

## DESIGN BUILDER (CONTRACTOR)

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### PREQUALIFICATION QUESTIONNAIRE

*Brief Design Build Delivery*

## GENOMICS SHED AND BIOCONTROL BUILDING REPLACEMENT PROJECT NO. 950593

#### MANDATORY

##### PREQUALIFICATION CONFERENCE:

MONDAY, SEPTEMBER 27, 2021 AT 11:00 AM

##### SUBMITTAL DUE:

MONDAY, OCTOBER 11, 2021 AT 4:00 PM

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## I. GENERAL

### A. PROJECT DESCRIPTION

The Biocontrol building consists of an 800 sf support area that houses multiple growth chambers, sink with casework, and washer/dryer. There is also a 240 sf cold room with a depressed slab and 2 entrances (1 from the exterior and 1 through the Biocontrol support area). Building construction consists of reinforced concrete slab with 8" concrete curb surround, 6" concrete equipment pads, structural steel frame, metal panel siding with insulation, standing seam metal roof, and all relevant MEP to support the walk-in cold room, growth chambers, Fire/Life Safety, and network communication/integration with the campus.

The Genomics Shed's size and construction are similar to the Biocontrol room but does not require infrastructure to support a walk-in cold room or growth chambers. Genomics Shed consists of numerous storage areas ranging from 100 sf to 120 sf that are separated by chain-linked fence while maintaining a clear access/egress pathway.

**Project Delivery: Brief Design Build**

**Estimated Construction Cost: \$1,850,000** (Project scope and funding is pending administrative approval)

### B. PROJECT TIMING

• Prequalification Questionnaire issued:	September 13, 2021
• Mandatory Prequalification ZOOM Conference:	September 27, 2021
• Prequalification Questionnaire due:	October 11, 2021
• Review and Shortlisting of Design Build Teams:	October 12-19, 2021
• Issue Request for Proposal to selected Design Build Teams:	November 1, 2021
• Proposals due:	December 6, 2021
• Notice of Selection:	January 4, 2022
• Award Contract & Notice to Proceed:	January 8, 2022

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: 6 Months (subject to administrative and funding approvals).

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

### C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

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

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

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

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

#### **D. PREQUALIFICATION PROCESS – BRIEF DESIGN BUILD DELIVERY**

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

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

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

#### **The prequalification process is as follows:**

##### **1. Questionnaire**

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

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

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

For information call Lynn Javier (949) 254-3494 or email [ljavier@azimuth0.com](mailto:ljavier@azimuth0.com) and copy Betty Osuna at email [betty.osuna@ucr.edu](mailto:betty.osuna@ucr.edu) or call (951) 827-4590.

##### **2. Mandatory Prequalification Conference**

Design Builders (Contractors) interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on **Monday, September 27, 2021, beginning promptly at 11:00 AM.**

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

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

**950593 Genomics Shed & Biocontrol Bldg. Repl. – Request for Zoom Conference Participant ID**

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

### **3. Submittal Procedures and Deadline**

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

**Prequalification Questionnaires must be uploaded to One Drive link provided to each proposer.**

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

Design Builders (Contractors) shall assume full responsibility for timely delivery at the location designated for receipt of Prequalification Questionnaires. **ORAL, TELEPHONIC, FACSIMILE, TELEGRAPHIC, OR E-MAILED PREQUALIFICATION QUESTIONNAIRES ARE INVALID AND WILL NOT BE ACCEPTED. NO PREQUALIFICATION DOCUMENTS WILL BE ACCEPTED AFTER THE DUE DATE AND TIME. SUPPLEMENTAL DATA OR ADDITIONAL PROJECT INFORMATION WILL NOT BE ACCEPTED AFTER THE DUE DATE AND TIME UNLESS SPECIFICALLY REQUESTED BY THE UNIVERSITY.**

