



STUDENT HEALTH & COUNSELING CENTER

DESIGN-BUILD TEAM
PREQUALIFICATION PACKAGE

MANDATORY PREQUALIFICATION CONFERENCE: 10:00 AM, TUESDAY, JULY 28, 2020

PREQUALIFICATION QUESTIONNAIRE DUE DATE: 5:00 PM, WEDNESDAY, AUGUST 5, 2020

Planning, Design & Construction
1223 University Avenue, Suite 240
Riverside, CA 92507

Questions to PD&C Contracts:
Betty Osuna
betty.osuna@ucr.edu

PROJECT DESCRIPTION

The existing Student Health Center, also known as Veitch Student Center, is currently located in the campus core, west of Lot 15 and south of Aberdeen-Inverness Residence Hall. It is a one-story structure originally built in 1960 with an addition constructed in 1969. As student enrollment has steadily grown, so has the demand for Student Health and Counseling and Psychological Services (CAPS), to the point that existing facilities are undersized and hamper the ability of these programs to grow in proportion to the student population served. In addition, the structure has been found to require extensive reinforcement, the spaces have grown increasingly worn, building systems are reaching end of life, and space configurations do not support contemporary clinical practice.

The new Student Health & Counseling Center (SHCC) will be constructed on the western portion of Parking Lot 21. It will create an identifiable and easily accessible facility that welcomes members of our diverse campus community and conveys a commitment to quality care, innovation in technical, medical and clinical services, student support and wellbeing. This facility aligns with the missions and values of the UCR campus, the Division of Student Affairs, Student Health Services, Counseling and Psychological Services, Student Affairs Case Management, and The Well that support student retention and success through optimization of emotional and physical health, through direct service, promotion, prevention, education, student engagement, and provision of resources and referrals.

The approximately 38,500 SF building will accommodate a Student Health Services area that includes exam rooms, radiology, radiography, pharmacy, laboratory, and procedure room; a dental clinic area, a counseling and psychological services area, a student affairs case management area, a wellness area, and administrative offices.

Project Delivery: Design-Build

Maximum Acceptance Cost: Estimated Range of \$26,000,000-\$27,000,000

PROJECT TIMING

The Project will proceed from Design Development through Construction immediately upon selection and award of the Contract. The anticipated Contract Time is *estimated* at twenty-three (23) months from the Notice to Proceed of Phase 1 through Final Inspection and Acceptance. The Contract Time will include both completion of the Design Documents, Construction Documents, and the actual construction of the project.

PREQUALIFICATION PROCESS – DESIGN-BUILD DELIVERY

The design-build delivery process requires the prequalification of a responsible contractor and architect working together as a "**Design-Build Team.**" The University intends to evaluate Contractor qualifications, select the three (3) best qualified teams for prequalification, solicit proposals from prequalified teams, and award a contract after receipt of proposals. Upon review by the University of the prequalification questionnaires, the **three design-build teams** awarded the highest number of points by the evaluation committee will be considered the "best qualified" teams and be invited to participate in the oral interview process.

The successful Contractor will be responsible for retaining an architect to provide design development, construction documents and related work required to construct the project as described and specified in the Contract Documents.

The successful Contractor will provide both design and construction services. Each member of the design-build team shall comply with the laws of the State of California. The Contractor shall hold all required licenses and be the financially responsible entity for bonding and insurance.

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.

TO PREQUALIFY FOR THE PROPOSAL PROCESS, A PROSPECTIVE CONTRACTOR MUST MEET ALL OF THE REQUIREMENTS DESCRIBED IN THIS QUESTIONNAIRE AND IN THE ORAL INTERVIEW. THE PURPOSE OF THE PREQUALIFICATION QUESTIONNAIRE IS TO PROVIDE THE UNIVERSITY WITH SUFFICIENT INFORMATION TO DETERMINE IF A CONTRACTOR IS BOTH EXPERIENCED AND "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 Contractors and will only be issued electronically at:

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

2. MANDATORY PREQUALIFICATION CONFERENCE

Contractors interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on **Tuesday, July 28, 2020, beginning promptly at 10:00 AM.**

Any interested Contractors who sign-in to the Mandatory Prequalification Zoom Conference after 10:05 AM will be precluded from the prequalification process and may only bid as a subcontractor.

