

DESIGN BUILDER (CONTRACTOR)

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:

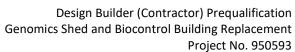
MONDAY, OCTOBER 11, 2021 AT 4:00 PM

Lynn Javier
Azimuth Zero, Inc.
Contract Administrator
(949) 254-3494 / ljavier@azimuth0.com



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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 to120 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 October 11, 2021 Prequalification Questionnaire due: • 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 January 4, 2022 Notice of Selection: 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

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

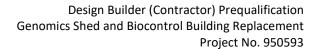
For information call Lynn Javier (949) 254-3494 or email ljavier@azimuth0.com and copy Betty Osuna at email betty.osuna@ucr.edu or call (951) 827-4590.

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 to receive the Zoom Conference Participant ID. Your email must include the following as the subject line:





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.

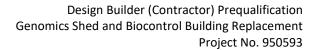
3. Submittal Procedures and Deadline

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 DATAOR ADDITIONAL PROJECTINFORMATION 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.

B. 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.



E. PROPOSAL PREPARATION, SUBMITTAL EVALUATION AND CONTRACT AWARD PROCESS

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

- 1. University issues Request for Proposal to Prequalified Proposers
- 2. Pre-proposal Conference
- 3. Confidential one-on-one meetings between the University and individual Design Build 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.

F. JOINT VENTURES

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



II. PREQUALIFICATION QUESTIONNAIRE

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

A. DESIGN BUILD	ER (CONTRACTOR) NAME AND ADDRESS		
Company Name:			
_	Telephone	Facsimile	
Street Address:	Church Adduses	City O Chata	,
ontact Person #1:	Street Address	City & State	Zip Code
ontact Fe13011 #1.	Name, Title		Phone No.
	Email		
ontact Person #2:	Name, Title		Phone No.
	Email		
. DESIGN BUILD TEA	AM COMPOSITION		
1. Design Build	er (Contractor):		
		Company Name	
2. Design Firm	(Architect):		
	Company Namo		
	Company Name		
	Telephone	Facsimile	
	Street Address	City & State	Zip Code
	Contact Name, Title		Email
Proposed	Architect of Record:		
Liganca No	Name, Title	- Evaluation Date	Email
License No		Expiration Date	
	Build Architect work in association with anot ete the following:	her design firm for this effort?	Yes No
	Company	Name	
	Telephone	URL	
·	Street Address	City & State	,Zip Code
	Name of Principal-in-Charge		<u> </u>



In what capacity will the design firm work with the Detection the Design Build Architect and the associated design f	esign Build Architect? Clearly delineate the activities of firm:
Provide the following information for the Design Builder (Contractor):
C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIR	RE
Parent Company: Subsidiary: Other:	
Branch Office: Division:	
D. Type of Business Organization	
Corporation: State of Incorporation:	
Partnership: Joint Venture: Sole Proprietorship: Other:	
	<u> </u>
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 subm	nitting this prequalification:
Principal Office (if different from above):	Street Address
	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 INF	ORMATION (IF APPLICABLE)		
Company Name:			
	Telephone	Facsimile	
Street Address:	,	City & State	_ /
	Street Address		Zip Code
Contact Person:	Name, Title		elephone
	name, nac	·	Стерионе
G. LIST ALL FORMER COM	PANY NAMES		
H. LICENSE			
Design Builder (Contr License(s) for this proje	actor) must have a current and active ect.	General Building (B) Californi	a Contractors State
The entity submit	tting this Prequalification Questionnaire m	nust be the holder of the requisit	e license(s).
Does your firm have the re	quired current and active California State	· Contractors license(s)? Yes	5
Name of Licensee as it app	ears on record with the California Contra	actors State License Board:	
License No.	Issue Date:	Expiration Date:	
License	e Class/Classes	Certification	(s)
	cense been suspended or revoked by the	California Contractors State Lice	ense Board within the
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 re	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):						
past ten years? Yes No	en suspended or revoked by t	he California Contractors State License Board within the				
If yes, please explain:						
	For Joint Venture En	tity #2 of 2:				
Name of Licensee as it appears on re						
Name of Licensee as it appears on re						
Linear No.	ecord with the California Con					
	ecord with the California Con	tractors State License Board:				
License No.	ecord with the California Con Issue Date:	tractors State License Board: Expiration Date:				
License No. License Class/Classes:	ecord with the California Con Issue Date:	tractors State License Board: Expiration Date:				
License No. License Class/Classes: Description of Classification(s):	ecord with the California Con Issue Date:	tractors State License Board: Expiration Date:				
License No. License Class/Classes: Description of Classification(s): Description of Certification(s):	Issue Date:	tractors State License Board: Expiration Date:				
License No. License Class/Classes: Description of Classification(s): Description of Certification(s):	Issue Date:	tractors State License Board:Expiration Date:				

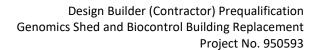
JOINT VENTURE APPLICANTS: For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must 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.



CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS (DIR) Proposer must be registered with the California with California Department of Industrial Relations (DIR). Submit registration number and expiration date. Registration Number: **Expiration Date:** CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? Yes No If yes, give details including dates: DEBARMENT Is your company currently debarred by any Federal, State, or local agency? If yes, give details including dates: **LABOR CODE VIOLATIONS** Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects? Yes No Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years. If yes, give details including dates:





M. SURETY

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

TY COMPANY #1:				
	Su	ırety's Name		Telephone
Street Address:		,		,
	Stree	t Address	City & State	Zip Co
MM/YYYY (Period Cove	MM/YYYY ered)	Has listed Sure	ty Company #1 completed work on a project your firm defaulted on?	Yes 🗌 No
TY COMPANY #2:				
		ırety's Name		Telephone
Street Address:		t Address		,Zip Cc
to	5000		ty Company #2 completed work on a	Zip CC
MM/YYYY	MM/YYYY	rias listeu surei	project your firm defaulted on?	Yes 🗌 No
(Period Cove	ered)		project your firm defaulted on:	
(Period Cove	ered)		project your firm defaulted on:	
·		ırety's Name	project your min deraulted on:	Telephone
·	Su		, ,	Telephone
TY COMPANY #3:	Su	=	City & State	Telephone
Street Address:	Su	t Address	City & State	,
Street Address:	Stree MM/YYYY	t Address	City & State	Zip Co
Street Address: to	Stree MM/YYYY	t Address	City & State	Zip Co
Street Address: to MM/YYYY (Period Cove	Stree MM/YYYY	t Address	City & State	Zip Co
Street Address: to MM/YYYY (Period Cove	Stree MM/YYYY ered)	t Address	City & State	Zip Cc Yes No
Street Address: to MM/YYYY (Period Cove	Stree MM/YYYY ered)	t Address Has listed Suret	City & State	Zip Co
Street Address: to MM/YYYY (Period Cove	Stree MM/YYYY ered)	t Address Has listed Suret irety's Name t Address	City & State ty Company #3 completed work on a project your firm defaulted on?	Yes No



