

ELECTRICAL 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

Lynn Javier Anser Advisory (949) 254-3494 / <u>lynn.javier@anseradvisory.com</u>

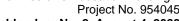
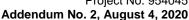




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I. **GENERAL**

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)

ELECTRICAL SUBCONTRACT ESTIMATE: \$8,500,000

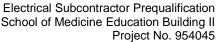
B. PROJECT TIMING

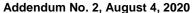
Prequalification Questionnaire issued:
 Mandatory Prequalification Conference
 Prequalification Questionnaire due:
 Issue Request for Proposal to selected Design Build Teams:
 Proposals due:
 Notice of Selection:
 Award Contract & Notice to Proceed:
 July 27, 2020
August 10, 2020
August 21, 2020
August 21, 2020
August 21, 2020

1st Quarter 2020
1st 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:

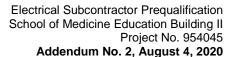
https://pdc.ucr.edu/business-opportunities/contractors

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

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 11:30 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 11:35 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.

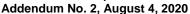
3. Submittal Procedures and Deadline

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 pregualified 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:

150 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 \$25,500,000.

- 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.



Electrical Subcontractor Prequalification School of Medicine Education Building II Project No. 954045

Addendum No. 2, August 4, 2020

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.

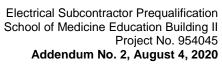
Prospective subcontractors that do not prequalify as a result of their response to the Questionnaire will receive written notice from the University and may request an informal hearing to contest the University's decision. The request for a hearing must be received in writing within three business days 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

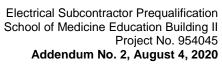
ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

A. SUBCONTRACTOR	COMPANY NAME AND ADDRESS		
Company Name:			
Street Address:	Telephone	Facsimile	
	Street Address	City & State	Zip Code
B. CONTACT INFORM	IATION		
Contact Person #1:			
	Name, Title		Telephone
	Email		
Contact Person #2:			
	Name, Title		Telephone
	Email		
C. ENTITY SUBMITTIN	NG THIS PREQUALIFICATION QUESTIONNAIRE		
Parent Company: [Subsidiary: Other:	(Please list)	
Branch Office:	☐ Division: ☐	(1 10000 1101)	





D. TYPE OF BUSIN	NESS ORGANIZATION		
	tate of Incorporation:		
Partnership:	oint Venture: Sole Proprietorship	D: 🗌	
Other:			
If a partnership , p	rovide the following information:		
Date of Organization	on: Genera	al: Association:	
Name and comple	te legal address of each general pa	rtner:	
Partner's I	Name	Legal Address	
Partner's l	Name	Legal Address	
	nployees on payroll in the corporation		
	nployees on payroll in the local office		
		yo caaniinii g uno proquamoanom	
Principal Office (if	different from above):	Street Address	_
		City, State & Zip Code	
Pres	ident's Name	Vice President's Name	
Secr	etary's Name	Treasurer's Name	
E. YEAR COMPAN	IY WAS ESTABLISHED		
Year established:			
F. PARENT COMP	PANY INFORMATION (IF APPLICABLE)		
Company Name:			
Company Name.			<u> </u>
	Telephone	Facsimile	<u> </u>
Street Address:		, ,	
	Street Address	City & State	Zip Code
Contact Person:	Name, Title		
	Name, Title	Teler	ohone