#### 4. Rating and Evaluation Procedures

A. To be selected a prospective Design Builder (Contractor) **must**:

1. **DESIGN AND CONSTRUCTION EXPERIENCE** **400 Possible Points**  
Have sufficient project experience for the Design Builder (Contractor) as referenced in Section III.A and Design Firm as referenced in III.C. The projects submitted will receive points based on the extent to which they meet the listed criteria.
2. **KEY PERSONNEL** **300 Possible Points**  
Demonstrate adequate experience for Design Builder (Contractor) and Design Firm Team Key Personnel. (information submitted will receive points based on education, training, and experience).
3. **LICENSE** **Pass/Fail**  
Hold the proper current and active license(s).
4. **CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS (DIR)** **Pass/Fail**  
Must be registered with the California with California Department of Industrial Relations (DIR).
5. **SURETY** **Pass/Fail**  
Submit a notarized statement from the proposed surety(ies) that states:
  - a. Design Builder's (Contractor) current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
  - b. Design Builder's (Contractor) total bonding capacity.
  - c. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
  - d. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.
6. **INSURANCE** **Pass/Fail**  
Submit a written declaration from its insurance agent/broker/carrier stating that the Design Builder (Contractor) is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Design Builder's (Contractor) insurance certificate.
7. **SELF PERFORMANCE** **20 Possible Points**  
Have the ability to self-perform a minimum of **10%** of the work of the construction contract.
8. **ANNUAL REVENUE** **Pass/Fail**  
Have an annual 2020 revenue equal to or greater than **\$5,500,000**.
9. Submit all requested information that is current, accurate, and complete.

B. To be selected a prospective Design Builder (Contractor), including any proposed joint venture partners, **must not have**:

1. **EXPERIENCE MODIFIER RATE** **Pass/Fail**  
An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.25 for 5 or more of the past ten years.
2. **SURETY** **Pass/Fail**  
A surety complete work on any contract within the past ten years.
3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS** **Pass/Fail**  
A Contractors State License Board disciplinary action in the past ten years.
4. **LABOR CODE VIOLATIONS** **Pass/Fail**  
Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.

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

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

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

**1. FINANCIAL DATA****40 Points Possible**

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

**THE UNIVERSITY MAY FIND A PROSPECTIVE DESIGN BUILDER (CONTRACTOR) / DESIGN BUILD TEAM NOT QUALIFIED IF THE UNIVERSITY RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.**

Questionnaires failing to clearly present all of the requested information, or that are not in the format requested may be considered nonresponsive and rejected on that basis. Each copy of the submittal must be complete and fully responsive to the Prequalification Questionnaire requirements.

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

The top three Proposers that receive 500 or more points out of a possible 760 points based on the established rating system will be invited to participate in the Request for Proposal step. In the event that only 2 Proposers achieve 500 or more points, the University reserves the right to move forward with only 2 Proposers.

The University reserves the right to re-open the Design Builder (Contractor) prequalification process if the University determines that there are insufficient prequalified Design Builders (Contractors) to support the Proposal process.

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

Prospective Design Builders (Contractors) 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 UC Riverside as the result of any resulting hearing is final and may not be appealed within the University of California.

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

**PROPOSERS SHALL AVOID A CONFLICT OF INTEREST**

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



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**E. PROPOSAL PREPARATION, SUBMITTAL EVALUATION AND CONTRACT AWARD PROCESS**

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Design Builders (Contractors) that successfully prequalify will be invited to submit a proposal to design and construct the project. Additional information and details regarding proposal preparation, submittal and the University's evaluation and award process will be provided to the prequalified Design Builders (Contractors) in the Request for Proposals and mandatory pre-proposal conference. The steps leading to contract award is summarized as follows:

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

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

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**F. JOINT VENTURES**

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

## II. PREQUALIFICATION QUESTIONNAIRE

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

### A. DESIGN BUILDER (CONTRACTOR) NAME AND ADDRESS

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Telephone Facsimile

Street Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Contact Person #1: \_\_\_\_\_  
Name, Title Phone No.