N FINANCIAL CAPABILITY

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

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

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 ye	ars):	2. Net Income (past 3 fiscal year	s):
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
	,		. ,
3. Current Assets (past 3 fiscal ye	ars):	4. Current Liabilities (past 3 fisca	ıı years):
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
5. Total Long-Term Debt (past 3	iscal years):	6. Total Net Worth (past 3 fiscal	years):
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
Year Ending	\$	Year Ending	\$
7. Total Bonding Capacity:		8. Total Available Bonding Capa	city:
\$		\$	

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:

less than the following:		
COMMERCIAL FORM GENERAL LIABILITY INSURAN	ICE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<u>Each Occurrence</u> - Combined Single Limit for Bodily Inju	ury and Property Damage:	\$1,000,000
Products-Complet	ed Operations Aggregate:	\$1,000,000
Person	nal and Advertising Injury:	\$1,000,000
	General Aggregate:	\$2,000,000
CONTRACTOR'S PROFESSIONAL LIABIL	ITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
	Per Claim _	\$1,000,000
	General Aggregate:	\$2,000,000
BUSINESS AUTOMOBILE LIABILITY INSURAN	ICE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<u>Each Accident</u> - Combined Single Limit for Bodily Inju	ury and Property Damage: _	\$1,000,000
POLLUTION LIABILITY INSURAN	ICE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
	Each Occurrence:	\$1,000,000
Products-Complete	ed Operations Aggregate:	\$1,000,000
	General Aggregate:	\$2,000,000
Workers' Compensation –	As required by Federal and S	State of California la
EMPLOYER'S LIABIL	ITY – 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," <u>provide declaration(s) from your insurance agent/broker/carrier</u> stating that your firm is able to obtain insurance coverage in the <u>limits and ratings</u> 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:				
	<u>Provide a letter from your Workers' Compensation carrier</u> 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 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 contract documents since within the past ten years? Yes No	n the
V. Supplemental Company Information	
1. Safety Program	
a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with Califor Code of Regulations, Title 8 Sections 1509 and 3203? Yes No	rnia
b. Does your company have personnel permanently assigned to safety? Yes \(\square\) No \(\square\)	
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 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 Nur	mber:			
Project Location:				,
	Street Addr	ess	City & State	Zip Code
Owner Information:				
- -		Owner's N	Name	
Address:		,		, ,
	Street Add	ress	City & State	Zip Code
Contact Person:				
		Name & Title		
-	Telephone	Facsimile	Em	ail
	тегернопе	raesimie	Liii	un
Address of Design Pulls	der's (Contractor) Office that	at Borformod the World		
Address of Design Build	ier's (Contractor) Office the	it Performed the Work.		
	C A.I.I.	<i>'</i>	67. 0.61.1	, <u> </u>
	Street Address		City & State	Zip Code
Contact Person:		Nama 9 Titla		
e		Name & Title	+ 1	
Email:			Telephone:	
Name of Design Builder	's (Contractor) Project Mar	nager for project:		
				, n n n
-	er listed above assigned the er listed above complete the		oject?	Yes No Yes No
Name of Design Builder	's (Contractor) Superintenc	lent for project:		_
•	it listed above assigned the	•	ject?	Yes No
•	listed above complete the	·		Yes No
	tion, primary office location	•	responsibilities specific to	this project below for
any of the Contractor's	proposed Key Personnel li	sted in III.B:		
#1 Name:		Positio	on:	
Office Address:				
Office Address:	Street Addı	, ,	City & State	, Zip Code
Posnonsihili+ios:	Jileet Addi		City & State	Zip Code
Responsibilities:				
#2 Name:		Positio	nn:	
		F OSITIO	/II	
Office Address:		·		
	Street Add	ress	City & State	Zip Code
Responsibilities:				



DESIGN BUILDER (CO	ONTRACTOR) PROJECT #1			
· · · · · · · · · · · · · · · · · · ·	on, primary office location, and brief de proposed Key Personnel listed in III.B:	escription of respon	sibilities specific to this	s project below for
#3 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:				
Office Address:		, ,		
Responsibilities:	Street Address		City & State	·
	ARCHITECT	URAL FIRM		
Firm Name:				
Address:				
	Street Address, C	ity, State, Zip Code		Telephone
Contact Person:	Nama 9 Titla		_	 Email
Name of Architect of Rec	Name & Title cord:			<u>-</u>
	on, primary office location, and brief de proposed Key Personnel listed in III.D,		sibilities specific to this	s project below for
#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:				
D 11 11 11 11 11 11 11 11 11 11 11 11 11	Street Address		City & State	Zip Code
Responsibilities:				



DESIGN BUILDER (CO	ONTRACTOR) PROJECT #1				
Start Date:	Start Date: Scheduled Completion Date:				
Mor	nth/Day/Year	Month/Day/Ye	ar		
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	ı place)		
Contract Amount:					
\$	\$	\$	\$		
Base Amount	Adjustment Due to Des Builder Change Order	-	Final Contract Amount		
Project Information:					
Completed For:	Institutional Client Higher Ed Other Specify:	ucation Client 🔲 Private Agency 🔲 Pub	olic Agency 🗌		
Type of Facility:	Specify:				
Project Delivery:	Design Build Traditional C	Other Specify:			
Construction Type:	New Renovation				
Cold room at	Did this project include the installation of a walk-in cold room? (Check all the boxes that apply) Cold room at 35 degrees				
ecological site?	or nigner education project that was	constructed on/or adjacent to a sensitive	Yes 🗌 No 🗌		
Did your firm self-perform	n 10% of the construction?		Yes No		
Specify the trades you	self-performed:				
Project Description: (Prov	ide a brief description)				
Attach photograph(s) of the project.					



Responsibilities:

Design Builder (Contractor) Prequalification Genomics Shed and Biocontrol Building Replacement Project No. 950593

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 Facsimile Email Telephone 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? 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 No Did the Superintendent listed above complete the project? No Yes 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



DESIGN BUILDER (CO	ONTRACTOR) PROJECT #2			
	on, primary office location, and brief de proposed Key Personnel listed in III.B:	scription of respon	sibilities specific to this	s project below for
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:				
Office Address:				
Responsibilities:	Street Address		City & State	·
	ARCHITECT	URAL FIRM		
Firm Name:				
Address:				
	Street Address, Ci	ty, State, Zip Code		Telephone
Contact Person:	Nama 9 Titla		_	 Email
Name of Architect of Rec	Name & Title cord:			- -
	on, primary office location, and brief de proposed Key Personnel listed in III.D,	•	sibilities specific to this	s project below for
#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:				
B 11.100	Street Address		City & State	Zip Code
Responsibilities:				



DESIGN BUILDER (CO	ONTRACTOR) PROJECT	Г #2		
Start Date:		Scheduled Co	mpletion Date:	
Mo	nth/Day/Year		Month/D	Day/Year
Actual Completion Date:		Days E	xtended due to Unexcused De	elays:
	Month/Day/Year			
If project is not complete,	specify percentage of comp	oletion:	% (Total cost of v	work in place)
Contract Amount:				
\$	\$		\$	\$
Base Amount	Adjustment D Builder Cha		Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	
Project Information:				
Completed For:	Institutional Client	Higher Education	Client Private Agency	Public Agency 🗌
Type of Facility:	Specify:			
Project Delivery:	Design Build Tradition	nal 🗌 Other 🗌	Specify:	
Construction Type:	New Renovation			
ecological site?	n 10% of the construction?	that was constru	icted on/or adjacent to a sens	Yes No Yes No
Project Description: (Prov	ide a brief description)			
1	Atta	ch photograph(s)	of the project.	