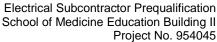


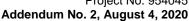


G. LIST ALL FORME	ER COMPANY NAMES		
		_	
	more space is needed, provide the inform reference to the project name and numbe		
H. LICENSE			
	Subcontractor must have a currel lectrical Contractor Classification for	nt and active California State Cont or this Project.	ractors license
The entity submitti	ng this Prequalification Question	naire must be the holder of the req	uisite license.
ALL LI	CENSES MUST BE CURRENT AND	ACTIVE THROUGHOUT THE PRO	JECT.
Does your firm have	the required current and active Ca	lifornia State Contractors license?	Yes No [
Name of Licensee a	as it appears on record with the Ca Issue Date:	lifornia Contractors State License B Expiration Date:	
Licer	nse Class/Classes	Certification(s)	
	in the past ten years? Yes	or revoked by the California Cor No □	ntractors State
I. CONTRACTOR'S	LICENSE BOARD DISCIPLINARY PROC	EEDINGS	
	any, during the past ten years, rece ate License Board? Yes ☐ No	eived any disciplinary action from the	e California
If yes, give det	tails 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	j	,
	Street Address	City & State	Zip Code
to	Has listed Surety Compa IM/YYYY for a project y	any #1 completed work	Yes ☐ No ☐
		our tirm detaulted on?	
(Period Covere	ea)		
Surety Company #2:	Surety's Name		T. I I
	Surety's Name		Telephone
Street Address:			
Sileet Address.	Street Address	City & State	7in Codo
	Stieet Address	Oily & State	Zip Code
to	Has listed Surety Compa	any #2 completed work	·
MM/YYYY N	Has listed Surety Compa for a project y	our firm defaulted on?	Yes 🗌 No 🗌
(Period Covere	ed)		
Surety Company #3:			
	Surety's Name)	Telephone
	•		·
Street Address:		,	,
	Street Address	City & State	, Zip Code
to	Has listed Surety Compa M/YYYY for a project y	any #3 completed work	Yes ☐ No ☐
(Period Cover	ed)		
Surety Company #4:	Surety's Name	<u> </u>	Talanhana
	Surety's Name)	Telephone
Street Address:			
Olicel Addiess.	Street Address	City & State	,
			2.p 000e
to	Has listed Surety Compa M/YYYY for a project y	any #4 completed work	Vaa 🗆 Na 🗀
MM/YYYY N	1M/YYYY for a project y	our firm defaulted on?	Yes 🗌 No 🗌
(Period Covere			

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



M. FINANCIAL DATA

N.

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total 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 (p	ast 3 fiscal yea	•	ncome (past 3 fi	• •
			nding	
Year Ending	\$	Year Er	nding	
Year Ending	\$	Year Er	nding	\$
3. Current Assets (p	oast 3 fiscal ye	ears): 4. Curre	ent Liabilities (pa	ast 3 fiscal years):
Year Ending	\$	Year Er	nding	\$
Year Ending	\$	Year Er		\$
Year Ending	\$	Year Er		\$
5. Total Long-Term	Debt (past 3 f	iscal years): 6. Total	Net Worth (pas	t 3 fiscal years):
Year Ending	\$	Year Er	nding	\$
Year Ending	\$	Year Er	nding	\$
Vaar Endina	•			Ф.
Year Ending	\$	Year Er	nding	\$
rear Ending 7. Total Bonding Ca			Available Bond	
7. Total Bonding Ca	apacity:		Available Bond	
7. Total Bonding Ca	apacity: \$ ONE (1) COP	8. Total Y OF ALL AUDITED FINAI RS OF OPERATION TO L	Available Bond \$ VCIAL STATEM	ling Capacity:
7. Total Bonding Ca	apacity: \$ ONE (1) COP	8. Total Y OF ALL AUDITED FINAI	Available Bond \$ VCIAL STATEM	ling Capacity:
7. Total Bonding Ca	apacity: SONE (1) COP T THREE YEA	8. Total Y OF ALL AUDITED FINAI RS OF OPERATION TO L	Available Bond \$ VCIAL STATEM	ling Capacity:
7. Total Bonding Ca UPLOAD FOR THE PAS EXPERIENCE MODIFIC	apacity: \$ ONE (1) COP T THREE YEA	8. Total Y OF ALL AUDITED FINAI RS OF OPERATION TO L	Available Bond \$ NCIAL STATEMI INK PROVIDED	ling Capacity: ENTS UNDER A
UPLOAD FOR THE PAS EXPERIENCE MODIFIC	apacity: SONE (1) COP T THREE YEA ATION RATE Workers' Comp	8. Total Y OF ALL AUDITED FINAI RS OF OPERATION TO L SEPARATE COVER	Available Bond \$ NCIAL STATEMINK PROVIDED	ENTS UNDER A ast ten years:

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

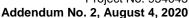
showing your Experience Modification rate for the past ten years.



Electrical Subcontractor Prequalification School of Medicine Education Building II Project No. 954045

Addendum No. 2, August 4, 2020

Э.	YEARS OF EXPERIENCE	
	Does your company have at least ten years of experience as an Electrical Contractor? Yes \(\subseteq \text{No} \square \)	
Ρ.	Insurance	
	The University shall pay for, obtain, and maintain a University Controlled Insurance Prog ("UCIP") providing Commercial Form General Liability Insurance coverage, Business Automore 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 V performed on or at the Project site.	obile age,
Q.	SUPPLEMENTAL COMPANY INFORMATION	
	1. <u>Safety Program</u>	
	a. Does your company have a written Injury and Illness Prevention Program (IIPP) that comwith California Code of Regulations, Title 8 Sections 1509 and 3203? Yes No	plies
	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 speduties:	<u>ecific</u>
	Name: Title:	
	Specific Duties:	
	Name: Title:	
	Specific Duties:	

