## evel 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:** | ✓ | Filling in | | ✓ | Adding Text |  | No Data Required |
| **ITS USE IS:** |  | Required | | ✓ | 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. {This is an example of the format.} 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. 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.
3. **SECTIONS 5, 6 and 7 -** **All** **Construction Experience**
4. ***Project Data Sheet*** - Addition of more data fields in order to capture relevant project data. Additional data will be used to bolster UC Construction Comps data. **Campuses can either forward electronic copies of the Project Data Sheets or the entire Prequalification Questionnaire - to UCOP, whichever is easiest.**
5. ***Total Construction Cost – Project Data Sheet*** – It is solely the campuses discretion whether or not to require prospective bidder to provide a response to Total Construction Cost for the project their firm is submitting under Project Experience.

**Comments:**

None

END OF COVERSHEET AND INSTRUCTION

LEVEL 1

PREQUALIFICATION QUESTIONNAIRE

**For**

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:

License Code:

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:

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

1. License Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. License Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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 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 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 ?

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

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

Commercial Form General Liability Insur­ance - Limits of Liability Minimum Requirement

Each Occurrence - Combined Single Limit for Bodily Injury and Property Damage $

Products - Completed Operations Aggregate $

Personal and Advertising Injury $

General Aggregate $

Business Automobile Liability Insurance - Limits of Liabil­ity

Each Accident - Combined Single Limit for Bodily Injury and Property Damage $

{Ensure the required insurance listed here is the same as that in the Supplementary Conditions.}

1. 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 comparable projects within the last 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 ; AND

2. at least one (1) of the following construction types: AND

Structural Steel

Cast-in-Place Concrete

Pre-cast Concrete

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 (Include any other pertinent details about the project e.g. new construction or remodel/renovation, number of floors/rooms/units ):

4. Construction Type:

5. Size (gross sq. ft.):       (assigned sq. ft.)***:***

6.. a. Cost at Bid: $

b. Amount of total Change Orders: $

c. Construction Cost: $

d. Total Project Cost: $

7. Construction (Phase 2) Start date       Construction Completion date (or estimated date):

8. Business name of entity which constructed and managed this project:

9. 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

10. Name of Project Manager:

11. Name of Project Superintendent:

12. Name of Project Engineer:

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

YES  NO

If yes, please specify the trades you self-performed:

14. Project Owner Name:

Project Owner Contact:       Title:

Project Owner Address:

City:       State: \_\_\_\_\_ Zip:

Project Owner Phone:

Project Owner E-mail Address:

15. Design Professional (e.g. the name of the Architect or Engineer of record):

Design Professional Firm:

Contact Title:

Telephone Number       E-mail Address:

16. Design Professional’s Subconsultants (including structural engineer, mechanical and electrical engineer, if any):

a. Structural Engineer:

Contact Name:

Telephone Number       E-mail Address:

b. Mechanical Engineer:

Contact Name:

Telephone Number       E-mail Address:

b. Electrical Engineer:

Contact Name:

Telephone Number       E-mail Address:

17. Was construction of the project begun and completed within the last (NUMBER) years?

YES  NO

18. Initial contract time:       days

19. Time extensions:       days

20. Days past contract completion date (exclude authorized time extensions):       days

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

YES  NO

(*INCLUDE SPECIFIC QUESTIONS FROM ITEMS LISTED IN SECTION 5 ABOVE HERE ON HOW THE BIDDER’S PROJECT IS COMPARABLE TO THE PROJECT TO BEING BID. THE QUESTIONS BELOW ARE SUGGESTED AND NOT REQUIRED UNLESS CAMPUS DECIDES TO INCLUDE THEM*.)

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

YES  NO

23. 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:

*(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:

3. Project Description (Include any other pertinent details about the project e.g. new construction or remodel/renovation, number of floors/rooms/units ):

4. Construction Type:

5. Size (gross sq. ft.):       (assigned sq. ft.)***:***

6.. a. Cost at Bid: $

b. Amount of total Change Orders: $

c. Construction Cost: $

d. Total Project Cost: $

7. Construction (Phase 2) Start date       Construction Completion date (or estimated date):

8. Business name of entity which constructed and managed this project:

9. 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

10. Name of Project Manager:

11. Name of Project Superintendent:

12. Name of Project Engineer:

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

YES  NO

If yes, please specify the trades you self-performed:

14. Project Owner Name:

Project Owner Contact:       Title:

Project Owner Address:

City:       State: \_\_\_\_\_ Zip:

Project Owner Phone:

Project Owner E-mail Address:

15. Design Professional (e.g. the name of the Architect or Engineer of record):

Design Professional Firm:

Contact Title:

Telephone Number       E-mail Address:

16. Design Professional’s Subconsultants (including structural engineer, mechanical and electrical engineer, if any):

a. Structural Engineer:

Contact Name:

Telephone Number       E-mail Address:

b. Mechanical Engineer:

Contact Name:

Telephone Number       E-mail Address:

b. Electrical Engineer:

Contact Name:

Telephone Number       E-mail Address:

17. Was construction of the project begun and completed within the last (NUMBER) years?

YES  NO

18. Initial contract time:       days

19. Time extensions:       days

20. Days past contract completion date (exclude authorized time extensions):       days

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

YES  NO

(*INCLUDE SPECIFIC QUESTIONS FROM ITEMS LISTED IN SECTION 5 ABOVE HERE ON HOW THE BIDDER’S PROJECT IS COMPARABLE TO THE PROJECT TO BEING BID. THE QUESTIONS BELOW ARE SUGGESTED AND NOT REQUIRED UNLESS CAMPUS DECIDES TO INCLUDE THEM*.)

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

YES  NO

23. 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:

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

1. PAST 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).

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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:

3. Project Description (Include any other pertinent details about the project e.g. new construction or remodel/renovation, number of floors/rooms/units ):

4. Construction Type:

5. Size (gross sq. ft.):       (assigned sq. ft.)***:***

6.. a. Cost at Bid: $

b. Amount of total Change Orders: $

c. Construction Cost: $

d. Total Project Cost: $

7. Construction (Phase 2) Start date       Construction Completion date (or estimated date):

8. Business name of entity which constructed and managed this project:

9. 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

10. Name of Project Manager:

11. Name of Project Superintendent:

12. Name of Project Engineer:

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

YES  NO

If yes, please specify the trades you self-performed:

14. Project Owner Name:

Project Owner Contact:       Title:

Project Owner Address:

City:       State: \_\_\_\_\_ Zip:

Project Owner Phone:

Project Owner E-mail Address:

15. Design Professional (e.g. the name of the Architect or Engineer of record):

Design Professional Firm:

Contact Title:

Telephone Number       E-mail Address:

16. Design Professional’s Subconsultants (including structural engineer, mechanical and electrical engineer, if any):

a. Structural Engineer:

Contact Name:

Telephone Number       E-mail Address:

b. Mechanical Engineer:

Contact Name:

Telephone Number       E-mail Address:

b. Electrical Engineer:

Contact Name:

Telephone Number       E-mail Address:

17. Was construction of the project begun and completed within the last (NUMBER) years?

YES  NO

18. Initial contract time:       days

19. Time extensions:       days

20. Days past contract completion date (exclude authorized time extensions):       days

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

YES  NO

(*INCLUDE SPECIFIC QUESTIONS FROM ITEMS LISTED IN SECTION 5 ABOVE HERE ON HOW THE BIDDER’S PROJECT IS COMPARABLE TO THE PROJECT TO BEING BID. THE QUESTIONS BELOW ARE SUGGESTED AND NOT REQUIRED UNLESS CAMPUS DECIDES TO INCLUDE THEM*.)

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

YES  NO

23. 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:

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

1. 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:

Project: Construction Cost:

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 (NUMBER) COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED, PROVIDE A PROJECT DATA SHEET FOR (NUMBER) OF THE PROJECTS LISTED IN RESPONSE TO A.5 ABOVE.)

a.

b.

c.

1. 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:

Project: Construction Cost:

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 (NUMBER) COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED, PROVIDE A PROJECT DATA SHEET FOR (NUMBER) OF THE PROJECTS LISTED IN RESPONSE TO A.5 ABOVE.)

a.

b.

c.

1. 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 Superintendent named above was assigned to the following comparable projects:

Project: Construction Cost:

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 (NUMBER) COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED, PROVIDE A PROJECT DATA SHEET FOR (NUMBER) OF THE PROJECTS LISTED IN RESPONSE TO A.5 ABOVE.)

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:

Name, Title Specific Duties

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:

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

If yes, provide additional information.

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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:

Name, Title Specific Duties

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.

1. Can you truthfully state that your firm has had an annual business construction revenue of at least

(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 (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 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 years?

YES  NO  N/A

If NO, please explain:

1. FALSE CLAIMS HISTORY
   1. 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 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 years?

YES  NO  N/A

If NO, explain:

1. ATTENDANCE AT MANDATORY LEVEL 1 PREQUALIFICATION CONFERENCE

Did a representative of your firm attend the Mandatory Level 1 Prequalification Conference conducted on , at , at ?

YES  NO

Name(s) of those attending: