

Level 1 Prequalification Questionnaire

Cover Sheet and Instructions

APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on electronic media.

PURPOSE OF DOCUMENT:	Provides prospective Bidders with general information concerning the Project and the procedure to be used in the prequalification process.		
CROSS-REFERENCE TO FACILITIES MANUAL:	None		
CONTENTS:	Level 1 Prequalification Questionnaire		
FOR USE WITH:	CM/Contractor Agreement		
COMPLETED BY:	<input checked="" type="checkbox"/> Filling in	<input checked="" type="checkbox"/> Adding Text	<input type="checkbox"/> No Data Required
ITS USE IS:	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Optional	

NOTE: To use the electronic file of this document, you must go to the “Tools” pull down menu in Microsoft Word, select “Options,” select the “View” tab, and then put a check in the box “Hidden text.” Most instructions and alternate language is displayed in hidden text. Do not print the hidden text for the final document.

Completion Instructions:

1. Notes, suggested text, instructions and other information is formatted using the following methods:
 - Hidden text within brackets. Read the material within the brackets and take the appropriate action (usually inserting text or selecting from a choice of texts.) When printing this document, the default print property will not print the hidden text.
 - Coded instruction within brackets. {This is an example of the format.} The instructions and shading will disappear when the required information is typed.
 - Suggested text is shaded in gray without brackets (see Modification and Additions below.)
 - Include Key Personnel Exhibit for completion by Bidder. Facility must meet categories of personnel, e.g. Project Engineer.

Modifications and Additions:

1. Areas shaded in gray, without brackets, represent suggested text that may need to be modified by the Facility to meet the needs of the Project. This is an example of the format. Ensure that any modified or added text is consistent with the Contract Documents.
2. This Questionnaire may be modified, in its entirety, by the Facility to meet its needs.

Comments:

None

**LEVEL 1
PREQUALIFICATION QUESTIONNAIRE
For**

{PROJECT NAME}

Each prospective CM/Contractor must answer all of the following questions and provide all requested information. Any prospective CM/Contractor failing to do so may be deemed to be not responsive and not prequalified with respect to this Prequalification at the sole discretion of the University. All CM/Contractors that have submitted a Level 1 Prequalification Questionnaire will be notified in writing of whether or not they have successfully achieved Level 1 Prequalification status. Only those CM/Contractors that have successfully achieved Level 1 Prequalification status will be permitted to participate in the Level 2 Prequalification process.

Those CM/Contractors that successfully achieve Level 2 Prequalification status will be determined to be prequalified and only those prequalified CM/Contractors will be eligible to submit a bid for this Project.

If the bidder can refute some of the facts upon which the above determinations were based, the bidder may request a review by the Facility. The decision resulting from such review is final and is not appealable within the University of California.

SUBMITTED BY:

(Name and Title) Printed or Typed

(Signature)

(Firm Name. If a Joint Venture, state name of JV Entity)

(Contact Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Facsimile Number)

(E-mail Address)

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.

WHERE NECESSARY, COPY THE FORMS IN THIS PACKAGE. USE ONLY THESE FORMS.

1. PREQUALIFICATION DECLARATION

I, _____, hereby declare that I am the
(Printed Name)

_____ of _____
(Title) (Name of Firm)

submitting this Prequalification Questionnaire; that I am duly authorized to sign this Prequalification Questionnaire on behalf of the above named firm; 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)

2. LICENSE

A. Does your firm hold the following California contractor's license, which is current, valid, and in good standing with the California Contractor's State License Board?

License Classification: {General Contractor}

License Code: {B}

YES NO

(NOTE -The entity submitting this prequalification questionnaire must be the holder of the requisite license. If the entity submitting is a Joint Venture, the joint venture must hold the license. If the entity submitting is a partnership, the partnership must hold the license)

B. If yes, provide the following information about your firm's contractor's license:

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

2. License Classification: _____

3. License Code: _____

4. License Number: _____

5. Date Issued: _____

6. Expiration Date: _____

C. Can you truthfully state that your firm's contractor's license has not been suspended or revoked by the California Contractor's State License Board within the last {number, e.g. 5} years?

YES NO

D. If the entity submitting this prequalification questionnaire is a Joint Venture or partnership, can the Joint Venture or partnership entity truthfully state that no member of the Joint Venture or partnership has had their firm's contractor's license suspended or revoked by the California Contractor's State License Board within the last {number, e.g. 5} years?