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

950578 SHCC – Request for Zoom Conference Participant ID

CONTRACTOR'S 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

Contractors interested in prequalifying to propose on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that 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. Hard copies are not requested at this time though the University reserves the right to request hard copies from the firms who pass Level I of the process and are to be interviewed.

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

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

PREQUALIFICATION QUESTIONNAIRE
FOR
PROJECT NO. 950578
STUDENT HEALTH & COUNSELING CENTER
UNIVERSITY OF CALIFORNIA, RIVERSIDE
PLANNING, DESIGN AND CONSTRUCTION
RIVERSIDE, CALIFORNIA

Each prospective bidder must have the appropriate contractor’s license required by the State of California, registered with the Department of Industrial Relations (DIR) and must complete and submit all portions of this Prequalification Questionnaire.

Each prospective bidder must answer all applicable questions and provide all requested information. Any prospective bidder failing to do so may, at the sole discretion of the University of California, be deemed to be not responsive and not responsible with respect to this Prequalification, and its bid rejected.

The undersigned declares under penalty of perjury that the Prequalification information submitted with this form is correct, complete and not misleading and that this declaration was executed

in _____ County, California, on _____

(Proposer Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

Contact Person #1:

Name, Title

Email

Cell Phone

Contact Person #2:

Name, Title

Email

(Signature)

(Typed Name and Title)

Each prospective Proposer must answer all of the following questions and provide all requested information, where applicable. Any prospective Proposer failing to do so may be deemed to be not responsive and not responsible with respect to this prequalification at the sole discretion of the University of California. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University of California will maintain its confidentiality to the extent permitted by law. Any prospective Proposer found to be not prequalified as a result of the Proposer's answers to this Prequalification Questionnaire will receive written response from the University Facility explaining the Facility's decision. If the Proposer can refute some of the facts upon which the decision was based, the Proposer can request a hearing at the Facility to appeal the decision. The appeal shall state the basis of the appeal and must be submitted in writing within 3 working days of receipt of notification and must request a written response or hearing from University. The decision of the Facility is final and not appealable within the University of California.

DESIGN FIRM (ARCHITECT) CONTACT INFORMATION:

Firm Name: _____

 Telephone _____ Facsimile _____
 Street Address: _____ , _____ , _____
 Street Address City & State Zip Code
 Contact Person: _____
 Name, Title Telephone

Provide the name of the Architect of Record to be used on the Project:

 Name, Title Current License Number

The Design Build contract will require the successful Proposer to provide both design and construction services. The entity that provides these services is the Proposer. All information required herein shall be submitted within the following parameters:

1. The Proposer shall hold all required licenses.
2. The Proposer shall be the financially responsible entity for bonding and insurance.

PART 1 - REQUIRED ELEMENTS

Proposer must pass the following requirements to be considered qualified.

1. Licenses & Registration

1.1 Proposer must be a licensed contractor in California with a **General Building Contractor "B"** classification.

Name of license holder exactly as on file with the California Contractor's State License Board:

License number: _____

1.2 Can you truthfully affirm that your firm's contractor's license **HAS NOT** been suspended or revoked by the California Contractor's State License Board within the last 5 years?

YES NO

Department of Industrial Relations (DIR) Registration No.: _____

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 compliance monitoring and enforcement by the Department of Industrial Relations.

This project is subject to General Prevailing Wages predetermined by the Department of Industrial Relations (DIR).

2. Financial Capability & Data

2.1 Is the surety to be used for this project authorized by the Insurance Commissioner to transact business in the State of California as an admitted surety insurer (as defined in the California Code of Civil Procedure Section 995.120)?

