ADDENDUM NO. 3

August 12, 2020

SUBCONTRACTOR PREQUALIFICATION (ELECTRICAL, WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING, & PLUMBING)

FOR

SCHOOL OF MEDICINE EDUCATION BUILDING II
PROJECT NO. 954045







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

1. NOTICE INVITING SUBCONTRACTOR PREQUALIFICATION

Replace the Notice Inviting Subcontractor Prequalification with the one issued in this Addendum.

- a) A Second Mandatory Subcontractor Prequalification ZOOM Conference has been added on Monday, August 17, 2020 at 1:30 PM.
- b) Deadline to submit the Electrical, Warm-Air Heating, Ventilating and Air-Conditioning and Plumbing Subcontractor Prequalification Questionnaires has been changed to Monday, August 31, 2020 at 4:00 PM.

2. PREQUALIFICATION QUESTIONNAIRES

Replace the Electrical, Warm-Air Heating, Ventilating and Air-Conditioning and Plumbing Subcontractor Prequalification Questionnaires with the ones issued in this Addendum.

- a) A Second Mandatory Subcontractor Prequalification ZOOM Conference has been added on Monday, August 17, 2020 at 1:30 PM.
- b) Deadline to submit the Electrical, Warm-Air Heating, Ventilating and Air-Conditioning and Plumbing Subcontractor Prequalification Questionnaires has been changed to Monday, August 31, 2020 at 4:00 PM.

3. SUBCONTRACTOR QUESTIONS & ANSWERS

RFI No.	QUESTIONS / ANSWERS		
3	Question: We supply fixed seating and I would just like to clarify the type of lecture room seating you are looking for? Individual seats with tablet or table seating with single posted mounted chairs?		
	Answer: The information will be available when the Request for Proposal Documents are be released in Fall 2020.		
	Question: In Section "III. CONSTRUCTION EXPERIENCE" you are asking for projects only above \$3,000,000. We currently only have one completed project over that amount as our others are currently in progress still (one of them being UCR Pierce Hall at \$4,138,485). I'm not sure if we will meet all the criteria you guys are asking us to provide concerning our completed construction experience. We have many projects over \$1,000,000/ \$2,000,000. Are these projects you will accept in place of what you are requesting, or will we be disqualified for this?		
4	Answer: Prequalification Questionnaires will be scored based upon the criteria established in the Plumbing Prequalification Questionnaire:		
	"Submit up to five (5) INSTITUTIONAL or HIGHER EDUCATION projects <u>completed</u> 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 <u>(Do not include projects currently under construction).</u>		
	The University will not change the criteria in the subcontractor prequalification questionnaire.		

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RFI No.	QUESTIONS / ANSWERS
5	Question: Please clarify the minimum value for the project experience requirement for the plumbing prequalification. There was a conflict with today's presentation. Answer: The minimum plumbing project experience cost is \$3,000,000.
6	Question: Please clarify when the Subcontractor Prequalification Questionnaires are due. Answer: The Prequalification Questionnaires for Electrical, Warm-Air Heating, Ventilating and Air-Conditioning and Plumbing are due by 4:00 PM on Monday, August 31, 2020.
7	Question: Can you please clarify, the prequalification presentation stated that evaluations will be based on Owner References (among other things). However, as subcontractors, our main points of contact on projects are usually the General Contractor of the Design Build team.
	Will that be taken into consideration instead of relying on owner references? Answer: The University will rely on Owner References.
8	Question: For the project experience section, can we insert a third page for each project to show photographs?
	Answer: Yes. Additional pages for pictures can be added.
9	Question: What is the last day to submit an RFI?
	Answer: The last day to submit an RFI is Friday, August 21, 2020 by 5:00 PM.

END OF ADDENDUM

UCR Rev 2020-08-12

UG RIVERSIDE Rlanning, Design & Construction





NOTICE INVITING SUBCONTRACTOR PREQUALIFICATION

Prequalification Questionnaires will be received by the **University of California**, **Riverside (UCR)** from Electrical, Warm-Air Heating, Ventilating and Air-Conditioning, and Plumbing Subcontractors wishing to bid on **SCHOOL OF MEDICINE EDUCATION BUILDING II**, **NO. 954045**.

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 Bldg II, the existing SOM Ed Bldg 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 completion time: 23-27 Months (subject to administrative and funding approvals)

PROJECT DELIVERY: Design Build

ESTIMATED DESIGN AND CONSTRUCTION COST: **\$80,000,000** (Project scope and funding is pending administrative approval)

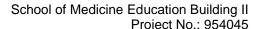
COST ESTIMATES FOR LISTED TRADES:

Electrical:	Warm-Air Heating, Ventilating and Air-Conditioning:	Plumbing:
\$8,500,000	\$5,500,000	\$4,250,000

<u>PREQUALIFICATION QUESTIONNAIRES</u> Will be available electronically at 2:00 PM on Monday, July 27, 2020, from University of California, Riverside, Planning, Design & Construction.

MANDATORY PREQUALIFICATION CONFERENCE: Begins promptly at 11:30 AM on Monday, August 10, 2020 at University of California, Riverside, via Zoom Call. Interested Contractors shall contact Betty Osuna at betty.osuna@ucr.edu to receive the Zoom Conference Participant ID. Your email must include the following as the subject line: 954045 SOM Ed Bldg II – Request for Zoom Conference Participant ID.

A SECOND MANDATORY PREQUALIFICATION CONFERENCE: Begins promptly at 1:30 PM on Monday, August 17, 2020 at University of California, Riverside, via Zoom Call. Interested Contractors shall contact Lynn Javier at lynnjavier@anseradvisory.com 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.







ELECTRICAL, WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING AND PLUMBING SUBCONTRACTORS MUST PARTICIPATE IN ONE OF THE TWO SCHEDULED ZOOM CONFERENCES IN ITS ENTIRETY TO BE ALLOWED TO SUBMIT PREALIFICATION DOCUMENTS. SUBCONTRACTORS WHO ATTENDED THE FIRST PREQUALIFICATION CONFERENCE DO NOT NEED TO ATTEND THE SECOND PREQUALIFICATION CONFERENCE.

LICENSE REQUIREMENTS: The successful Subcontractor will be required to have the following California current and active contractor's license at the time of submission of the Bid.

Electrical - C10
Warm-Air Heating, Ventilating and Air Conditioning - C20
Plumbing - C36

PREQUALIFICATION QUESTIONNAIRES: Responses are due on or before 4:00 PM on Friday, August 21, 2020. Monday, August 31, 2020. Interested subcontractors must email Betty Osuna at betty.osuna@ucr.edu to receive a One Drive link to upload their response submittal to this prequalification. Requests for the upload link can be made now. Subcontractors must use the following subject line to make this request:

954045 SOM Ed Bldg II - Prequalification Response.

Hardcopies are not required at this time, though the University reserves the right to ask for hardcopies of the submittals from Subcontractors.

No prequalification documents will be accepted after **4:00 PM**. However, the University reserves the right to request, receive, and evaluate supplemental information after the above time and date at its sole determination.

The evaluation is solely for the purpose of determining which subcontractors are qualified to successfully perform the type of work included in this project. 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 RFP Documents as prequalified subcontractors for electrical, warm-air heating, ventilation & air conditioning, plumbing, concrete and structural steel.

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

All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

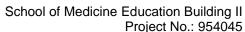
Every effort will be made to ensure that all persons have equal access to contracts and other business opportunities with the University within the limits imposed by law or University policy. Each Proposer may be required to show evidence of its equal employment opportunity policy. The successful Proposer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

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

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

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

The successful Prequalified Proposer shall pay all persons providing construction services and/or any labor on site, including any University location, no less than the UC Fair Wage (defined as \$13 per hour as of







10/1/15, \$14 per hour as of 10/1/16, and \$15 per hour as of 10/1/17) and shall comply with all applicable federal, state and local working condition requirements.

Contact Lynn Javier (949) 254-3494 or email lynn.javier@anseradvisory.com with a copy to Betty Osuna or email betty.osuna@ucr.edu for the questionnaire. For other opportunities: https://pdc.ucr.edu

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA University of California, Riverside 07/24/20 thru 08/07/20



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 11:30 AM OR

MONDAY, AUGUST 17, 2020 AT 1:30 PM

SUBMITTAL DUE:

FRIDAY, AUGUST 21, 2020 MONDAY, AUGUST 31, 2020 AT 4:00 PM

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



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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,
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- 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

• Notice of Selection: 1st Quarter 2021

Award Contract & Notice to Proceed:

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 or call (951) 827- 4590.</u>

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



2. 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.

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

A Second Mandatory Prequalification Conference

Subcontractors interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on Monday August 17, 2020, beginning promptly at 1:30 PM.

Any interested subcontractors who sign-in to the Mandatory Prequalification Zoom Conference after 1:35 PM will be precluded from the prequalification process and may only bid as a sub-subcontractor.

Interested subcontractors shall contact Lynn Javier at lynn.javier@anseradvisory.com 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

ELECTRICAL, WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING, AND PLUMBING SUBCONTRACTORS MUST PARTICIPATE IN ONE OF THE TWO SCHEDULED ZOOM CONFERENCES IN ITS ENTIRETY TO BE ALLOWED TO SUBMIT PREQUALIFICATION DOCUMENTS. ANY SUBCONTRACTOR WHO ATTENDED THE FIRST PREQUALIFICATION CONFERENCE DOES NOT HAVE TO ATTEND THE SECOND PREQUALIFICATION CONFERENCE.

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.



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 CO	MPANY NAME AND ADDRESS		
Company Name:			
Ctroot Address.	Telephone	Facsimile	
Street Address:	Street Address	City & State	Zip Code
B. CONTACT INFORMATI	ON		
Contact Person #1:			
	Name, Title		Telephone
_	Email		
Contact Person #2:			
	Name, Title		Telephone
	Email		



C. ENTITY SUBMITTING THIS PREQUALIFICATI	ON QUESTIONNAIRE			
Parent Company:				
Branch Office: Division:	(i lease list)			
D. Type of Business Organization				
Corporation: State of Incorporation:				
Partnership: ☐ Joint Venture: ☐ Sole Pro	prietorship:			
Other:				
If a partnership, provide the following inform	ation:			
Date of Organization:	_ General: Association:			
Name and complete legal address of each of	general partner:			
Double and Manage	La real Andreas			
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	e local office submitting this prequalification:			
Principal Office (if different from above):				
Principal Office (if different from above): Street Address				
	City, State & Zip Code			
President's Name	Vice President's Name			
Flesident's Name	vice Fresident's Name			
Secretary's Name	Treasurer's Name			
E. YEAR COMPANY WAS ESTABLISHED				
Year established:				
F. PARENT COMPANY INFORMATION (IF APPL	ICARLE)			
1. I ARENI COMPANI INFORMATION (IF AFFE	icable)			
Company Name:		_		
Telephone	 Facsimile			
Street Address: Street Address				
Street Addres	SS City & State	Zip Code		
Contact Person:Nam	Contact Person: Name, Title Telephone			
· · ·	, -			



G. LIST ALL FORMER C	OMPANY NAMES		
	space is needed, provide the information nce to the project name and number and		
H. LICENSE			
	ontractor must have a current and a Contractor Classification for this Pro		rs license with
The entity submitting	his Prequalification Questionnair	e must be the holder of the req	uisite license.
ALL LICENS	SES MUST BE CURRENT AND AC	TIVE THROUGHOUT THE PROJ	ECT.
Does your firm have the	required current and active California	rnia State Contractors license?	Yes No [
Name of Licensee as it	appears on record with the California	rnia Contractors State License B	oard:
License No.	Issue Date:	Expiration Date:	
License	Class/Classes	Certification(s)	
	ctor license been suspended or ne past ten years? Yes \(\Boxed{\square}\) No		ntractors State
If yes, please explain:			
I. CONTRACTOR'S LICE	NSE BOARD DISCIPLINARY PROCEED	DINGS	
	during the past ten years, receive icense Board? Yes	d any disciplinary action from the	e California
If yes, give details	including dates:		



J.	DEBARMENT
	Is your company currently debarred by any Federal, State, or local agency? Yes \(\square \) No \(\square \)
	If yes, give details including dates:
K.	LABOR CODE VIOLATIONS
	Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?
	Yes No No
	Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.
	If yes, give details including dates:



L. SURETY

List below 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 Nam	е	Telephone
Ctroot Address.			
Street Address:	Street Address	City & State	Zip Code
	Officet Address	Oily & State	Zip Code
to	Has listed Surety Comp for a project	any #1 completed work	Yes ☐ No ☐
MM/YYYY MM/	YYYY for a project	your firm defaulted on?	163 🔲 110 🗀
(Period Covered)			
Surety Company #2:			
Surety Company #2.	Surety's Nam	<u> </u>	Telephone
Street Address:			•
	Street Address	City & State	Zip Code
toMM/` (Period Covered)	Has listed Surety Comp	pany #2 completed work your firm defaulted on?	Yes 🗌 No 🗌
Surety Company #3:			
	Surety's Nam	е	Telephone
Street Address:	Street Address	,	, ,
	Street Address	City & State	Zip Code
toMM/` (Period Covered)	Has listed Surety Comp	oany #3 completed work your firm defaulted on?	Yes 🗌 No 🗌
Surety Company #4:	Surety's Nam		
	Surety's Nam	е	Telephone
Street Address:		,	,
	Street Address	City & State	Zip Code
toMM/YYYY MM/Y	Has listed Surety Comp	oany #4 completed work your firm defaulted on?	Yes 🗌 No 🗌

(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.

explanation, including dates:

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.