YES NO N/A

3. SURETY

Prospective CM/Contractor shall obtain and submit the Surety Declaration in the form shown below, signed by an authorized representative of the surety proposed to be used for this project and notarized. (NOTE -If firm has used current surety for less than ten years, list all surety(ies) previously used and indicate the number of years such sureties were used for the last ten (10) years. If entity submitting this prequalification document is a joint venture or a partnership, provide such information for each member or partner).

- A. Is the surety to be used for this project authorized by the Insurance Commissioner to transact business of insurance in the State of California?

YES NO

- B. Is the prospective CM/Contractor able to obtain bonding for the Anticipated Contract Value less the Contract Sum Phase 1 **[\$BONDING AMOUNT]**?

YES NO

- C. Has any surety paid out any monies on claims on the performance bond issued by a surety for the benefit of the Owner arising out of the construction activities of the prospective CM/Contractor within the last ten (10) years?

YES NO

1. If the entity submitting this prequalification questionnaire is a Joint Venture, has any surety paid out any monies on claims on the performance bond issued by a surety for the benefit of the Owner arising out of the construction activities of any member of the Joint Venture within the last ten (10) years?

YES NO NOT APPLICABLE

Project Name: { }

Project No.: { }

D. Surety Declaration:

PROVIDE THIS DECLARATION TO YOUR SURETY(IES) FOR COMPLETION. DO NOT HAVE THE SURETY SUBMIT THIS INFORMATION DIRECTLY TO THE UNIVERSITY.

The undersigned declares under penalty of perjury that the bonding capacity indicated above is true and correct and that this declaration was executed in

_____ (County), _____, (State)

on _____ (Date).

(Signature)

(Name and Title - Printed or Typed)

(Representing [Surety Name])

(Firm Name)

_____ (Address)

_____ (City, State, Zip Code)

_____ (Telephone Number)

_____ (Facsimile Number)

(Email Address)

(ATTACH NOTARIZATION of SURETY REPRESENTATIVE'S SIGNATURE)

4. INSURER

Prospective CM/Contractor shall obtain and submit the Insurance Declaration in the form shown below, signed by an authorized representative of its insurer and notarized. (If more than one insurer, submit a completed form for each insurer).

A. Is the insurer listed below to be used for all required insurance (except Workers Compensation) listed by Best with a rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's)?

YES NO

Indicate Best Rating: _____

Indicate Best Financial Classification: _____
(or provide Standard & Poor or Moody's rating)

B. Is the insurer to be used for Workers Compensation insurance listed by Best with a rating of B+ or better, and also have a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's)?

YES NO

Indicate Best Rating: _____

Indicate Best Financial Classification: _____
(or provide Standard & Poor or Moody's rating)

If answer is NO, provide name and address of insurer:

C. Is the prospective CM/Contractor able to obtain insurance in the following limits for this construction contract?

YES NO

1. If the entity submitting this prequalification questionnaire is a Joint Venture, can the Joint Venture entity itself obtain insurance in the following limits for this construction contract?

YES NO NOT APPLICABLE

<u>Commercial Form General Liability Insurance - Limits of Liability</u>	<u>Minimum Requirement</u>
Each Occurrence - Combined Single Limit for Bodily Injury and Property Damage	\${Amount}
Products - Completed Operations Aggregate	\${Amount}
Personal and Advertising Injury	\${Amount}
General Aggregate	\${Amount}

<u>Business Automobile Liability Insurance - Limits of Liability</u>	
Each Accident - Combined Single Limit for Bodily Injury and Property Damage	\${Amount}

D. Insurance Declaration:

PROVIDE THIS DECLARATION TO YOUR INSURANCE CARRIER FOR COMPLETION. DO NOT HAVE THE CARRIER SUBMIT THIS DECLARATION DIRECTLY TO THE UNIVERSITY.

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct and that this declaration was executed in

_____ (County), _____, (State)

on _____ (Date).

(Signature)

(Name and Title - Printed or Typed)

(Representing [Insurer Name])

(Firm Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Facsimile Telephone Number)

(Email Address)

(ATTACH NOTARIZATION of INSURER REPRESENTATIVE'S SIGNATURE)

5. CONSTRUCTION EXPERIENCE (IN COMPARABLE PROJECTS)

Your firm must have successfully completed at least {NUMBER} comparable projects within the last {NUMBER} years, all of which were constructed in the United States of America and one of which was constructed in the State of California. At least one (1) of the projects submitted in response to this question must include experience as CM/Contractor providing *BOTH* pre-construction services and acting as General Contractor during construction phase on the same project.