Responsibilities:

Design Builder (Contractor) Prequalification Genomics Shed and Biocontrol Building Replacement Project No. 950593

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 Facsimile Email Telephone 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? 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 No Did the Superintendent listed above complete the project? No Yes 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



DESIGN BUILDER (C	ONTRACTOR) PROJECT #3			
	ion, primary office location, and brief de proposed Key Personnel listed in III.B:	scription of respon	sibilities specific to this	s project below for
#3 Name:		Position:		
Office Address:		,	_	
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:				
Office Address:				
Responsibilities:	Street Address		City & State	·
	ARCHITECT	URAL FIRM		
Firm Name:				
Address:				
	Street Address, Ci	ty, State, Zip Code		Telephone
Contact Person:	Name & Title		<u> </u>	Email
Name of Architect of Re				_
-	ion, primary office location, and brief de proposed Key Personnel listed in III.D,	•	sibilities specific to this	s project below for
#1 Name:		Position:		
Office Address:		, <u> </u>		,
	Street Address		City & State	Zip Code
Responsibilities:				
#2 Name:		Position:		
Office Address:				,
Dagaga ja iliki aa.	Street Address		City & State	Zip Code
Responsibilities:				
#3 Name:		Position:		
Office Address:		, ,		, ,
Dagaga ja iliki aa.	Street Address		City & State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:	61		60.000	
Responsibilities:	Street Address		City & State	Zip Code
responsibilities.				



DESIGN BUILDER (CO	ONTRACTOR) PROJECT	ſ #3		
Start Date:		Scheduled Con	npletion Date:	
Mo	nth/Day/Year		Month/D	ay/Year
Actual Completion Date:		Days Ex	ctended due to Unexcused Del	lays:
	Month/Day/Year			
If project is not complete,	specify percentage of comp	letion:	% (Total cost of w	vork in place)
Contract Amount:				
\$	\$		\$	\$
Base Amount	Adjustment D Builder Chai		Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	
Project Information:				
Completed For:	Institutional Client	Higher Education (Client Private Agency	Public Agency
Type of Facility:	Specify:			
Project Delivery:	Design Build Tradition	nal 📗 Other 📗	Specify:	
Construction Type:	New Renovation			
ecological site?	n 10% of the construction?	that was constru	cted on/or adjacent to a sensi	Yes No Yes No
Project Description: (Prov	nde a briej description)			
	Attao	ch 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 Nu	mber:			1	
Project Location:					
	Street Address	5	City & State	Zip Code	
Owner Information:					
Owner information:		Owner's Nam	 ne		
Address:		,		,	
	Street Addres	s	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:		Name & Title	Telephone:		
_	r's (Contractor) Draiget Mana s	eer for project:			
Name of Design Bullue	r's (Contractor) Project Mana g	ger for project.			
=	ger listed above assigned the jo er listed above complete the p		ct?	Yes No Yes No	
Name of Design Builde	r's (Contractor) Superintender	nt for project:		_	
•	nt listed above assigned the jol t listed above complete the pro		t?	Yes No Yes No	
	ition, primary office location, a	· · · · · · · · · · · · · · · · · · ·	ponsibilities specific to th	is project below for	
#1 Name:		Position:			
		1 03111011.			
Office Address:	Street Addres	· /	City & State	, Zip Code	
Responsibilities:	on eer naares	•	city & state	2.10 0000	
#2 Name:		Position:			
Office Address:		,		,	
	Street Addres	s	City & State	Zip Code	
Responsibilities:				_	



DESIGN BUILDER (CONTR	•			
	mary office location, and brief of the Key Personnel listed in III.B:	· ·	sibilities specific to thi	s project below for
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code
	ARCHITEC	TURAL FIRM		
Firm Name:				
Address:				
	Street Address,	City, State, Zip Code		Telephone
Contact Person:	Name & Title		_	Email
Name of Architect of Record:	Name & Title			
	mary office location, and brief cosed Key Personnel listed in III.E	-	sibilities specific to thi	s project below for
#1 Name:		Position:		
Office Address:				,
Responsibilities:	Street Address		City & State	Zip Code
#2 Name:		Position:		
Office Address:		, ,		
Responsibilities:	Street Address		City & State	Zip Code
				-
#3 Name:		Position:		
Office Address:		, ,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:		, ,		
Responsibilities:	Street Address		City & State	Zip Code



DESIGN BUILDER (CO	ONTRACTOR) PROJECT	Γ#4		
Start Date:		Scheduled Co	mpletion Date:	
Mo	nth/Day/Year		Month/D	Day/Year
Actual Completion Date:		Days E	xtended due to Unexcused De	elays:
	Month/Day/Year			
If project is not complete,	specify percentage of comp	letion:	% (Total cost of v	work in place)
Contract Amount:				
\$	\$		\$	\$
Base Amount	Adjustment D Builder Chai		Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	
Project Information:				
Completed For:	Institutional Client	Higher Education	Client Private Agency	Public Agency 🗌
Type of Facility:	Specify:			
Project Delivery:	Design Build Tradition	nal 📗 Other 🗀	Specify:	
Construction Type:	New Renovation			
ecological site?	n 10% of the construction?	that was constru	icted on/or adjacent to a sens	Yes No Yes No
Project Description: (Prov	vide a brief description)			
	Attac	ch 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 Facsimile Email Telephone 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? 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 No Did the Superintendent listed above complete the project? No Yes 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:

City & State

Zip Code

Street Address

Responsibilities:



DESIGN BUILDER (C	ONTRACTOR) PROJECT #5			
	ion, primary office location, and brief de proposed Key Personnel listed in III.B:	escription of respon	sibilities specific to this	s project below for
#3 Name:		Position:		
Office Address:			_	
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:				
Office Address:				
Responsibilities:	Street Address		City & State	·
	ARCHITECT	URAL FIRM		
Firm Name:				
Address:				
	Street Address, Ci	ity, State, Zip Code		Telephone
Contact Person:	Name & Title		-	Email
Name of Architect of Re				-
-	ion, primary office location, and brief de proposed Key Personnel listed in III.D,	•	sibilities specific to this	s project below for
#1 Name:		Position:		
Office Address:		, ,		, ,
	Street Address		City & State	Zip Code
Responsibilities:				
#2 Name:		Position:		
Office Address:				,
Dagaga ja iliki aa.	Street Address		City & State	Zip Code
Responsibilities:				
#3 Name:		Position:		
Office Address:		, ,		, ,
Dagaga ja iliki aa.	Street Address		City & State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:		,	60. 0.0.	
Responsibilities:	Street Address		City & State	Zip Code
responsibilities.				