YES NO

Name of Surety: _____

2.2 Is the entity able to obtain bonding for **\$26,000,000 - \$27,000,000** for this project?

YES NO

2.3 Can you truthfully state that **NO SURETY** has paid out any monies on claims on the performance bond issued for the benefit of the Owner arising out of the construction activities of the entity within the last 5 years?

YES NO

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

- Current available bonding capacity meets or 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; and
- Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

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

1. Total Revenue (past 3 fiscal years):

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

2. Net Income (past 3 fiscal years):

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

3. Current Assets (past 3 fiscal years):

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

4. Current Liabilities (past 3 fiscal years):

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

5. Total Debt (past 3 fiscal years):

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

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

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

7. Total Bonding Capacity:

_____ \$ _____

8. Total Available Bonding Capacity:

_____ \$ _____

PROVIDE ONE (1) COPY OF ALL AUDITED FINANCIAL STATEMENTS FOR THE PAST THREE YEARS OF OPERATION IN THE SUBMISSION UNDER A SEPARATE COVER.

3. Insurance

3.1 The successful Proposer for this project will be required to furnish certificates of general liability insurance in the minimum amounts of \$5,000,000 per occurrence and \$5,000,000 in the Aggregate, and \$1,000,000 Business Automobile Liability. The successful Proposer will also be required to furnish certificates of professional liability insurance in the minimum amount of \$2,000,000 per occurrence and \$4,000,000 in the Aggregate.

Will Proposer be able to meet the minimum coverage amounts listed above?

YES NO

4. Prior Disqualification

4.1 Can you truthfully state that the entity (nor any member of the entity if a joint venture or partnership) **HAS NOT** been disqualified or barred from doing business with a public agency (e.g., federal, state, county, city, University of California System, California State University System, etc.) within the last **10** years?

YES NO

5. False Claims History

5.1 Can you truthfully state that the entity (nor any member of the entity if a joint venture or partnership) **HAS NOT** been found in a final decision of a court to have submitted a false claim to a public agency (e.g., federal, state, county, city, University of California System, California State University System,) within the last 10 years? *Claims items continued on page 9.*

YES NO

6. Termination

6.1 Can you truthfully state that the entity (nor any member of the entity if a joint venture or partnership) **HAS NOT** been terminated for cause by an Owner once construction commenced within the last **5** years?

YES NO

7. Risk

7.1 Has your Worker's Compensation Experience Modification Factor remained at 1.15 or lower in each of the past 5 years?

* YES NO

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

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

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

8. Safety

8.1 Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Please attach the cover sheet and Table of Contents only, of your IIPP with this submission.

YES NO

8.2 Does your company have personnel permanently assigned to safety?

YES NO

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

Name: _____ Title: _____

Specific Duties:

Name: _____ Title: _____

Specific Duties:

9. Quality Control Processes

9.1 Does your company have a written QA/QC Program? Please attach the cover sheet and Table of Contents only, of your QA/QC guide with this submission.

YES NO

9.2 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 YOU HAVE ANSWERED "NO" TO ANY OF QUESTIONS 1 THROUGH 9, YOU HAVE NOT MET THE MINIMUM QUALIFICATIONS FOR FURTHER CONSIDERATION FOR THIS PROJECT.

A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

Provide the information requested below for the entity listed in Section 5.

Complete a separate **FORM A – OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM** tabulation sheet for all claims: a) in excess of \$50,000 for poor workmanship, incomplete performance, defective work, or b) in excess of \$50,000 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 50% 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 5.

Complete a separate **FORM B – DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM** tabulation sheet for all claims (including false claims) in excess of \$50,000 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 50% 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 5.

Complete a separate **FORM C – OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM** tabulation sheet for all claims in excess of \$50,000 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 50% of the highest amount claimed.