· v	ast 3 fiscal years):	2. Net Income (past	3 fiscal years):
Year Ending	\$	Year Ending	\$
	\$	Year Ending	\$
/oor Foding		Year Ending	\$
3. Current Assets (past 3 fiscal years):	4. Current Liabilities	(past 3 fiscal years):
Year Ending	\$	Year Ending	\$
ear Ending	\$	Year Ending	\$
ear Ending	\$	V/ 	
. Total Long-Term	Debt (past 3 fiscal years):	6. Total Net Worth (p	past 3 fiscal years):
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
ear Ending	\$	Year Ending	\$
7. Total Bonding Ca	apacity:	8. Total Available Bo	onding Capacity:
_	apacity: \$		onding Capacity:
UPLOAD (\$ ONE (1) COPY OF ALL AUDI THREE YEARS OF OPERA SEPARATE C	\$ TED FINANCIAL STATE TION TO LINK PROVIDE	EMENTS
UPLOAD (FOR THE PAST	\$ ONE (1) COPY OF ALL AUDI THREE YEARS OF OPERA SEPARATE C	\$ TED FINANCIAL STATE TION TO LINK PROVIDE OVER	EMENTS ED UNDER A
UPLOAD (FOR THE PAST EXPERIENCE MODIFIC st your company's V	\$ ONE (1) COPY OF ALL AUDI THREE YEARS OF OPERA SEPARATE C	\$ TED FINANCIAL STATE TION TO LINK PROVIDE COVER ence Modifier Rate for the	EMENTS ED UNDER A e past ten years:

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



Ο.	YEARS OF EXPERIENCE		
	oes your company have at least ten years of experience as an Electrical Contractor?		
Р.	INSURANCE		
	The University shall pay for, obtain, and maintain a University Controlled Insurance Program ("UCIP") roviding 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 erformed on or at the Project site.		
Q	SUPPLEMENTAL COMPANY INFORMATION		
	. 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		
	. 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:		
	. 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 **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.
 - 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	umber:		
Project Location:	, Street Address	City & State	,
Owner Information:			
Owner information.	Own	er's Name	
Contact Person:			
Address:	Street Address ,	City & State	,
Telephone:	Facsimile:	Email:	2.10 0000
Address of Subcontr	ractor's Office that Performed the Work:		
5	Street Address ,	City & State	Zip Code
Name of Subcontrac	ctor's Project Manager for project:		
	ager listed above assigned the job at the start ger listed above complete the project?	of the project?	Yes No Yes No No
Name of Subcontrac	etor's Superintendent for project:		
	ent listed above assigned the job at the start or nt listed above complete the project?	f the project?	Yes No Yes No No
General Contractor:			
Address:	,		
	Street Address	City & State	Zip Code
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 #1

Contract Time:						
Start Date:		Scheduled C	Completion Dat	e:		
Mc	onth/Day/Year			Month/Day	/Year	
Actual Completion Dat	e: Month/Day/ [\]	Vear	Days Ex	stended due to Unexcus	sed Delays:	
If project is not complete, specify percentage of completion: % (Total cost of work in place)						
Total Contract Am	ount:					
\$			\$		\$	
	Amount	Adjustmer	nt Due to Chan	ge Orders	Final Contract Amount	
Project Informatio	n:					
Completed For:	Institutional Client Other Specify:	•		Private Agency	Public Agency	
Type of Facility:	Classroom ☐ Office Other ☐ Specify:	-	imulation Labo	ratories	arning Classrooms 🗌	
Project Delivery:	Design Build Tradi	tional 🗌 Oth	ner 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?						
Was this an institutio utility network?	nal or higher education	project that w	as closely su	rrounded by intercon	nected Yes No No	
Did the project incl	ude the following criteria	a? (Check all	the boxes tha	at apply)		
Coordii	nation and planning of ma campus	jor multi-facility s utility shutdov		High voltage electri relocation	ical infrastructure and coordination	
Temporary p	ower for buildings with se	nsitive equipm	nent.			
Was this a higher edu	ucation project that inclu	uded classroo	m and office f	facilities?	Yes 🗌 No 🗌	
Did the project incl	ude the following criteria	a? (Check all	the boxes tha	at 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 instr	uctional purpos	ses			
Other 🗌 Spe	ecify:	Other 🗌	Specify:	Other	r ☐ 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 Numb	er:		
Project Location:		,	,
	Street Address	City & State	Zip Code
Owner Information:			
	C	Owner's Name	
Contact Person:			
Address:		,	,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontracto	or's Office that Performed the Work:		
Ctro	eet Address ,	City & State	,
		City & State	Zip Code
	s Project Manager for project:		
	r listed above assigned the job at the listed above complete the project?		Yes No Yes No No
	s Superintendent for project:		100 [140 [
	listed above assigned the job at the s	tart of the project?	Yes □ No □
	sted 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 Contract	ctor's Project Manager for project:		
Architect/Engineer:			
Address:			
	Street Address	City & State	, Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Nama & Titla		Email



SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Contract Time:						
Start Date: Mo	onth/Day/Year	Scheduled (Completion Date	e: Month/Day	//Year	
Actual Completion Dat			Days Ex	tended due to Unexcu	ised Delays:	
Month/Day/Year If project is not complete, specify percentage of completion: (Total cost of work in place)						
Total Contract Am	ount:					
\$			\$		\$	
	Amount	Adjustme	Ψ nt Due to Chan	ge Orders	Final Contract Amount	
Project Informatio						
Completed For:	Institutional Client ☐ Other ☐ Specify:	•		Private Agency	Public Agency	
Type of Facility:	Classroom ☐ Office Other ☐ Specify:	Building S	imulation Labor	ratories	earning Classrooms	
Project Delivery:	Design Build 🗌 Tradi	tional Oth	ner 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 incl	ude the following criteri	a? (Check all	the boxes tha	t apply)		
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 p	ower for buildings with se	ensitive equipm	nent.			
Was this a higher education project that included classroom and office facilities? Yes ☐ No ☐						
Did the project incl	ude the following criteri	a? (Check all	the boxes tha	t apply)		
	ching classrooms/lecture lartition system with at leas			Sound sys infrastructure for ins	tem & power data structional spaces	
	Video displays for instr	uctional purpo	ses			
Other Spe	ecify:	Other 🗌	Specify:	Othe	er 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 Num	ber:		
Project Location:			,
	Street Address	City & State	Zip Code
Owner Information:			
Owner information.	Ow	ner's Name	
Contact Person:			
Address:	,	0" 0 0 1	
T .1	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontract	tor's Office that Performed the Work:		
			,
St	reet Address	City & State	Zip Code
Name of Subcontractor	r's Project Manager for project:		
	er listed above assigned the job at the st		Yes No No
	r listed above complete the project?		Yes No
	r's Superintendent for project:		
	t listed above assigned the job at the stallisted above complete the project?		Yes No Yes No No
Dia the Superintendent	isted above complete the project:		163 140
General Contractor:			
Address:	,		,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email
Name of General Contra	actor's Project Manager for project:		
Architect/Engineer:			
Address:	Otract Address	0:6: 2.0: 1	
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:	N. 0.T''		F !!
	Name & Title		Email



SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Contract Time:						
Start Date:		Scheduled C	Completion Dat	te:		
Moi	nth/Day/Year		•	Month/Day	//Year	
Actual Completion Date			Days Ex	ktended due to Unexcu	ised Delays	s:
Month/Day/Year If project is not complete, specify percentage of completion: % (Total cost of work in place)					ace)	
			·		<u>'</u>	
Total Contract Amo	ount:					
\$			\$			\$
	Amount	Adjustme	nt Due to Char	nge Orders	Final Co	ontract Amount
Project Information	l:					
Completed For:	Institutional Client ☐ Other ☐ Specify:	•		Private Agency	Public Ag	ency 🗌
Type of Facility:	Classroom ☐ Office Other ☐ Specify:	-	imulation Labo	ratories	Ū	ssrooms
	-	_		-		
Project Delivery:	Design Build Tradi	tional 🗌 Oth	ner Specify:			
Construction Type:	New Renovation]				
Did this project achiev	ve LEED Certification?	Specify: Silver	☐ Gold ☐	Platinum 🗌 None 🗀]	Yes 🗌 No 🗌
Was this an institution grade?	nal or higher education	project that v	was a minimu	m of three stories ab	ove	Yes 🗌 No 🗌
	nal or higher education	project that w	as closely su	rrounded by intercor	nected	Yes 🗌 No 🗌
Did the project inclu	de the following criteria	a? (Check all	the boxes tha	at apply)		
	ation and planning of ma		/ or 🔲	High voltage elect	rical infrastr and coord	
Temporary po	ower for buildings with se	nsitive equipm	nent.			
Was this a higher edu	cation project that inclu	ided classroo	m and office	facilities?		Yes No No
Did the project inclu	de the following criteria	a? (Check all	the boxes tha	at 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 instru	uctional purpos	ses 🗌			
Other Spe	cify:	Other 🗌	Specify:	Othe	er 🗌 🤫	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 Numb			
Project Location:			,
·	Street Address	City & State	Zip Code
Owner Information:			
Owner information.	Ow	ner's Name	
Contact Person:			
Address:	,		
	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontracto	or's Office that Performed the Work:		
			,
Stre	eet Address	City & State	Zip Code
Name of Subcontractor's	s Project Manager for project:		
,	listed above assigned the job at the st	, ,	Yes 🔲 No 🔲
,			Yes No
	s Superintendent for project:		
	isted above assigned the job at the sta sted above complete the project?		Yes No No Yes No
Did the Superintendent is	sted above complete the project:		Tes INO
General Contractor:			
Address:	,		,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Derson:			
	Name & Title		Email
Name of General Contract	ctor's Project Manager for project:		
Architect/Engineer:			
Address:	,		1
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:	Name & Title		 Email
I .	ivalle & liue		LIIIGII



SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Contract Time:						
Start Date:	 hth/Day/Year	cheduled Comp	oletion Date:	Month/Day/Y		
	•		5 -	•		
Actual Completion Date	:: Month/Day/Year	•	Days Exter	nded due to Unexcuse	d Delays:	
If project is not complete, specify percentage of completion: (Total cost of work in place)						
Total Contract Amo	ount:					
\$		\$			\$	
	Amount		ue to Change	Orders	Final Contract Amount	
Project Information		rajuotinoni 2	ac to Change	014010	Tindi Gominaet Filmedin	
Completed For:				Private Agency 🗌 🛭 F	Public Agency 🗌	
Type of Facility:	Classroom ☐ Office Build Other ☐ Specify:	ding 🗌 Simula		ories 🗌 Active Lear	rning Classrooms 🗌	
Project Delivery:	Design Build Traditiona	al 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	hoxes that a	anniv)		
	ation and planning of major m			High voltage electrication	al infrastructure Indicoordination	
Temporary po	ower for buildings with sensitive	ve equipment.			-	
Was this a higher education project that included classroom and office facilities? Yes ☐ No ☐						
Did the project inclu	de the following criteria? (Check all the	boxes that a	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 instructio	onal purposes				
Other Spe	cify: Otl	her 🗌 Sp	ecify:	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	Number:		
Project Location:	,		,
	Street Address	City & State	Zip Code
Owner Information:	Own	ner's Name	
Contact Person:	G	ior o riamo	
Address:			
	Street Address	City & State	'Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcont	tractor's Office that Performed the Work:		
	Street Address ,	City & State	,Zip Code
Name of Subcontra	ctor's Project Manager for project:		
	nager listed above assigned the job at the sta		Yes No Yes No
Name of Subcontra	ctor's Superintendent for project:		
	dent listed above assigned the job at the star ent listed above complete the project?		Yes No Yes No No No
General Contractor:			
Address:			
	Street Address , _	City & State	, Zip Code
Tolonhonou	Consimilar		
Telephone:	Facsimile:		
Contact Person:	Name & Title		Email
Name of General Co	ontractor's Project Manager for project:		
Architect/Engineer:			
Address:	,		,
_	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	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 I			Days Ex	xtended due to Unexcus	sed Delays:	
Month/Day If project is not complete, specify percentage of				% (Total cost of work in place)		
Total Contract Amount:						
\$ Base Amount		\$ Adjustment Due to Change Orders		ogo Ordoro	\$ Final Contract Amount	
Project Information:		Adjustmen	t Due to Char	ige Orders	Final Contract Amount	
Completed For:	Institutional Client Other Specify:	-		Private Agency	Public Agency	
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Classrooms Other Specify:					
Project Delivery:	roject 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 □						
Did the project include the following criteria? (Check all the boxes that apply)						
Coordination and planning of ma		jor multi-facility s utility shutdow		High voltage electrical infrastructure 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 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 infrastructure for instructional spaces						
Video displays for instructional purposes						
Other Spe	cify:	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						
II I ROJEJI MANAC	Name of Proposed Project Manager:					
		xperience in the Industry:				
	Years of Experienc	ce with Current Employer:				
Degree Received		Institution/School Ma	ajor/Discipline	Year		
License Rece	eived	State Agency/Licensing Body Sp	pecialty Area	Year		
Certificate Received		Organization Sp	pecialty Area	Year		
	List all Project Ma	nagement Training / Tools	Years of Expe	erience		
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			
	DDO IECT EVI	PERIENCE WITH CURRENT FIRM LISTED ABOV	/ E			
#1 Project Name:	FROJECT EXP	ENLINCE WITH CORRENT FIRM LISTED ABOV	v L			
Owner:		Contact Name	:			
Contract Amount:	\$	Completion Date				
Job Title used on this p	•		-			
Project Responsibilities:						
Completed For: Institutional Client Higher Education Client Private Agency Public Agency Other Specify:			у 🗆			
Type of Facility:	Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms Other Specify:			oms 🗌		
Project Delivery:	Design Build	Traditional Other Specify:				
Construction Type:	New 🗌 Renova	ation				
Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No						
Was this an institutio grade?	nal or higher educ	cation project that was a minimum of three stories	s above Yes 🗌	No 🗌		



nterconnected utility n	etwork?		,	surrounded by Yes	☐ No ☐
Did the project include	le the following criteria? (Chec	k all the	boxes	that apply)	
Coordination and planning of major multi-facility or campus utility shutdowns			High voltage elect infrastructure relocation coordina	and	
Temporary pov	wer for buildings with sensitive eq	uipment.			
Vas this a higher educ	ation project that included clas	sroom a	nd offic	e facilities? Yes	□ No □
Did the project include	le the following criteria? (Chec	k all the	boxes	that apply)	
	ing classrooms/lecture halls that ition system with at least a STC-5			Sound system & power infrastructure for instructional spa	
	Video displays for instructional p	urposes		_	
Other Speci	fy: Other] Spe	ecify:	Other Sp	ecify:
#2 Project Name:	PROJECT EXPERIENCE W	ITH CUR	RENT		
Owner:			_	Contact Name:	
Contract Amount:					
Job Title used on this project Responsibilities					
Completed For:		r Educatio	n Clien	t	gency 🗌
Type of Facility: Classroom Office Building Simulation Laboratories Active Learning Classrooms Other Specify:				srooms 🗌	
Project Delivery:	Design Build Traditional	Other	Spe	ecify:	
Construction Type:	New Renovation				
Did this project achie	eve LEED Certification? Specify	: Silver	Gold	☐ Platinum ☐ None ☐ Ye	s 🗌 No 🗀
Was this an institution grade?	nal or higher education projec	t that wa	s a min	imum of three stories above Ye	s 🗌 No 🗀
	nal or higher education project network?	t that was	closel	y surrounded by Ye	s 🗌 No 🗀
Did the project include	le the following criteria? (Chec	k all the	boxes t	that apply)	
Coordina	tion and planning of major multi-f campus utility sh			High voltage elec infrastructure relocatio coordir	n and
Temporary pov	wer for buildings with sensitive eq	uipment.			



Was this a high	er education projec	t that included classro	oom and off	ice facilities?	Yes ∐ No ∐	
Did the project	include the following	g criteria? (Check all	the boxes t	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 acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with at least a STC-50 rating acoustical panel partition system with a state of the system with					
	Video displays	for instructional purpos	ses 🗌	_		
Other	Specify:	Other 🗌	Specify:	Other 🗌	Specify:	
	PROJECT EXPERI	ENCE WITH		(List I	Firm)	
#3 Project Nam	ne:					
Owner:				Contact Name:		
Contract Amoun Job Title used o	·· _ 		(Completion Date:		
Project Respons	sibilities:					
Completed For	Other S	Specify:		t Private Agency Pu	ıblic Agency ☐ g Classrooms ☐	
Type of Facility		Specify:				
Project Delivery	y: Design Build	I 🔲 Traditional 🔲 C	ther 🗌 Spe	cify:		
Construction T	ype: New 🗌 Re	novation				
Did this project	t achieve LEED Cert	ification? Specify: Silv	er 🗌 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 followin	g criteria? (Check all	the boxes t	hat apply)		
Coordination and planning of major multi-facility or High voltage electrical campus utility shutdowns infrastructure relocation and coordination						
Tempora	ary power for building	s with sensitive equipm	ent.			
Was this a high	ner education proiec	t that included classro	oom and off	ice facilities?	Yes □ No □	



Did the project include the following criteria? (Check all the boxes that apply)					
High quality teaching classro acoustical panel partition syste		Sound system & power data frastructure for instructional spaces			
Video displays for instructional purposes					
Other Specify:	Other 🗌	Specify:	Other Specify:		



2. FIELD SUPERIN	Name of Propos	a TIONS ed Field Superintender	nt·		
	•	xperience in the Industr	2.4		
		e with Current Employe			
Degree Received		Institution/School		Major/Discipli	ne Ye
License Rec	ceived	State Agency/L	icensing Body	Specialty Are	ea Ye
Certificate Received		Organi	zation	Specialty Are	ea Ye
List all Project Management Training / Tools Years of Experience					
Begin with your m		ence. List all project	experience that d	lemonstrates the	experience a
Current Firm:					
Current Job Title: _	Years of Employment: through		rough		
	PROJECT EXE	PERIENCE WITH CURI	RENT FIRM LISTER	O ABOVE	
#1 Project Name:	T NOOLOT EXI	LINENOL WITH COR	KEITI I IKW EIGTEL	ABOVE	
Owner:	Contact Name:				
Contract Amount:	\$		Completion		
Job Title used on this	project:				
Project Responsibilitie	es:				
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 ☐ Renova				
Did this project achie	eve LEED Certificat	ion? Specify: Silver 🗌	Gold Platinum	☐ None ☐	Yes 🗌 No 🗀
Was this an institution grade?	onal or higher educ	ation project that was	a minimum of three	stories above	Yes 🗌 No 🗀



Was this an institution interconnected utility	al or higher education network?	project that was	closely s	surrounded by	Yes 🗌 No 🗌
Did the project inclu	de the following criteria	a? (Check all th	e boxes t	hat apply)	
Coordina	ation and planning of ma campus	jor multi-facility or utility shutdowns		High voltage infrastructure reloc cod	
Temporary po	wer for buildings with se	nsitive equipmen	t. 🗌		
Was this a higher educ	cation project that inclu	ıded classroom	and office	e facilities?	Yes 🗌 No 🗌
Did the project inclu	de the following criteria	a? (Check all th	e boxes t	hat apply)	
	ning classrooms/lecture h tition system with at leas			Sound system & pointrastructure for instructions	
	Video displays for instru	uctional purposes	S 🗆	-	
Other Spec	sify:	Other S	pecify:	Other 🗌	Specify:
#2 Project Name:	PROJECT EXPERI	ENCE WITH CU	RRENT F	FIRM LISTED ABOVE	
Owner:				<u></u>	
Contract Amount:			c	Completion Date:	
Job Title used on this Project Responsibilitie					
Completed For:	Institutional Client Other Specify:] Higher Educa	tion Client	☐ Private Agency ☐ Pub	lic Agency 🗌
Type of Facility:					
Project Delivery:	Design Build 🗌 Tra	ditional Othe	er 🗌 Spec	cify:	
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	on project that w	as a mini	mum of three stories above	Yes 🗌 No 🗌
	onal or higher educatio y network?	n project that w	as closely	surrounded by	Yes 🗌 No 🗌
Did the project inclu	de the following criteria	a? (Check all the	e boxes t	hat apply)	
Coordina	ation and planning of ma campus	jor multi-facility or utility shutdowns		High voltage infrastructure relo co	
Temporary po	wer for buildings with se	nsitive equipmen	t. 🗌		



Was this a higher education project that included classroom and office facilities? Yes ☐ No					Yes 🗌 No 🗌
Did the project inclu	de the following criteria? (Chec	ck all the bo	exes that apply)		
	ing classrooms/lecture halls that ition system with at least a STC-5			Sound system & pow ture for instructional	
	Video displays for instructional p	ourposes			
Other Spec	ify: Other	Speci	fy:	Other	Specify:
PRO	IECT EXPERIENCE WITH			(List Fi	rm)
#3 Project Name:				,	,
Owner:			Contact N	ame:	
Contract Amount:	\$		Completion [Date:	
Job Title used on this	oroject:				
Project Responsibilitie	s:				
Completed For:	Other Specify:		Client Privat		lic Agency
Type of Facility:	Classroom ☐ Office Buildino Other ☐ Specify:	g 🗌 Simula	tion Laboratories	Active Learning	Classrooms
Project Delivery:	Design Build Traditional	Other [] Specify:		
Construction Type:	New ☐ Renovation ☐				
Did this project achie	eve LEED Certification? Specify	r: Silver □	Gold 🗌 Platinui	m □ None □	Yes 🗌 No 🗌
Was this an institution grade?	nal or higher education projec	ct that was a	a minimum of the	ree stories above	Yes 🗌 No 🗌
Was this an institution interconnected utility	nal or higher education project network?	t that was c	losely surround	ed by	Yes 🗌 No 🗌
Did the project inclu	le the following criteria? (Chec	ck all the bo	exes that apply)		
Coordina	tion and planning of major multi-f campus utility sh			High voltago infrastructure relo	
Temporary po	wer for buildings with sensitive eq	quipment.			



Vas 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 frastructure for instructional spaces						
Video disp	lays for instructional purpos	es 🗌	_			
Other Specify:	Other 🗌	Specify:	Other Specify:			



		MANAGER QUALIFICATIONS				
		ssurance Manager:				
	Years of Experie	nce in the Industry:				
Years of	f Experience with	Current Employer:				
Degree Received		Institution/School	Major/Discipline	Year 		
License Received		State Agency/Licensing Body	Specialty Area	Year		
Certificate Ro	eceived	Organization	Specialty Area	Year		
L	ist all Project Man	agement Training / Tools	Years of I	Experience		
Begin with your m School of Medicine		erience. List all project experience ing II project.	ce that demonstrates the e	experience and		
Current Firm:						
Current Job Title:		Years of Employment:	through			
#1 Project Name:	PROJECT I	EXPERIENCE WITH CURRENT F	IRM LISTED ABOVE			
Owner:			Contact Name:	_		
Contract Amount:	c		On and Indian Date.			
Job Title used on this	project:					
Project Responsibilitie	· · · · · · · · · · · · · · · · · · ·			_		
Completed For:						
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 instituti above grade?	Was this an institutional or higher education project that was a minimum of three stories above grade?					
		ducation project that was closely	surrounded by	Yes No No		
Did the project ir	nclude the follow	ring 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 po	ower for buildings with	h sensitive equipm	nent. [
Was this a higher edu	cation project that i	ncluded classroo	om and	office fa	cilities?	Yes 🗌 No 🗌
Did the project inclu	de the following cri	iteria? (Check all	l the bo	xes that	apply)	
				Sound system & pinfrastructure for in		
	Video displays for i	nstructional purpo	ses [
Other Spec	cify:	Other 🗌	Speci	fy:	Other	Specify:
	PROJECT EXP	ERIENCE WITH	CURR	ENT FIR	M LISTED ABOVE	
#2 Project Name:						
Owner:				C	ontact Name:	
Contract Amount:	•			Com	pletion Date:	
Job Title used on this						
Project Responsibilitie	es:					
Completed For:	Completed For: Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐ Other ☐ Specify:			Public Agency		
Type of Facility:	Classroom ☐ Of Other ☐ Specif	• —	imulatio	n Labora	tories Active Learnii	ng Classrooms 🗌
Project Delivery:	Design Build 🗌	Traditional C	Other 🗌	Specify:		
Construction Type:	New 🗌 Renova	tion 🗌				
Did this project achi	eve LEED Certificat	ti on? Specify: Silv	ver 🗌	Gold 🗌	Platinum 🗌 None 🗀	Yes 🗌 No 🗌
Was this an institution above grade?	onal or higher educ	cation project tha	at was a	a minimu	m of three stories	Yes 🗌 No 🗍
Was this an institution interconnected utility		ation project tha	t was c	losely su	rrounded by	Yes 🗌 No 🗌
Did the project inclu	de the following cri	teria? (Check all	I the bo	xes that	apply)	
Coordinat	ion and planning of n camp	najor multi-facility us utility shutdowr			High voltage infrastructure r and cod	
Temporary pow	ver for buildings with	sensitive equipme	ent.			_
Was this a higher ed	lucation project tha	t included classr	oom ar	nd office	facilities?	Yes 🗌 No 🗍
Did the project inclu	de the following cri	iteria? (Check all	I the bo	xes that	apply)	
High quality teach acoustical panel part	ing classrooms/lectui ition system with at le				Sound system 8 infrastructure for	
	Video displays for in	structional purpos	ses [55.000



Other Spec	cify: Other	Specify:	Other Specify:
PROJI	ECT EXPERIENCE WITH		(List Firm)
#3 Project Name:			
Owner:			Contact Name:
Contract Amount: Job Title used on this	\$ project:		ompletion Date:
Project Responsibiliti	es:		
Completed For:	Agency ☐ Other ☐ Specify:		☐ Private Agency ☐ Public
Type of Facility:	Classroom	Simulation Labo	oratories Active Learning Classrooms
Project Delivery:	Design Build Traditional	Other Specif	y:
Construction Type:	New ☐ Renovation ☐		
Did this project ach	eve LEED Certification? Specify: Si	lver 🗌 Gold 🗌] Platinum ☐ None ☐ Yes ☐ No ☐
Was this an instituti	onal or higher education project th	at was a minin	num of three stories Yes No No
Was this an instituti nterconnected utili	onal or higher education project the y network?	at was closely	surrounded by Yes No
Did the project inclu	de the following criteria? (Check a	II the boxes th	at apply)
Coordina	tion and planning of major multi-facilit campus utility shutdo		High voltage electrical infrastructure relocation and coordination
Temporary po	wer for buildings with sensitive equipn	nent.	
Vas this a higher ed	lucation project that included class	room and offic	e facilities? Yes No
Did the project i	nclude the following criteria? (Che	ck all the boxe	s that apply)
	hing classrooms/lecture halls that incl rtition system with at least a STC-50 r		Sound system & power data frastructure for instructional spaces
	Video displays for instructional purp	oses	
Other Spe	cify: 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? Yes No 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: City & State __ , ____Zip Code Street Address Name of Owner: Name & Title Telephone: Contact Person: Highest Amount Sought for All Claims: \$ (Amount in Figures) Amount Recovered: \$ (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: List: Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolved for more than 60% of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by General Contractor against Subcontractor and/or persons or entities associated with Subcontractor: My signature below signifies my declaration that the answers provided on this **Form A** are true and correct. 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 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: City & State Street Address Name of Owner: Name & Title Telephone: Contact Person: Highest Amount Sought for All Claims: \$ (Amount in Figures) Amount Recovered: ____ (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: List: _____ Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolved for 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					
	declare that I am the				
Printed Name of	Title submitting this Prequalification Questionnaire;				
forth in this Questionnaire and all attachments complete as of its submission date.	onnaire on behalf of subcontractor and that all information set hereto are, to the best of my knowledge, true, accurate, and going 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.					



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 11:30 AM OR

MONDAY, AUGUST 17, 2020 AT 1:30 PM

SUBMITTAL DUE:

FRIDAY, AUGUST 21, 2020 MONDAY, AUGUST 31, 2020 AT 4:00 PM

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

Planning, Design & Construction 1223 University Avenue, Suite 240 Riverside, CA 92507 Betty Osuna Contract Administrator (951) 827- 4590 / betty.osuna@ucr.edu

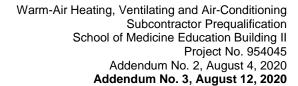




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	E. Year Company was Established	
	and the first property of the first property	
	1 / 11 /	
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I. **GENERAL**

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:

• 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 or

August 17, 2020

August-21 31, 2020

3rd Quarter 2020

4th Quarter 2020

1st Quarter 2021

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 or call (951) 827- 4590.</u>

-

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



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.

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

A Second Mandatory Prequalification Conference

<u>Subcontractors interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on Monday August 17, 2020, beginning promptly at 1:30 PM.</u>

Any interested subcontractors who sign-in to the Mandatory Prequalification Zoom Conference after 1:35 PM will be precluded from the prequalification process and may only bid as a sub-subcontractor.

Interested subcontractors shall contact Lynn Javier at lynn.javier@anseradvisory.com 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

ELECTRICAL, WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING, AND PLUMBING SUBCONTRACTORS MUST PARTICIPATE IN ONE OF THE TWO SCHEDULED ZOOM CONFERENCES IN ITS ENTIRETY TO BE ALLOWED TO SUBMIT PREQUALIFICATION DOCUMENTS. SUBCONTRACTORS WHO ATTENDED THE FIRST PREQUALIFICATION CONFERENCE DO NOT HAVE TO ATTEND THE SECOND PREQUALIFICATION CONFERENCE.

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. SUBCONTRACTO	R COMPANY NAME AND ADDRESS				
Company Name:					
Street Address:	·	acsimile			
	Street Address City	/ & State , Zip C	ode		
B. CONTACT INFORM	MATION				
Contact Person #1:					
	Name, Title	Telephone	9		
Contact Bonors #0	Email				
Contact Person #2:	Name, Title	Telephone			
	Email				
C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE					
Parent Company:	Subsidiary: Other:	(Please list)			
Branch Office:	<u> </u>				

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Addendum No. 3, August 12, 2020

Telephone

D. Type of Business Organization Corporation: State of Incorporation: Partnership: Joint Venture: Sole Proprietorship: Other: If a **partnership**, provide the following information: _____ General: Association: Date of Organization: Name and complete legal address of each general partner: Partner's Name Legal Address Legal Address Partner's Name Total number of employees on payroll in the corporation: Total number of employees on payroll in the local office submitting this pregualification: 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



	COMPANY NAMES		
	e space is needed, provide the information or rence to the project name and number and		
H. LICENSE			
active California S	ating, Ventilating and Air-Conditio tate Contractors license with a "C20 tractor Classification for this Project.		
The entity submitting	g this Prequalification Questionnaire	e must be the holder of the req	uisite license.
ALL LICE	NSES MUST BE CURRENT AND ACT	TIVE THROUGHOUT THE PROJ	ECT.
Does your firm have th	ne required current and active Californ	nia State Contractors license?	Yes 🗌 No 🗀
	it appears on record with the Californ		
License No.	Issue Date:	Expiration Date:	
Licens	e Class/Classes	Certification(s)	
	actor license been suspended or r the past ten years? Yes \(\subseteq\) No		ntractors State
If yes, please explain	1:		
	CENSE BOARD DISCIPLINARY PROCEEDI	NGS	
I. CONTRACTOR'S LIG	<u> </u>		
Has your compan	y, during the past ten years, received License Board? Yes No	d any disciplinary action from the	e California
Has your compan Contractors State	y, during the past ten years, received	d any disciplinary action from the	e California
Has your compan Contractors State	y, during the past ten years, received License Board? Yes ☐ No ☐	d any disciplinary action from the	e California



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 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	e	Telephone
Street Address:		treet Address	,	,
	S	treet Address	City & State	Zip Code
to		Hae lieted Suraty Comp	any #1 completed work	
MM/YYYY	MM/YYYY	Has listed Surety Comp for a project y	vour firm defaulted on?	Yes 🗌 No 🗌
(Period Co	overed)	ioi a piojeci j	your min delauted on:	
<u> </u>				
Surety Company	#2:			
• • • • • • • • • • • • • • • • • • •		Surety's Name	<u> </u>	Telephone
Street Address:				•
	S	treet Address	City & State	Zip Code
				•
to		Has listed Surety Comp for a project y	any #2 completed work	Yes ☐ No ☐
MM/YYYY	MM/YYYY	for a project y	your firm defaulted on?	100 🗀
(Period Co	overed)			
Surety Company	′#3:	Surety's Name		T. L. L.
		Surety's Name	Э	Telephone
Street Address:			,	,
	S	treet Address	City & State	Zip Code
to		Has listed Surety Comp for a project y	any #3 completed work	Yes ☐ No ☐
MM/YYYY (Paried Ca	MM/YYYY	for a project y	your firm detaulted on?	
(renod Co	overea)		_	
2 1 0				
Surety Company	[,] #4:	Surety's Name		Talanhana
		Surety S marrie	8	Telephone
Street Address:			,	,
	S	treet Address	City & State	Zip Code
to	*****	Has listed Surety Comp	any #4 completed work	Yes ☐ No ☐
MM/YYYY (Period Co	MM/YYYY	for a project y	your firm detaulted on?	<u> </u>
terion co	(Verea)			

(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.)



explanation, including dates:

Warm-Air Heating, Ventilating and Air-Conditioning
Subcontractor Prequalification
School of Medicine Education Building II
Project No. 954045
Addendum No. 2, August 4, 2020
Addendum No. 3, August 12, 2020

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 (pa	ast 3 fiscal yea	rs):	2. Net Income (pa	st 3 fiscal years):
Year Ending	\$		Year Ending	\$
Year Ending	\$		Year Ending	\$
Year Ending	\$		Year Ending	
3. Current Assets (p	oast 3 fiscal yea	ars):	4. Current Liabilit	ies (past 3 fiscal years)
Year Ending	\$		Year Ending	\$
Year Ending	\$		Year Ending	\$
Voor Ending			Year Ending	
5. Total Long-Term	Debt (past 3 fis	scal years):	6. Total Net Wortl	n (past 3 fiscal years):
Year Ending	\$		Year Ending	\$
Year Ending	\$		Year Ending	
Year Ending	\$		Year Ending	\$
7. Total Bonding Ca	pacity:		8. Total Available	Bonding Capacity:
9	\$			\$
	THRÉE YEAR		TED FINANCIAL STA TION TO LINK PROVI OVER	
	ATION RATE			
EXPERIENCE MODIFIC	AHONIKAIL			
		nsation Experie	ence Modifier Rate for	the past ten years:
ist your company's W	/orkers' Comper	·	ence Modifier Rate for	

Submit a letter from your Workers' Compensation carrier

showing your Experience Modification rate for the past ten years.



Ο.	YEARS OF EXPERIENCE				
	Does your company have at least ten years of experience as a Warm-Air Heating, Ventilating and Air-Conditioning Contractor? Yes \(\subseteq \text{No} \subseteq \)				
P.	Insurance				
	The University shall pay for, obtain, and maintain a University Controlled Insurance Program ("UCIP") providing Commercial Form General Liability Insurance coverage, Business Automobile Liability Insurance coverage, Workers' Compensation and Employer's Liability Insurance coverage, and Professional Liability Insurance coverage, to persons and entities enrolled in the UCIP, for Work performed on or at the Project site.				
Q.	SUPPLEMENTAL COMPANY INFORMATION				
	1. <u>Safety Program</u>				
	 a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Yes \(\square\) No \(\square\) 				
	 b. Does your company have personnel permanently assigned to safety? Yes ☐ No ☐ 				
	If yes, state the names of all personnel who are assigned and list their specific duties:				
	Name :				
	Name: Title:				
	Specific Duties:				
	Name: Title:				
	Specific Duties:				
	Specific Duties:				
	Specific Duties: 2. Quality Control Processes				
	2. Quality Control Processes				
	2. Quality Control Processes a. Does your company have a written QA/QC program? Yes No				
	 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 				
	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:				
	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:				

(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 N	lumber:		
Project Location:		,	, ,
	Street Address	City & State	Zip Code
Owner Information:			
0 5	Ow	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 Subcontra	ctor's Project Manager for project:		
	nager listed above assigned the job at the star ager listed above complete the project?	t of the project?	Yes No Yes No No
Name of Subcontra	ctor's Superintendent for project:		
	dent listed above assigned the job at the start ent listed above complete the project?	of the project?	Yes No Yes No
General Contractor:			
Address:	,	0'' 0 0' '	'
Talanhana	Street Address	City & State	Zip Code
Telephone: Contact Person:	Facsimile:		
Contact i erson.	Name & Title		Email
Name of General Co	ntractor's Project Manager for project:		
A			
Architect/Engineer:	-		
Address:	Street Address	City & State	,
Telephone:	Facsimile:	y	ŗ
Contact Person:			
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 Delay	/S:		
•	Month/Day/Year			
If project is not complete	e, specify percentage of completion: % (Total cost of work in p	olace)		
Total Contract Amo	ount:			
\$	\$	\$		
	Amount Adjustment Due to Change Orders Final C	Contract Amount		
Project Information				
Completed For:		gency 🗌		
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Classroom Specify:			
Project Delivery:	Design Build Traditional Other Specify:			
Construction Type:	New Renovation			
Did this project achiev	ve LEED Certification? Specify: Silver Gold Platinum None	Yes 🗌 No 🗌		
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌		
Was this an institution utility network?	nal or higher education project that was closely surrounded by interconnected	Yes 🗌 No 🗌		
Was this a higher educ	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 tead	hing classrooms/lecture halls that included Sound system & pov	ver data		
	rtition system with at least a STC-50 rating infrastructure for instructional			
	Video displays for instructional purposes			
Other Spec	cify: Other Specify: Other Specify:	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 N	Number:		
Project Location:			,
	Street Address	City & State	Zip Code
0			
Owner Information:	Ow	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 Subcontra	ctor's Project Manager for project:		
	nager listed above assigned the job at the stager listed above complete the project?	art of the project?	Yes No Yes No No
Name of Subcontra	ctor's Superintendent for project:		
	dent listed above assigned the job at the sta ent listed above complete the project?	rt of the project?	Yes No No Yes No
General Contractor:			
Address:			
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email
Name of General Co	ontractor's Project Manager for project:		
Architect/Engineer:			
Address:	-		
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email



SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Contract Time:				
Start Date: Scheduled Completion Date:				
Mor	nth/Day/Year Month/Day/Year			
Actual Completion Date	: Days Extended due to Unexcused Delay Month/Day/Year	'S:		
If project is not complete	e, specify percentage of completion: % (Total cost of work in page 2)	place)		
Total Contract Amo	ount:			
		•		
\$	\$ Amount Adjustment Due to Change Orders Final C	\$ contract Amount		
Project Information		ontiact Amount		
Completed For:		gency 🗌		
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Classroom Specify:	_		
Project Delivery:	Design Build Traditional Other Specify:			
Construction Type:	New Renovation			
Did this project achiev	ve LEED Certification? Specify: Silver Gold Platinum None	Yes 🗌 No 🗌		
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌		
Was this an institution utility network?	nal or higher education project that was closely surrounded by interconnected	Yes ☐ No ☐		
Was this a higher educ	cation project that included classroom and office facilities?	Yes 🗌 No 🗌		
Did the project include the following criteria? (Check all the boxes that apply)				
	hing classrooms/lecture halls that included ritition system with at least a STC-50 rating infrastructure for instructional Video displays for instructional purposes			
Other Spec	cify: Other Specify: Other Specify:	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	Number:		
Project Location:	, Street Address	City & State	,
	Street Address	City & State	Zip Code
Owner Information:			
Contact Dove on	Ow	ner's Name	
Contact Person: Address:			
Address.	Street Address	City & State	
Telephone:	Facsimile:	Email:	
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 Did the Project Mana	art of the project?	Yes No Yes No	
Name of Subcontra	ctor's Superintendent for project:		
	dent listed above assigned the job at the sta ent listed above complete the project?	rt of the project?	Yes No Yes No No No
General Contractor:			
Address:			
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:	Name & Title		Fil
			Email
Name of General Co	ontractor's Project Manager for project:		
Architect/Engineer:			
Address:	,		, <u> </u>
Tolophono	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:	Name & Title		Email



SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Contract Time:						
Start Date: Scheduled Comp Month/Day/Year			te: Month/Da			
Actual Completion Date		Vacr	Days Extended due to Unexcused Delays:		S:	
Month/Day/Year If project is not complete, specify percentage of completion: """ % (Total cost of work in			of work in p	olace)		
Total Contract Amo	ount:					
\$			\$			\$
	Amount	Adjustme	Adjustment Due to Change Orders Final Contract Amoun			т
Project Information	n:					
Completed For:	Institutional Client Other Specify:	Higher Educ	ation Client	Private Agency	Public Aç	gency 🗌
Type of Facility:	Classroom ☐ Office Other ☐ Specify:	_		ratories	-	
Project Delivery:	Design Build Tradi	itional Ot	her Specify:			
	-					
Construction Type:	New Renovation					
	ve LEED Certification?					Yes 🗌 No 🗌
Was this an institution grade?	nal or higher educatior	n project that	was a minimu	m of three stories ab	ove	Yes 🗌 No 🗌
Was this an institution utility network?	nal or higher education	project that	was closely su	rrounded by interco	nnected	Yes ☐ No ☐
Was this a higher edu	cation project that incl	uded classro	om and office	facilities?		Yes ☐ No ☐
Did the project inclu	ide the following criteri	a? (Check al	I the boxes tha	at 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 Spe	cify:	Other 🗌	Specify:	Othe	er 🗌	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 N	Number:		
Project Location:	Street Address	City & State	,
	Street Address	City & State	Zip Code
Owner Information:			
_	Own	er's Name	_
Contact Person:			
Address:	Street Address	City & State	,
Telephone:	Facsimile:	Email:	
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 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 N			
Name of Subcontra	ctor's Superintendent for project:		
	dent listed above assigned the job at the start ent listed above complete the project?		Yes No No Yes 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:			
Tolonhona	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: Mo	nth/Day/Year
IVIOI	in bay real	Titil/Day/Teal
Actual Completion Date	: Days Extended due to Month/Day/Year	Unexcused Delays:
If project is not complete	e, specify percentage of completion: % (Total	al cost of work in place)
Total Contract Amo	ount:	
_	•	_
\$	A diverter and Diverter and Orders	\$
Project Information	Amount Adjustment Due to Change Orders	Final Contract Amount
Project illiorillation		
Completed For:	Institutional Client Higher Education Client Private Agen Other Specify:	
Type of Facility:	Classroom Office Building Simulation Laboratories A Other Specify:	ctive Learning Classrooms
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	New Renovation	
Did this project achiev	ve LEED Certification? Specify: Silver 🗌 Gold 🗌 Platinum 🗍 I	Vone ☐ Yes ☐ No ☐
Was this an institution grade?	nal or higher education project that was a minimum of three sto	ries above Yes ☐ No ☐
Was this an institution utility network?	al or higher education project that was closely surrounded by i	nterconnected Yes No
Was this a higher edu	cation project that included classroom and office facilities?	Yes ☐ No ☐
was tills a migner ead	cation project that included classroom and office facilities:	res 🗀 No 🗀
Did the project inclu	de the following criteria? (Check all the boxes that apply)	
High quality teach	hing classrooms/lecture halls that included Sou	und system & power data
		e 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 Nu	mhor		
· ·			
Project Location: _	Street Address	City & State	, Zip Code
		,	,
Owner Information:			
	Owne	er's Name	
Contact Person:			
Address:	,,	0": 0 0: 1	, <u> </u>
	Street Address	City & State	Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontra	actor's Office that Performed the Work:		
Address of Subcontra	Some that I enormed the Work.		
	Street Address	City & State	' Zip Code
Name of Subcontract	or's Project Manager for project:	·	•
	ger listed above assigned the job at the star	rt of the project?	Yes 🗌 No 🗍
	er listed above assigned the job at the state er listed above complete the project?		
	or's Superintendent for project:		
	nt listed above assigned the job at the start	of the project?	Yes □ No □
	It listed above complete the project?	or and project.	Yes No
General Contractor:			
Address:			,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email
Name of General Cont	tractor'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:	
Mor	nth/Day/Year Month/Day/Year	
Actual Completion Date		ays:
If project is not complete	Month/Day/Year e, specify percentage of completion: """ % (Total cost of work in	place)
Total Contract Amo	ount:	
\$	\$	\$
		Contract Amount
Project Information	1:	
Completed For:	Institutional Client Higher Education Client Private Agency Public Other Specify:	Agency 🗌
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Cother Specify:	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	New ☐ Renovation ☐	
Did this project achiev	ve LEED Certification? Specify: Silver ☐ Gold ☐ Platinum ☐ None ☐	Yes 🗌 No 🗌
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌
Was this an institution utility network?	nal or higher education project that was closely surrounded by interconnected	Yes 🗌 No 🗌
Was this a higher edu	cation project that included classroom and office facilities?	Yes 🗌 No 🗌
		103 🗀 110 🗀
Did the project inclu	de the following criteria? (Check all the boxes that apply)	
	hing classrooms/lecture halls that included Sound system & portition system with at least a STC-50 rating infrastructure for instructional	
	Video displays for instructional purposes	
Other Spec	cify: Other Specify: Other 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 MANAG	ER QUALIFICATIONS			
1. I NOVEOT MANAG		ed Project Manager:		
	-	ungo in the Industry:		
•	ears of Experience with	Current Employer:		
Degree Rece	ived	Institution/School	Major/Discipline	e Year
License Rece	ived	State Agency/Licensing Body	Specialty Area	Year
Certificate Rec	ficate Received Organization Specialty Area			Year
	List all Project Managem	nent Training / Tools	Years	of Experience
	est recent experience ducation Building II pro	. List all project experience that o	lemonstrates the	experience and
Current Firm:				
Current Job Title:		Years of Employment:	thro	ough
	PROJECT EXPERIE	NCE WITH CURRENT FIRM LISTEI	D ABOVE	
#1 Project Name: _				
Owner: Contract Amount:	¢	Completi	t Name:	
Job Title used on this p	roject:	Completion	on Date.	
Project Responsibilities				
Completed For:				
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Classrooms Other Specify:			
Project Delivery:				
Construction Type:	New Renovation]		
Did this project achieve LEED Certification? Specify: Silver Gold Platinum None Yes No				
Was this an institutio grade?	nal or higher education	project that was a minimum of three	stories above	Yes 🗌 No 🗌



Was this an institutiona interconnected utility no		tion project that v	was closely s	urrounded by	Yes ☐ No ☐
Was this a higher educa	ation project that	included classro	om and office	facilities?	Yes 🗌 No 🗌
Did the project includ	e the following cr	iteria? (Check al	I the boxes th	at apply)	
High quality teaching acoustical panel partic				Sound system infrastructure for instruc	
	Video displays for	instructional purpo	ses		
Other Specif	·y:	Other 🗌	Specify:	Other [] Specify:
	PROJECT EXP	PERIENCE WITH	CURRENT F	IRM LISTED ABOVE	
#2 Project Name:		-			
Owner:				Contact Name:	
Contract Amount:	\$		Co	ompletion Date:	
Job Title used on this p	roject:				
Project Responsibilities	s:				
Completed For:	Institutional Clier Other Spec	•	ucation Client	☐ Private Agency ☐	Public Agency
Type of Facility:	Classroom ☐ Other ☐ Spec	-	Simulation La	aboratories Active Lea	arning Classrooms
Project Delivery:	Design Build 🗌	Traditional 🗌 🕕	Other 🗌 Spec	ify:	
Construction Type:	New 🗌 Renova	ation 🗌			
Did this project achie	ve LEED Certifica	tion? Specify: Silv	/er ☐ Gold ☐] Platinum [] None []	Yes ☐ No ☐
Was this an institution grade?	nal or higher edu	cation project the	at was a minir	num of three stories abo	Yes No No
Was this an institution interconnected utility		cation project tha	t was closely	surrounded by	Yes 🗌 No 🗌
Was this a higher edu	cation project tha	t included classr	oom and offic	ce facilities?	Yes 🗌 No 🗌
Did the project incl	lude the following	ı criteria? (Checl	all the boxes	s that apply)	
High quality teaching acoustical panel parti	ng classrooms/lect	ure halls that inclu	ded 🗌	Sound system infrastructure for instruc	
-	Video displays for	instructional purpo	ses		
Other Specif	·y:	Other 🗌	Specify:	Other [Specify:



PROJ	JECT EXPERIENCE WITH	(List Firm)
#3 Project Name:		
Owner:	Contact Name:	
Contract Amount:	\$ Completion Date:	
Job Title used on this	project:	
Project Responsibilitie	es:	
Completed For:	Institutional Client	☐ Public Agency ☐
Type of Facility:	Classroom Office Building Simulation Laboratories Active Other Specify:	e Learning Classrooms
Project Delivery:	Design Build ☐ Traditional ☐ Other ☐ Specify:	
Construction Type:	New Renovation	
Did this project achi	ieve LEED Certification? Specify: Silver 🗌 Gold 🗌 Platinum 🗌 None	Yes No No
grade?	onal or higher education project that was a minimum of three stories	above Yes No No
Was this an institution interconnected utility	onal or higher education project that was closely surrounded by by network?	Yes ☐ No ☐
Was this a higher ed	ducation project that included classroom and office facilities?	Yes 🗌 No 🗌
Did the project in	clude the following criteria? (Check all the boxes that apply)	
	hing classrooms/lecture halls that included Sound system with at least a STC-50 rating infrastructure for in	stem & power data Structional spaces
	Video displays for instructional purposes	
Other Spec	cify: Other Specify: Oth	er Specify:



Addendum No. 3, August 12, 2020

2. FIELD SUPERIN	ITENDENT QUALIFIC				
	•	sed Field Superintendent:			
		experience in the Industry:			
	Years of Experien	ce with Current Employer:			
Degree Red	ceived	Institution/So	chool	Major/Discipline	Year
License Red	ceived	State Agency/Lice	nsing Body	Specialty Area	Year
Certificate Received		Organizat	ion	Specialty Area	Year
	List all Project Ma	anagement Training / Tools		Years of	f Experience
School of Medicine		ience. List all project ex	xperience that d	emonstrates the ex	perience and
Current Firm:					
Current Job Title:	Years of Employment: through				
	PROJECT EX	PERIENCE WITH CURRE	NT FIRM LISTED) ABOVE	
#1 Project Name:				7.5012	
Owner:			Contac	t Name:	
Contract Amount:	\$ Completion Date:				
Job Title used on this					
Project Responsibilitie	es:				
Completed For:	Institutional Clie	· ·	ient 🗌 Private A	Agency Dublic A	Agency 🗌
Type of Facility:	Classroom ☐ Other ☐ Spec		on Laboratories 🗌	Active Learning Cl	assrooms 🗌
Project Delivery:	Design Build 🗌	Traditional Other S	Specify:		
Construction Type:	New Renov	ation			
Did this project achi	eve LEED Certifica	tion? Specify: Silver 🗌 Go	old 🗌 Platinum 🛭	☐ None ☐ Ye	es 🗌 No 🗌
Was this an instituti	onal or higher edu	cation project that was a n	ninimum of three	stories above	es 🗌 No 🗌



interconnected utility r		project mat w		canada ay	Yes 🗌 No 🗌
Was this a higher educ	ation project that inclu	uded classroo	m and office	facilities?	Yes 🗌 No 🗌
Did the project include	de the following criteri	a? (Check all	the boxes th	at apply)	
	ing classrooms/lecture hition system with at leas			Sound system infrastructure for instruc	
-	Video displays for instr	uctional purpo	ses		
Other Spec	ify:	Other	Specify:	Other [Specify:
	PROJECT EXPER	IENCE WITH	CURRENT F	IRM LISTED ABOVE	
#2 Project Name:					
Owner:				Contact Name:	
Contract Amount: Job Title used on this				ompletion Date:	
Project Responsibilitie					
Completed For:	Institutional Client ☐ Other ☐ Specify:] Higher Edu	ıcation Client	☐ Private Agency ☐	Public Agency
Type of Facility:	Classroom ☐ Offic	ce Building	Simulation La	boratories	arning Classrooms
Project Delivery:	Design Build 🗌 Tra	aditional 🗌 C	Other Speci	fy:	
Construction Type:	New Renovation	ı 🗌			
] Platinum [] None [Yes 🗌 No 🗌
Was this an institution	onal or higher education	on project tha	t was a minin	num of three stories abo	ve Yes 🗌 No 🗌
Was this an institution interconnected utility	nal or higher education network?	n project that	was closely	surrounded by	Yes No No
Was this a higher edu	ucation project that inc	cluded classro	oom and offic	e facilities?	Yes No No
Did the project inc	clude the following crit	teria? (Check	all the boxes	that apply)	
	ing classrooms/lecture hition system with at leas			Sound system infrastructure for instruc	
	Video displays for instr	uctional purpos	ses		
Other Spec	ify:	Other 🗌	Specify:	Other [] Specify:



PROJ	JECT EXPERIENCE WITH (LIST FIR	m)		
#3 Project Name:				
Owner:	Contact Name:			
Contract Amount:	\$ Completion Date:			
Job Title used on this	s project:			
Project Responsibilitie	ies:			
Completed For:	Institutional Client	olic Agency 🗌		
Type of Facility:	Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learnin Other ☐ Specify:	ng Classrooms 🗌		
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 \(\subseteq \text{No} \subseteq \)				
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?				
Did the project include the following criteria? (Check all the boxes that apply)				
	ching classrooms/lecture halls that included Sound system & partition system with at least a STC-50 rating infrastructure for instruction			
	Video displays for instructional purposes			
Other Spec	ecify: Other Specify: Other 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: Completion Date: Contract Amount: 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:** 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 ☐ grade?



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 infrastructure for instruction	
Video displays for instructional purposes	
Other Specify: Other Specify: Other Specify:	Specify:
PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE	
#2 Project Name:	
Owner: Contact Name: Contact Name: Contract Amount: \$ Completion Date:	
Job Title used on this project:	
Project Responsibilities:	
Completed For: Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ P Other ☐ Specify:	ublic Agency 🗌
Type of Facility: Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learn Other ☐ Specify:	ning Classrooms
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 and infrastructure for instruction infrastructure for instruction system.	
Video displays for instructional purposes	
Other Specify: Other Specify: Other Specify:	Specify:



PROJ	JECT EXPERIENCE WITH (LIST FIR	m)		
#3 Project Name:				
Owner:	Contact Name:			
Contract Amount:	\$ Completion Date:			
Job Title used on this	s project:			
Project Responsibilitie	ies:			
Completed For:	Institutional Client	olic Agency 🗌		
Type of Facility:	Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learnin Other ☐ Specify:	ng Classrooms 🗌		
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 \(\subseteq \text{No} \subseteq \)				
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?				
Did the project include the following criteria? (Check all the boxes that apply)				
	ching classrooms/lecture halls that included Sound system & partition system with at least a STC-50 rating infrastructure for instruction			
	Video displays for instructional purposes			
Other Spec	ecify: Other Specify: Other 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? 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: Zip Code Street Address City & State Name of Owner: Telephone: Contact Person: 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: 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 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 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 ATTACH	MENTS
One (1) copy of all Audited Profit and Loss \$	Statements (reference Section II.M Financial Data).
Letter from Workers' Compensation carrie Section II.N Experience Modifier Rate).	er evidencing your EMR for the past ten years (reference
☐ Resumes of all proposed Key Personnel (re	ference Section IV Key Personnel).
Signature declaring the answers on Forms History).	A and B are true and correct (reference Section V Claims
VII. DECLARATION	
	declare that I am the
Printed Name	Title
of	submitting this Prequalification Questionnaire;
forth in this Questionnaire and all attachments complete as of its submission date.	onnaire on behalf of subcontractor and that all information set hereto are, to the best of my knowledge, true, accurate, and oing is true and correct and that this declaration was executed
atLocation and City	County of County
State of on	Date
	Signature
	Printed Name
	orietor, a general partner, or corporate officer, wer of attorney or corporate resolution.



PLUMBING 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 11:30 AM OR

MONDAY, AUGUST 17, 2020 AT 1:30 PM

SUBMITTAL DUE:

FRIDAY, AUGUST 21, 2020 MONDAY, AUGUST 31, 2020 AT 4:00 PM

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

Planning, Design & Construction 1223 University Avenue, Suite 240 Riverside, CA 92507 Betty Osuna Contract Administrator (951) 827- 4590 / betty.osuna@ucr.edu



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	B. Contact Information	
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	D. Type of Business Organization	
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2. 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)

PLUMBING SUBCONTRACT ESTIMATE: \$4,250,000

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:
 July 27, 2020
 August 10, 2020 or
 August 17, 2020
 August 21–31, 2020
 4th Quarter 2020
 4th Quarter 2020
 1st Quarter 2021

Award Contract & Notice to Proceed:

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.

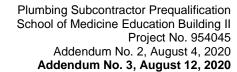
Prequalification Questionnaires are available to all interested subcontractors and will only be issued electronically at:

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 or call (951) 827- 4590.</u>

_

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





2. 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.

Any interested subcontractors who sign-in to the Mandatory Prequalification Zoom Conference after 40:35 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

A Second Mandatory Prequalification Conference

Subcontractors interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on Monday August 17, 2020, beginning promptly at 1:30 PM.

Any interested subcontractors who sign-in to the Mandatory Prequalification Zoom Conference after 1:35 PM will be precluded from the prequalification process and may only bid as a sub-subcontractor.

Interested subcontractors shall contact Lynn Javier at lynn.javier@anseradvisory.com 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

ELECTRICAL, WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING, AND PLUMBING SUBCONTRACTORS MUST PARTICIPATE IN ONE OF THE TWO SCHEDULED ZOOM CONFERENCES IN ITS ENTIRETY TO BE ALLOWED TO SUBMIT PREQUALIFICATION DOCUMENTS. SUBCONTRACTORS WHO ATTENDED THE FIRST PREQUALIFICATION CONFERENCE DO NOT HAVE TO ATTEND THE SECOND PREQUALIFICATION CONFERENCE.

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 \$12,750,000.

- 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 C	OMPANY NAME AND ADDRESS		
Company Name:			
Street Address:	Telephone	Facsimile	
Sileet Address.	Street Address	City & State	Zip Code
B. CONTACT INFORMAT	TION		
Contact Person #1:			
	Name, Title		Telephone
_	Email		
Contact Person #2:			
	Name, Title		Telephone
	Email		



C. ENTITY SUBMITT	TING THIS PREQUALIFICATION	QUESTIONNAIRE	
Parent Company:	Subsidiary: C	Other: [](Please list)	
Branch Office:	☐ Division: ☐	(Flease list)	
D. TYPE OF BUSINE	ESS ORGANIZATION		
Corporation: Sta	ate of Incorporation:		
<u> </u>	nt Venture: Sole Propri	• —	
If a partnership , pro	ovide the following information	on:	
Date of Organization	n:	General: Association:	
Name and complete	e legal address of each gen	neral partner:	
Partner's N	ame	Legal Address	
Partner's N	ame	Legal Address	
Total number of emp	oloyees on payroll in the corp	poration:	
Total number of em	ployees on payroll in the lo	cal office submitting this prequalification:	
Principal Office (if different from above):			
- par	<u> </u>	Street Address	
	_	City, State & Zip Code	
Presid	dent's Name	Vice President's Name	
Secretary's Name Treasure		Treasurer's Name	
E. YEAR COMPANY	WAS ESTABLISHED		
Year established:			
F. PARENT COMPA	NY INFORMATION (IF APPLICA	ABLE)	
Company Name: _			_
_	Telephone	Facsimile	_
Street Address:		,	
_	Street Address	City & State	Zip Code
Contact Person: _	Name,		
	Name, ⁻	Title Telep	hone



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 Plumbing Subcontractor must have a current and active California State Contractors license with a "C36" Plumbing 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	9	iUR	ETY	•
-----------	---	-----	-----	---

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 Nan	ne	Telephone
Ctroot Addroom				
Street Address:	Street A	Address	City & State	,
	GG	144.000	ony a oraco	p
to _	Has	listed Surety Com	pany #1 completed work tyour firm defaulted on?	Yes ☐ No ☐
MM/YYYY (Period Co	(orod)		_	
(Feriod Co	vereu)			
Surety Company	#2·			
Carety Company		Surety's Nan	ne	Telephone
				·
Street Address:			City & State	
	Street A	Address	City & State	Zip Code
to	Has	listed Surety Com	pany #2 completed work	
MM/YYYY	MM/YYYY	for a project	pany #2 completed work tyour firm defaulted on?	Yes 🗌 No 🗌
(Period Co				
Surety Company	#3:	0 (1.1.1)		
		Surety's Nan	ne	Telephone
Street Address:				
	Street A	Address	_ , City & State	'Zip Code
			·	·
to _	Has	listed Surety Com	pany #3 completed work tyour firm defaulted on?	Yes 🗌 No 🗌
(Period Co		for a project	your firm defaulted on?	
(i cilou oo	veredy			
Surety Company	#4:			
, ,		Surety's Nan	ne	Telephone
Street Address:			1	
	Street A	Address	City & State	Zip Code
to	Нас	listed Surety Com	nany #4 completed work	
MM/YYYY	MM/YYYY	for a project	pany #4 completed work tyour firm defaulted on?	Yes 🗌 No 🗌
(Period Co	vered)	: µ.: 2)00.	•	

