



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

CONTRACTOR
PREQUALIFICATION QUESTIONNAIRE

Anaheim Campus
Tower First Floor Life/Safety Renovation Project
Bid Number 2324-06

SUBMITTAL DUE:

September 11, 2023 at 2:00 pm

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I. GENERAL**A. PROJECT NAME AND LOCATION**

Anaheim Tower 1st Floor Life/Safety Renovation
Anaheim, California

B. OWNER

North Orange County Community College District

C. DISTRICT'S PROJECT MANAGER

Matt Pirayeh
Anaheim Campus Capital Projects
1830-B West Romneya Dr
Anaheim, CA 92801

D. ARCHITECT

SVA Architects

6 Hutton Center Drive
Suite 1150
Santa Ana, CA 92707

E. PROJECT BACKGROUND INFORMATION

The Tower building was built in the early 1970s and operated as a hospital until closing in the late 1990s. It was purchased by the Community College District to be used for District offices and educational facilities for the North Orange County Community College District, NOCCD, in or around 2002.

F. PROJECT DESCRIPTION

The Anaheim Tower has been experiencing water intrusion in the facility for several years. The building, constructed in 1973, is comprised of a ten-story concrete framed tower with a partial subterranean mezzanine and basement level. The water intrusion into the building occurs in the rooms located under the existing parking deck level and at the building expansion joints connecting the subterranean mezzanine with the tower structure. Extensive chronic water intrusion areas have been identified, emanating from the parking deck waterproofing assemblies and expansion joints as well as the first-floor outer vertical concrete retaining wall surface, which is experiencing hydrostatic head pressure moisture through failed waterproofing membranes.

The Project involves corrective repairs to the concrete parking deck and expansion joints to provide a long-term solution to rectify the water intrusion from all points into the building. Also, included is repair or replacement of all water-damaged materials on the interior of the building such as flooring, wall, and ceiling materials, some of which have evidence of mold growth.

The occupied spaces that will be affected by the Project will be temporarily relocated to the Anaheim Campus Swing Space-Interim Housing Project for the duration of parking deck repair and 1st floor renovation project.

The principal activities involved in this project include:

- Parking deck demolition and disposing of asphalt, topping slab and waterproofing
- Excavation along west retaining wall and waterproofing of concrete wall
- New waterproofing of parking deck along with new expansion joints
- Constructing covers or roofs over all planter walls
- Abatement of hazardous materials per Environmental Report
- Build a new all-gender restroom along with minor improvement in first floor

Estimated Total Construction Cost: \$10,000,000

G. PROJECT SCHEDULE

SVA Architects is planning to resubmit the project plans and specs to The Division of State Architect (DSA) by July 18th. The DSA will review the back-check set in July and we are expecting a DSA Approval by end of August. The District will subsequently submit the approved plans/specs to The California Community Colleges Chancellor's Office (CCCCO) for authorization to release for bidding. All prospective bidders are encouraged but not required to visit the project site. The District will arrange a non-mandatory prequalification conference after this RFQ is released.

The Project will proceed into construction immediately upon Contractor selection and award of the Contract. Estimated Contract Time: 12 months.

The Contract Time will include mobilization, construction and close-out of the project.

H. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

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

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.

I. PREQUALIFICATION PROCESS

The funding stipulation for the North Orange County Community College District (the "District") requires that prospective bidders must submit a completed Qualifications Statement as set forth herein. A completed Bidder's Qualifications Statement must be submitted to the District's PlanetBids NOCCCD vendors portal by **2:00 p.m. on September 11, 2023**. Failure to complete the Bidder's Qualifications Statement could result in disqualification of the prospective bidder.

The qualifications of prospective bidders will be evaluated by representatives of the District, Anaheim Campus, and the project architect in accordance with the Evaluation Criteria set forth herein. Prospective bidders whose Bidder's Qualifications Statements are determined to be acceptable will be identified as Qualified Bidders.

The District will notify in writing all the Prospective Bidders who have been determined to be Qualified Bidders. The District will issue bid proposal forms, plans and specifications only to Qualified Bidders. Only bids received from Qualified Bidders will be opened.

The successful Contractor will hold a current and active B – General Building Contractor license and be responsible for retaining subcontractors to perform the respective trade work as described and specified in the Contract Documents. Each member of the Contractor's team shall comply with the laws of the State of California and hold all required licenses to perform the work for which it is duly authorized.

To prequalify, the Contractor must meet all the requirements described in this questionnaire. The purpose of the Prequalification Questionnaire is to provide the District with sufficient information to determine if the Contractor is "responsible." The term "responsible" refers to trustworthiness, quality, fitness, capacity, experience, financial stability, and the ability to satisfactorily perform the work.

The prequalification process is as follows:**1. Questionnaire**

Provide all requested information, as applicable, on the questionnaire. Any prospective Contractor failing to do so may be deemed non-responsive with respect to the prequalification process for this project. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the District will maintain its confidentiality to the extent permitted by law.

2. Non-Mandatory Prequalification Conference

Interested participants should attend a non-mandatory virtual pre-qualification conference at 9:00 AM on August 22, 2023. Interested participants must contact Danny Tran at ntran@noccd.edu by August 21 to request an invitation to the meeting. Attendees are advised to log in 5-10 minutes prior to the scheduled start time to ensure a smooth and uninterrupted session.

3. Submittal Procedures, Deadline and Timeline

Contractors interested in prequalifying to propose on this project must submit a completed Prequalification Questionnaire. The District 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.