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

FORM A

OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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

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

Yes No

If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

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

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

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

Amount Recovered: _____ \$
(Amount in Figures)

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

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **50%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor):

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

Design Builder (Contractor) Authorized

Signature: _____

Printed Name & Title: _____

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

FORM B

DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

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

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

Yes No

If yes, please complete the form and sign below:

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

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

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

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

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

Amount Recovered: _____ \$
(Amount in Figures)

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

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for less than **50%** 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 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 **50%** 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 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.

PART 2 - PROPOSER MUST COMPLETE THE FOLLOWING INFORMATION ENTIRELY TO BE CONSIDERED QUALIFIED.

Proposed Design-Build Team Members

Provide the following information concerning each of the listed personnel. If the title/job function envisioned differs from the listed title provide the closest match and an explanation of the differences.

*Note, there will be consultants and subcontractors required that do not need to be listed at this time for determination of prequalification. Please do not include information on consultants not specifically requested in this proposal.

Provide a 1 page (max) resume for each member listed.

1. Project Executive

Name: _____

Company Name / Title: _____

Employed by Contractor 3 years or more? YES NO

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

2. Design Builder's Design Manager (Preconstruction)

Name: _____

Company Name / Title: _____

Employed by Contractor 3 years or more? YES NO

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

3. Design Builder's Project Manager (Construction– may be the same as Preconstruction)

Name: _____

Company Name / Title: _____

Employed by Contractor 3 years or more? YES NO

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

4. Design Builder's Project Superintendent

Name: _____

Company Name / Title: _____

Employed by Contractor 3 years or more? YES NO

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

5. Principal Architect

Name: _____

Firm Name / Title: _____

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

6. Project Architect/Project Manager

Name: _____

Firm Name / Title: _____

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

7. Medical Planner

Name: _____

Firm Name / Title: _____

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

8. MEP Consultant

Name: _____

Firm Name / Title: _____

Managed any of the submitted projects? YES NO

If YES, List Project(s) Name here: _____

Proposer's Experience in Comparable Projects (complete 3 each Project Experience forms only for both the contractor and architect)

The Contractor & Architect must submit three projects that demonstrate experience in the following minimum requirements for the submitted projects. The Contractor and Architect may submit separate projects to demonstrate experience in required areas but at least one project submitted must be completed together by the Contractor-Architect team.

- The Contractor & Architect must have successfully completed at least one Type V, multi-story project, not necessarily together (more are recommended).
- The Contractor & Architect must have successfully completed at least two health care-related projects each, not necessarily together (more are recommended)
- The Contractor & Architect must have successfully completed at least one public works project, not necessarily together (more are recommended)
- Each project must be LEED Silver or better
- Each project with construction award value of at least \$20,000,000
- The Contractor & Architect must have successfully completed at least one project (more are recommended) since 2010 that was design/build delivery, i.e. where the architect for that project was a sub-consultant to the Contractor or a joint venture with the Contractor (negotiated or construction management does not meet this requirement).
- Projects submitted to demonstrate experience between contractor and architect on same team does not need to be healthcare related but is preferred.
- Projects completed prior to 2010 will not be considered
- Each project must be 30,000 g.s.f. each or greater
- Residential projects will not be considered
- Incomplete projects will not be considered

PART 3 - EVALUATION SCORING

Prequalification Scoring Criteria

A Maximum of 180 points is possible for the 6 comparable projects. Each comparable project submitted is worth 15 points in Part A and 15 points in Part B.

Approximately three to five of the proposers with the highest scores in the RFQ Questionnaire will be invited to participate in RFQ Interviews. Three Teams will be selected to participate in the RFP Design Competition.

Part A

The following criteria are worth **15 points for each comparable project**:

- **(3 points)** One or more of the submitted projects were by same contractor/architect team.
- **(3 points)** Contractor has successfully completed at least one project on a college or university campus.
- **(3 points)** Contractor's Project Manager has managed one or more of the submitted projects.
- **(3 points)** Architect's Project Manager has managed the design of one or more of the submitted projects.
- **(3 points)** Contractor's Superintendent supervised construction on one or more of the submitted projects.

Part B

The following criteria are worth **15 points for each comparable project**:

- **(10 points)** Similarity to envisioned Student Health & Counseling Center.
- **(5 points)** Design-Build Delivery.

Separate sheets must be prepared for each project submitted.

PROJECT NO. 1

PART A – COMPARABLE PROJECT EXPERIENCE – CONTRACTOR STAFF:

6 pts	One or more of the submitted projects are by same contractor/architect team. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Project(s) Name: _____
3 pts	Contractor has successfully completed at least one project on a college or University campus. Does not have to be one of the projects included in these forms. Project(s): _____ College or University campus: _____
3 pts	Contractor’s Project manager has managed one or more of the submitted projects. Project(s): _____
3 pts	Proposer’s Superintendent supervised construction on one or more of the submitted projects. Project(s): _____
15 pts	TOTAL POINTS

PART B – COMPARABLE PROJECT NO. 1 COMPARISON CRITERIA:

Y	N	1. Project Submitted by: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> At Least \$20,000,000 Construction Value \$_____ <u>Award Amount</u>
Y	N	2. Similar Type V multi-story with a least 2 levels above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	3. Project was healthcare related? <input type="checkbox"/> YES <input type="checkbox"/> NO (2 required)
Y	N	4. Did Project achieve at minimum a LEED Silver certification? <input type="checkbox"/> YES <input type="checkbox"/> NO (All required)
Y	N	5. Project was delivered via Design-Build delivery method? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required) If NO, construction type: _____
Y	N	6. Project was a Public Works product? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	7. Project was 30,000 square feet minimum size? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	8. Project Completion Date: _____ (must NOT BE prior to 2010)
Y	N	9. Project Location: _____ (1 required in California by each Contractor and Architect)

COMPARABLE PROJECT NO.1 SCORED ELEMENTS:

Attach project description (5 pages maximum), including photographs, energy efficient strategies, innovations.

10 pts	Similarity to envisioned Student Health & Counseling Center
5 pts	Design-Build Delivery
15 pts	TOTAL POINTS

PROJECT NO. 2

PART A – COMPARABLE PROJECT EXPERIENCE – CONTRACTOR STAFF:

6 pts	One or more of the submitted projects are by same contractor/architect team. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Project(s) Name: _____
3 pts	Contractor has successfully completed at least one project on a college or University campus. Does not have to be one of the projects included in these forms. Project(s): _____ College or University campus: _____
3 pts	Contractor’s Project manager has managed one or more of the submitted projects. Project(s): _____
3 pts	Proposer’s Superintendent supervised construction on one or more of the submitted projects. Project(s): _____
15 pts	TOTAL POINTS

PART B – COMPARABLE PROJECT NO. 2 COMPARISON CRITERIA:

Y	N	1. Project Submitted by: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> At Least \$20,000,000 Construction Value \$_____ <u>Award Amount</u>
Y	N	2. Similar Type V multi-story with a least 2 levels above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	3. Project was healthcare related? <input type="checkbox"/> YES <input type="checkbox"/> NO (2 required)
Y	N	4. Did Project achieve at minimum a LEED Silver certification? <input type="checkbox"/> YES <input type="checkbox"/> NO (All required)
Y	N	5. Project was delivered via Design-Build delivery method? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required) If NO, construction type: _____
Y	N	6. Project was a Public Works product? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	7. Project was 30,000 square feet minimum size? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	8. Project Completion Date: _____ (must NOT BE prior to 2010)
Y	N	9. Project Location: _____ (1 required in California by each Contractor and Architect)

COMPARABLE PROJECT NO.2 SCORED ELEMENTS:

Attach project description (5 pages maximum), including photographs, energy efficient strategies, innovations.

10 pts	Similarity to envisioned Student Health & Counseling Center
5 pts	Design-Build Delivery
15 pts	TOTAL POINTS

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PROJECT NO. 3

PART A – COMPARABLE PROJECT EXPERIENCE – CONTRACTOR STAFF:

6 pts	One or more of the submitted projects are by same contractor/architect team. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Project(s) Name: _____
3 pts	Contractor has successfully completed at least one project on a college or University campus. Does not have to be one of the projects included in these forms. Project(s): _____ College or University campus: _____
3 pts	Contractor’s Project manager has managed one or more of the submitted projects. Project(s): _____
3 pts	Proposer’s Superintendent supervised construction on one or more of the submitted projects. Project(s): _____
15 pts	TOTAL POINTS

PART B – COMPARABLE PROJECT NO. 3 COMPARISON CRITERIA:

Y	N	1. Project Submitted by: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> At Least \$20,000,000 Construction Value \$_____ <u>Award Amount</u>
Y	N	2. Similar Type V multi-story with a least 2 levels above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	3. Project was healthcare related? <input type="checkbox"/> YES <input type="checkbox"/> NO (2 required)
Y	N	4. Did Project achieve at minimum a LEED Silver certification? <input type="checkbox"/> YES <input type="checkbox"/> NO (All required)
Y	N	5. Project was delivered via Design-Build delivery method? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required) If NO, construction type: _____
Y	N	6. Project was a Public Works product? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	7. Project was 30,000 square feet minimum size? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	8. Project Completion Date: _____ (must NOT BE prior to 2010)
Y	N	9. Project Location: _____ (1 required in California by each Contractor and Architect)

COMPARABLE PROJECT NO.3 SCORED ELEMENTS:

Attach project description (5 pages maximum), including photographs, energy efficient strategies, innovations.

10 pts	Similarity to envisioned Student Health & Counseling Center
5 pts	Design-Build Delivery
15 pts	TOTAL POINTS

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PART A – COMPARABLE PROJECT EXPERIENCE – ARCHITECT STAFF:

6 pts	One or more of the submitted projects are by same contractor/architect team. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Project(s) Name: _____
3 pts	Architect has successfully completed at least one project on a college or University campus. Does not have to be one of the projects included in these forms. Project(s): _____ College or University campus: _____
3 pts	Architect’s Project manager has managed one or more of the submitted projects. Project(s): _____
3 pts	Architect’s Project manager has managed the design of one or more of the submitted projects. Project(s): _____
15 pts	TOTAL POINTS

PART B – COMPARABLE PROJECT NO. 4 COMPARISON CRITERIA:

Y	N	1. Project Submitted by: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> At Least \$20,000,000 Construction Value \$_____ Award Amount
Y	N	2. Similar Type V multi-story with a least 2 levels above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	3. Project was healthcare related? <input type="checkbox"/> YES <input type="checkbox"/> NO (2 required)
Y	N	4. Did Project achieve at minimum a LEED Silver certification? <input type="checkbox"/> YES <input type="checkbox"/> NO (All required)
Y	N	5. Project was delivered via Design-Build delivery method? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required) If NO, Delivery Method: _____
Y	N	6. Project was a Public Works product? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	7. Project was 30,000 square feet minimum size? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	8. Project Completion Date: _____ (must NOT BE prior to 2010)
Y	N	9. Project Location: _____ (1 required in California by each Contractor and Architect)

COMPARABLE PROJECT NO.4 SCORED ELEMENTS:

Attach project description (5 pages maximum), including photographs, energy efficient strategies, innovations.