DESIGN BUILDER (CO	ONTRACTOR) PROJECT	Γ#5		
Start Date:		Scheduled Cor	npletion Date:	
Mo	nth/Day/Year		Month/[Day/Year
Actual Completion Date:		Days Ex	xtended due to Unexcused De	elays:
	Month/Day/Year			
If project is not complete,	specify percentage of comp	oletion:	% (Total cost of	work in place)
Contract Amount:				
\$	\$		\$	\$
Base Amount	Adjustment D Builder Cha		Adjustment due to Owne Initiated & Unforeseen Condition Change Orders	
Project Information:				
Completed For:	Institutional Client	Higher Education (Client Private Agency	Public Agency 🗌
Type of Facility:	Specify:			
Project Delivery:	Design Build Tradition	nal 📗 Other 🔲	Specify:	
Construction Type:	New Renovation			
ecological site?	n 10% of the construction?	that was constru	cted on/or adjacent to a sens	Yes No Yes No
Project Description: (Prov	vide a brief description)			
	Atta	ch photograph(s)	of the project.	



		RSONNEL EXPERIENCE			
Complete all forms in their enti	rety AND attach i	resumes. Resumes shall	NOT be submitted in li	eu of these forms.	
1. Construction Project E	xecutive Quali	ifications			
Name of	Proposed Constr	ruction Project Executi	ve:		
	Years of Ex	xperience in the Indus	ry:		
Ye	ars of Experienc	e with Current Employ	er:		
Education:					
Degree Received		Institutio	on/School	Major/Disciplin	e Year
					
License Received		State Agency/	Licensing Body	Specialty Area	Year
Certificate Received		Organ	ization	Specialty Area	Year
				-	
Duniant Managament Tunini	ing / Tools /i a	Communitary Coffee and	\undications\.		
Project Management Traini		agement Training / Tools	Applications):	Yea	ars of Experience
	ge all i rojece mane	agement training, rees			are or Experience
Project Experience:					
Begin with your most recer	nt experience.	List all project experi	ence that demonstra	tes the experienc	e and background
required to fulfill the assigne	ed project respo	nsibilities for the Gen	omics Shed and Bioco	ontrol Building Rep	placement project.
Current Firm:					
Current Job Title:		Yea	rs of Employment:	thr	ough
	PROJECT EX	PERIENCE WITH CURF	ENT FIRM LISTED ABO	OVE	
#1 Project Name:					
Owner:			Conta	act Name:	
Contract Amount:		\$	Comple	tion Date:	
Job Title used on this project:					
Project Responsibilities:					
i roject nesponsibilities.					
Project Delivery:	Design Build	Traditional Oth	ner Specify:		
Project Delivery:			<u></u>	gency Public A	gency 🗆
	Design Build Institutional Cl		<u></u>	gency 🗌 Public Aį	gency 🗌
Project Delivery:	Institutional Cl		<u></u>	gency 🗌 Public A	gency 🗌
Project Delivery: Completed For:	Institutional Cl Other Specify		<u></u>	gency 🗌 Public A	gency 🗌
Project Delivery: Completed For: Type of Facility: Construction Type:	Institutional Cl Other Specify New Reno	lient Higher Educat	ion Client Private A		
Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include the i	Institutional Cl Other Specify New Reno	lient Higher Educat	ion Client Private A	pply)	Yes No No
Project Delivery: Completed For: Type of Facility: Construction Type:	Institutional Cl Other Specify New Reno	lient Higher Educat	ion Client Private A		



Did your firm self-perform 1	.0% of the construction?		Yes 🗌 No 🗌
PROJ	IECT EXPERIENCE WITH	(List Firm	
#2 Project Name:			
Owner:	<u>.</u>	Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this project	::		
Project Responsibilities:			
Project Delivery:	Design Build Traditional Oth	ner 🗌 Specify:	
Completed For:	Institutional Client Higher Educat Other	ion Client Private Agency Public A	Agency
Type of Facility:	Specify		
Construction Type:	New Renovation		
Did this project include th Cold room at 35 degre	e installation of a walk-in cold room? (Che	_	Yes No
Was this an institutional or ecological site?	higher education project that was constru	cted on/or adjacent to a sensitive	Yes No
Did your firm self-perform 1	.0% of the construction?		Yes 🗌 No 🗌
PROJ	IECT 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 Oth	ner Specify:	
Completed For:	Institutional Client Higher Educat Other	ion Client Private Agency Public A	Agency
Type of Facility:	Specify		
Construction Type:	New Renovation		
Did this project include th Cold room at 35 degre	e installation of a walk-in cold room? (Che		Yes No
Was this an institutional or ecological site?	higher education project that was constru	cted on/or adjacent to a sensitive	Yes No
Did your firm self-perform 1	.0% of the construction?		Yes No No



2. Construction Project M	lanager Qu	alifications				
Name of Proposed Construction Project Manager:						
	· ·	of Experience in the Industry:				
Ye	ars of Experi	ence with Current Employer:				
Education:						
Degree Received		Institution/Sch	ool	Major/Disciplin	ne Year	
		-				
License Received		State Agency/Licens	sing Body	Specialty Area	a Year	
Certificate Received		Organization	n	Specialty Area	a Year	
		e. Computer Software Applications	cations):	Ye	ars of Experience	
Project Experience:						
Begin with your most recent	-	e. List all project experience		•	_	
required to fulfill the assigned	d project res	ponsibilities for the Genomics	Shed and Bio	control Building Rep	olacement project.	
Current Firm:						
Current Job Title:			Employment:		rough	
	PROJECT	EXPERIENCE WITH CURRENT I	FIRM LISTED A	BOVE		
#1 Project Name:						
Owner:				itact Name:		
Contract Amount:		\$	Compl	letion Date:		
Job Title used on this project:						
Project Responsibilities:						
Project Delivery:	Design Buil	ld 🔲 Traditional 🔲 Other 🗌	Specify:			
Completed For:	Institutional Other	al Client 🔲 Higher Education Cl	ient 🗌 Private	Agency Public A	gency 🗌	
Type of Facility:	Specify					
Construction Type:	New 🗌 Re	enovation 🗌				
Did this project include the in Cold room at 35 degrees	_	a walk-in cold room? (Check all Minimum of 240 ASF	the boxes that	apply) Depressed Floor	Yes No No	
Was this an institutional or high ecological site?	her education	n project that was constructed o	on/or adjacent t	o a sensitive	Yes 🗌 No 🗌	
Did your firm self-perform 10%	of the const	ruction?			Yes 🗌 No 🗍	