- Provide one (1) electronic copy of the Prequalification Questionnaire at the NOCCD Vendor Portal of PlanetBids. Submittals must be received no later than:

Monday, September 11, 2023 at 2:00 PM

- Submission of Prequalification Questionnaires must be electronically submitted to the PlanetBids NOCCD Vendor Portal with all required documents included. Contractors shall assume full responsibility for timely submission of the electronic 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.**

Prequalification Process Timeline

Issue Pre-Qualification Questionnaires	August 14, 2023 at 2:00 P.M.
Pre-bid Conference Meeting (Non-Mandatory)	August 22, 2023 at 09:00 A.M. Via Zoom
Last day for Pre-Qualification Questions	August 29, 2023 at 5:00 P.M. to NOCCD Vendor Portal of PlanetBids
Issue Addendum	September 05, 2023
Pre-Qualifications Questionnaires Due	September 11, 2023 at 2:00 P.M.
Pre-Qualification Review	September 12, 2023 – September 22, 2023
Notice of Prequalification Results	September 25, 2023
Last Day for Prequalification Results Appeal	September 29, 2023 at 5:00 P.M. to Jenney Ho – jho@noccd.edu

The NOCCD reserves the right to change the dates prescribed in the above timeline.

4. Criteria for Evaluating Prospective Bidders Statement of Qualification

- A. The following criteria will be used for evaluating the qualifications of prospective bidders. The evaluation will be based on information in the Statement of Qualifications provided by prospective bidders as well as information supplied by the bidders’ references.

1. CONSTRUCTION EXPERIENCE:

- a. The prospective bidder, acting as general contractor, will be required to demonstrate verifiable, successful experience in bidding, managing & supervising the construction, commissioning, and closeout of projects for higher education, municipalities, or high-end commercial clients. This experience shall include at least four (4) projects with construction cost of at least \$20,000,000 within the past ten (10) years. At least one project must have been reviewed and inspected by the Division of State Architect (DSA).
- b. The prospective bidder, acting as general contractor, will be highly desirable to demonstrate verifiable, successful experience in Project Supervision and Execution of Elevated Waterproofed Parking Deck Restoration Projects. This experience shall include at least one (1) project involving separate buildings or sites of similar activities and scope of work as the subject project, completed in compliance with DSA jurisdiction in the past ten (10) years preceding the date of the execution of this Qualifications Statement. Each project must be at least \$5,000,000.
- c. The prospective bidder, acting as the general contractor, will be required to demonstrate verifiable, and successful experience working on an active campus.

2. KEY PERSONNEL:

The prospective bidder's proposed project manager and superintendent will be required to demonstrate verifiable, successful experience with projects of the type, size and budget as noted above in Section 1.a and Section 1.b.

3. **LICENSE:** Hold the proper license(s), current and active.
4. **SURETY:** Submit a notarized statement from the proposed surety(ies) that states:
 1. Contractor's current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
 2. Contractor's total bonding capacity.
 3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
 4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Contractor is awarded the Project.
5. **INSURANCE:** Submit a written declaration from its insurance agent/broker/carrier stating that the Contractor is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Contractor's insurance certificate.
6. **ANNUAL REVENUE:** Have an annual 2022 revenue equal to or greater than **\$30,000,000**.
7. Submit all requested information that is current, accurate, and complete.

- B. To be selected for the opportunity to submit a bid, a prospective Contractor, including any proposed joint venture partners, must not have:
 1. **EXPERIENCE MODIFIER RATE:** An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.25 for 5 or more of the past ten years. If the Contractor does not have ten years of data, the rating shall not be greater than 1.25 for 50% or more of the years data is available.
 2. **SURETY:** A surety complete work on any contract within the past ten years.
 3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS:** A Contractor State License Board disciplinary action in the past ten years.
 4. **LABOR CODE VIOLATIONS:** Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.
 5. **CLAIMS HISTORY:** A claim that meets the parameters specified in the Claims History section.
- C. Contractor will be evaluated on the following additional criteria:
 1. **FINANCIAL DATA:** A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long-term debt), and has a debt to net worth ratio (long term debt) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The District may deem Contractors with poor financial standing not qualified.

**THE DISTRICT MAY FIND A PROSPECTIVE CONTRACTOR NOT QUALIFIED
IF THE DISTRICT RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.**

Questionnaires failing to clearly present all the requested information, or that are not in the format requested may be considered nonresponsive and rejected on that basis. Each copy of the submittal must be complete and fully responsive to the Prequalification Questionnaire requirements.

After review of the Prequalification Questionnaire, the District may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE" do not leave any spaces blank.

The District reserves the right to re-open the Contractor prequalification process if the District determines that there are insufficient prequalified Contractors to support the Proposal process. Contractors will be notified in writing of their prequalification status after evaluation of the Prequalification Questionnaires.

Appeals

Prospective Contractors that do not prequalify as a result of their response to the Questionnaire process will receive written notice from the District and may request an informal hearing to contest the District's decision. The request for a hearing must be received in writing within three business days of receipt of the District's notice and must state the basis of the appeal. The decision reached by THE DISTRICT as the result of any resulting hearing is final and may not be appealed.

The District reserves the right to reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

PROPOSERS SHALL AVOID A CONFLICT OF INTEREST.

Any consultant hired to develop the program plan or project proposal documents on behalf of The District shall be precluded from participating as a member of the Contractor team.

J. BID PREPARATION, BID EVALUATION AND CONTRACT AWARD PROCESS

Contractors that successfully prequalify will be invited to submit a bid to construct the project. Additional information and details regarding bid preparation, submittal and the College's evaluation and award process will be provided to the prequalified Contractors in the Request for Proposals and mandatory pre-proposal conference.