\_\_\_\_\_  
Email

Contact Person #2: \_\_\_\_\_  
Name, Title Phone No.

\_\_\_\_\_  
Email

### B. DESIGN BUILD TEAM COMPOSITION

1. Design Builder (Contractor): \_\_\_\_\_  
Company Name

2. Design Firm (Architect): \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone Facsimile

\_\_\_\_\_  
Street Address City & State Zip Code

\_\_\_\_\_  
Contact Name, Title Email

#### Proposed Architect of Record:

\_\_\_\_\_  
Name, Title Email

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Will Design Build Architect work in association with another design firm for this effort? Yes ☐ No ☐

If yes, complete the following:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Telephone URL

\_\_\_\_\_  
Street Address City & State Zip Code

\_\_\_\_\_  
Name of Principal-in-Charge Email

In what capacity will the design firm work with the Design Build Architect? Clearly delineate the activities of the Design Build Architect and the associated design firm:

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

**C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE**

Parent Company: ☐ Subsidiary: ☐ Other: ☐ \_\_\_\_\_

Branch Office: ☐ Division: ☐

**D. TYPE OF BUSINESS ORGANIZATION**

Corporation: ☐ State of Incorporation: \_\_\_\_\_

Partnership: ☐ Joint Venture: ☐ Sole Proprietorship: ☐

Other: ☐ \_\_\_\_\_

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

Date of Organization: \_\_\_\_\_ General: ☐ Association: ☐

Name and complete legal address of each general partner:

Partner's Name

Legal Address

Partner's Name

Legal Address

Total number of employees on payroll in the corporation: \_\_\_\_\_

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

Principal Office (if different from above):

Street Address

City, State & Zip Code

President's Name

Vice President's Name

Secretary's Name

Treasurer's Name

**E. YEAR COMPANY WAS ESTABLISHED**

Year established: \_\_\_\_\_

**F. PARENT COMPANY INFORMATION (IF APPLICABLE)**

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Street Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Contact Person: \_\_\_\_\_  
Name, Title Telephone

**G. LIST ALL FORMER COMPANY NAMES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. LICENSE**

**Design Builder (Contractor)** must have a current and active **General Building (B)** California Contractors State License(s) for this project.

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

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

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

\_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
License Class/Classes Certification(s)

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

If yes, please explain:

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

**For Joint Venture Entity #1 of 2:**

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

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Class/Classes: \_\_\_\_\_

Description of Classification(s): \_\_\_\_\_

Description of 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:

**For Joint Venture Entity #2 of 2:**

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

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Class/Classes: \_\_\_\_\_

Description of Classification(s): \_\_\_\_\_

Description of 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:

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

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

**ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.**

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**I. CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS (DIR)**

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Proposer must be registered with the California with California Department of Industrial Relations (DIR). Submit registration number and expiration date.

Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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**J. CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS**

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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:

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**K. DEBARMENT**

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

If yes, give details including dates:

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**L. LABOR CODE VIOLATIONS**

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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:

## M. SURETY

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

### SURETY COMPANY #1:

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

### SURETY COMPANY #2:

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

### SURETY COMPANY #3:

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

### SURETY COMPANY #4:

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

## N FINANCIAL CAPABILITY

**Attach** a notarized statement from the surety(ies) that states the following:

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

## O. FINANCIAL DATA

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Long-Term Debt, and Total Net Worth for the past three (3) fiscal years. Specify your company's total and current available bonding capacity.

### 1. Total Revenue (past 3 fiscal years):

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

### 2. Net Income (past 3 fiscal years):

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

### 3. Current Assets (past 3 fiscal years):

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

### 4. Current Liabilities (past 3 fiscal years):

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

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

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

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

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

### 7. Total Bonding Capacity:

\_\_\_\_\_ \$ \_\_\_\_\_

### 8. Total Available Bonding Capacity:

\_\_\_\_\_ \$ \_\_\_\_\_

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



## P. INSURANCE

The insurance required by Commercial Form General Liability Insurance, Business Automobile Liability Insurance, Contractor's Professional Liability Insurance, Excess Liability insurance and Pollution Liability Insurance shall be (i) issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) guaranteed, under terms consented to by the University (such consent to not be unreasonably withheld), by companies with a Best rating of A or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's).