PROJECT	FEXPERIENCE 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 Spec	ify:
Completed For:	Institutional Client Higher Education Client Other	Private Agency Public Agency
Type of Facility:	Specify	
Construction Type:	New Renovation	
Did this project include the in Cold room at 35 degrees	stallation of a walk-in cold room? (Check all the b	Depressed Floor
Was this an institutional or high ecological site?	ner education project that was constructed on/or	adjacent to a sensitive Yes No No
Did your firm self-perform 10%	of the construction?	Yes 🗌 No 🗌
PROJECT	F EXPERIENCE WITH	(List Firm)
PROJECT #3 Project Name:	F EXPERIENCE WITH	
#3 Project Name: Owner:		Contact Name:
#3 Project Name: Owner: Contract Amount:	\$	
#3 Project Name: Owner: Contract Amount: Job Title used on this project:		Contact Name:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project:		Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery:	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For:	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client Other	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client Other Specify	Contact Name: Completion Date: ify: Private Agency Public Agency
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include the in Cold room at 35 degrees	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client Other Specify New Renovation sstallation of a walk-in cold room? (Check all the base)	Contact Name: Completion Date: ify: Private Agency Public Agency poxes that apply) Depressed Floor



3. Construction Super	rintendent Qual	ifications			
•	sed Construction S	· — — — — — — — — — — — — — — — — — — —			
	ears of Experience				
	xperience with Cu	irrent Employer:			
Education:	d	Institution/School	Major/Discipline	Year	
Degree Receive	Degree Received Institution/School Major/Discipline Yea				
License Receive	License Received State Agency/Licensing Body Specialty Area				
Certificate Receiv	/ed	Organization	Specialty Area	Year	
Project Management Tr		e. Computer Software Applications):	Years of Ex	narianca	
	List all Froject ivia	magement training / 100is	Tears of Ex	perience	
Project Experience:					
Begin with your most re		. List all project experience that demonst			
required to fulfill the assi	igned project resp	ponsibilities for the Genomics Shed and Bio	ocontrol Building Replacem	ent project.	
Current Firm:					
Current Job Title:		Years of Employment:	through		
	DROJECT	EVDEDIENCE WITH CUDDENT FIDM LISTED A	POVE		
#1 Project Name:	PROJECT	EXPERIENCE WITH CURRENT FIRM LISTED A	ADOVE		
#1 Project Name: Owner:		Cor	ntact Name:		
Contract Amount:			eletion Date:		
Job Title used on this proje	ct:				
Project Responsibilities:					
Project Delivery:	Design Build	d Traditional Other Specify:			
Completed For:	Institutional	I Client Higher Education Client Private	Agency Public Agency	7	
-	Other				
Type of Facility:	Specify				
Construction Type:	New 🗌 Re	novation			
			Vas 🗆	No 🗌	
	_	a walk-in cold room? (Check all the boxes tha] 140 [
Cold room at 35 deg	iees 🔲	Minimum of 240 ASF	Depressed Floor		
Was this an institutional or ecological site?	r higher education	project that was constructed on/or adjacent	to a sensitive Yes	S No No	
Did your firm self-nerform	10% of the constru	uction?	Vo		



PROJECT	FEXPERIENCE 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 Spec	ify:
Completed For:	Institutional Client Higher Education Client Other	Private Agency Public Agency
Type of Facility:	Specify	
Construction Type:	New Renovation	
Did this project include the in Cold room at 35 degrees	stallation of a walk-in cold room? (Check all the b	Depressed Floor
Was this an institutional or high ecological site?	ner education project that was constructed on/or	adjacent to a sensitive Yes No No
Did your firm self-perform 10%	of the construction?	Yes 🗌 No 🗌
PROJECT	F EXPERIENCE WITH	(List Firm)
PROJECT #3 Project Name:	F EXPERIENCE WITH	
#3 Project Name: Owner:		Contact Name:
#3 Project Name: Owner: Contract Amount:	\$	
#3 Project Name: Owner: Contract Amount: Job Title used on this project:		Contact Name:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project:		Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery:	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For:	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client Other	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client Other Specify	Contact Name: Completion Date: ify: Private Agency Public Agency
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type: Did this project include the in Cold room at 35 degrees	\$ Design Build Traditional Other Spec Institutional Client Higher Education Client Other Specify New Renovation sstallation of a walk-in cold room? (Check all the base)	Contact Name: Completion Date: ify: Private Agency Public Agency poxes that apply) Depressed Floor



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

- a. Only information, experience and Work performed by the Design Firm's office that will bid, manage, design, and staff the project will be considered for prequalification unless otherwise indicated below. Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **five (5) INSTITUTIONAL or HIGHER EDUCATION** projects completed in the past **10 years** that meet the criteria listed below and demonstrate the Design Firm's ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (Do not include projects currently under construction).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:
 - At least two (2) **DESIGN BUILD** institutional or higher education projects completed for which the 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.
- 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? Did the Project Manager listed above complete the project? Name of **Architect of Record** for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #1 Name: Position: Office Address: City & State Street Address Zip Code Responsibilities: #2 Name: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (ARC	CHITECT) PROJECT #1			
	ition, primary office location, and brief de oposed Key Personnel listed in III.D:	scription of respo	nsibilities specific to this	s project below for any
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code
	GENERAL CO	ONTRACTOR		
Firm Name: Address:				
	Street Address, Ci	ty, State, Zip Code	2	Telephone
Contact Person:				
Name of Contractor's F	Name & Title Project Manager:			Email -
	ition, primary office location, and brief de posed Key Personnel listed in III.B, if app	•	nsibilities specific to this	s project below for any
#1 Name:		Position:		
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code
#2 Name:		Position:		
Office Address:		<u> </u>		,
Responsibilities:	Street Address		City & State	Zip Code
#3 Name:		Position:		
Office Address:		, ,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:	Chroat Address		City 9 State	
Responsibilities:	Street Address		City & State	Zip Code



DESIGN FIRM (ARCH	IITECT) PROJECT #1			
Contract Time:				
Start Date:		Scheduled Completion D		
Mon	th/Day/Year		Month/Day	/Year
Actual Completion Date:			Days Extended due to Une	xcused Delays:
	Month/Day/Year		a. /=	
If project is not complete,	specify percentage of compl	etion:	% (Total cost of	work in place)
Contract Amount:				
\$	\$	\$		\$
Base Amount	Adjustment Do Builder Char	nge Orders	djustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount
Project Information:				
Completed For:	Institutional Client H	ligher Education Client	Private Agency	Public Agency 🗌
Type of Facility:	Specify:			
Project Delivery:	Design Build Tradition	al Other Specif	īy:	
Construction Type:	New Renovation			
ecological site?	or higher education project t	Minimum of 240 A		pressed Floor
Project Description: (Prov	vide a brief description)			
	Attac	h 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 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: City & State Street Address Zip Code Responsibilities: #2 Name: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (ARCHIT	ECI) PROJECI #2			
	, primary office location, and brief des sed Key Personnel listed in III.D:	cription of responsibilitie	es specific to this	s project below for any
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address	City	& State	Zip Code
#4 Name:		Position:		
Office Address:		,	_	
Responsibilities:	Street Address	City	& State	Zip Code
	GENERAL CO	NTRACTOR		
Firm Name:				
Address:	Street Address, City	y, State, Zip Code		 Telephone
Contact Person:		·		·
	Name & Title			Email
Name of Contractor's Proje	ect Manager:			_
	, primary office location, and brief des ed Key Personnel listed in III.B, if appl		es specific to this	s project below for any
#1 Name:		Position:		
Office Address:			_	
	Street Address	City	& State	Zip Code
Responsibilities:				
#2 Name:		Position:		
Office Address:				
Responsibilities:	Street Address	City	& State	Zip Code
#3 Name:		Position:		
Office Address:				,
	Street Address	City	& State	Zip Code
Responsibilities:				
#4 Name:		Position:		
Office Address:				
Posnonsihili+ios:	Street Address	City	& State	Zip Code
Responsibilities:				



DESIGN FIRM (ARCE	HITECT) PROJECT #2			
Contract Time:				
Start Date:		led Completion Date:		
Mor	th/Day/Year		Month/Day/Year	
Actual Completion Date:		Days Extended	due to Unexcused Dela	ays:
	Month/Day/Year			
If project is not complete	, specify percentage of completion:	% (7	Total cost of work in pla	ace)
Contract Amount:				
\$	\$	\$	\$	
Base Amount	Adjustment Due to D Builder Change Ord	= -	foreseen	al Contract Amount
Project Information:				
Completed For:	Institutional Client Higher E	ducation Client Private A	gency 🗌 Public Ager	ncy 🗌
Type of Facility:	Specify:			
Project Delivery:	Design Build Traditional	Other Specify:		
Construction Type:	New Renovation			
Cold room at Was this an institutional ecological site?	or higher education project that wa	as constructed on/or adjacent	Depressed Flo	Yes No No
Project Description: (Prov	vide a brief description)			
,	,			
	Attach phot	ograph(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: City & State Street Address 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 \square No Name of Design Firm's **Project Manager** for project: Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Name of **Architect of Record** for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #1 Name: Position: Office Address: City & State Street Address Zip Code Responsibilities: #2 Name: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (ARCHITE	CT) PROJECT #3			
	orimary office location, and brief d d Key Personnel listed in III.D:	lescription of respo	nsibilities specific to this	s project below for any
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
	GENERAL C	CONTRACTOR		
Firm Name: Address:				
	Street Address, (City, State, Zip Code	2	Telephone
Contact Person:	N 0 TH			- ·
Name of Contractor's Project	Name & Title Manager:			Email -
	orimary office location, and brief d I Key Personnel listed in III.B , <i>if ap</i>	•	nsibilities specific to this	s project below for any
#1 Name:		Position:		
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code
#2 Name:		Position:		
Office Address:		, ,		,
Responsibilities:	Street Address		City & State	Zip Code
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:		·		
Responsibilities:	Street Address		City & State	Zip Code



DESIGN FIRM (ARCH	HITECT) PROJECT #3		
Contract Time:			
Start Date:	Scheduled (Completion Date:	
Mor	nth/Day/Year	Month/Day/	/ear
Actual Completion Date:		Days Extended due to Unexc	cused Delays:
	Month/Day/Year	•	
If project is not complete	, specify percentage of completion:	% (Total cost of w	ork in place)
Contract Amount:			
\$	\$	\$	\$
Base Amount	Adjustment Due to Design		Final Contract Amount
	Builder Change Orders	Initiated & Unforeseen	
		Condition Change Orders	
Project Information:			
Completed For:	Institutional Client Higher Educ	ation Client 🔲 Private Agency 🔲 Po	ublic Agency 🗌
Completed For.	Other Specify:	_	о , Ш
Type of Facility:	Specify:		
Project Delivery:	Design Build Traditional Oth	er Specify:	
Construction Type:	New Renovation Renovation		
Did this project include	the installation of a walk-in cold room	? (Check all the hoxes that annly)	Yes 🗌 No 🗌
Cold room at			ressed Floor
Was this an institutional	or higher education project that was co	onstructed on/or adiacent to a sensitive	V
ecological site?			Yes No
Project Description: (Pro	vide a brief description)		
	Attach photogra	ph(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: City & State Street Address 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 \square No Name of Design Firm's **Project Manager** for project: Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Name of **Architect of Record** for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #1 Name: Position: Office Address: City & State Street Address Zip Code Responsibilities: #2 Name: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (ARCHITE	CT) PROJECT #4			
	orimary office location, and brief deduction of the control of the	lescription of respo	nsibilities specific to this	s project below for any
#3 Name:		Position:		
Office Address:		·		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
	GENERAL C	CONTRACTOR		
Firm Name: Address:				
	Street Address, (City, State, Zip Code	2	Telephone
Contact Person:				
Name of Contractor's Project	Name & Title : Manager:			Email -
	orimary office location, and brief d I Key Personnel listed in III.B, <i>if ap</i>	·	nsibilities specific to this	s project below for any
#1 Name:		Position:		
Office Address:		, ,		,
Responsibilities:	Street Address		City & State	Zip Code
#2 Name:		Position:		
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code
#3 Name:		Position:		
Office Address:		,		
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				,
Responsibilities:	Street Address		City & State	Zip Code



DESIGN FIRM (ARCI	HITECT) PROJECT #4		
Contract Time:			
Start Date:	Scheduled	Completion Date:	
Mor	nth/Day/Year	Month/Day/	Year
Actual Completion Date:		Days Extended due to Unex	cused Delays:
·	Month/Day/Year	·	
If project is not complete	, specify percentage of completion:	% (Total cost of v	vork in place)
Contract Amount:			
\$	\$	\$	\$
Base Amount	Adjustment Due to Desig Builder Change Orders	Initiated & Unforeseen	Final Contract Amount
Project Information:		Condition Change Orders	
Project illiorination.	_		
Completed For:	Institutional Client Higher Educ Other Specify:	ation Client Private Agency P	ublic Agency 🗌
Type of Facility:	Specify:		
Project Delivery:	Design Build 🔲 Traditional 🔲 Otl	ner 🗌 Specify:	
Construction Type:	New Renovation		
Cold room at Was this an institutional ecological site?		num of 240 ASF Deponent of 240 ASF Deponent of 240	Yes No
Project Description: (Pro	vide a brief description)		
	,		
	Attach photogr	aph(s) of the project.	
	, 1660011 P.1010B1		