K. JOINT VENTURES

If two entities intend to form a Joint Venture for the purpose of executing the work on the Project, they must state their intentions on the Prequalification Questionnaire Form. Each entity of the proposed Joint Venture must submit a separate and independent set of the Prequalification Questionnaire forms. To be considered, each entity must meet the requirements in Item I.3, *Criteria for Evaluating Prospective Bidders Statement of Qualification*, except for Items I.3.A.1 or I.3.C.1 which will be scored on the basis of combined strength of the proposed Joint Venture. Item I.3.A.4, *Surety*, shall be submitted on one of the two applicants' forms completely documenting the stated requirements by a qualified Surety. Requests of Contractor Joint Ventures to prequalify for this project will not be considered after close of acceptance of prequalification questionnaires unless the District decides that it is in its best interest to reopen the prequalification process in a manner stated in the prequalification questionnaire

II. PREQUALIFICATION QUESTIONNAIRE

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

A. CONTRACTORS NAME AND ADDRESS

Company Name: _____		
	Telephone _____	Facsimile _____
Street Address: _____	' _____	' _____
Street Address	City & State	Zip Code
Contact Person #1: _____	Name, Title	Email
Contact Person #2: _____	Name, Title	Email

B. CONTRATORS TEAM COMPOSITION

1. Contractor: _____
 Company Name

Does Contractor specified in section II.A above intend to self-perform the parking AC pavement and topping slab demolition and removal trade work? Yes No

*If no, complete Section II.B.2 below **and** the Subcontractor Prequalification Questionnaire.*

2. Demolition Subcontractor:

Company Name

Telephone Facsimile CSLB License Number

Street Address City & State Zip Code

Contact Name, Title Email

C. TYPE OF BUSINESS ORGANIZATION

<i>Provide the following information for the Contractor/Contractor:</i>	
Corporation: <input type="checkbox"/> State of Incorporation: _____ Partnership: <input type="checkbox"/> Joint Venture: <input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> Other: <input type="checkbox"/> _____ If a partnership , provide the following information: Date of Organization: _____ General: <input type="checkbox"/> Association: <input type="checkbox"/> Name and complete legal address of each general partner:	
Partner's Name	Legal Address
Partner's Name	Legal Address

Total number of employees on payroll in the corporation:	
Total number of employees on payroll in the local office submitting this prequalification:	

Principal Office (if different from above):	_____
	Street Address

	City, State & Zip Code

President's Name	Vice President's Name
Secretary's Name	Treasurer's Name

D. YEAR COMPANY WAS ESTABLISHED

Year established:	
-------------------	--

E. PARENT COMPANY INFORMATION (IF APPLICABLE)

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

F. LIST OF ALL FORMER COMPANY NAMES

_____	_____
_____	_____

G. LICENCES

Contractor must have a current and active **General Building (B)** Contractor California Contractors State License(s) for this project.

The entity submitting this Prequalification Questionnaire must be the holder of the requisite license(s).

Does your firm have the required current and active California State Contractors license(s)? Yes No

Name of Licensee as it appears on record with the California Contractors State License Board: _____	
License No. _____	Issue Date: _____
	Expiration Date: _____
License Class/Classes _____	Certification(s) _____

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

H. JOINT VENTURE

List Joint Venture’s license information above and license information for all Joint Venture entities below:

For Joint Venture Entity #1 of 2:	
Name of Licensee as it appears on record with the California Contractors State License Board:	
License No. _____	Issue Date: _____ Expiration Date: _____
License Class/Classes:	_____
Description of Classification(s):	_____
Description of Certification(s):	_____

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

For Joint Venture Entity #2 of 2:	
Name of Licensee as it appears on record with the California Contractors State License Board:	
License No. _____	Issue Date: _____ Expiration Date: _____
License Class/Classes:	_____
Description of Classification(s):	_____
Description of Certification(s):	_____

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

JOINT VENTURE APPLICANTS: For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license that is current and active upon submission of the Contractor Prequalification Questionnaire. The letter of commitment must include:

1. Name, address, and phone number of the Joint Venture as it will appear on the records of the Contractors State License Board
2. Name, address, and telephone number of each entity comprising the Joint Venture as it appears on the records of the Contractors State License Board
3. Name of the Responsible Managing Officer of the Joint Venture
4. Organizational chart of the Joint Venture
5. Signatures of the Responsible Managing Officers for each entity comprising the Joint Venture

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.

I. CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS

Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? Yes No

If yes, give details including dates:

J. DEBARMENT

Is your company currently debarred by any Federal, State or local agency? Yes No

If yes, give details including dates:

K. LABOR CODE VIOLATIONS

Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?

Yes No

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

If yes, give details including dates:

L. SURETY

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

SURETY COMPANY #1:			
Street Address: _____		Surety's Name	Telephone
_____		Street Address	City & State
_____ to _____			Zip Code
MM/YYYY	MM/YYYY	Has listed Surety Company #1 completed work on a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			

SURETY COMPANY #2:			
Street Address: _____		Surety's Name	Telephone
_____		Street Address	City & State
_____ to _____			Zip Code
MM/YYYY	MM/YYYY	Has listed Surety Company #2 completed work on a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			

SURETY COMPANY #3:			
Street Address: _____		Surety's Name	Telephone
_____		Street Address	City & State
_____ to _____			Zip Code
MM/YYYY	MM/YYYY	Has listed Surety Company #3 completed work on a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			

SURETY COMPANY #4:			
Street Address: _____		Surety's Name	Telephone
_____		Street Address	City & State
_____ to _____			Zip Code
MM/YYYY	MM/YYYY	Has listed Surety Company #4 completed work on a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			

M. FINANCIAL CAPABILITY

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

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

N. FINANCIAL DATA

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 PROFIT AND LOSS STATEMENTS FOR THE PAST THREE YEARS OF OPERATION.

O. INSURANCE

The successful Contractor for this Project will be required to furnish certificates of insurance on College’s form evidencing that it shall furnish and maintain Commercial Form of General Liability, Excess Liability (if applicable), Contractor’s Professional Liability, Business Automobile Liability, Pollution Liability, and Workers’ Compensation insurance in the amounts below.

