

Hertz Hall Complex Tenant Improvement and Repair Project Prequalification



Office of the President, University of California
November 15, 2020

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 hearing or a written response from University. The decision of the Facility is final and not appealable within the University of California.

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, but the actual structure of the entity is up to each Proposer. The Proposer may, as an example, be a construction company with a design firm as a subcontractor or it may be a joint venture between a construction company and a design firm. In such cases, each member of the Proposer shall submit project experience as required below and such design firms shall comply with the laws of the State of California, applicable to such firms. However, 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.

Each prospective Proposer must have a current and active California contractor's license at the time of the proposal opening and must submit this Prequalification Questionnaire with all portions completed, including any required attachments.

1. License (Total Points Available = Pass/ No Pass)

Proposer must be a licensed contractor in California with a B - General Building Contractor classification. Submit license number, classification, code, date issued, and expiration date.

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

License number: _____

License Classification: _____

License Code: _____

Date issued: _____

Expiration date: _____

2. Construction Experience (Total Points Available = 25)

Complete a Type of Project form (see next page) for each of your firm's projects that cost between \$3,000,000 and \$10,000,000 (construction dollars) and involved design-build services on building renovation projects completed between January 1, 2015 and the issue date of this solicitation. A minimum of 3 projects must be submitted and maximum of 5 projects will be evaluated.

TYPE OF PROJECT

Please fill in all spaces. Complete the following information for design-build building renovation projects that cost between \$3,000,000 and \$10,000,000 (construction dollars) and involved design-build services completed between January 1, 2015 and the issue date of this solicitation. A minimum of 3 projects must be submitted and maximum of 5 projects will be evaluated. (Copy additional sheets as needed.)

2.1 Project name: _____

Address: _____

Date completed: _____

2.2 Owner's name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

2.3. Design Professional name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

2.4 Construction Manager (if applicable) name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

2.5 Base contract amount: \$ _____

2.6 Final contract amount (with your firm): \$ _____

2.7. Initial contract time: _____ days

2.8 Time extensions: _____ days

2.9 Days past contract completion date (exclude authorized time extensions):
_____ days

Liquidated damages: _____ days

2.10 Building information: Did the project include?

Existing building renovation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Design-build	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADA design and construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Building seismic design and construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Selective demolition	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mechanical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Plumbing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hazardous materials abatement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fire Alarm/ Fire Sprinkler	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Audio-video	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Voice and data systems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Classroom construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breakrooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Offices/ conference rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dry Lab experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>

2.11 Identify the type of contract delivery used for project (such as stipulated sum, cost plus, etc.)

3. Design Experience (Total Points Available = 25)

Provide a list of all design professionals to be used on the Project, including but not limited to the following categories:

Architect
Structural Engineer
Mechanical Engineer
Electrical Engineer
Plumbing Engineer
Landscape Architect

The following information shall be provided for each design professional:

Name and Title	Experience on projects of type/scope of this Project
Firm Name	Specific experience on Design Build projects
Address	
City, State and Zip Code	
Telephone Number	
Fax Number	

Complete a Type of Project form (see next page) for each of your firm's projects that cost more than \$3,000,000 (construction dollars) and involved design-build services on building renovation projects completed between January 1, 2015 and the issue date of this solicitation. A minimum of 3 projects must be submitted and maximum of 5 projects will be evaluated. If the design for this project will be by a separate entity (subcontractor, joint venture partnership, etc., the experience should so indicate.

TYPE OF PROJECT

Complete the following information for design-build building renovation projects completed between January 1, 2015 and the issue date of this solicitation. A minimum of 3 projects must be submitted and maximum of 5 projects will be evaluated. (Copy additional sheets as needed.)

3.1 Project name: _____

Address: _____

Date completed: _____

3.2 Owner's name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

3.3 Construction Manager (if applicable) name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

3.4 Construction Company name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

3.5 Design contract amount (initial): \$ _____

3.6 Final design contract amount (with your firm): \$ _____

3.7 Initial contract time: _____ days

3.8 Building information: Did the project include?

Existing building renovation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Design-build	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADA design and construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Building seismic design and construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Selective demolition	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mechanical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Plumbing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hazardous materials abatement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fire Alarm/ Fire Sprinkler	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Audio-video	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Voice and data systems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Classroom construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breakrooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Offices/ conference rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dry Lab experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3.9 Identify the type of contract delivery used for project (such as stipulated sum, cost plus, etc.)

4. Financial Data (Total Points Available = 5)

(Of Proposer submitting prequalification; not parent company or subsidiary of Proposer.)

4.1 Current Assets

4.1.1 Current assets, previous fiscal year: \$ _____

4.1.2 Current assets, most recent quarter, this fiscal year: \$ _____

4.1.3 Current assets, next most recent quarter, this fiscal year: \$ _____

4.2 Current Liabilities

4.2.1 Current liabilities, previous fiscal year: \$ _____

4.2.2 Current liabilities, most recent quarter, this fiscal year: \$ _____

4.2.3 Current liabilities, next most recent quarter, this fiscal year: \$ _____

4.3 Total Debt

4.3.1 Total debt, previous fiscal year: \$ _____

4.3.2 Total debt, most recent quarter, this fiscal year: \$ _____

4.3.3 Total debt, next most recent quarter, this fiscal year: \$ _____

4.4 Total Net Worth

4.4.1 Total net worth, previous fiscal year: \$ _____

4.4.2 Total net worth, most recent quarter, this fiscal year: \$ _____

4.4.3 Total net worth, next most recent quarter, this fiscal year: \$ _____

5. Design Build Experience (Total Points Available = 25)

Provide information concerning your firm's experience with design build contracts. Complete the following information for design-build building renovation projects completed between January 1, 2015 and the issue date of this solicitation. A minimum of 3 projects must be submitted and maximum of 5 projects will be evaluated. (Copy additional sheets as needed.)

5.1 Project name: _____

Address: _____

Date completed: _____

5.2 Owner's name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

5.3. Design Professional name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

5.4 Construction Manager (if applicable) name: _____

Contact: _____

Contact's Title: _____

Address: _____

Phone number: _____

5.5 Contract amount (initial): \$ _____

5.6 Final contract amount (with your firm): \$ _____

5.7. Initial contract time: _____ days

5.8 Building information: Did the project include?

Existing building renovation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Design-build	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADA design and construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Building seismic design and construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Selective demolition	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mechanical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Plumbing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hazardous materials abatement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fire Alarm/ Fire Sprinkler	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Audio-video	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Voice and data systems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Classroom construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breakrooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Offices/ conference rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dry Lab experience	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. Claims History (Total Points Available = 10)

6.1 List all Owner or Performance/Payment Bond Surety claims on all projects listed by Proposer in Sections 2, 3, and 5 of this prequalification statement which were made against Proposer, (or, if general contractor or Design Professional is subcomponent of Proposer, against either general contractor or Design Professional) since January 1, 2010 in excess of \$50,000 for:

- poor workmanship/incomplete performance, or
- unexcused delays in completion.

(Note: Claims which are unresolved but still pending are not required to be submitted.)

6.1.1 Provide separate tabulation sheet per project of all claims listed in this category.

6.1.2 Claims Rating Criteria and Ineligibility:

.1 Claims will be rated in the following two categories:

.1 Percentage of Recovery: Calculated by the total dollar amount recovered by Owner or Performance/Payment Bond sureties against Proposer, divided by the total dollar amount claimed by Owner or Performance/Payment Bond sureties against Proposer as submitted on Form A.

.2 Claims Frequency: Calculated by the total number of claims by Owner or Performance/Payment Bond sureties against Proposer, divided by the total number of projects submitted in Sections 2,3, and 5.

.2 Ineligibility Based on Claims Record for Owner or Performance/Payment Bond Surety Claims Against Proposer: Proposers with a Percentage of Recovery rate of 67% or more (on an individual project or in aggregate) or, a Claims Frequency rate of 33% or more will not be considered eligible to submit a proposal for the project.

FORM A

(Use one sheet per claim and copy this form as necessary to report all claims)

Project Name

Location (City & State)

\$ _____
Amount of Initial Claim

\$ _____
Amount Recovered by Owner or Surety

Basis for Claim:

Basis for Settlement:

6.2 For all projects listed in **sections 2,3, and 5** list all claims on Form B) of this prequalification statement which were made by Proposer, (or, if general contractor is a subcomponent of Proposer, by general contractor) in excess of \$50,000 for extra compensation against Owner since January 1, 2010. (Note: Claims which are unresolved but still pending are not required to be submitted.)

6.2.1 Provide separate tabulation sheet per project of all claims listed in this category, with totals

6.2.2 Claims Rating Criteria and Ineligibility:

.1 Claims will be rated in the following two categories:

.1 Percentage of Recovery: Calculated by the total dollar amount recovered by Proposer against Owner, divided by the total dollar amount claimed by Proposer against Owner as submitted on Form B.

.2 Claims Frequency: Calculated by the total number of claims by Proposer against Owner, divided by the total number of projects submitted in Sections 2,3, and 5.

.2 Ineligibility Based on Record for Proposer Claims Against Owner: Proposers with a Percentage of Recovery rate of 33% or less, on an individual project or in aggregate, or a Claims Frequency rate of 33% or more will not be considered eligible to submit a proposal for the project.

FORM B

(Use one sheet per claim and copy this form as necessary to report all claims)

Project Name

Location (City & State)

Owner

\$ _____
Amount of Initial Claim

\$ _____
Amount Recovered by Proposer

Method of Resolution (check one):

- ☐ withdrawn
- ☐ settled by contracting parties without litigation or arbitration
- ☐ arbitration
- ☐ litigation

Basis for Claim:

Basis for Settlement:

6.3 Claims Summary

6.3.1 Summary of Owner or Performance/Payment Bond Surety claims against Proposer or general contractor component submitted under Paragraph 6 above:

.1	Total Number of Claims from Form(s) A	\$ _____
.2	Total Dollar Amount of Claims	\$ _____
.3	Total Dollar Amount Recovered	\$ _____
.4	Total Number of Projects Submitted in Sections 2, 3, and 5.	\$ _____

6.3.2 Summary of Proposer or general contractor component claims against Owner submitted under Paragraph 6 above:

.1	Total Number of Claims from Form(s) A	\$ _____
.2	Total Dollar Amount of Claims	\$ _____
.3	Total Dollar Amount Recovered	\$ _____
.4	Total Number of Projects Submitted in Sections 2, 3, and 5.	\$ _____

7. Surety

7.1 List below the surety companies utilized by your firm since January 1, 2015. List the surety's name, address, year used, and the number of times the surety had to complete any part of Proposer's work. Provide information on a company letterhead if more space is needed.

Surety Name	Address (City and State)	Period Covered (Year)	# Jobs Surety Completed

7.2 Attach a declaration from surety or sureties (sureties must be listed in the latest published State of California, Department of Insurance list of "Insurers Admitted to Transact Surety Insurance in this State") proposed to be used on the Hertz Hall Complex Tenant Improvement and Repair Project certifying that Proposer's bonding capacity available for this project is \$4,500,000. Attach a copy of the surety's power of attorney.

8. Insurance

The successful Proposer for this project will be required to furnish certificates of general liability insurance on the Owner's form in the minimum amounts of \$1,000,000 per occurrence and \$2,000,000 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.

8.1 State the insurance limits your firm will be able to obtain for this project:

General liability: \$_____

Business automobile liability: \$_____

Professional Liability Insurance: \$_____

8.2 Provide letter(s) from your insurance carrier(s) stating that your firm is able to obtain the above required insurance limits.

9. Prior Disqualification

9.1 Provide the following information if your firm has ever been disqualified from performing work for the University of California:

9.1.1 Facility: _____

9.1.2 Project name: _____

9.1.3 Date of disqualification: _____

9.1.4 Duration of disqualification: _____

9.1.5 Reason for disqualification: _____

9.2 Provide the following information if your firm has ever been disqualified from performing work for any contracting entity other than the University of California:

9.2.1 Name and telephone number of contracting entity: _____

9.2.2 Project name: _____

9.2.3 Date of disqualification: _____

9.2.4 Duration of disqualification: _____

9.2.5 Reason for disqualification: _____

(Repeat items 9.1 and 9.2. for each disqualification.)

10. Provide Proposed Rates for Additional Design Services for the following categories:

Labor Category	Direct Hourly Rate	Overhead/Profit Percentage
Architect		
Mechanical		
Electrical		
Plumbing		
Structural		
Landscape		
Fire Alarm		
Fire Sprinkler		

11. Proposed Design Build Team Members (Total Points Available = 10)

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.

Personnel:

Architect of Record _____

Project Manager _____

Design Professionals _____

Data:

Name _____

Title, Company _____

Address _____

Relationship to Design Builder contemplated (e.g. employee, consultant etc.) _____

List and briefly describe five (5) previous projects of similar size and complexity for this individual giving scope, name and point of contact for Owner.

12. Proposer's Comments

The following space is provided for further explanations of the answers to any questions asked in this Prequalification Questionnaire.

Rating Information

The top three proposers based on the established rating system identified above will be invited to participate in the Level II RFP step. Proposers whose score does not place them in the top three or who “No Pass” under any of the following categories will be excluded from further consideration in the prequalification process.

Summary of sections and points possible:

Section	Title	Points available
1.	License	Pass/ No Pass
2.	Construction Experience	25
3.	Design Experience	25
4.	Financial Data	5
5.	Design Build Experience	25
6.	Claims History	10
7.	Surety	Pass/ No Pass
8.	Insurance	Pass/ No Pass
9.	Prior Disqualification	Pass/ No Pass
10.	Provide Proposed Rates for Additional Design Services for the following categories:	Not scored
11.	Proposed Design Build Team Members	10
12.	Proposer's Comments	Not scored
Total	Maximum numerical score	100

13. Declaration

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, California, on _____.

(Name and Title) printed or typed

(Signature)

(Firm Name)

(Address)

(City, State, Zip Code)

(Telephone Number)