

- One (1) copy of all Audited Profit and Loss Statements (reference Section II.M Financial Data).
- Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.N Experience Modifier Rate).
- Resumes of all proposed Key Personnel (reference Section IV Key Personnel).
- Signature declaring the answers on Forms A and B are true and correct (reference Section V Claims History).

VII. DECLARATION

I, _____ hereby declare that I am the _____
 Printed Name Title

of _____ submitting this Prequalification Questionnaire;
 Company Name

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

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed

at _____ County of _____
 Location and City County

State of _____ on _____ .
 State Date

 Signature

 Printed Name

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