Insurance required for Workers' Compensation and Employer's Liability Insurance shall be issued by companies that have a (i) Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) that are acceptable to the University. Such insurance shall be written to be not less than (as required by Federal and State of California law).

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

COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<u>Each Occurrence</u> - Combined Single Limit for Bodily Injury and Property Damage:	\$1,000,000
Products-Completed Operations Aggregate:	\$1,000,000
Personal and Advertising Injury:	\$1,000,000
General Aggregate:	\$2,000,000
CONTRACTOR'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Per Claim	\$1,000,000
General Aggregate:	\$2,000,000
BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<u>Each Accident</u> - Combined Single Limit for Bodily Injury and Property Damage:	\$1,000,000
POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence:	\$1,000,000
Products-Completed Operations Aggregate:	\$1,000,000
General Aggregate:	\$2,000,000
<b><u>WORKERS' COMPENSATION</u> – As required by Federal and State of California law</b>	
EMPLOYER'S LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Employee:	\$1,000,000
Each Accident:	\$1,000,000
Policy Limit:	\$1,000,000

1. Is your firm able to obtain the insurance in the required limits and ratings from companies that meet the criteria stated above? Yes ☐ No ☐
2. If "yes," provide declaration(s) from your insurance agent/broker/carrier stating that your firm is able to obtain insurance coverage in the limits and ratings stated above from the insurance companies required for this Project.
3. Provide a copy of your company's insurance certificate.

#### Q. EXPERIENCE MODIFICATION RATE

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

2011: \_\_\_\_\_ 2012: \_\_\_\_\_ 2013: \_\_\_\_\_ 2014: \_\_\_\_\_ 2015: \_\_\_\_\_  
2016: \_\_\_\_\_ 2017: \_\_\_\_\_ 2018: \_\_\_\_\_ 2019: \_\_\_\_\_ 2020: \_\_\_\_\_

If the Modification Rate has not been above 1.25 for five or more of the past ten years, provide an explanation, including dates:

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

#### R. YEARS OF EXPERIENCE

Does your company have at least ten years of experience as a **General Building Contractor**?  
Yes ☐ No ☐

#### S. PROJECT COMPLETION

Has your company failed to complete a Contract or been removed from a project within the past ten years?  
Yes ☐ No ☐

If yes, give details including dates:

#### T. SELF-PERFORMANCE

Does your company have the ability to self-perform a minimum of **10%** of the work of the construction contract?

Yes ☐ No ☐

If yes, list trades your company self-performs:

_____	_____
_____	_____
_____	_____
_____	_____

#### U. LIQUIDATED DAMAGES

Has your company been assessed liquidated damages for failing to complete a contract within the time specified in the contract documents since within the past ten years? Yes ☐ No ☐

If yes, give details including dates:


#### V. SUPPLEMENTAL COMPANY INFORMATION

##### 1. Safety Program

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

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

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

Name: _____	Title: _____
Specific Duties: _____	

Name: _____	Title: _____
Specific Duties: _____	

2. **Quality Control Processes**

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

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

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

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

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

### III. PROJECT EXPERIENCE

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

- a. **Only information, experience and Work performed by the Design Builder's (Contractor) office that will bid, manage, design, construct, and staff the project will be considered for prequalification unless otherwise indicated below.** Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **five (5) INSTITUTIONAL or HIGHER EDUCATION** projects completed in the past **ten (10) years** that meet the criteria listed below and demonstrate the Design Builder's (Contractor) ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (**Do not include projects currently under construction**).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:

- At least two (2) **DESIGN BUILD** institutional or higher education projects completed for which the project construction cost was at least **\$1.5 million** each.
- At least two (2) institutional or higher education projects completed and **LOCATED IN THE STATE OF CALIFORNIA** for which the project construction cost was at least **\$1.5 million** each.
- At least two (2) institutional or higher education projects that included the **INSTALLATION OF A WALK-IN COLD ROOM**, for which the project construction cost was at least **\$1.5 million** each, that included the following:
  - Cold Room at 35 degrees
  - Minimum of 240 ASF
  - Depressed Floor
- At least one (1) institutional or higher education project completed that was **CONSTRUCTED ON/OR ADJACENT TO A SENSITIVE ECOLOGICAL SITE** for which the project construction cost was at least **\$1.5 million**.
- At least two (2) institutional or higher education project completed for which your firm **SELF-PERFORMED AT LEAST 10%** of the construction (Design Builder only)

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

### DESIGN BUILDER (CONTRACTOR) PROJECT #1

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

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

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

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

Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_

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

Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_

Was the Superintendent listed above assigned the job at the start of the project? Yes ☐ No ☐  
Did the Superintendent listed above complete the project? Yes ☐ No ☐

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### DESIGN BUILDER (CONTRACTOR) PROJECT #1

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### ARCHITECTURAL FIRM

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Architect of Record: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

## DESIGN BUILDER (CONTRACTOR) PROJECT #1

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

### Contract Amount:

\$ _____	\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

*Specify the trades you self-performed:*

### Project Description: (Provide a brief description)

Attach photograph(s) of the project.



## DESIGN BUILDER (CONTRACTOR) PROJECT #2

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

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

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

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

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### DESIGN BUILDER (CONTRACTOR) PROJECT #2

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### ARCHITECTURAL FIRM

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Architect of Record: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

## DESIGN BUILDER (CONTRACTOR) PROJECT #2

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

### Contract Amount:

\$ _____	\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

*Specify the trades you self-performed:*

### Project Description: (Provide a brief description)

Attach photograph(s) of the project.

### DESIGN BUILDER (CONTRACTOR) PROJECT #3

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

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

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

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

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### DESIGN BUILDER (CONTRACTOR) PROJECT #3

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### ARCHITECTURAL FIRM

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Architect of Record: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### DESIGN BUILDER (CONTRACTOR) PROJECT #3

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

#### Contract Amount:

\$ _____	\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

#### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

*Specify the trades you self-performed:*

#### Project Description: (Provide a brief description)

Attach photograph(s) of the project.

### DESIGN BUILDER (CONTRACTOR) PROJECT #4

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

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

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

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

Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_

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

Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_

Was the Superintendent listed above assigned the job at the start of the project? Yes ☐ No ☐  
Did the Superintendent listed above complete the project? Yes ☐ No ☐

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#### DESIGN BUILDER (CONTRACTOR) PROJECT #4

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#### ARCHITECTURAL FIRM

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Architect of Record: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_



### DESIGN BUILDER (CONTRACTOR) PROJECT #4

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

#### Contract Amount:

\$ _____	\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

#### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐  
*Specify the trades you self-performed:* \_\_\_\_\_

#### Project Description: (Provide a brief description)

Attach photograph(s) of the project.

### DESIGN BUILDER (CONTRACTOR) PROJECT #5

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

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

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

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

Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_

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

Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_

Was the Superintendent listed above assigned the job at the start of the project? Yes ☐ No ☐  
Did the Superintendent listed above complete the project? Yes ☐ No ☐

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### DESIGN BUILDER (CONTRACTOR) PROJECT #5

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### ARCHITECTURAL FIRM

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Architect of Record: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### DESIGN BUILDER (CONTRACTOR) PROJECT #5

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

#### Contract Amount:

\$ _____	\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

#### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

*Specify the trades you self-performed:*

#### Project Description: (Provide a brief description)

Attach photograph(s) of the project.

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

Name of Proposed Construction Project Executive: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
License Received	State Agency/Licensing Body	Specialty Area	Year
Certificate Received	Organization	Specialty Area	Year

## List all Project Management Training / Tools

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**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Genomics Shed and Biocontrol Building Replacement project.

**Current Firm:** \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**#1 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site? Yes ☐ No ☐

Did your firm self-perform 10% of the construction?

Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

#2 Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

\$

Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:**

Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:**

Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐

Other ☐

**Type of Facility:**

Specify \_\_\_\_\_

**Construction Type:**

New ☐ Renovation ☐

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?

Yes ☐ No ☐

Did your firm self-perform 10% of the construction?

Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

#3 Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

\$

Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:**

Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:**

Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐

Other ☐

**Type of Facility:**

Specify \_\_\_\_\_

**Construction Type:**

New ☐ Renovation ☐

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?

Yes ☐ No ☐

Did your firm self-perform 10% of the construction?

Yes ☐ No ☐

## 2. Construction Project Manager Qualifications

Name of Proposed Construction Project Manager: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

### Education:

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

  

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

  

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

### Project Management Training / Tools (i.e. Computer Software Applications):

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

### Project Experience:

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Genomics Shed and Biocontrol Building Replacement project.

**Current Firm:** \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

### PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

**#1 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ \_\_\_\_\_

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐ \_\_\_\_\_

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply) Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site? Yes ☐ No ☐

Did your firm self-perform 10% of the construction? Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐



### 3. Construction Superintendent Qualifications

Name of Proposed Construction Superintendent: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

#### Education:

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools

Years of Experience

_____	_____
_____	_____

#### Project Experience:

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Genomics Shed and Biocontrol Building Replacement project.

#### Current Firm:

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

#### PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#### #1 Project Name:

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply) Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site? Yes ☐ No ☐

Did your firm self-perform 10% of the construction? Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**Did your firm self-perform 10% of the construction?** Yes ☐ No ☐

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

- a. Only information, experience and Work performed by the Design Firm's office that will bid, manage, design, and staff the project will be considered for prequalification unless otherwise indicated below. Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **five (5) INSTITUTIONAL or HIGHER EDUCATION** projects completed in the past **10 years** that meet the criteria listed below and demonstrate the Design Firm's ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (Do not include projects currently under construction).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:

- |  |
|--|
| <ul style="list-style-type: none"> <li>▪ At least two (2) <b>DESIGN BUILD</b> institutional or higher education projects completed for which the project construction cost was at least <b>\$1.5</b> million each.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ At least two (2) institutional or higher education projects completed and <b>LOCATED IN THE STATE OF CALIFORNIA</b> for which the project construction cost was at least <b>\$1.5</b> million each.</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ At least two (2) institutional or higher education projects that included the <b>INSTALLATION OF A WALK-IN COLD ROOM</b>, for which the project construction cost was at least <b>\$1.5</b> million each, that included the following: <ul style="list-style-type: none"> <li>▪ Cold Room at 35 degrees</li> <li>▪ Minimum of 240 ASF</li> <li>▪ Depressed Floor</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>▪ At least one (1) institutional or higher education project completed that was <b>CONSTRUCTED ON/OR ADJACENT TO A SENSITIVE ECOLOGICAL SITE</b> for which the project construction cost was at least <b>\$1.5</b> million.</li> </ul>  |

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

### DESIGN FIRM (ARCHITECT) PROJECT #1

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

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

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

Address of **Design Firm's (Architect)** Office that Performed the Work:  
\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes ☐ No ☐

Did the Principal-in-Charge listed above complete the project? Yes ☐ No ☐

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

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

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

Name of **Architect of Record** for project: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

### DESIGN FIRM (ARCHITECT) PROJECT #1

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### GENERAL CONTRACTOR

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Contractor's Project Manager: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

## DESIGN FIRM (ARCHITECT) PROJECT #1

### Contract Time:

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

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

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

### Contract Amount:

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)**

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?**

Yes ☐ No ☐

**Project Description:** (Provide a brief description)

**Attach photograph(s) of the project.**

## DESIGN FIRM (ARCHITECT) PROJECT #2

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

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

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

Address of **Design Firm's (Architect)** Office that Performed the Work:  
\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes ☐ No ☐