10 pts	Similarity to envisioned Student Health & Counseling Center
5 pts	Design-Build Delivery
15 pts	TOTAL POINTS

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PROJECT NO. 5

PART A – COMPARABLE PROJECT EXPERIENCE – ARCHITECT STAFF:

6 pts	One or more of the submitted projects are by same contractor/architect team. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Project(s) Name: _____
3 pts	Architect has successfully completed at least one project on a college or University campus. Does not have to be one of the projects included in these forms. Project(s): _____ College or University campus: _____
3 pts	Architect’s Project manager has managed one or more of the submitted projects. Project(s): _____
3 pts	Architect’s Project manager has managed the design of one or more of the submitted projects. Project(s): _____
15 pts	TOTAL POINTS

PART B – COMPARABLE PROJECT NO. 5 COMPARISON CRITERIA:

Y	N	1. Project Submitted by: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> At Least \$20,000,000 Construction Value \$_____ <u>Award Amount</u>
Y	N	2. Similar Type V multi-story with a least 2 levels above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	3. Project was healthcare related? <input type="checkbox"/> YES <input type="checkbox"/> NO (2 required)
Y	N	4. Did Project achieve at minimum a LEED Silver certification? <input type="checkbox"/> YES <input type="checkbox"/> NO (All required)
Y	N	5. Project was delivered via Design-Build delivery method? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required) If NO, construction type: _____
Y	N	6. Project was a Public Works product? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	7. Project was 30,000 square feet minimum size? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	8. Project Completion Date: _____ (must NOT BE prior to 2010)
Y	N	9. Project Location: _____ (1 required in California by each Contractor and Architect)

COMPARABLE PROJECT NO.5 SCORED ELEMENTS:

Attach project description (5 pages maximum), including photographs, energy efficient strategies, innovations.

10 pts	Similarity to envisioned Student Health & Counseling Center
5 pts	Design-Build Delivery
15 pts	TOTAL POINTS

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PROJECT NO. 6

PART A – COMPARABLE PROJECT EXPERIENCE – ARCHITECT STAFF:

6 pts	One or more of the submitted projects are by same contractor/architect team. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Project(s) Name: _____
3 pts	Architect has successfully completed at least one project on a college or University campus. Does not have to be one of the projects included in these forms. Project(s): _____ College or University campus: _____
3 pts	Architect’s Project manager has managed one or more of the submitted projects. Project(s): _____
3 pts	Architect’s Project manager has managed the design of one or more of the submitted projects. Project(s): _____
15 pts	TOTAL POINTS

PART B – COMPARABLE PROJECT NO. 6 COMPARISON CRITERIA:

Y	N	1. Project Submitted by: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> At Least \$20,000,000 Construction Value \$_____ <u>Award Amount</u>
Y	N	2. Similar Type V multi-story with a least 2 levels above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	3. Project was healthcare related? <input type="checkbox"/> YES <input type="checkbox"/> NO (2 required)
Y	N	4. Did Project achieve at minimum a LEED Silver certification? <input type="checkbox"/> YES <input type="checkbox"/> NO (All required)
Y	N	5. Project was delivered via Design-Build delivery method? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required) If NO, construction type: _____
Y	N	6. Project was a Public Works product? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	7. Project was 30,000 square feet minimum size? <input type="checkbox"/> YES <input type="checkbox"/> NO (1 required)
Y	N	8. Project Completion Date: _____ (must NOT BE prior to 2010)
Y	N	9. Project Location: _____ (1 required in California by each Contractor and Architect)

COMPARABLE PROJECT NO.6 SCORED ELEMENTS:

Attach project description (5 pages maximum), including photographs, energy efficient strategies, innovations.

10 pts	Similarity to envisioned Student Health & Counseling Center
5 pts	Design-Build Delivery
15 pts	TOTAL POINTS

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PREQUALIFICATION DECLARATION

I, _____ (Printed Name),
hereby declare that I am the _____ (Title)
of _____ (Name of Entity)
submitting this Prequalification Questionnaire; that I am duly authorized to sign this Prequalification Questionnaire on behalf of
the above-named entity; and that all information set forth in this Prequalification Questionnaire and all attachments hereto are,
to the best of my knowledge, true, accurate and complete as of its submission date.

The undersigned declares under penalty of perjury that all of the prequalification information submitted with this form is true and
correct and that this declaration was executed in _____ (County), _____ (State) on _____ (Date).

(Signature)

(Printed Name)

END OF PREQUALIFICATION QUESTIONNAIRE