- A. Subject to the above qualifications, a comparable project is defined as having ALL of the following:
1. a construction cost at the bid date of at least {\$AMOUNT}; AND
 2. at least one (1) of the following construction types: AND
 3. at least one (1) of the following construction challenges:
- B. If the entity submitting this prequalification questionnaire is a Joint Venture, the Joint Venture entity itself must demonstrate the required previous construction experience as a joint venture. Joint Venture teams newly formed to pursue this prequalification opportunity are not eligible for Level 1 prequalification.
- C. Listed projects must have been managed and constructed by the business entity submitted for Level 1 prequalification. Projects completed by present employees of the contractor for former employers are not acceptable.

COMPLETE AND SUBMIT THE FOLLOWING PROJECT DATA SHEET FOR EACH COMPARABLE PROJECT SUBMITTED AS EVIDENCE OF YOUR FIRM'S EXPERIENCE. SUBMIT NOT MORE OR LESS THAN THE NUMBER PROJECT DATA SHEETS CORRESPONDING TO THE REQUIRED NUMBER OF COMPARABLE PROJECTS LISTED ABOVE..

PROJECT DATA SHEET

(A separate sheet must be prepared for each project submitted.)

1. Project Name: _____
2. Project Location: _____
3. Project Description: _____
4. Construction Type: _____
5. Size (gross sq. ft.): _____
6. Business name of entity which constructed and managed this project: _____

7. Did your firm act as a CM/Contractor during the entire project, providing pre-construction services and/or act as General Contractor during the construction phase for this project? (At least one (1) of the submitted projects must have included both performance of pre-construction services and performance as General Contractor.)

YES NO
8. How is this project comparable to the project to be bid? _____

9. Cost At Bid: \$ _____
Cost At Completion: \$ _____
10. Describe the sources and/or causes of the above differences in costs with reference to the following categories:

Document Problems:	\$ _____
Unforeseen Conditions:	\$ _____
Owner Generated Scope:	\$ _____
Regulatory Agency:	\$ _____
Other:	\$ _____

Explain Other: _____
11. Was construction of the project begun and completed within the last ten (10) years?

YES NO

Project Name: { }

Project No.: { }

12. _____ Contract Time at bid date (Number of calendar days)
_____ Formally adjusted Contract Time (Number of calendar days; if not adjusted, state "Not Applicable")
_____ Actual Elapsed Time between issuance of Notice To Proceed and date of final completion (Number of calendar days)

If completion did not occur within the Contract Time at bid date or within the formally Adjusted Contract Time, then explain the reason or reasons for the delay:

13. Were either liquidated damages or actual damages for delay assessed on this project?

YES NO

14. Did the project require construction management services prior to construction?

YES NO

15. Name of Project Manager: _____

16. Name of Project Superintendent: _____

17. Name of Project Engineer: _____

18. Did your firm self-perform any of the work?

YES NO

If yes, please specify the trades you self-performed

Project Name: { }

Project No.: { }

Client Firm Name: _____

Client Contact: _____ Title: _____

Client Address: _____

Client City: _____ State: _____ Zip: _____

Client Phone: () _____ Fax: () _____

Client E-mail Address: _____

Architect/Engineer/
Consultants: _____

Architect/Engineer
Contact Name: _____ Phone: _____

Architect/Engineer
E-mail Address: _____

(Attach additional pages with other pertinent project information as necessary.)

6. CURRENT PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

COMPLETE AND SUBMIT THE FOLLOWING *CURRENT PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA PROJECT DATA SHEET* FOR EACH CURRENT PROJECT (REGARDLESS OF PROJECT CONTRACTING METHOD) BETWEEN YOUR FIRM AND THE REGENTS OF THE UNIVERSITY OF CALIFORNIA.

If none, state "NONE" (Do not leave blank).

CURRENT PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

PROJECT DATA SHEET

(A separate sheet must be prepared for each project submitted.)

1. Project Name: _____

2. Project Location (which campus?): _____

3. Type of Facility: _____

4. Project Contracting Method (e.g., Lump Sum, Design Build, etc.)

5. Project Description: _____

6. Construction Type: _____

7. Size (gross sq. ft.): _____

8. Is this project comparable to the {PROJECT NAME} project? If "yes", explain how: _____

9. Current Project Status: _____

10. Original Contract Time: _____

Current Contract Time : _____

Anticipated Contract Time: _____

11. Describe the sources and/or causes of the above differences in cost with reference to the following categories:

Document Problems: \$ _____

Unforeseen Conditions: \$ _____

Owner Generated Scope: \$ _____

Regulatory Agency: \$ _____

Other: \$ _____

12. Business name of entity which is performing this project:

Project Name: { }

Project No.: { }

13. If the entity submitting this prequalification questionnaire is a Joint Venture, is the Joint Venture entity itself performing this project?

YES

NO

N/A

UC Client Contact: _____ Title: _____

UC Client Phone: () _____ Fax: () _____

UC Client E-mail Address: _____

Architect/Engineer/
Consultants: _____

Architect/Engineer
Contact Name: _____ Phone: _____

Architect/Engineer
E-mail Address: _____

(Attach additional pages with other pertinent project information as necessary.)

7. PAST PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Complete and submit the following *Past Projects for The Regents of the University of California Project Data Sheet* for each past project (regardless of project contracting method) between your firm and The Regents of the University of California for the last {Number, e.g. 10} years. If the Project has been previously submitted in response to question # 5 indicate same after Project Name entry.

If none, state "NONE" (Do not leave blank).

PAST PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

PROJECT DATA SHEET

(A separate sheet must be prepared for each project submitted.)

1. Project Name: _____
2. Project Location (which campus?): _____
3. Type of Facility: _____
4. Project Contracting Method (e.g., Lump Sum, Design Build, etc.):

5. Project Description: _____
6. Construction Type: _____
7. Size (gross sq. ft.): _____
8. Business name of entity which performed this project:

9. If the entity submitting this prequalification questionnaire is a Joint Venture, did the Joint Venture entity itself perform this project?

YES NO N/A
10. Is this project comparable to the {PROJECT NAME} project? If yes, explain how.

11. Project Cost at Bid: \$ _____
 Project Cost at Completion: \$ _____

12. If the project cost at bid is less than the project cost at completion, describe the sources and/or causes of these costs with reference to the following categories:

Document Problems:	\$ _____
Unforeseen Conditions:	\$ _____
Owner Generated Scope:	\$ _____
Regulatory Agency:	\$ _____
Other:	\$ _____

13. Was construction begun and completed within the last ten (10) years?

YES NO

14. Year project was completed: _____

15. Was the project completed within the original contract time or the adjusted contract time?

YES NO

If completion did not occur within the original or the adjusted contract time, indicate elapsed time in whole calendar days between original or adjusted contract time and actual final completion: _____

16. Did The Regents assess any back-charges?

YES NO

17. Did The Regents assess any liquidated damages?

YES NO

18. Were any claims filed on the project?

YES NO

19. If claims were filed on the project, please provide the following details for *each* claim:

- Dollar Amount of Initial Claim: _____
- Source of Claim (e.g., subcontractor, etc.): _____
- Method of resolution (e.g., negotiation, mediation, arbitration, litigation): _____

Project Name: { }

Project No.: { }

UC Client Contact: _____ Title: _____

UC Client Phone: () _____ Fax: () _____

UC Client E-mail Address: _____

Architect/Engineer/
Consultants: _____

Architect/Engineer
Contact Name: _____ Phone: _____

Architect/Engineer
E-mail Address: _____

(Attach additional pages with other pertinent project information as necessary.)

8. STAFF EXPERIENCE

The Project Manager, and Project Superintendent listed will be considered qualified only if he/she has successfully completed at least two (2) comparable projects, as defined in Section 5. Your firm will also be required to certify that the following key personnel are committed to the project at the time of Level 2 Prequalification.

A. FULL-TIME PROJECT MANAGER:

(Note: This individual will be required to attend the Level 2 interview)

- 1. The name of the specific Project Manager to be committed to this project on a full-time basis and continuously retained throughout this project is:

(Attach resume)

- 2. Employed by this firm: _____ years

- 3. Present position/job function within firm: _____

- 4. Years in present position/job function: _____ years

- 5. The Project Manager named above was assigned to the following comparable projects:

<u>Project:</u>	<u>Construction Cost:</u>
-----------------	---------------------------

a. _____

b. _____

c. _____

- 6. The Project Manager named above worked on the following projects for which Project Data Sheets are submitted: (NOTE: IF THE ABOVE DESIGNATED INDIVIDUAL DID NOT WORK IN THIS CAPACITY ON AT LEAST TWO COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED, PROVIDE A PROJECT DATA SHEET FOR TWO OF THE PROJECTS LISTED IN RESPONSE TO A.5 ABOVE.)

a. _____

b. _____

c. _____

B. FULL-TIME PROJECT SUPERINTENDENT:
(Note: This individual will be required to attend the Level 2 interview)

- 1. The name of the specific Project Superintendent to be committed to this project on a full-time basis and continuously retained throughout this project is:

(Attach resume)

- 2. Employed by this firm: _____ years

- 3. Present position/job function within firm: _____

- 4. Years in present position/job function: _____ years

- 5. The Project Superintendent named above was assigned to the following comparable projects:

<u>Project:</u>	<u>Construction Cost:</u>
-----------------	---------------------------

a. _____

b. _____

c. _____

- 6. The Project Superintendent named above worked on the following projects for which Project Data Sheets are submitted: (NOTE: IF THE ABOVE DESIGNATED INDIVIDUAL DID NOT WORK IN THIS CAPACITY ON AT LEAST TWO COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED, PROVIDE A PROJECT DATA SHEET FOR TWO OF THE PROJECTS LISTED IN RESPONSE TO B.5 ABOVE.)

a. _____

b. _____

c. _____

C. FULL-TIME PROJECT ENGINEER:
(Note: It is optional for this individual to attend the Level 2 interview)

1. The name of the specific Project Engineer to be committed continuously to this project:

 (Attach resume(s))

2. Employed by this firm: _____ years

3. Present position/job function within firm: _____

4. Years in present position/job function: _____ years

5. The Project Engineer named above were assigned to the following comparable projects:

<u>Project:</u>	<u>Construction Cost:</u>
a. _____	_____
b. _____	_____
c. _____	_____

6. The Project Engineer named above worked on the following projects for which Project Data Sheets are submitted:

- a. _____
- b. _____
- c. _____

9. SAFETY PROGRAM

A. Does your firm have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8, Sections 1509 and 3203?

YES NO

B. Does your firm have a written safety program that meets CAL/OSHA requirements?

YES NO

C. Will your firm have personnel permanently assigned and dedicated to Safety on this project?

YES NO

D. If "Yes", state the names of all such personnel who will be assigned and individually list their specific duties:

<u>Name, Title</u>	<u>Specific Duties</u>
_____	_____
_____	_____
_____	_____
_____	_____

Attach resumes (include certification and safety related training received.)

E. Have you had accidents, which resulted in a construction fatality, on any of your projects within the last five (5) years?

YES NO

If yes, provide additional information. _____

F. Attach EMR verification from State of California or from insurance company.

EMR Category Code: _____

G. Have you had Cal-OSHA fines in the Serious, Repeat or Willful categories?

If yes, provide additional information. _____

10. QUALITY CONTROL/QUALITY ASSURANCE PROGRAM (QC/QA)

A. Does your firm have a written quality control/quality assurance program?

YES NO

If YES, submit a copy of your QC/QA program with this submission.

B. Will your firm have personnel permanently assigned and dedicated to QC/QA on this project?

YES NO

If "Yes", state the names of all such personnel who will be assigned and individually list their specific duties:

<u>Name, Title</u>	<u>Specific Duties</u>
_____	_____
_____	_____
_____	_____

11. BUSINESS CONSTRUCTION REVENUE

For the purposes of this Level 1 prequalification questionnaire, "business construction revenue" shall be defined as payments to prospective CM/Contractor for pre-construction services, construction management, and construction services.

A. Can you truthfully state that your firm has had an annual business construction revenue of at least **{AMOUNT}** (excluding any and all legal awards) for each and every one of the last five (5) consecutive calendar years?

YES NO

B. If the entity submitting this prequalification questionnaire is a Joint Venture, can the Joint Venture entity truthfully state that its members have had a combined annual business construction revenue of at least **{AMOUNT}** (excluding any and all legal awards) for each and every one of the last five (5) consecutive calendar years?

YES NO N/A

12. DISCIPLINARY MEASURES HISTORY

A. Can you truthfully state that your firm 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 {Number, e.g. 10} years?

YES NO

If NO, please explain: _____

1. If the entity submitting this prequalification questionnaire is a Joint Venture, can the Joint Venture entity truthfully state that no members of the Joint Venture have 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 {Number, e.g. 10} years?

YES NO N/A

If NO, please explain: _____

13. FALSE CLAIMS HISTORY

A. Can you truthfully state that your firm 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, etc.) within the last {Number, e.g. 10} years?

YES NO

If NO, explain: _____

1. If the entity submitting this Prequalification questionnaire is a Joint Venture, can the Joint Venture entity truthfully state that no member of the Joint Venture has 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, etc.) within the last {Number, e.g. 10} years?

YES NO N/A

If NO, explain: _____

Project Name: { }

Project No.: { }

14. ATTENDANCE AT MANDATORY LEVEL 1 PREQUALIFICATION CONFERENCE

Did a representative of your firm attend the Mandatory Level 1 Prequalification Conference conducted on {DATE}, at {TIME}, at {PLACE}?

YES

NO

Name(s) of those attending: _____