Did the Principal-in-Charge listed above complete the project? Yes ☐ No ☐

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

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

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

Name of **Architect of Record** for project: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

### DESIGN FIRM (ARCHITECT) PROJECT #2

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

### GENERAL CONTRACTOR

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Contractor's Project Manager: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_



## DESIGN FIRM (ARCHITECT) PROJECT #2

### Contract Time:

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

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

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

### Contract Amount:

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

### Project Information:

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

**Type of Facility:** Specify:

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify:

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)**

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?**

Yes ☐ No ☐

**Project Description:** (Provide a brief description)

**Attach photograph(s) of the project.**

### DESIGN FIRM (ARCHITECT) PROJECT #3

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

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

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

Address of **Design Firm's (Architect)** Office that Performed the Work:  
\_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes ☐ No ☐

Did the Principal-in-Charge listed above complete the project? Yes ☐ No ☐

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

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

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

Name of **Architect of Record** for project: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

### DESIGN FIRM (ARCHITECT) PROJECT #3

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

#3 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#4 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

### GENERAL CONTRACTOR

Firm Name: _____	
Address: _____	
Street Address, City, State, Zip Code	Telephone
Contact Person: _____	
Name & Title	Email
Name of Contractor's Project Manager: _____	

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

#1 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#2 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#3 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#4 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

### DESIGN FIRM (ARCHITECT) PROJECT #3

#### Contract Time:

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

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

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

#### Contract Amount:

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

#### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)**

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?**

Yes ☐ No ☐

**Project Description:** *(Provide a brief description)*

**Attach photograph(s) of the project.**

#### DESIGN FIRM (ARCHITECT) PROJECT #4

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

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

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

Address of **Design Firm's (Architect)** Office that Performed the Work:  
\_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes ☐ No ☐

Did the Principal-in-Charge listed above complete the project? Yes ☐ No ☐

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

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

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

Name of **Architect of Record** for project: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#### DESIGN FIRM (ARCHITECT) PROJECT #4

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

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#### GENERAL CONTRACTOR

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, City, State, Zip Code Telephone  
Contact Person: \_\_\_\_\_  
Name & Title Email  
Name of Contractor's Project Manager: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
Responsibilities: \_\_\_\_\_

## DESIGN FIRM (ARCHITECT) PROJECT #4

### Contract Time:

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

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

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

### Contract Amount:

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)**

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?**

Yes ☐ No ☐

**Project Description:** *(Provide a brief description)*

**Attach photograph(s) of the project.**

### DESIGN FIRM (ARCHITECT) PROJECT #5

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

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

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

Address of **Design Firm's (Architect)** Office that Performed the Work:  
\_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes ☐ No ☐

Did the Principal-in-Charge listed above complete the project? Yes ☐ No ☐

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

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

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

Name of **Architect of Record** for project: \_\_\_\_\_

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

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_



### DESIGN FIRM (ARCHITECT) PROJECT #5

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

#3 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#4 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

### GENERAL CONTRACTOR

Firm Name: _____	
Address: _____	
Street Address, City, State, Zip Code	Telephone
Contact Person: _____	
Name & Title	Email
Name of Contractor's Project Manager: _____	

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

#1 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#2 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#3 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

#4 Name: _____	Position: _____
Office Address: _____	
Street Address	City & State      Zip Code
Responsibilities: _____	

## DESIGN FIRM (ARCHITECT) PROJECT #5

### Contract Time:

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

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

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

### Contract Amount:

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

### Project Information:

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ Specify: \_\_\_\_\_

**Type of Facility:** Specify: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)**

Yes ☐ No ☐

Cold room at 35 degrees ☐

Minimum of 240 ASF ☐

Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?**

Yes ☐ No ☐

**Project Description:** (Provide a brief description)

**Attach photograph(s) of the project.**

#### D. DESIGN FIRM (ARCHITECT) KEY PERSONNEL EXPERIENCE

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

##### 1. Project Manager Qualifications

Name of Proposed Project Manager: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

##### Education:

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

##### Project Management Training / Tools (i.e. Computer Software Applications):

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

##### Project Experience:

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Genomics Shed and Biocontrol Building Replacement project.