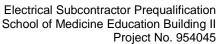




III. CONSTRUCTION EXPERIENCE

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 Electrical cost was at least \$5,000,000 each.
 - At least two (2) institutional or higher education projects completed and **LOCATED IN THE STATE OF CALIFORNIA** for which the **Electrical** cost was at least \$5,000,000 each.
 - At least one (1) institutional or higher education project completed that ACHIEVED LEED GOLD CERTIFICATION or higher and for which the Electrical cost was at least \$5,000,000.
 - At least two (2) institutional or higher education projects that were a minimum of THREE
 (3) STORIES ABOVE GRADE, for which the Electrical cost was at least \$5,000,000 each.
 - At least one (1) institutional or higher education project completed that was CLOSELY SURROUNDED BY INTERCONNECTED UTILITY NETWORK for which the Electrical cost was at least \$5,000,000, that included:
 - o Coordination and planning of major multi-facility or campus utility shutdowns.
 - o Temporary power for buildings with sensitive equipment.
 - o High voltage electrical infrastructure relocation and coordination.
 - 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 Electrical cost was at least \$5,000,000:
 - 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.



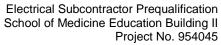


SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

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 N	lumber:		
Project Location:			
1 Tojoot Loodiion.	Street Address	City & State	, Zip Code
Owner Information:			
0	Owne	r's Name	
Contact Person:			
Address:	Street Address , _	City & State	,
T.1		•	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcent	ractor's Office that Performed the Work:		
Address of Subcont	ractor's Office that Performed the Work.		
	,		_ ,
	Street Address	City & State	Zip Code
Name of Subcontra	ctor's Project Manager for project:		
Was the Project Mar	nager listed above assigned the job at the start o	f the project?	Yes 🗌 No 🗌
Did the Project Mana	ager listed above complete the project?		Yes No No
Name of Subcontra	ctor's Superintendent for project:		
	dent listed above assigned the job at the start of	the project?	Yes 🗌 No 🗌
Did the Superintende	ent listed above complete the project?		Yes No No
General Contractor:			
Address:			
	Street Address	City & State	,Zip Code
Telephone:	Facsimile:		
Contact Person:			
_	Name & Title		Email
Name of General Co	ontractor's Project Manager for project:		
Architect/Engineer:			
Address:			
Address.	Street Address	City & State	,
		5 , 5. 5	_η
Telephone:	Facsimile:		
Contact Person:			
_	Name & Title		Email



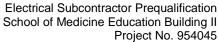


SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

Contract Time:				
Start Date: Scheduled Completion Date: Month/Day/Year Month/Day/Year				
Actual Completion Date: Days Extended due to Unexcused Dela	ivs:			
Month/Day/Year				
If project is not complete, specify percentage of completion: % (Total cost of work in	place)			
Total Contract Amount:				
<u> </u>	\$			
	Contract Amount			
Project Information:				
Completed For: Institutional Client Higher Education Client Private Agency Public Agency Other Specify:	Agency 🗌			
Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classroom 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 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 🗌			
Did the project include the following criteria? (Check all the boxes that apply)				
Coordination and planning of major multi-facility or High voltage electrical infrascampus utility shutdowns relocation and coordination.				
Temporary power for buildings with sensitive equipment.				
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 Sound system & portion acoustical panel partition system with at least a STC-50 rating infrastructure for instructional				
Video displays for instructional purposes				
Other Specify: Other Specify: Other Other	Specify:			



Project Description: (Provide a brief description)			



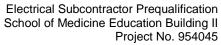


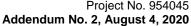
SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

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 information.		ner's Name		
Contact Person:				
Address:	Street Address	City & State	,	
Telephone:	Facsimile:	Email:	21ρ Gode	
теюрнопе.	i dosimile.	Liliali.		
Address of Subcon	tractor's Office that Performed the Work:			
	Street Address ,	City & State	Zip Code	
Name of Subcontra	actor's Project Manager for project:			
Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Yes No Did the Project Manager listed above complete the project?				
Name of Subcontra	actor's Superintendent for project:			
	Was the Superintendent listed above assigned the job at the start of the project? Did the Superintendent listed above complete the project? Yes No Yes No			
General Contractor				
General Contractor			_	
Address: _	Street Address ,	City & State	,	
		·	21p 3646	
Telephone:	Facsimile:			
Contact Person:				
	Name & Title		Email	
Name of General C	ontractor's Project Manager for project:			
Architect/Engineer:				
Address:				
	Street Address ,	City & State	Zip Code	
Telephone:	Facsimile:			
Contact Person:				
_	Name & Title		Email	