Please note that it is highly likely that this project will be covered by NOCCCD OCIP. However, provide information required below.

The insurance required for Commercial Form General Liability, Excess Liability, Contractor’s Professional Liability, Business Automobile Liability, and Pollution Liability Insurance shall be issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody’s) written for not less than the following:

COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Occurrence</i> - Combined Single Limit for Bodily Injury and Property Damage: _	\$3,000,000
Products-Completed Operations Aggregate: _	\$2,000,000
Personal and Advertising Injury: _	\$2,000,000
General Aggregate: _	\$4,000,000
CONTRACTOR’S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Professional Liability _	\$2,000,000
BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Accident</i> - Combined Single Limit for Bodily Injury and Property Damage: _	\$2,000,000
POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence: _	\$5,000,000
Products-Completed Operations Aggregate: _	\$5,000,000
General Aggregate: _	\$5,000,000
<u>WORKERS’ COMPENSATION</u> – As required by Federal and State of California law	
EMPLOYER’S LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Employee: _	\$1,000,000
Each Accident: _	\$1,000,000
Policy Limit: _	\$1,000,000

Insurance required for Workers’ Compensation and Employer’s Liability Insurance shall be issued by companies that have a (i) Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody’s) or (ii) that are acceptable to the College. Such insurance shall be written to be not less than (as required by Federal and State of California law).

1. Is your firm able to obtain the insurance in the required limits and ratings from companies that meet the criteria stated above? Yes No
2. If “yes,” *provide declaration(s) from your insurance agent/broker/carrier* stating that your firm is able to obtain insurance coverage in the limits and ratings stated above from the insurance companies required for this Project.
3. **Provide a copy of your company’s insurance certificate.**

P. EXPERIENCE MODIFICATION RATE

List your company’s Workers’ Compensation Experience Modification Rate for the past ten years:

2013: ____ 2014: ____ 2015: ____ 2016: ____ 2017: _
2018: ____ 2019: ____ 2020: ____ 2021: ____ 2022: _

If the Contractor does not have ten years of data, the rating shall not be greater than 1.25 for 50% or more of the years data is available.

If the Modification Rate has been above 1.25 for five or more of the past ten years, provide an explanation, including dates:

Provide a letter from your Workers’ Compensation carrier
showing your Experience Modification Rate for the past ten years

Q. YEARS OF EXPERIENCE

Does your company have at least ten years of experience as a **General Building Contractor**?
Yes No

Does your company have at least 5 years of experience as a **Public Works K-14 Educational Facilities under DSA Jurisdiction**?
Yes No

R. PROJECT COMPLETION

Has your company failed to complete a Contract or been removed from a project within the past ten years? Yes No

If yes, give details including dates:

S. SELF PERFORMANCE

Does your company have the ability to self-perform a minimum of 10% of the work of the construction contract? Yes No

If yes, list trades your company self-performs:

_____	_____
_____	_____
_____	_____
_____	_____

T. LIQUIDATED DAMAGES

Has your company been assessed liquidated damages for failing to complete a contract within the time specified in the contract documents since within the past ten years? Yes No

If yes, give details including dates:

U. SUPPLEMENTAL COMPANY INFORMATION

1. Safety Program

- a. 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? Yes No
- b. Does your company have personnel permanently assigned to safety? Yes No

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

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

2. Quality Control Processes

- c. Does your company have a written QA/QC program? Yes No
- d. Does your firm have personnel permanently assigned to QA/QC? Yes No

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

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)

III. PROJECT EXPERIENCE

A. CONTRACTOR CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

Only information, experience and Work performed by the Contractor's office that will bid, manage, construct, and staff the project will be considered for prequalification unless otherwise indicated below.

1. Submit **projects completed in the past 10 years or that are currently under construction and at least 75% complete** that meet the criteria listed below and demonstrate the Contractor's ability to successfully complete the project with respect to project size, scope, cost, use, complexity, etc.
 - At least four (4) renovation projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$20 million each for higher education, municipalities, or high-end commercial clients. Need not be an Elevated Parking Deck Restoration, however, a \$20 million Elevated Waterproofed Parking Deck Restoration will satisfy both criteria items.
 - At least one (1) project involving **Elevated Waterproofed Parking Deck Restoration** for which the construction was at least \$5 million within the past ten (10) years. This experience shall include projects involving separate buildings or sites of similar activities and scope of work as the subject project, completed in compliance with DSA jurisdiction.
 - At least one (1) project that was constructed **ON AN ACTIVE CAMPUS IN AN AREA OF OCCUPIED FACILITY** for which the construction cost was at least \$20 million.
2. Submit a list of all projects completed in the past 10 years that include some or all of the criteria listed above. Include the following details:
 - Project Name
 - Project Owner, include Contact Name, Title, Phone Number, and Email Address
 - Final Construction Amount
 - Completion Date
3. Projects presented for consideration must be submitted on the forms attached to this section.

B. CONTRACTOR EXPERIENCE: RENOVATION PROJECTS

CONTRACTOR PROJECT #1 (minimum \$20 Million Renovation)

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____

Project or Contract Number: _____

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

Owner Information: _____
Owner's Name

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

Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:
 _____, _____, _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Contractor's **Project Manager** for project: _____

Was the Project Manager listed above assigned the job at the start of the project?	Yes	No
Did the Project Manager listed above complete the project?	Yes	No

Name of Contractor's **Superintendent** for project: _____

Was the Superintendent listed above assigned the job at the start of the project?	Yes	No
Did the Superintendent listed above complete the project?	Yes	No

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____	_____	_____
<small>\$</small>	<small>\$</small>	<small>\$</small>
<small>Base Amount</small>	<small>Adjustment Due to Change Orders</small>	<small>Final Contract Amount</small>

Project Information:

Completed For: Public Client Private Client Institution of Higher Learning Client
Other Specify: _____

Type of Facility: Classroom Office Other **Specify building gross square footage:**

Parking Deck Restoration: Yes No (Optional)

Did this project include the demolition of AC and topping slab deck in the facility? Yes No

Did this project include the replacement of the seismic expansion joint system? Yes No

Did this project include the replacement of a deck waterproofing system? Yes No

Specify type of waterproofing system: _____
Specify manufacturer: _____

Did this project include occupied and finished spaces below the parking deck? Yes No

Did this project include installing a new wheelchair lift? Yes No

Did your firm self-perform at least 10% of the construction? Yes No

Project Description: *(Provide a brief description and photographs)*

Blank area for project description and photographs.

CONTRACTOR PROJECT #2 (minimum \$20 Million Renovation)

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____

Project or Contract Number: _____

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

Owner Information: _____
Owner's Name

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

Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:
 _____, _____, _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Contractor's **Project Manager** for project: _____

Was the Project Manager listed above assigned the job at the start of the project?	Yes	No
Did the Project Manager listed above complete the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Contractor's **Superintendent** for project: _____

Was the Superintendent listed above assigned the job at the start of the project?	Yes	No
Did the Superintendent listed above complete the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____	_____	_____
<small>\$</small>	<small>\$</small>	<small>\$</small>
<small>Base Amount</small>	<small>Adjustment Due to Change Orders</small>	<small>Final Contract Amount</small>

Project Information:

Completed For: Public Client Private Client Institution of Higher Learning Client
Other Specify: _____

Type of Facility: Classroom Office Other **Specify building gross square footage:**

Parking Deck Restoration: Yes No (Optional)

Did this project include the demolition of AC and topping slab deck in the facility? Yes No

Did this project include the replacement of the seismic expansion joint system? Yes No

Did this project include the replacement of a deck waterproofing system? Yes No

Specify type of waterproofing system: _____

Specify manufacturer: _____

Did this project include occupied and finished spaces below the parking deck? Yes No

Did this project include installing a new wheelchair lift? Yes No

Did your firm self-perform at least 10% of the construction? Yes No

Project Description: *(Provide a brief description and photographs)*

CONTRACTOR PROJECT #3 (minimum \$20 Million Renovation)

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____

Project or Contract Number: _____

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

Owner Information: _____
Owner's Name

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

Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:
 _____, _____, _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Contractor's **Project Manager** for project: _____

Was the Project Manager listed above assigned the job at the start of the project?	Yes	No
Did the Project Manager listed above complete the project?	Yes	No

Name of Contractor's **Superintendent** for project: _____

Was the Superintendent listed above assigned the job at the start of the project?	Yes	No
Did the Superintendent listed above complete the project?	Yes	No

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____	_____	_____
<small>\$</small>	<small>\$</small>	<small>\$</small>
<small>Base Amount</small>	<small>Adjustment Due to Change Orders</small>	<small>Final Contract Amount</small>

Project Information:

Completed For: Public Client Private Client Institution of Higher Learning Client
Other Specify: _____

Type of Facility: Classroom Office Other **Specify building gross square footage:**

Parking Deck Restoration: Yes No (Optional)

Did this project include the demolition of AC and topping slab deck in the facility? Yes No

Did this project include the replacement of the seismic expansion joint system? Yes No

Did this project include the replacement of a deck waterproofing system? Yes No
Specify type of waterproofing system: _____
Specify manufacturer: _____

Did this project include occupied and finished spaces below the parking deck? Yes No

Did this project include installing a new wheelchair lift? Yes No

Did your firm self-perform at least 10% of the construction? Yes No

Project Description: *(Provide a brief description and photographs)*

Blank area for project description and photographs.

CONTRACTOR PROJECT #4 (minimum \$20 Million)

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____

Project or Contract Number: _____

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

Owner Information: _____
Owner's Name

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

Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:
 _____, _____, _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Contractor's **Project Manager** for project: _____

Was the Project Manager listed above assigned the job at the start of the project?	Yes	No
Did the Project Manager listed above complete the project?	Yes	No

Name of Contractor's **Superintendent** for project: _____

Was the Superintendent listed above assigned the job at the start of the project?	Yes	No
Did the Superintendent listed above complete the project?	Yes	No

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Public Client Private Client Institution of Higher Learning Client
Other Specify: _____

Type of Facility: Classroom Office Other **Specify building gross square footage:**

Parking Deck Restoration: Yes No (Optional)

Did this project include the demolition of AC and topping slab deck in the facility? Yes No

Did this project include the replacement of the seismic expansion joint system? Yes No

Did this project include the replacement of a deck waterproofing system? Yes No
Specify type of waterproofing system: _____
Specify manufacturer: _____

Did this project include occupied and finished spaces below the parking deck? Yes No

Did this project include installing a new wheelchair lift? Yes No

Did your firm self-perform at least 10% of the construction? Yes No

Project Description: *(Provide a brief description and photographs)*

Blank area for project description and photographs.

C. CONTRACTOR ELEVATED WATERPROOFED PARKING DECK EXPERIENCE

CONTRACTOR PROJECT # 1 (minimum \$5 million)

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____

Project or Contract Number: _____

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

Owner Information: _____
Owner's Name

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

Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:
 _____, _____, _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Contractor's **Project Manager** for project: _____

Was the Project Manager listed above assigned the job at the start of the project? Yes No

Did the Project Manager listed above complete the project? Yes No

Name of Contractor's **Superintendent** for project: _____

Was the Superintendent listed above assigned the job at the start of the project? Yes No

~~Did the Superintendent listed above complete the project? Yes No~~

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____% (Total cost of work in place)

_____ \$ _____ \$ _____ \$

Base Amount	Adjustment Due to Change Orders	Final Contract Amount
-------------	---------------------------------	-----------------------

Project Information:

Completed For: Public Client Private Client Institution of Higher Learning Client
Other Specify: _____

Type of Facility: Classroom Office Other **Specify building gross square footage:** _____

Was project constructed in compliance with the Department of State Architects jurisdiction for a K-14 district? Yes No

Did this project include the replacement of a deck waterproofing system? Yes No
Specify waterproofing system and manufacturer: _____

Did this project include the demolition & removal of AC and topping slab at deck? Yes No

Did this project include the replacement of seismic expansion joint system? Yes No

Did this project include occupied and finished spaces below parking deck? Yes No

Did this project include shoring design/install for an excavation of up to 15' deep? Yes No

Did this project include waterproofing the subterranean concrete retaining walls? Yes No

Did this project include performing work adjacent to an occupied office tower? Yes No

Project Description: (Provide a brief description with photographs)

Large empty text area for project description and photographs.

D. CONTRACTOR KEY PERSONNEL EXPERIENCE

Complete all forms in their entirety **AND** attach resumes. Resumes shall **NOT** be submitted in lieu of these forms.

1. Construction Project Manager Qualifications

Name of Proposed Construction Project Manager: _____
 Years of Experience in the Industry: _____

Education:

Institution/School	Degree Received	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
State Agency/Licensing Body	License Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Organization	Certificate Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Anaheim Tower Life/Safety Renovation project.

Current Firm: _____ **Years of Employment:** _____ **through** _____

Job Title: _____

Responsibilities: _____

Project Name: _____ **Contract Amount:** _____ \$

Owner: _____ **Contact Name:** _____ **Completion Date:** _____

Project Delivery: Design/Bid/Build Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other **Specify building gross square footage:** _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No Did

this project include working on an active campus or an occupied facility? Yes No Did

this project include installing a new wheelchair lift? Yes No

Current Firm

Project Name: _____ **Contract Amount:** _____ \$

Owner: _____ **Contact Name:** _____ **Completion Date:** _____

Project Delivery: Design/Bid/Build Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other **Specify building gross square footage:** _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

Current Firm

Project Name: _____ Contract Amount: _____ \$

Owner: _____ Contact Name: _____ Completion Date: _____

Project Delivery: Design/Bid/Built Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other Specify building gross square footage: _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

PROJECT EXPERIENCE WITH OTHER FIRM(S)

Other Firm: _____ Years of Employment: _____ through _____

Job Title: _____

Responsibilities: _____

Project Name: _____ Contract Amount: _____ \$

Owner: _____ Contact Name: _____ Completion Date: _____

Project Delivery: Design/Bid/Built Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other Specify building gross square footage: _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

Other Firm: _____ Years of Employment: _____ through _____

Job Title: _____

Responsibilities: _____

Project Name: _____ Contract Amount: _____ \$

Owner: _____ Contact Name: _____ Completion Date: _____

Project Delivery: Design/Bid/Built Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other Specify building gross square footage: _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

2. Construction Project Engineer Qualifications

Name of Proposed Construction Project Engineer: _____
 Years of Experience in the Industry: _____

Education:

Institution/School	Degree Received	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
State Agency/Licensing Body	License Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Organization	Certificate Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Anaheim Tower Life/Safety Renovation project.

Current Firm: _____ Years of Employment: _____ through _____
 Job Title: _____
 Responsibilities: _____
 Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

Current Firm: _____
 Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

Current Firm

Project Name: _____ Contract Amount: _____ \$

Owner: _____ Contact Name: _____ Completion Date: _____

Project Delivery: Design/Bid/Built Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other Specify building gross square footage: _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

PROJECT EXPERIENCE WITH OTHER FIRM(S)

Other Firm: _____ Years of Employment: _____ through _____

Job Title: _____

Responsibilities: _____

Project Name: _____ Contract Amount: _____ \$

Owner: _____ Contact Name: _____ Completion Date: _____

Project Delivery: Design/Bid/Built Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other Specify building gross square footage: _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

Other Firm: _____ Years of Employment: _____ through _____

Job Title: _____

Responsibilities: _____

Project Name: _____ Contract Amount: _____ \$

Owner: _____ Contact Name: _____ Completion Date: _____

Project Delivery: Design/Bid/Built Design/Build Other _____

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other Specify building gross square footage: _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

3. Construction Superintendent Qualifications

Name of Proposed Construction Superintendent: _____
Years of Experience in the Industry: _____

Education:

Institution/School	Degree Received	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
State Agency/Licensing Body	License Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Organization	Certificate Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Anaheim Tower Life/Safety Renovation project.

Current Firm: _____ Years of Employment: _____ through _____
 Job Title: _____
 Responsibilities: _____
 Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

Current Firm: _____
 Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

Current Firm: _____
 Project Name: _____ Contract Amount: ___ \$ _____
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Build Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

PROJECT EXPERIENCE WITH OTHER FIRM(S)

Other Firm: _____ Years of Employment: _____ through _____
 Job Title: _____
 Responsibilities: _____
 Project Name: _____ Contract Amount: ___ \$ _____
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

Other Firm: _____ Years of Employment: _____ through _____
 Job Title: _____
 Responsibilities: _____
 Project Name: _____ Contract Amount: ___ \$ _____
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

4. Construction Quality Assurance Manager Qualifications

Name of Proposed Quality Assurance Manager: _____

Years of Experience in the Industry: _____

Education:			
Institution/School	Degree Received	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
State Agency/Licensing Body	License Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Organization	Certificate Received	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:
PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Anaheim Tower Life/Safety Renovation project.