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: City & State Street Address 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 \square No Name of Design Firm's **Project Manager** for project: Was the Project Manager listed above assigned the job at the start of the project? Yes No Did the Project Manager listed above complete the project? Name of **Architect of Record** for project: Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the Design Firm's proposed Key Personnel listed in III.D: #1 Name: Position: Office Address: City & State Street Address Zip Code Responsibilities: #2 Name: Office Address: Street Address City & State Zip Code Responsibilities:



DESIGN FIRM (ARCH	HITECT) PROJECT #5			
· · · · · · · · · · · · · · · · · · ·	ion, primary office location, and brief de posed Key Personnel listed in III.D:	escription of respo	nsibilities specific to this	project below for any
#3 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code
	GENERAL CO	ONTRACTOR		
Firm Name:				
Contact Person:	Street Address, Ci	ity, State, Zip Code	2	Telephone
	Name & Title			Email
Name of Contractor's Pr	oject Manager:			
	ion, primary office location, and brief de posed Key Personnel listed in III.B, <i>if ap</i>	•	nsibilities specific to this	project below for any
#1 Name:		Position:		
Office Address:		,		,
Responsibilities:	Street Address		City & State	Zip Code
#2 Name:		Position:		
Office Address:				,
Responsibilities:	Street Address		City & State	Zip Code
#3 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code
#4 Name:		Position:		
Office Address:				
Responsibilities:	Street Address		City & State	Zip Code



DESIGN FIRM (ARCHIT	ECT) PROJECT #5			
Contract Time:				
Start Date:		eduled Completion Da		
Month/	Day/Year		Month/Day	/Year
Actual Completion Date:		D	ays Extended due to Une	xcused Delays:
	Month/Day/Year			
If project is not complete, sp	ecify percentage of completi	ion:	% (Total cost of	work in place)
Contract Amount:				
\$	\$	\$		\$
Base Amount	Adjustment Due Builder Change	Orders I	ljustment due to Owner nitiated & Unforeseen ondition Change Orders	Final Contract Amount
Project Information:				
completed for:	nstitutional Client	ner Education Client[Private Agency	Public Agency 🗌
Type of Facility: S	pecify:			
Project Delivery:	esign Build Traditional	Other Specify	:	
Construction Type:	lew Renovation			
Cold room at 35 Was this an institutional or I ecological site?	nigher education project tha	Minimum of 240 AS		pressed Floor
Project Description: (Provide	a brief description)			



•) KEY PERSONNEL EXPERIENCE		
Complete all forms in their entire	ety AND attach resumes. Resumes shall NOT be s	submitted in lieu of these forms.	
1. Project Manager Qualif	ications		
Name of P	roposed Project Manager:		
	experience in the Industry:		
	nce with Current Employer:		
Education: Degree Received	Institution/School	Major/Discipline	Year
Degree Received	institution/school	iviajoi / Discipilile	Teal
License Received	State Agency/Licensing Body	y Specialty Area	Year
Electise Received	State Agency/ Electising bod	y Specialty Area	icai
			
Certificate Received	Organization	Specialty Area	Voor
Certificate Received	Organization	Specially Area	Year
			
D :	/T -/:- C Cfi A ::	\	
	g / Tools (i.e. Computer Software Applicati Project Management Training / Tools		f Experience
List all I	roject Management Training / Tools	rears o	Lxperience
Project Experience:			
	experience. List all project experience tha	t demonstrates the experienc	e and hackground
	project responsibilities for the Genomics Sh		_
Current Firm:	, ,	<u> </u>	' '
	Years of		
Current Job Title:	Employment	: through	
	PROJECT EXPERIENCE WITH CURRENT FIRE	M 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 Sp	ecify:	
Completed For:	Institutional Client Higher Education Client	: Private Agency Public Ag	gency 🗌
	Other		
Type of Facility:	Specify		
Construction Type:	New Renovation		
Did this project include the in	stallation of a walk-in cold room? (Check all the	e boxes that apply)	Yes 🗌 No 🗌
Cold room at 35 degrees	Minimum of 240 ASF	Depressed Floor	
Was this an institutional or high	er education project that was constructed on/c	or adjacent to a sensitive	
ecological site?	, ,	•	Yes No



PROJEC	T EXPERIENCE WITH	(List Firm)
#2 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on this project:	·	<u> </u>
Project Responsibilities:		
Project Delivery:	Design Build Traditional Other S	pecify:
Completed For:	Institutional Client Higher Education Client Other	nt Private Agency Public Agency
Type of Facility:	Specify	
Construction Type:	New Renovation	
Did this project include the in Cold room at 35 degrees	nstallation of a walk-in cold room? (Check all th	ne boxes that apply) Pepressed Floor
Was this an institutional or hig ecological site?	her education project that was constructed on/	or adjacent to a sensitive Yes No
PROJEC	T EXPERIENCE WITH	(List Firm)
	T EXPERIENCE WITH	(List Firm)
PROJECT #3 Project Name: Owner:	T EXPERIENCE WITH	
#3 Project Name:	T EXPERIENCE WITH	Contact Name:
#3 Project Name: Owner:	-	
#3 Project Name: Owner: Contract Amount:	-	Contact Name:
#3 Project Name: Owner: Contract Amount: Job Title used on this project:	-	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery:	\$ Design Build Traditional Other S Institutional Client Higher Education Clien	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For:	\$ Design Build Traditional Other S Institutional Client Higher Education Clien Other	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	\$ Design Build Traditional Other S Institutional Client Higher Education Clier Other S Specify New Renovation nstallation of a walk-in cold room? (Check all the	Contact Name: Completion Date: pecify: The Private Agency Public Agency



2. Architect of Record C	Qualifications		
	roposed Architect of Record: of Experience in the Industry:		
	rience with Current Employer:		
Education:			
Degree Received	Institution/Scho	ol Major/Discipline	Year
License Received	State Agency/Licensir	ng Body Specialty Area	Year
Certificate Received	l Organization	Specialty Area	Year
	ning / Tools (i.e. Computer Software Appall Project Management Training / Tools	·	ars of Experience
project. Current Firm:	gned project responsibilities for the Ge		The second of th
Current Job Title:	Years o	of yment: thro	ugh
	PROJECT EXPERIENCE WITH CURREN	IT 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 Other	Client Private Agency Pub	lic Agency 🗌
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 degree	_		
Was this an institutional or h ecological site?	igher education project that was constructe	d on/or adjacent to a sensitive	Yes No



PROJEC	T EXPERIENCE WITH	(List Firm)
#2 Project Name:		
Owner:		Contact Name:
Contract Amount:	\$	Completion Date:
Job Title used on this project:		<u> </u>
Project Responsibilities:		
Project Delivery:	Design Build Traditional Other S	Specify:
Completed For:	Institutional Client Higher Education Clie	nt Private Agency Public Agency
Type of Facility:	Specify	
Construction Type:	New Renovation	
Did this project include the in Cold room at 35 degrees	nstallation of a walk-in cold room? (Check all t Minimum of 240 ASF	he boxes that apply) Depressed Floor
Was this an institutional or hig ecological site?	her education project that was constructed on	/or adjacent to a sensitive Yes No No
PROJEC	T EXPERIENCE WITH	(List Firm)
	T EXPERIENCE WITH	(List Firm)
#3 Project Name: Owner:	T EXPERIENCE WITH	(List Firm) Contact Name:
#3 Project Name:	T EXPERIENCE WITH\$	
#3 Project Name: Owner:		Contact Name:
#3 Project Name: Owner: Contract Amount:		Contact Name:
#3 Project Name: Owner: Contract Amount: Job Title used on this project:		Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$ Design Build Traditional Other S	Contact Name: Completion Date:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery:	\$ Design Build Traditional Other S	Contact Name: Completion Date: Specify:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery:	\$ Design Build Traditional Other S Institutional Client Higher Education Clie	Contact Name: Completion Date: Specify:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For:	\$ Design Build Traditional Other S Institutional Client Higher Education Clie Other	Contact Name: Completion Date: Specify:
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	\$ Design Build Traditional Other S Institutional Client Higher Education Clie Other S Specify New Renovation Installation of a walk-in cold room? (Check all t	Contact Name: Completion Date: Specify: Private Agency Public Agency



3. Mechanical Engineer	Qualifications			
Name of Pro	posed Mechani	ical Engineer:		
Years o	f Experience in			
Years of Expe	rience with Curre	ent Employer:		
Education:				
Degree Received		Institution/School	Major/Discipline	Year
				_
License Received		State Agency/Licensing Body	Specialty Area	Year
Certificate Received		Organization	Specialty Area	Year
			-	_
D.:	:/ = ./:			
		. Computer Software Applications) ment Training / Tools		of Experience
2.300	r roject manage	ment risming / 100.5	Tears	or Experience
Project Experience:				
	nt experience.	List all project experience that de	monstrates the experien	ce and background
required to fulfill the assign	ed project resp	onsibilities for the Genomics Shed a	nd Biocontrol Building Re	placement project.
Current Firm:				
Current Job Title:		Years of Employment:	through	
current job ritie.		Employment.	through	
	PROJECT E	EXPERIENCE WITH CURRENT FIRM LIS	STED 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 🗌 I	Private Agency 🔲 Public A	gency 🗌
	Other 📙			
Type of Facility:	Specify	_		
Construction Type:	New Ren	ovation		
Did this project include the	installation of a	walk-in cold room? (Check all the box	es that apply)	Yes No
Cold room at 35 degree	_	Minimum of 240 ASF	Depressed Floor	
Was this an institutional or h ecological site?	igher education ¡	project that was constructed on/or adj	acent to a sensitive	Yes No No



PROJEC	T EXPERIENCE WITH	(List Firm)	
#2 Project Name:			
#2 Project Name: Owner:		Contact Name:	
Contract Amount:	\$	Completion Date:	
Job Title used on this project:	*		
Project Responsibilities:			
Project Delivery:	Design Build Traditional Other Spo	ecify:	
Completed For:	Institutional Client Higher Education Client Other	Private Agency Public Age	ency 🗌
Type of Facility:	Specify		
Construction Type:	New Renovation		
Did this project include the in Cold room at 35 degrees	nstallation of a walk-in cold room? (Check all the	- boxes that apply)	Yes No
Was this an institutional or hig ecological site?	her education project that was constructed on/o	or adjacent to a sensitive	Yes No No
PROJEC	T EYDEDIENCE WITH	(List Firm)	
	T EXPERIENCE WITH	(List Firm)	
#3 Project Name:	T EXPERIENCE WITH		
	T EXPERIENCE WITH\$	Contact Name:	
#3 Project Name: Owner:			
#3 Project Name: Owner: Contract Amount:		Contact Name:	
#3 Project Name: Owner: Contract Amount: Job Title used on this project:		Contact Name: Completion Date:	
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities:	\$	Contact Name: Completion Date:	ency
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery:	\$ Design Build Traditional Other Spo	Contact Name: Completion Date:	ency 🗌
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For:	\$ Design Build Traditional Other Specification Client Other Other Other	Contact Name: Completion Date:	ency
#3 Project Name: Owner: Contract Amount: Job Title used on this project: Project Responsibilities: Project Delivery: Completed For: Type of Facility: Construction Type:	\$ Design Build Traditional Other Sponsor Specify New Renovation stallation of a walk-in cold room? (Check all the	Contact Name: Completion Date: ecify: Private Agency Public Ag	ency Yes No



IV. CLAIMS HISTORY

A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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

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

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

B. Design Builder (Contractor) Against Owner Claim

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

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

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

C. OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

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

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

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



FORM A

OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM Use one Form per Lawsuit or Arbitration (Make Copies as Needed) Are there claims that meet the criteria in Section IV.A of this statement? Yes No

Are there claims that meet the criteria in Section IV.A of this statement? If yes, please complete the form and sign below: Yes No
Case Name and Number including Name and Location of Court or Arbitration Service:
Date Arbitration or Litigation Commenced:
Project Name:
Project or Contract Number:
Project Location: , , , , Street Address City & State Zip Code
Name of Owner:
Contact Person: Telephone:
Name & Title
Highest Amount Sought for All Claims: \$ (Amount in Figures)
Amount Recovered: \$ (Amount in Figures)
Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List:
Date of Claim Resolution:
Basis for Claim:
If the lawsuit or arbitration was resolved for more than 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):
Note in a true below a ignification to a place that the appropriate day this Forms A and true
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? 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 Zip Code Name of Owner: Telephone: Contact Person: Name & Title Highest Amount Sought for All Claims: (Amount in Figures) Amount Recovered: (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: 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? 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 Zip Code Name of Owner: Telephone: Contact Person: Name & Title Highest Amount Sought for All Claims: (Amount in Figures) Amount Recovered: (Amount in Figures) Method of Resolution (Check One): Judgment: Arbitration Award: Litigation: Settled by Contracting Parties without Litigation or Arbitration: Other: 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:

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

Printed Name & Title:



V. REQUIRED COMPLETED ATTACHMENTS Notarized Statement from Surety stating (reference Section II.M – Financial Capacity): Current available bonding exceeds the project Estimated Construction Cost; Total bonding capacity; 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; 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). **VI. DECLARATION** ١, hereby declare that I am the submitting this Prequalification Questionnaire; of 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 Location and City County State of on State 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.