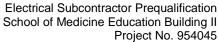


SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

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, sp	If project is not complete, specify percentage of completion: % (Total cost of work in place)				
Total Contract Amoun	t:				
\$	\$				
Base Amo	ount Adjustment Due to Change Orders Final Contract Amount				
Project Information:					
Completed For.	stitutional Client				
Type of Lability.	assroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learning Classrooms ☐ ther ☐ Specify:				
Project Delivery: De	esign 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 o	Was this an institutional or higher education project that was a minimum of three stories above grade?				
_	or higher education project that was closely surrounded by interconnected Yes No No				
Did the project include t	the following criteria? (Check all the boxes that apply)				
Coordination	n and planning of major multi-facility or High voltage electrical infrastructure campus utility shutdowns relocation and coordination				
Temporary power for buildings with sensitive equipment.					
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)					
	classrooms/lecture halls that included Sound system & power data nsystem with at least a STC-50 rating infrastructure for instructional spaces				
Vid	deo displays for instructional purposes				
Other Specify:	Other Specify: Other Specify:				



Project Description: (Provide a brief description)	



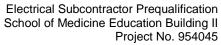


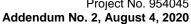
SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

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 N	lumber:		
Project Location:	,		,
	Street Address	City & State	Zip Code
Owner Information			
Owner Information:	Owr	ner's Name	
Contact Person:			
Address:			,
-	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcont	ractor's Office that Performed the Work:		
	,		,
	Street Address	City & State	Zip Code
Name of Subcontract	ctor's Project Manager for project:		
	ager listed above assigned the job at the sta		Yes No No
	ager listed above complete the project?		Yes No
	ctor's Superintendent for project:	4 - 4 41	V
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?			
	, , , , , , , , , , , , , , , , , , , ,		
General Contractor:			
Address:			
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
Oontdot i cison.	Name & Title		Email
Name of General Co	ntractor's Project Manager for project:		
	, , ,		
Architect/Engineer:			
Address:			
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email





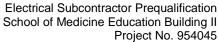


SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Contract Time:			
	Scheduled Completion Date: htth/Day/Year Month/Day/Year Days Extended due to Unexayand Dalays:		
Actual Completion Date			
	Month/Day/Year e, specify percentage of completion: """ (Total cost of work in place)		
Total Contract Amo	ount:		
\$	<u> </u>		
Base /	Amount Adjustment Due to Change Orders Final Contract Amount		
Project Information			
1 Toject illiormation			
Completed For:	Institutional Client		
Type of Facility:	Classroom		
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 institution grade?	al or higher education project that was a minimum of three stories above Yes No		
Was this an institution utility network?	al or higher education project that was closely surrounded by interconnected Yes No		
Did the project inclu	de the following criteria? (Check all the boxes that apply)		
Coordina	ation and planning of major multi-facility or High voltage electrical infrastructure campus utility shutdowns relocation and coordination		
Temporary power for buildings with sensitive equipment.			
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)			
	ning classrooms/lecture halls that included Sound system & power data tition system with at least a STC-50 rating infrastructure for instructional spaces		
-	Video displays for instructional purposes		
Other Spec	cify: Other Specify: Other Specify:		



Project Description: (Provide a brief description)	



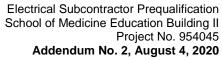


SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

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 Num	ber:		
Project Location:		·	, <u> </u>
	Street Address	City & State	Zip Code
Owner Information:			
Owner information.	Ow	ner's Name	
Contact Person:			
Address:	Street Address ,	City & State	,
Talanhana		•	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontract	or's Office that Performed the Work:		
	,	0": 0.0: 1	,
	reet Address	City & State	Zip Code
	"s Project Manager for project:		
	er listed above assigned the job at the st listed above complete the project?	art of the project?	Yes ∐ No ∐ Yes □ No □
, ,	's Superintendent for project:		
Was the Superintendent	listed above assigned the job at the sta	rt of the project?	Yes 🗌 No 🗍
Did the Superintendent li	isted above complete the project?		Yes No No
General Contractor:			
General Contractor.			
Address:	Street Address ,	City & State	,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email
Name of General Contra	ctor's Project Manager for project:		
A valaita at/E varia a a v			
Architect/Engineer:			
Address:	Street Address	City & State	,
	Sueel Address	City & State	∠ιρ ∪uα e
Telephone:	Facsimile:		
Contact Person:	AL OTHER		
	Name & Title		Email