Current Firm: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

##### PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ \_\_\_\_\_

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐ \_\_\_\_\_

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply) Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site? Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

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

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
 Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
 Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

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

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
 Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
 Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

## 2. Architect of Record Qualifications

Name of Proposed Architect of Record: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

### Education:

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

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

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

### Project Management Training / Tools (i.e. Computer Software Applications):

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

### Project Experience:

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Genomics Shed and Biocontrol Building Replacement project.

Current Firm: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

### PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐ \_\_\_\_\_

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐ \_\_\_\_\_

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply) Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site? Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

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

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
 Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
 Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

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

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
 Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐  
 Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

### 3. Mechanical Engineer Qualifications

Name of Proposed Mechanical Engineer: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

#### Education:

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

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

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

#### Project Management Training / Tools (i.e. Computer Software Applications):

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

#### Project Experience:

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Genomics Shed and Biocontrol Building Replacement project.

Current Firm: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

#### PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

Did this project include the installation of a walk-in cold room? (Check all the boxes that apply) Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site? Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

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

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
 Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

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

**Project Delivery:** Design Build ☐ Traditional ☐ Other ☐ Specify: \_\_\_\_\_

**Completed For:** Institutional Client ☐ Higher Education Client ☐ Private Agency ☐ Public Agency ☐  
 Other ☐

**Type of Facility:** Specify \_\_\_\_\_

**Construction Type:** New ☐ Renovation ☐

**Did this project include the installation of a walk-in cold room? (Check all the boxes that apply)** Yes ☐ No ☐

Cold room at 35 degrees ☐ Minimum of 240 ASF ☐ Depressed Floor ☐

**Was this an institutional or higher education project that was constructed on/or adjacent to a sensitive ecological site?** Yes ☐ No ☐



#### IV. CLAIMS HISTORY

##### A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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

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

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

##### B. DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

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

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

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

##### C. OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

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

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

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

## FORM A

### OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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

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

Yes ☐ No ☐

If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title

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

Amount Recovered: \_\_\_\_\_ \$  
(Amount in Figures)

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

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

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

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

Design Builder (Contractor)

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

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

## FORM B

### DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

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

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

If yes, please complete the form and sign below:

Yes ☐ No ☐

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

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title

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

Amount Recovered: \_\_\_\_\_ \$  
(Amount in Figures)

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

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

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

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

Design Builder (Contractor)

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

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

## FORM C

### OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

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

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

If yes, please complete the form and sign below:

Yes ☐ No ☐

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

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title

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

Amount Recovered: \_\_\_\_\_ \$  
(Amount in Figures)

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

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

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

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

Design Firm's

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

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

- ☐ Notarized Statement from Surety stating (reference Section II.M – Financial Capacity):
  1. Current available bonding exceeds the project Estimated Construction Cost;
  2. Total bonding capacity;
  3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120;
  4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.
- ☐ **One (1) copy** of all Audited Financial Statements (reference Section II.N – Financial Data).
- ☐ Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section II.O – Insurance).
- ☐ Insurance Certificate (reference Section II.O – Insurance).
- ☐ Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.P – Experience Modifier Rate).
- ☐ Resumes of all proposed Key Personnel (reference Sections III.B and III.D).
- ☐ Signatures declaring the answers on Forms A, B, and C are true and correct (reference Section IV – Claims History).

I, \_\_\_\_\_ hereby declare that I am the \_\_\_\_\_  
Printed Name Title

of \_\_\_\_\_ submitting this Prequalification Questionnaire;  
Company Name

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

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

State of \_\_\_\_\_ on \_\_\_\_\_  
State Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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