Current Firm: _____ **Years of Employment:** _____ **through** _____

Job Title: _____

Responsibilities: _____

Project Name: _____ **Contract Amount:** _____ **\$** _____

Owner: _____ **Contact Name:** _____ **Completion Date:** _____

Project Delivery: Design/Bid/Built Design/Build Other

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other **Specify building gross square footage:** _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

Current Firm:

Project Name: _____ **Contract Amount:** _____ **\$** _____

Owner: _____ **Contact Name:** _____ **Completion Date:** _____

Project Delivery: Design/Bid/Built Design/Build Other

Completed For: Public Client Private Client Institution of Higher Learning Client Other

Type of Facility: Classroom Office Other **Specify building gross square footage:** _____

Was the project a restoration or renovation of an elevated parking deck facility? Yes No

Did this project include the replacement of a waterproofing system? Yes No

Did this project include the replacement of a seismic expansion joint system? Yes No

Did this project include working on an active campus or an occupied facility? Yes No

Did this project include installing a new wheelchair lift? Yes No

Current Firm:

Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

PROJECT EXPERIENCE WITH OTHER FIRM(S)

Other Firm: _____ Years of Employment: ____ through _____
 Job Title: _____
 Responsibilities: _____
 Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

Other Firm: _____ Years of Employment: ____ through _____
 Job Title: _____
 Responsibilities: _____
 Project Name: _____ Contract Amount: _____ \$
 Owner: _____ Contact Name: _____ Completion Date: _____
 Project Delivery: Design/Bid/Built Design/Build Other _____
 Completed For: Public Client Private Client Institution of Higher Learning Client Other
 Type of Facility: Classroom Office Other Specify building gross square footage: _____
 Was the project a restoration or renovation of an elevated parking deck facility? Yes No
 Did this project include the replacement of a waterproofing system? Yes No
 Did this project include the replacement of a seismic expansion joint system? Yes No
 Did this project include working on an active campus or an occupied facility? Yes No
 Did this project include installing a new wheelchair lift? Yes No

IV. CLAIMS HISTORY

A. OWNER AGAINST CONTRACTOR CLAIM

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

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

A signature by the Contractor's 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. CONTRACTOR AGAINST OWNER CLAIM

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

Complete a separate [FORM B – CONTRACTOR AGAINST OWNER CLAIM](#) tabulation sheet for all claims (including false claims) in excess of \$30,000 for extra compensation or damages asserted by Contractor against Owners within the past five (5) years, which were resolved with the result that Contractor received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes subcontractor claims ("pass through" claims) even if the 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 Contractor's 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.

FORM A

OWNER AGAINST 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 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 **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Contractor and/or persons or entities associated with Contractor:

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

Contractor Company Name: _____

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

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? If yes, please complete the form below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

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 **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Contractor and/or persons or entities associated with Contractor against an Owner:

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

Contractor Company Name: _____

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.

V. REQUIRED COMPLETED ATTACHMENTS

- Notarized Statement from Surety stating (reference Section II.M – Financial Capacity):
 1. Current available bonding exceeds the project Estimated Construction Cost
 2. Total bonding capacity
 3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120
 4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Contractor is awarded the Project.
- One (1) copy** of all Audited Profit and Loss Statements (reference Section II.N – Financial Data).
- Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section II.O – Insurance).
- Insurance Certificate (reference Section II.O – Insurance).
- Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.P – Experience Modifier Rate).
- Contractor Relevant Projects Experiences and Qualifications of all proposed Key Personnel (reference Sections III.B thru III.D).
- Signatures declaring the answers on Forms A, B, C are true and correct (reference Section IV – Claims History).

VI. DECLARATION

I, _____ hereby declare that I am the _____
Printed Name Title
of _____ submitting this Prequalification Questionnaire;
Company Name

that I am duly authorized to execute this Questionnaire on behalf of Contractor; and that all information set forth in this Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct, and that this declaration was executed at _____ County of _____
Location and City County

State of _____ on _____
State Date

Signature

Printed Name

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

VII. PREQUALIFICATION EVALUATION SHEETS



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

CONTRACTOR
PREQUALIFICATION EVALUATION

Anaheim Tower
First Floor Life/Safety Renovation
DSA Project No. 04-120973

FOR DISTRICT USE ONLY



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

A. GENERAL CONTRACTOR PREQUALIFICATION

Evaluator Name & Title: _____

Date: _____

GENERAL CONTRACTOR

(Name)

(Address)

CONTRACTOR MUST HAVE:	PASS	FAIL	COMMENTS:
Current and active B contractor license	<input type="checkbox"/>	<input type="checkbox"/>	
A notarized statement from surety stating: 1. Contractor's current available bonding capacity meets or exceeds \$30,000,000 2. Contractor's total bonding capacity 3. Surety is an admitted surety insurer 4. Surety will provide bonding if Contractor is awarded	<input type="checkbox"/>	<input type="checkbox"/>	
Annual 2022 revenue equal to or greater than \$30M	<input type="checkbox"/>	<input type="checkbox"/>	
A written declaration from insurance agent/broker/carrier stating that Contractor can obtain insurance that meets or exceeds the required limits and ratings and a copy of the contractor's certificate of insurance is attached	<input type="checkbox"/>	<input type="checkbox"/>	
Signed Declaration by the sole proprietor, general partner or corporate officer, or original notarized power of attorney or corporate resolution is attached	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient "B" Construction Project Experience	SEE SEPARATE EVALUATION SHEET		
Adequate Key Personnel Experience	SEE SEPARATE EVALUATION SHEET		

CONTRACTOR MUST NOT HAVE:	PASS	FAIL	COMMENTS:
A Contractors State License Board disciplinary action in the last ten years	<input type="checkbox"/>	<input type="checkbox"/>	
A willful labor code violation of laws and regulations pertaining to the payment of prevailing wages during the last ten years (over 3 violations)	<input type="checkbox"/>	<input type="checkbox"/>	
A surety completed work on any contract in the last ten years	<input type="checkbox"/>	<input type="checkbox"/>	
An EMR injury rating above 1.25 for <u>five</u> of the last ten years. (Must be supported by written letter from the contractor's Worker's Compensation carrier)	<input type="checkbox"/>	<input type="checkbox"/>	
	'13 _____	'14 _____	'15 _____ '16 _____ '17 _____
	'18 _____	'19 _____	'20 _____ '21 _____ '22 _____
A claim that meets the parameters specified in Section IV	<input type="checkbox"/>	<input type="checkbox"/>	