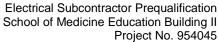


SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Contract Time:				
	Scheduled Completion Date: htth/Day/Year Month/Day/Year			
Actual Completion Date	:: Days Extended due to Unexcused Delays: Month/Day/Year			
If project is not complete	e, specify percentage of completion: % (Total cost of work in place)			
Total Contract Amo	ount:			
	\$ \$ 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?				
Was this an institutional or higher education project that was closely surrounded by interconnected utility network? Yes No				
Did the project inclu	de the following criteria? (Check all the boxes that apply)			
Coordina	Coordination and planning of major multi-facility or High voltage electrical infrastructure campus utility shutdowns relocation and coordination			
Temporary power for buildings with sensitive equipment.				
Was this a higher education project that included classroom and office facilities?				
Did the project inclu	de the following criteria? (Check all the boxes that apply)			
High quality teaching classrooms/lecture halls that included Sound system & power data acoustical panel partition system with at least a STC-50 rating infrastructure for instructional spaces				
Video displays for instructional purposes				
Other Spec	cify: Other Specify: Other Specify:			



Project Description: (Provide a brief description)	



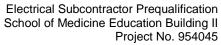


SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

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 N	umber:		
Project Location:			,
	Street Address	City & State	Zip Code
Our or Information			
Owner Information:	Own	er's Name	
Contact Person:			
Address:	·,		· · · · · · · · · · · · · · · · · · ·
	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontr	ractor's Office that Performed the Work:		
	Street Address ,	City & State	,
Name of Subcontract	ctor's Project Manager for project:	Ony & Oldio	2.10 0000
Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Yes No Did the Project Manager listed above complete the project?			
	ctor's Superintendent for project:		
	ent listed above assigned the job at the start int listed above complete the project?		Yes No Yes No No No
General Contractor:			
Address:	Street Address	City & State	,
		ony a state	2.10 0000
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email
Name of General Cor	ntractor's Project Manager for project:		
Architect/Engineer:			
Address:			
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email



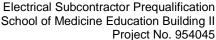


SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

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?				
Was this an institutional or higher education project that was closely surrounded by interconnected utility network? Yes □ No □				
Did the project include the following criteria? (Check all the boxes that apply)				
Coordination and planning of major multi-facility or High voltage electrical infrastructure campus utility shutdowns relocation and coordination				
Temporary power for buildings with sensitive equipment.				
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 Sound system & power data acoustical panel partition system with at least a STC-50 rating infrastructure for instructional spaces				
Video displays for instructional purposes				
Other Specify: Other Specify: Other Specify:				



Project Description: (Provide a brief description)	







grade?

SUBCONTRACTOR KEY PERSONNEL EXPERIENCE Complete all forms in their entirety AND attach resumes. Resumes shall NOT be submitted in lieu of these forms. **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 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: Institutional Client Higher Education Client Private Agency Public Agency Completed For: Other Specify: Classroom Office Building Simulation Laboratories Active Learning Classrooms Type of Facility: Design Build ☐ Traditional ☐ Other ☐ Specify: **Project Delivery: Construction Type:** New ☐ Renovation ☐ Did this project achieve LEED Certification? Specify: Silver ☐ Gold ☐ Platinum ☐ None ☐ Yes No No Was this an institutional or higher education project that was a minimum of three stories above Yes No No



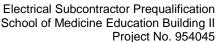
Vas this an institutionant erconnected utility n	al or higher education p etwork?	project that was o	closely su	rrounded by	Yes 🗌 No 🗌
Did the project include	le the following criteria	? (Check all the	boxes tha	at apply)	
Coordina	tion and planning of majo campus	or multi-facility or utility shutdowns		High voltage infrastructure reloca coo	
Temporary pov	wer for buildings with ser	nsitive equipment.			
Vas this a higher educ	ation project that inclu	ded classroom a	nd office f	facilities?	Yes 🗌 No 🗍
Did the project include	le the following criteria	? (Check all the	boxes tha	at apply)	
	ing classrooms/lecture hation system with at least			Sound system & po infrastructure for instructional	
	Video displays for instru	ctional purposes			
Other Speci	fy:	Other Sp	ecify:	Other 🗌	Specify:
#2 Project Name:	PROJECT EXPERIE	ENCE WITH CUR	RENT FIF	RM LISTED ABOVE	
Owner:			(Contact Name:	
Contract Amount: Job Title used on this p			Coi	mpletion Date:	
Project Responsibilities	-				
Completed For:	Institutional Client ☐ Other ☐ Specify:	Higher Education	on Client [☐ Private Agency ☐ Publ	lic Agency 🗌
Type of Facility:	Classroom ☐ Office Other ☐ Specify:	e Building 🗌 Sim	ulation Lab	poratories	Classrooms
Project Delivery:	Design Build Trac	ditional Other	☐ Specif	y:	
Construction Type:	New Renovation				
Did this project achie	ve LEED Certification?	Specify: Silver] Gold [Platinum 🗌 None 🗌	Yes 🗌 No 🗀
Was this an institutio grade?	nal or higher educatio	n project that wa	s a minim	um of three stories above	Yes 🗌 No 🗀
	nal or higher education network?	n project that was	s closely s	surrounded by	Yes 🗌 No 🗀
Did the project include	le the following criteria	? (Check all the	boxes tha	nt apply)	
Coordina	tion and planning of majo campus	or multi-facility or utility shutdowns		High voltage infrastructure reloc co	
Temporary pov	ver for buildings with ser	nsitive equipment.			

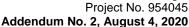


Was this a higher edu	Vas this a higher education project that included classroom and office facilities? Yes ☐ No ☐				
Did the project include	le the following criteria? (Check all the boxes that apply)				
	High quality teaching classrooms/lecture halls that included Sound system & power data acoustical panel partition system with at least a STC-50 rating frastructure for instructional spaces				
	Video displays for instructional purposes				
Other Speci	fy: Other Specify:	Other Specify:			
PROJ	ECT EXPERIENCE WITH	(List Firm)			
#3 Project Name:		()			
Owner:	Contact Name:				
Contract Amount: Job Title used on this p	•				
Project Responsibilities	s:				
Completed For:	Institutional Client ☐ Higher Education Client ☐ Private Ager Other ☐ Specify:	ncy Public Agency D			
Type of Facility:	of Facility: Classroom Classroom Simulation Laboratories Active Learning Classrooms Other Specify:				
Project Delivery:	Design Build ☐ Traditional ☐ Other ☐ Specify:				
Construction Type:	New Renovation				
Did this project achie	ve 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 \(\subseteq \text{No} \subseteq \)					
Did the project include	le the following criteria? (Check all the boxes that apply)				
Coordination and planning of major multi-facility or High voltage electrical campus utility shutdowns infrastructure relocation and coordination					
Temporary pov	ver for buildings with sensitive equipment.				
Was this a higher edu	cation 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 acoustical panel partition system with at least a STC-50 rating spaces				
V	ideo displays for instructional purp	oses		
Other Specify	: Other	Specify:	Other Specify:	
-			<u></u>	





Yes ☐ No ☐

Yes No No



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 Year Specialty Area **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: Institutional Client Higher Education Client Private Agency Public Agency Completed For: Other Specify: Classroom Office Building Simulation Laboratories Active Learning Classrooms Type of Facility: Other Specify: Design Build Traditional Other Specify: **Project Delivery:**

New ☐ Renovation ☐

Did this project achieve LEED Certification? Specify: Silver ☐ Gold ☐ Platinum ☐ None ☐

Was this an institutional or higher education project that was a minimum of three stories above

Construction Type:

grade?



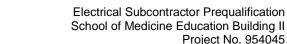
Was this an institutional interconnected utility n	al or higher education p network?	project that was	closely su	urrounded by	Yes No
Did the project include	de the following criteria	? (Check all the	boxes th	at apply)	
Coordina	tion and planning of majo campus	or multi-facility or utility shutdowns		High voltage infrastructure reloca coo	
Temporary pov	wer for buildings with sen	sitive equipment.	. 🔲		
Was this a higher educ	ation project that include	ded classroom a	and office	facilities?	Yes 🗌 No 🗌
Did the project include	de the following criteria	? (Check all the	boxes th	at apply)	
	ing classrooms/lecture hatition system with at least			Sound system & po infrastructure for instructional	
	Video displays for instru	ctional purposes			
Other Speci	ify:	Other Sp	ecify:	Other 🗌	Specify:
#2 Project Name:	PROJECT EXPERIE	NCE WITH CUF		RM LISTED ABOVE Contact Name:	
Owner:	Φ.			Contact Name:	
Contract Amount: Job Title used on this p				ompletion Date:	
Project Responsibilities	· ·				
Completed For:	Institutional Client Other Specify:	Higher Educati	on Client	☐ Private Agency ☐ Publ	lic Agency 🗌
Type of Facility:	Classroom ☐ Office Other ☐ Specify:	Building Sim	nulation La	boratories Active Learning	Classrooms
Project Delivery:	Design Build Trac	litional Othe	r 🗌 Speci	fy:	
Construction Type:	New Renovation				
Did this project achie	eve LEED Certification?	Specify: Silver] Gold [] Platinum [None [Yes 🗌 No 🗌
Was this an institution grade?	onal or higher education	n project that wa	as a minin	num of three stories above	Yes 🗌 No 🗌
	nal or higher education network?	project that wa	s closely	surrounded by	Yes 🗌 No 🗌
Did the project include	de the following criteria	? (Check all the	boxes th	at apply)	
Coordina	tion and planning of majo campus	or multi-facility or utility shutdowns		High voltage infrastructure reloc co	
Temporary pov	wer for buildings with sen	sitive equipment			

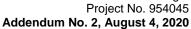


Was this a higher ed	ucation project that included classroom	and office facilitie	s? Y	′es ☐ No ☐
Did the project inclu	de the following criteria? (Check all the	boxes that apply)		
	ing classrooms/lecture halls that included tition system with at least a STC-50 rating		Sound system & power ture for instructional s	
	Video displays for instructional purposes			
Other Spec	ify: Other ☐ Spe	ecify:	Other S	specify:
PRO	JECT EXPERIENCE WITH		(List Fire	m)
#3 Project Name:				
Owner:		Contact N	ame:	
Contract Amount:	\$	Completion	Date:	
Job Title used on this				
Project Responsibilitie	S:			
Completed For:	Institutional Client Higher Educatio Other Specify:	n Client 🗌 Privat	re Agency 🗌 Publi	c Agency 🗌
Type of Facility:	Classroom ☐ Office Building ☐ Simu	ılation Laboratories	☐ Active Learning C	Classrooms
Project Delivery:	Design Build Traditional Other	☐ Specify:		
Construction Type:	New ☐ Renovation ☐			
Did this project achie	eve LEED Certification? Specify: Silver	Gold Platinu	m 🗌 None 🗌	Yes 🗌 No 🗌
grade?	onal or higher education project that was			Yes 🗌 No 🗌
Was this an institution interconnected utility	onal or higher education project that was	closely surround	ed by	Yes 🗌 No 🗌
Did the project inclu	de the following criteria? (Check all the l	boxes that apply)		
Coordina	tion and planning of major multi-facility or campus utility shutdowns		High voltage infrastructure reloc	
Temporary po	wer for buildings with sensitive equipment.			



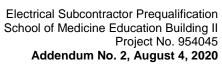
Was this a higher education project that included classroom and office facilities?				
Did the project include the following criteria? (Check all the boxes that apply)				
High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating Sound system & power data frastructure for instructional spaces				
Video displays	for instructional purposes	•		
Other Specify:	Other Specify:	Other Specify:		

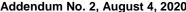






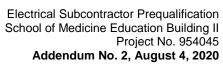
•	· · · · · · · · · · · · · · · · · · ·		
	•		
Years of Experie	nce with Current Employer:		
ceived	Institution/School	Major/Discipline	Year
ceived	State Agency/Licensing Body	Specialty Area	Year
Certificate Received Organization Specialty Area			
List all Project N	Management Training / Tools	Years of Ex	perience
		emonstrates the expe	ience an
Years of Employment: through			
PROJECT E	XPERIENCE WITH CURRENT FIRM LISTEL	DAROVE	
Considering Dates			
-	·	•	
Institutional Client			
Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms Other Specify:			
Project Delivery: Design Build Traditional Other Specify:			
Construction Type: New Renovation			
New 🗌 Reno			
		☐ None ☐ Yes ☐ N	No 🗌
ieve LEED Certific	vation cation? Specify: Silver Gold Platinum [lucation project that was a minimum of three	e stories Yes 🗌 N	<u> </u>
ieve LEED Certific	vation Gold Platinum	e stories Yes 🗌 N	<u> </u>
ieve LEED Certific ional or higher ed ional or higher ed ity network?	vation cation? Specify: Silver Gold Platinum [lucation project that was a minimum of three	e stories Yes 🗌 N	 No
	rime of Proposed Control Years of Years of Experies ceived ceived ceived List all Project Management of Education Building project to the species of the	Years of Experience with Current Employer: Ceived	The of Proposed Quality Assurance Manager: Years of Experience in the Industry: Years of Experience with Current Employer: The project Management Training / Tools The project Management Management Training / Tools The project Management M

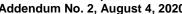






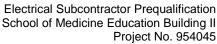
Temporary p	ower for buildings with	sensitive equipm	nent.		
as this a higher edu	ication project that inc	cluded classroo	om and office	facilities?	Yes 🗌 No 🗌
Did the project inclu	ude the following crite	eria? (Check al	I the boxes th	at apply)	
	ching classrooms/lecture artition system with at le			Sound system & infrastructure for in	
	Video displays for ins	structional purpo	ses		
Other Spe	ecify:	Other 🗌	Specify:	Other	Specify:
	PROJECT EXPE	RIENCE WITH	CURRENT F	IRM LISTED ABOVE	
#2 Project Name:		-			
Owner:				Contact Name:	
Contract Amount:	\$		C	ompletion Date:	
Job Title used on this Project Responsibiliti	• •				
Completed For:	Institutional Client Other Specify:	•	cation Client	☐ Private Agency ☐	Public Agency 🗌
Type of Facility:	Classroom ☐ Offic	ŭ	imulation Labo	oratories Active Learni	ng Classrooms 🗌
Project Delivery:	Design Build T	raditional 🗌 C	ther Speci	fy:	
Construction Type:	New Renovation	on 🗌			
Did this project ach	ieve LEED Certification	on? Specify: Silv	rer Gold	☐ Platinum ☐ None ☐	Yes No
Was this an institut above grade?	ional or higher educa	tion project tha	nt was a minir	num of three stories	Yes No
	ional or higher educat ty network?	tion project tha	t was closely	surrounded by	Yes 🗌 No 🗌
Did the project inclu	ude the following crite	eria? (Check all	the boxes th	at apply)	
Coordina	tion and planning of ma campus	ajor multi-facility s utility shutdowr			voltage electrical e relocation and coordination
Temporary pov	wer for buildings with se	ensitive equipme	nt.		
Was this a higher ed	ducation project that i	ncluded classr	oom and offic	ce facilities?	Yes 🗌 No 🗌
Did the project inclu	ude the following crite	eria? (Check all	I the boxes th	at apply)	
	ning classrooms/lecture tition system with at lea			Sound system of infrastructure for	
	Video displays for inst	ructional purpos	es		- F 30

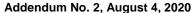






Other 📙 Spo	ecify:	Other 📙	Specify:	Other Specify:
PROJ	ECT EXPERIENCE	WITH		(List Firm)
#3 Project Name:				
Owner:				Contact Name:
Contract Amount:				Completion Date:
Job Title used on th	• •			
Project Responsibili	ties:			
Completed For:	Institutional Clie Agency ☐ Other ☐ Spec	ify:		☐ Private Agency ☐ Public
Type of Facility:	Classroom () () Other () Spec	· ·	Simulation Lal	boratories
Project Delivery:	Design Build 🗌	Traditional 🗌 🕕	Other 🗌 Spec	sify:
Construction Type	: New 🗌 Renov	ration \square		
	hieve LEED Certific		ver Gold [☐ Platinum ☐ None ☐ Yes ☐ No
Was this an institu above grade?	tional or higher ed	ucation project th	at was a mini	mum of three stories Yes No
Was this an institu interconnected util	tional or higher edu lity network?	cation project tha	at was closely	y surrounded by Yes ☐ No ☐
Did the project inc	lude the following c	riteria? (Check a	II the boxes t	hat apply)
Coordin	nation and planning o car	f major multi-facility npus utility shutdov		High voltage electrical infrastructure relocation and coordination
Temporary p	ower for buildings wi	th sensitive equipm	nent.	
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)				
	ching classrooms/led			Sound system & power data frastructure for instructional spaces
Video displays for instructional purposes				
Other Sp	ecify:	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.

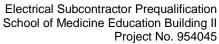
A signature by the subcontractor's sole proprietor, general partner, or corporate officer is required on Form A. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

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 <u>not</u> include stop notices or causes of action to enforce stop notices.

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



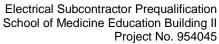


FORM A

GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)				
Are there claims that meet the criteria in Section V.A of this statement? 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 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.



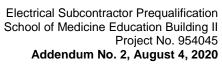


FORM B

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 \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: , , , , , 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 ATTACHI	MENTS			
 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 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	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.				