(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.

i. i otal ive vellue (pe	ast 3 fiscal years):	2. Net Income (pa	st 3 fiscal years):
	\$		\$
	\$		\$
Voor Ending	\$	Year Ending	
3. Current Assets (p	past 3 fiscal years):	4. Current Liabilit	ies (past 3 fiscal years):
Year Ending	\$	Year Ending	\$
Year Ending			\$
Year Ending	\$	Year Ending	
5. Total Long-Term	Debt (past 3 fiscal years):	6. Total Net Worth	n (past 3 fiscal years):
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
7. Total Bonding Ca			Bonding Capacity:
7. Total Bonding Ca			Bonding Capacity:
7. Total Bonding Ca	pacity: ONE (1) COPY OF ALL AUD THREE YEARS OF OPERA SEPARATE	8. Total Available DITED FINANCIAL STA	\$ TEMENTS
7. Total Bonding Ca UPLOAD C FOR THE PAST EXPERIENCE MODIFICA	pacity: ONE (1) COPY OF ALL AUD THREE YEARS OF OPERA SEPARATE	8. Total Available DITED FINANCIAL STA ATION TO LINK PROVI	\$ TEMENTS IDED UNDER A
7. Total Bonding Ca UPLOAD C FOR THE PAST EXPERIENCE MODIFICATION ist your company's W	apacity: ONE (1) COPY OF ALL AUD THREE YEARS OF OPERA SEPARATE ATION RATE	8. Total Available OITED FINANCIAL STA ATION TO LINK PROVI COVER rience Modifier Rate for	\$ TEMENTS DED UNDER A the past 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.



0.	YEARS OF EXPERIENCE					
	Does your company have at least ten years of experience as a Plumbing Contractor? Yes \(\subseteq \text{No} \subseteq \)					
Р.	Insurance					
Q	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. 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:					

(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 Plumbing cost was at least \$3,000,000 each.
 - At least two (2) institutional or higher education projects completed and **LOCATED IN THE STATE OF CALIFORNIA** for which the Plumbing cost was at least \$3,000,000 each.
 - At least one (1) institutional or higher education project completed that ACHIEVED LEED GOLD CERTIFICATION or higher and for which the Plumbing cost was at least \$3,000,000.
 - At least two (2) institutional or higher education projects that were a minimum of **THREE (3) STORIES ABOVE GRADE**, for which the **Plumbing** cost was at least \$3,000,000 each.
 - At least one (1) institutional or higher education project completed that was CLOSELY SURROUNDED BY INTERCONNECTED UTILITY NETWORK for which the Plumbing cost was at least \$3,000,000, that included:
 - o Coordination and planning of major multi-facility or campus utility shutdowns.
 - 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	umber:		
Project Location:			
	Street Address	City & State	Zip Code
Owner Information:			
Owner information.	Owi	ner'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	Zip Code
Name of Subcontrac	ctor's Project Manager for project:		
	ager listed above assigned the job at the star ger listed above complete the project?	t of the project?	Yes No No Yes No
Name of Subcontrac	ctor's Superintendent for project:		
	ent listed above assigned the job at the start ent listed above complete the project?	of the project?	Yes No No Yes No
General Contractor:			
Address:	Street Address	City & State	,
		Oily & State	Zip Code
Telephone:	Facsimile:		
Contact Person:	N		
	Name & Title		Email
Name of General Cor	ntractor's Project Manager for project:		
Architect/Engineer:			
•			
Address:	Street Address	City & State	,
		J., a J	_,p =====
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email



Contract Time:		
Start Date:	Scheduled Completion Date:	_
Actual Completion Date		
If project is not complete	Month/Day/Year e, specify percentage of completion: % (Total cost of work in p	place)
Total Contract Amo	ount:	
\$		\$
Project Information		ontract Amount
Completed For:		gency 🗌
Type of Facility:	Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learning Classroom ☐ Specify:	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	New Renovation	
Did this project achiev	ve LEED Certification? Specify: Silver Gold Platinum None	Yes No No
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌
Was this an institution utility network?	nal or higher education project that was closely surrounded by interconnected	Yes 🗌 No 🗌
Did the project incleshutdowns?	ude the coordination and planning of major multi-facility or campus utility	Yes 🗌 No 🗌
Project Description:	(Provide a brief description)	



SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Verify all contacts prior to submittal.

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

Project Name:			
Project or Contract Num	ber:		
Project Location:		·	,
	Street Address	City & State	Zip Code
Owner Information:			
	Ои	ner's Name	
Contact Person:			
Address:	Street Address	City & State	,
Telephone:	Facsimile:	Email:	<i></i>
Address of Subcontract	tor's Office that Performed the Work:		
St	reet Address ,	City & State	Zip Code
Name of Subcontractor	r's Project Manager for project:		
	er listed above assigned the job at the stricted above complete the project?		Yes No No Yes No
Name of Subcontractor	r's Superintendent for project:		
	t listed above assigned the job at the sta listed above complete the project?	rt of the project?	Yes No No Yes No
General Contractor:			
Address:			
	Street Address ,	City & State	,Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email
Name of General Contra	actor's Project Manager for project:		
Architect/Engineer:			
Address:			,
	Street Address	City & State	Zip Code
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email



Contract Time:		
Start Date:	Scheduled Completion Date: htth/Day/Year Month/Day/Year	
Actual Completion Date		ys:
·	Month/Day/Year e, specify percentage of completion: % (Total cost of work in	place)
Total Contract Amo	ount.	
	out.	
\$	\$ Amount Adjustment Due to Change Orders Final 0	\$ Contract Amount
Project Information		Jonifact Amount
Completed For:		Agency 🗌
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learning Cl	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	New Renovation	
Did this project achiev	ve LEED Certification? Specify: Silver Gold Platinum None	Yes 🗌 No 🗌
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌
Was this an institution utility network?	nal or higher education project that was closely surrounded by interconnected	Yes 🗌 No 🗌
Did the project inclu shutdowns?	de the coordination and planning of major multi-facility or campus utility	Yes 🗌 No 🗌
Project Description:	(Provide a brief description)	



SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Verify all contacts prior to submittal.

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

Project Name:			
Project or Contract Num	ber:		
Project Location:			,
	Street Address	City & State	Zip Code
Owner Information:			
	Ow	ner's Name	
Contact Person:			
Address:	Street Address ,	City & State	,
Telephone:	Facsimile:	Email:	_,p
Address of Subcontract	tor's Office that Performed the Work:		
Stu	reet Address ,	City & State	,
	's Project Manager for project:	Ony a diate	2.0 0000
	er listed above assigned the job at the st	art of the project?	Yes □ No □
Did the Project Manager	listed above assigned the job at the st	art of the project:	Yes No
	's Superintendent for project:		
	listed above assigned the job at the sta		Yes No 🗌
Did the Superintendent I	isted 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 Contra	ctor's Project Manager for project:		
Architect/Engineer:			
Address:			
Audiess	Street Address	City & State	,
Telephone:	Facsimile:		
Contact Person:			
	Name & Title		Email



Contract Time:		
Start Date:	Scheduled Completion Date: http://doi.org/10.1001/10.10	
Actual Completion Date	·	'S:
7 totaar Completion Bate	Month/Day/Year	o
If project is not complet	re, specify percentage of completion: % (Total cost of work in p	olace)
Total Contract Amo	ount:	
\$	\$	\$
Base Project Information	<u>, </u>	ontract Amount
Completed For:	Institutional Client Higher Education Client Private Agency Public Agence Other Specify:	gency 🗌
Type of Facility:	Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learning Cla Other ☐ Specify:	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	New Renovation	
Did this project achiev	ve LEED Certification? Specify: Silver Gold Platinum None	Yes No No
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌
Was this an institution utility network?	nal or higher education project that was closely surrounded by interconnected	Yes 🗌 No 🗌
Did the project incl shutdowns?	ude the coordination and planning of major multi-facility or campus utility	Yes 🗌 No 🗌
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 Numb	er:		
Project Location:	,		
	Street Address	City & State	Zip Code
Owner Information:			
	Owi	ner's Name	
Contact Person:			
Address:	Street Address ,	City & State	,
Telephone:	Facsimile:	Email:	210 0000
Address of Subcontracto	or's Office that Performed the Work:		
Ctus	eet Address ,	City & State	
		City & State	Zip Code
	s Project Manager for project:		
Was the Project Manager Did the Project Manager I	listed above assigned the job at the stallisted above complete the project?	art of the project?	Yes
	s Superintendent for project:		
	isted above assigned the job at the star	rt of the project?	Yes 🗌 No 🗌
Did the Superintendent lis	sted above complete the project?		Yes No
General Contractor:			
Address:	Street Address ,	City & State	,
Telephone:	Facsimile:	•	F
Contact Person:			
	Name & Title		Email
Name of General Contract	ctor's Project Manager for project:		
Architect/Engineer:			
Address:	,	011 0 011	'
	Street Address	City & State	Zip Code
	Facsimile:		
Contact Person:	Name & Title		Email
Ì	Name & Title		⊏man



Contract Time:		
Start Date:	Scheduled Completion Date: nth/Day/Year Month/Day/Year	
Actual Completion Date	e: Days Extended due to Unexcused Delay	'S:
If project is not complet	Month/Day/Year e, specify percentage of completion: """ % (Total cost of work in p	place)
Total Contract Amo	ount:	
\$	<u> </u>	\$
	Amount Adjustment Due to Change Orders Final C	ontract Amount
Project Information Completed For:		gency 🗌
Type of Facility:	Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learning Cla	
Project Delivery:	Design Build Traditional Other Specify:	
Construction Type:	New ☐ Renovation ☐	
Did this project achiev	ve LEED Certification? Specify: Silver Gold Platinum None	Yes 🗌 No 🗌
Was this an institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌
-	nal or higher education project that was closely surrounded by interconnected	Yes 🗌 No 🗌
Did the project inclusions?	ide the coordination and planning of major multi-facility or campus utility	Yes 🗌 No 🗌
Project Description:	(Provide a brief description)	



Email

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 Num	ber:		
Project Location:			
	Street Address	City & State	Zip Code
Owner Information:	Ou	vner's Name	
Contact Person:			
Address:			
Add 633.	Street Address	City & State	,Zip Code
Telephone:	Facsimile:	Email:	
Address of Subcontrac	tor's Office that Performed the Work:		
	, ,		,
Si	reet Address	City & State	Zip Code
Name of Subcontracto	r's Project Manager for project:		
Was the Project Manage	er listed above assigned the job at the s	tart of the project?	Yes 🔲 No 🔲
	r listed above complete the project?		Yes No
Name of Subcontracto	r's Superintendent for project:		
	t listed above assigned the job at the sta	art 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:		
<u></u>			
Contact Person:	Name & Title		Email
Name of General Contro	actor's Project Manager for project:		
Ivanie di General Contra	actor 3 i Toject Manager for project.		
Architect/Engineer:			
Address:			
	Street Address	City & State	,Zip Code
Telephone:	Facsimile:	-	•
•	Facsimile:		
Contact Person:			

Name & Title



Contract Time:					
Start Date:	nth/Day/Year	Scheduled Comple	etion Date:	Month/Day	(Vear
	•		Davis Forter de d	•	
Actual Completion Date	e: Month/Day/Yea	 ar	Days Extended	due to Unexcus	sed Delays:
If project is not complete	e, specify percentage of cor			% (Total cost of	f work in place)
Total Contract Am	ount:				
\$		\$			\$
	Amount	Adjustment Due	to Change Orde	ers —	Final Contract Amount
Project Information	h:				
Completed For:	Institutional Client ☐ H Other ☐ Specify:	ligher Education C	lient 🗌 Privat		Public Agency
Type of Facility:	Classroom ☐ Office Bu Other ☐ Specify: _	-	on Laboratories		arning Classrooms 🗌
Project Delivery:	Design Build Tradition	nal Other	Specify:		
Construction Type:	New Renovation				
Did this project achie	ve LEED Certification? $Special$	ecify: Silver 🗌 G	iold 🗌 Platinur	n 🔲 None 🔲	Yes 🗌 No 🗌
Was this an institutio grade?	nal or higher education pr	roject that was a	minimum of thr	ree stories abo	Yes No No
Was this an institutio utility network?	nal or higher education pro	oject that was clo	sely surrounde	ed by intercon	nected Yes No No
Did the project inclusions shutdowns?	ide the coordination and p	olanning of major	multi-facility o	r campus utilit	ty Yes ☐ No ☐
Project Description:	(Provide a brief description	n)			



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 MANAG	SER QUALIFICATION	IS		
II I ROJEJI MANAC	•	oposed Project Manager:		
		xperience in the Industry:		
	Years of Experienc	ce with Current Employer:		
Degree Rece	eived	Institution/School Ma	ajor/Discipline	Year
License Rece	eived	State Agency/Licensing Body Sp	pecialty Area	Year
Certificate Rec	ceived	Organization Sp	pecialty Area	Year
	List all Project Ma	nagement Training / Tools	Years of Expe	erience
Begin with your me School of Medicine E Current Firm:			trates the experie	ence and
Current Job Title:		Years of Employment:	through	
	DDO IECT EVI	PERIENCE WITH CURRENT FIRM LISTED ABOV	/ E	
#1 Project Name:	FROJECT EXP	ENLINCE WITH CORRENT FIRM LISTED ABOV	v L	
Owner:		Contact Name	:	
Contract Amount:	\$	Completion Date		
Job Title used on this p	•			
Project Responsibilities				
Completed For:	Institutional Clien		☐ Public Agenc	у 🗆
Type of Facility:	Classroom (ve Learning Classro	oms 🗌
Project Delivery:	Design Build	Traditional Other Specify:		
Construction Type:	New 🗌 Renova	ation		
			ne 🗌 Yes 🗌	No 🗌
Was this an institutio grade?	nal or higher educ	cation project that was a minimum of three stories	s above Yes 🗌	No 🗌



as this an institutiona erconnected utility n	ll or higher education project that was closely surrounded by etwork?	es 🗌 No 🗌
Did the project includes Shutdowns	de the coordination and planning of major multi-facility or campus utility γ_{ϵ}	es 🗌 No 🗌
	PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE	
2 Project Name:		
wner:	Contact Name:	
ontract Amount:	\$ Completion Date:	
bb Title used on this p		
roject Responsibilities); ;	
ompleted For:	Institutional Client Higher Education Client Private Agency Pub Other Specify:	• • •
ype of Facility:	Classroom Office Building Simulation Laboratories Active Learnin Other Specify:	g Classrooms
roject Delivery:	Design Build Traditional Other Specify:	
onstruction Type:		
	New	Yes ☐ No ☐
	nal or higher education project that was a minimum of three stories above	Yes No
	nal or higher education project that was closely surrounded by network?	Yes 🗌 No 🗆
Did the project inclu utility shutdowns	ude the coordination and planning of major multi-facility or campus	Yes 🗌 No [
PROJ	JECT EXPERIENCE WITH (List Fi	rm)
#3 Project Name:	•	•
Owner:	Contact Name:	
Contract Amount:	\$ Completion Date:	
Job Title used on this	s project:	
Project Responsibiliti	es:	
Completed For:	Other Specify:	ublic Agency
Type of Facility:	Classroom Office Building Simulation Laboratories Active Learn Other Specify:	ing Classrooms
Project Delivery:	Design Build ☐ Traditional ☐ Other ☐ Specify:	
Construction Type:	New Renovation	
	ieve LEED Certification? Specify: Silver Gold Platinum None	Yes 🗌 No
Was this an institut	ional or higher education project that was a minimum of three stories above	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 coordination and planning of major multi-facility or campus utility shutdowns	Yes ☐ No ☐



2. FIELD SUPERIN	TENDENT QUALIFIC	ATIONS	
	Name of Propo	sed Field Superintendent:	
	Years of E	Experience in the Industry:	
	Years of Experien	ce with Current Employer:	
Degree Received		Institution/School Major/Discip	oline Year
License Received		State Agency/Licensing Body Specialty A	rea Year
Certificate Received		Organization Specialty A	rea 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 EX	PERIENCE WITH CURRENT FIRM LISTED ABOVE	
#1 Project Name:			
Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this	· ·		
Project Responsibilitie	es:		
Completed For:	Completed For: Institutional Client Higher Education Client Private Agency Public Agency Other Specify:		
Type of Facility:	/pe of Facility: Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learning Classrooms ☐ Other ☐ Specify:		
Project Delivery:	Design Build 🗌	Traditional Other Specify:	
Construction Type:	New Renov	ation	
Did this project achie	eve LEED Certifica	tion? Specify: Silver 🗌 Gold 🗌 Platinum 🗌 None 🗌	Yes 🗌 No 🗌
Was this an institution grade?	onal or higher edu	cation project that was a minimum of three stories above	Yes 🗌 No 🗌
Was this an institution interconnected utility		cation project that was closely surrounded by	Yes 🗌 No 🗌
Did the project include the coordination and planning of major multi-facility or campus utility shutdowns Yes \square N			Yes 🗌 No 🗌



#2 Project Name:			
Owner:	Contact Name:		
Contract Amount:	\$ Completion Date:		
Job Title used on this p	project:		
Project Responsibilities	:		
Completed For:	Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Other ☐ Specify:	c Agency 🗌	
Type of Facility:	Classroom ☐ Office Building ☐ Simulation Laboratories ☐ Active Learning C		
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 institution grade?	nal or higher education project that was a minimum of three stories above	Yes 🗌 No 🗌	
Was this an institution interconnected utility	nal or higher education project that was closely surrounded by network?	Yes 🗌 No 🗌	
Did the project inc utility shutdowns	lude the coordination and planning of major multi-facility or campus	Yes 🗌 No 🗌	
DPA	IECT EXPERIENCE WITH(List Fire	m)	
FROG	COTEXTENDE WITH	••••	
#3 Project Name:	LIST III	,	
	Contact Name:	•	
#3 Project Name: Owner: Contract Amount:	Contact Name: \$ Completion Date:	,	
#3 Project Name: Owner: Contract Amount: Job Title used on this	Contact Name: \$ Completion Date:	,	
#3 Project Name: Owner: Contract Amount:	Contact Name: \$ Completion Date:	,	
#3 Project Name: Owner: Contract Amount: Job Title used on this	Contact Name: Sproject: Institutional Client Higher Education Client Private Agency Pull Other Specify:	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibiliti	Contact Name: Sproject: Ses: Institutional Client Higher Education Client Private Agency Pul	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibility Completed For:	Contact Name: Sproject: Institutional Client Higher Education Client Private Agency Pull Other Specify: Classroom Office Building Simulation Laboratories Active Learning	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibiliti Completed For: Type of Facility:	Contact Name: \$ Completion Date: s project: les: Institutional Client	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibiliti Completed For: Type of Facility: Project Delivery: Construction Type:	Contact Name: \$ Completion Date: s project: les: Institutional Client	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibiliti Completed For: Type of Facility: Project Delivery: Construction Type: Did this project ach Was this an institut grade?	Contact Name: \$ Completion Date: Sproject:	blic Agency g Classrooms	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibiliti Completed For: Type of Facility: Project Delivery: Construction Type: Did this project ach Was this an institut grade?	Contact Name: \$ Completion Date: Sproject: es: Institutional Client	blic Agency Classrooms Yes No	



	ALITY ASSURANCE MANAGER QUALIFICATIONS	
Name o	of Proposed Quality Assurance Manager:	
Vo	Years of Experience in the Industry:	
Y ea	ars of Experience with Current Employer:	
Degree Rece	ived Institution/School Major/Disci	pline Year
License Rece	State Agency/Licensing Specialty A Body	Area Year
Certificate Rec	ceived Organization Specialty A	Area Year
List all Project Management Training / Tools Years of Experience		
#1 Project Name:	PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABO	OVE
Owner:	Contact Nar	me:
Contract Amount:	\$ Completion Da	·
Job Title used on this	project:	
Project Responsibilitie	es:	
Completed For:	Institutional Client ☐ Higher Education Client ☐ Private Agend Other ☐ Specify:	cy Dublic Agency D
Type of Facility:	Classroom Office Building Simulation Laboratories A Other Specify:	ctive Learning Classrooms
Project Delivery:	Design Build ☐ Traditional ☐ Other ☐ Specify:	
Construction Type:	New ☐ Renovation ☐	
Did this project achie	eve LEED Certification? Specify: Silver \square Gold \square Platinum \square N	Vone ☐ Yes ☐ No ☐
grade?	onal or higher education project that was a minimum of three sto	ries above Yes No No
Was this an institution interconnected utility	onal or higher education project that was closely surrounded by network?	Yes ☐ No ☐
Did the project inc utility shutdowns	clude the coordination and planning of major multi-facility or cam	pus Yes No



	PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE		
#2 Project Name:			
Owner:	Contact Name:		
Contract Amount:	\$ Completion Date:		
Job Title used on this pr	oject:		
Project Responsibilities:			
Completed For:	Institutional Client Higher Education Client Private Agency Publi Other Specify:	c Agency 🗌	
Type of Facility:	Classroom		
Project Delivery:	Design Build Traditional Other Specify:		
Construction Type:	New Renovation		
	re 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 interconnected utility	al or higher education project that was closely surrounded by network?	Yes 🗌 No 🗌	
Did the project inclusions	ude the coordination and planning of major multi-facility or campus utility	Yes 🗌 No 🗌	
PROJE	ECT EXPERIENCE WITH (List Fire	m)	
	ECT EXPERIENCE WITH(List Fire	m)	
PROJE #3 Project Name: Owner:		,	
#3 Project Name:			
#3 Project Name: Owner: Contract Amount: Job Title used on this	Contact Name: S Completion Date: project:		
#3 Project Name: Owner: Contract Amount:	Contact Name: S Completion Date: project:		
#3 Project Name: Owner: Contract Amount: Job Title used on this	Contact Name: S Completion Date: project: es:		
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibilitie	Contact Name: S Completion Date: project: es: Institutional Client Higher Education Client Private Agency Pu	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibilitie Completed For:	Contact Name: Scompletion Date: Project: Ess: Institutional Client	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibilitie Completed For: Type of Facility:	Contact Name: \$ Completion Date: project: SS: Institutional Client Higher Education Client Private Agency Pu Other Specify: Classroom Office Building Simulation Laboratories Active Learning Other Specify:	blic Agency □	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibilitie Completed For: Type of Facility: Project Delivery: Construction Type:	Contact Name: \$ Completion Date: project: SS: Institutional Client Higher Education Client Private Agency Pu Other Specify: Classroom Office Building Simulation Laboratories Active Learning Other Specify: Design Build Traditional Other Specify:	blic Agency ☐	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibilitie Completed For: Type of Facility: Project Delivery: Construction Type: Did this project achi Was this an institution	Contact Name: \$ Completion Date: project: es: Institutional Client	blic Agency Grassrooms	
#3 Project Name: Owner: Contract Amount: Job Title used on this Project Responsibilitie Completed For: Type of Facility: Project Delivery: Construction Type: Did this project achi Was this an institution	Contact Name: \$ Completion Date: project: es: Institutional Client	blic Agency Grassrooms Yes No	



V. CLAIMS HISTORY

A. GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

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

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

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

B. SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

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

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

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



FORM A

GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM Use one Form per Lawsuit or Arbitration (Make Copies as Needed) Are there claims that meet the criteria in Section V.A of this statement? Yes No 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: City & State Street Address Name of Owner: Name & Title Telephone: Contact Person: Highest Amount Sought for All Claims: \$ (Amount in Figures) Amount Recovered: ____ (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: List: Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolved for more than 60% of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by General Contractor against Subcontractor and/or persons or entities associated with Subcontractor: My signature below signifies my declaration that the answers provided on this **Form A** are true and correct. 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 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: Name of Owner: Name & Title Telephone: Contact Person: Highest Amount Sought for All Claims: \$ (Amount in Figures) Amount Recovered: \$ (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: List: ____ Date of Claim Resolution: Basis for Claim: If the lawsuit or arbitration was resolved for 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 ATTACH	MENTS	
☐ One (1) copy of all Audited Profit and Loss S	Statements (reference Section II.M Financial Data).	
Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.N Experience Modifier Rate).		
Resumes of all proposed Key Personnel (reference Section IV Key Personnel).		
Signature declaring the answers on Forms History).	A and B are true and correct (reference Section V Claims	
VII. DECLARATION		
	eclare that I am the	
Printed Name	Title	
of Company Name	submitting this Prequalification Questionnaire;	
that I am duly authorized to execute this Questic forth in this Questionnaire and all attachments h complete as of its submission date.	onnaire on behalf of subcontractor and that all information set nereto are, to the best of my knowledge, true, accurate, and bing 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.		