Financial Data - MUST HAVE Audited Profit and Loss Statements for the past three (3) Years of Operation			
Ratio for Total Average of Assets / Liabilities:		Ratio for Total Average of Debt / Net Worth:	
Avg Assets:	_____	Avg Debt:	_____
Avg Liabilities:	_____	Avg Net Worth:	_____
< 1.0 = 0 Points 1.0 - 1.25 = 5 Points > 1.25 = 10 Points		> 35% = 0 Points 30% - 35% = 5 Points < 30% = 10 Points	

Address:

B. GENERAL CONTRACTOR RENOVATION CONSTRUCTION EXPERIENCE (COMPARABLY SIZED PROJECTS – 4 PREFERRED)

CRITERIA	Project No. 1	Project No. 2	Project No. 3	Project No. 4	Project No. 5	FINAL EVALUATION (Max. PTS)
	REQUIRED	REQUIRED	REQUIRED	REQUIRED	OPTIONAL	
Renovation Project in the State of California with Construction Cost of at least \$20 million	<input type="checkbox"/> YES <input type="checkbox"/> NO (10 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (10 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (10 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (10 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (40 Points)
Completed for institutions of higher education, municipalities, or high-end commercial clients	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (24 Points)
Elevated Parking Deck Renovation or Restoration	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (6 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (24 Points)
Replacement of seismic expansion joint system	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)
Replacement of deck waterproofing system	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)
Include occupied and finished spaces below the parking deck	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)
Type of Facility (2 Point each for Classroom and Office)	<input type="checkbox"/> Classroom <input type="checkbox"/> Office Other <input type="checkbox"/>	<input type="checkbox"/> Classroom <input type="checkbox"/> Office Other <input type="checkbox"/>	<input type="checkbox"/> Classroom <input type="checkbox"/> Office Other <input type="checkbox"/>	<input type="checkbox"/> Classroom <input type="checkbox"/> Office Other <input type="checkbox"/>	<input type="checkbox"/> Classroom <input type="checkbox"/> Office Other <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)
Demolition of AC and topping slab deck system	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)

Address:

B. GENERAL CONTRACTOR RENOVATION CONSTRUCTION EXPERIENCE (COMPARABLY SIZED PROJECTS – 4 PREFERRED)

CRITERIA	Project No. 1	Project No. 2	Project No. 3	Project No. 4	Project No. 5	FINAL EVALUATION (Max. PTS)
	REQUIRED	REQUIRED	REQUIRED	REQUIRED	OPTIONAL	
Install a new wheelchair lift	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)
Self-Performed at least 10% of the Construction	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Point)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Point)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Point)	<input type="checkbox"/> YES <input type="checkbox"/> NO (4 Point)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (16 Points)
TOTAL PROJECT POINTS: Maximum: 200						

COMMENTS:

Notes: A single project may satisfy multiple criteria. Four (4) projects are preferred for this section. Projects in this section may also satisfy the following section.

North Orange County Community College District
 General Contractor Prequalification
 General Contractor:

Anaheim Tower 1st Floor Life/Safety Renovation
 Bid Number 2324-06

Address:

C. GENERAL CONTRACTOR ELEVATED WATERPROOFED PARKING DECK PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS – 2 PREFERRED)

Include performing work adjacent to an occupied office tower	<input type="checkbox"/> YES <input type="checkbox"/> NO (5 Points)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO (5 Points)
TOTAL PROJECT POINTS: Maximum Points: 100						

COMMENTS:

Notes: A single project may satisfy multiple criteria. Only 1 project is required for this section. Projects may satisfy both renovation criteria and renovation criteria.

Address:

D. GENERAL CONTRACTOR KEY PERSONNEL EXPERIENCE

1	Project Specific Criteria				6	7
	2	3	4	5		
Personnel Title	Experience (20 points)	Relevant Education (8 points)	Project Management Training/Tools (7 Points)	Certificates/ Licenses (5 Points)	Total Points	Percent of Total
CONSTRUCTION PROJECT MANAGER		<input type="checkbox"/> BA/BS <input type="checkbox"/> Other <input type="checkbox"/> None				
CONSTRUCTION PROJECT ENGINEER		<input type="checkbox"/> BA/BS <input type="checkbox"/> Other <input type="checkbox"/> None				
CONSTRUCTION SUPERINTENDENT		<input type="checkbox"/> BA/BS <input type="checkbox"/> Other <input type="checkbox"/> None				
QUALITY ASSURANCE MANAGER		<input type="checkbox"/> BA/BS <input type="checkbox"/> Other <input type="checkbox"/> None				
TOTAL: (Maximum Points = 160)						
Deficiency Justification. Provide explanation if scores fall below the minimum passing rate of 110 points.						

General Contactor _____

E. FINAL EVALUATION SCORING

GENERAL CONTRACTOR MEETS ALL PASS/FAIL REQUIREMENTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

GENERAL CONTRACTOR	
	Points:
Financial Points (From Page 1): (Maximum Points: 20)	
Total Project Experience Points: (Maximum Points: 300)	
Total Key Personnel Experience Points: (Maximum Points: 160)	
GRAND TOTAL POINTS: (Maximum Points: 480)	

****Note: Minimum points to qualify to bid the project is 340.**

General Contractors not meeting all the Pass/Fail criteria on page 1 will not have their project references checked and thus may not be scored on elevated waterproofed parking deck project experience, personnel experience, or financial qualifications in the above table.