**SECTION C**

**PREQUALIFICATION APPLICATION**

**INSTRUCTION:** The Prequalification Application consists of three subsections: (1) C1 - Contractor Contact Information; (2) C2 - Prequalification Questionnaire, and (3) C3 – Certification. **Each contractor must fully complete and submit all three subsections, along with the required supporting documentation, to District in accordance with the time deadline and to the location stated on the cover page of this prequalification packet.**

**C1. CONTRACTOR CONTACT INFORMATION**

**INSTRUCTION AND NOTICE:** Each prospective respondent must complete the information requested below. This completed form and the information contained therein are public records subject to disclosure under the California Public Records Act.

**1. Firm Name (as it appears on California contractor’s license):**

**2. Check** **each that applies:** \_ Corporation

 \_ Partnership

 \_ Sole Proprietor

 \_ Other (specify):

**3. DBA name(s):**

**4. Federal Tax I.D.:**

**5. Name of Contact Person:**

**6. Title of Contact Person:**

**7. Address of Firm:** Street address

 City, CA #####

**8. Phone:** **Fax:** **Email:**

**9. If firm is a sole proprietor or partnership, state owner(s) of firm:**

**10. Firm’s California Contractor License(s) *(add separate page if additional spaces needed)*:**

 License No.: Classification: Expiration Date:

If applicable, list names of the qualifying individual(s) listed on the CSLB records who meet(s) the experience and examination requirements of each license:

 License No.: Classification: Expiration Date:

If applicable, list names of the qualifying individual(s) listed on the CSLB records who meet(s) the experience and examination requirements of each license:

 License No.: Classification: Expiration Date:

If applicable, list names of the qualifying individual(s) listed on the CSLB records who meet(s) the experience and examination requirements of each license:

**11. Firm’s California Dept. of Industrial Relations Contractor Registration:**

Registration No.: Expiration Date:

Registration No.: Expiration Date:

**C2. PREQUALIFICATION QUESTIONNAIRE**

**INSTRUCTION AND NOTE:** Each prospective respondent shall use this Prequalification Questionnaire and complete each question as directed below. “Contractor”, “You”, and “Your” is used in this Prequalification Questionnaire to refer to the respondent’s firm and any of its owners, officers, principals, and qualifying individuals. Additional page(s) may be attached if space is needed to respond to any questions. The completed Prequalification Questionnaire and financial statements submitted therewith shall not be public records and shall not be open to public inspection.

This Prequalification Questionnaire contains the following parts, each of which must be completed as instructed:

Part I Essential Requirements for Qualification

Part II Organization, History, Organizational Performance, Compliance With Civil And Criminal Laws

Part III Lease Leaseback Projects Completed Within Last 10 Years

**To prequalify, a contractor must not be immediately disqualified under Part I and have, at a minimum, the passing rating stated in each of the three Scored Areas.**

PART I. ESSENTIAL REQUIREMENTS FOR QUALIFICATION

**X**1. Contractor possesses a valid and current California Contractor’s license for the Project.If yes, must provide a copy of the license or detailed report from the CSLB website.

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “no”.* |

**X**2. Contractor has a commercial general liability insurance policy with a policy limit of at least $5,000,000 per occurrence and $10,000,000 aggregate. If yes, must provide certificate of insurance stating policy limits.

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “no”.* |

**X**3. Contractor has current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq. If yes, must provide certificate of insurance showing coverage for workers’ compensation.

\_ Yes \_ No \_ Contractor is exempt from this requirement because it has no employees

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “no”.* |

**X**4. Have you attached your latest copy of a reviewed or audited financial statement with accompanying notes and supplemental information?

 \_ Yes \_ No

**NOTE: A financial statement that is not either reviewed or audited is not acceptable. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the required financial statement.**

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “no”.* |

**X**5. Have you attached a notarized statement from an admitted surety insurer (approved by the California Department of Insurance) and authorized to issue bonds in the State of California, which states that your bonding capacity is at least $320,000,000?[[1]](#footnote-1)

\_ Yes \_ No

**NOTE: Notarized statement must be from the surety company, not an agent or broker.**

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “no”.* |

**X**6. Has your contractor’s license been revoked at any time in the last five years, even if later reinstated retroactively?

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**7. Has a surety firm completed a contract on your behalf, or paid for completion because your firm was default terminated by the project owner within the last five years?

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**8. At the time of submitting this Prequalification Questionnaire, is your firm ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to either Labor Code section 1777.1 or Labor Code section 1777.7?

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**9. At any time during the last five years, has your firm, or any of its owners or officers been convicted of a crime involving the awarding of a contract of a government construction project, or the bidding or performance of a government contract?

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**10. Is your firm currently the debtor in a bankruptcy case?

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**11. Was your firm in bankruptcy at any time during the last five years? (This question refers only to a bankruptcy action that was not described in answer to question 10, above)

 \_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**12. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?

\_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**13. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?

\_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**14. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?

\_ Yes \_ No

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “yes”.* |

**X**15. District requires an A rating or higher on an insurer that issues the commercial general liability insurance policy. Is your firm able to provide evidence that it currently meets this requirement?

\_ Yes \_ No

If yes, attach a copy of evidence that this requirement is met, which may include a report from AM Best.

|  |
| --- |
| *Rating: Contractor will be immediately disqualified if the answer to this question is “no”.* |

|  |
| --- |
| **FOR USE BY DISTRICT****PART I****Prospective respondent prequalifies under Part I (mark one): \_\_\_ Yes \_\_\_No** |

**PART II. ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS**

**PART IIA. CURRENT ORGANIZATION AND STRUCTURE OF THE BUSINESS**

**INSTRUCTION:** Please complete the portion of this Part IIA that is applicable to your firm.

**Your Firm is a Corporation**

1a. Date incorporated:

1b. Under the laws of what state:

1c. Provide all the following information for each person who is either (a) an officer of the corporation (president, vice president, secretary, treasurer), or (b) the owner of at least ten per cent of the corporation’s stock.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Years with Co. | % Ownership |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

1d. Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

**NOTE: For this question, “owner” and “partner” refer to ownership of 10 percent or more of the business, or 10 percent or more of its stock, if the business is a corporation.**

|  |  |  |
| --- | --- | --- |
| Person’s Name | Construction Firm | Dates of Person’s Participation with Firm |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**Your Firm is a Partnership**

1a. Date of formation:

1b. Under the laws of what state:

1c. Provide all the following information for each partner who owns 10 per cent or more of the firm.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Years with Co. | % Ownership |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

1d. Identify every construction company that any partner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

**NOTE: For this question, “owner” and “partner” refer to ownership of 10 percent or more of the business, or 10 percent or more of its stock, if the business is a corporation.**

|  |  |  |
| --- | --- | --- |
| Person’s Name | Construction Company | Dates of Person’s Participation with Company |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**You Firm is a Sole Proprietorship**

1a. Date of commencement of business:

1b. Identify every construction firm that the business owner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

**NOTE: For this question, “owner” and “partner” refer to ownership of 10 percent or more of the business, or 10 percent or more of its stock, if the business is a corporation.**

|  |  |  |
| --- | --- | --- |
| Person’s Name | Construction Company | Dates of Person’s Participation with Company |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**PART IIB. JOINT VENTURE**

**INSTRUCTION:** Complete the information requested below if your firm, provided it is prequalified, intends to submit a proposal to the RFP as part of a joint venture; if not, please leave the following blank.

2a. Date of commencement of joint venture:

2b. Provide all of the following information for each firm that is a member of the joint venture that expects to submit a proposal to the RFP:

|  |  |
| --- | --- |
| Name of firm | % Ownership of Joint Venture |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

**PART IIC. HISTORY OF THE BUSINESS AND ORGANIZATIONAL PERFORMANCE**

3. Has there been any change in ownership of your firm at any time during the last five years?

**NOTE:** **A corporation whose shares are publicly traded is not required to answer this question.**

 \_ Yes \_ No \_ Not applicable

 If “yes,” explain:

4. Is your firm a subsidiary, parent, holding company or affiliate of another construction firm?

**NOTE:**  **Include information about other firms if one firm owns 50 percent or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.**

\_ Yes \_ No

 If “yes,” explain:

5. Are any corporate officers, partners or owners of your firm connected to any other construction firms.

 **NOTE:**  **Include information about other firms if an owner, partner, or officer of your firm holds a similar position in another firm.**

 \_ Yes \_ No

 If “yes,” explain:

6. State your firm’s gross revenues for each of the last five years:

2020:

2019:

2018:

2017:

2016:

**X**7. How many years has your organization been in business in California as a contractor under your present business name and license number? years

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 3 years = 2 points  4 years = 3 points  5 years = 4 points 6 years or more = 5 points |

**Licenses**

All contractors must have a valid California contractor’s license, classification B – General Building Contractor, to be considered for the Project.

# 8. List all California construction license numbers, classifications, and expiration dates of the California contractor licenses held by your firm:

9. If any of your firm’s license(s) are held in the name of a corporation or partnership, list below the names of the qualifying individual(s) listed on the CSLB records who meet(s) the experience and examination requirements for each license:

10. Has your firm changed names or license number in the past five years?

 \_ Yes \_ No

If “yes,” explain, including the reason for the change:

11. Has any owner, partner or (for corporations) officer of your firm operated a construction firm under any other name in the last five years?

 \_ Yes \_ No

If “yes,” explain, including the reason for the change:

**X**12. Has any CSLB license held by your firm or its Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended within the last five years?

 \_ Yes \_ No

 If “yes,” please explain:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) No = 5 points  Yes = Negative 5 points |

**Disputes**

**X**13. At any time in the last five years has your firm been assessed and paid liquidated damages after completion of a project under a construction contract with either a public or private owner?

\_ Yes \_ No

If yes, explain below, identifying all such projects by owner, owner’s address, the date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total points: 5)No projects with liquidated damages of more than $50,000 = 5 pointsTwo projects each with liquidated damages of more than $50,000 = 3 pointsAny other answer = 0 points |

**X**14. In the last five years has your firm, or any firm with which any of your company’s owners, officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?

**NOTE:**  **“Associated with” refers to another construction firm in which an owner, partner or officer of your firm held a similar position, and which is listed in response to question 1c or 1d on this form.**

\_ Yes \_ No

If “yes,” explain below. State whether the firm involved was the firm applying for prequalification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project and the basis for the action.

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) No = 5 points  Yes = Negative 5 points |

**X**15. In the last five years has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?

\_ Yes \_ No

If “yes,” explain below. Identify the year of the event, the owner, the project and the basis for the finding by the public agency.

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5)  No = 5 points  Yes = Negative 5 points |

**\* \* \* \* \***

**NOTE: The following two questions refer only to disputes between your firm and the owner of a project. You need not include information about disputes between your firm and a supplier, another contractor, or subcontractor.** **You need not include information about “pass-through” disputes in which the actual dispute is between a sub-contractor and a project owner.**  **Also, you may omit reference to all disputes about amounts of less than $50,000.**

**X**16. In the past five years has any claim **against** your firm concerning your firm’s work on a construction project been **filed in court or arbitration?**

\_ Yes \_ No

 If “yes,” identify below each claim by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution):

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 claim 3 points for “Yes” indicating 2 claims  0 points for “Yes” indicating more than 2 claims |

**X**17.In the past five years, has your firm made any claim against a project owner concerning work on a project or payment for a contract and **filed that claim in court or arbitration**?

\_ Yes \_ No

If “yes,” identify below each claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution):

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 claim 3 points for “Yes” indicating 2 claims  0 points for “Yes” if more than 2 claims |

 [Remainder of this page intentionally left blank]

**X**18. At any time during the past five years, has any surety company made any payments on your firm’s behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm’s behalf, in connection with a construction project, either public or private?

\_ Yes \_ No

If “yes,” explain below the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 such claim. 3 points for “Yes” indicating no more than 2 such claims  Subtract five points for “Yes” if more than 2 such claims |

**Insurance**

**X**19. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

\_ Yes \_ No

If “yes,” explain below, listing the name of the insurance carrier, the form of insurance and the year of each refusal:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 instance of refusal 3 points for “Yes” indicating 2 instances of refusal 0 points for “Yes” or if more than 2 instances of refusal |

**Bonding**

Each contractor must have a bonding capacity of at least $320,000,000.

20. Bonding capacity: Provide documentation from your surety identifying the following:

Name of bonding company/surety:

Name of surety agent, address and telephone number:

21. List all other sureties (name and full address) that have written bonds for your firm during the last five years, including the dates during which each wrote the bonds:

|  |
| --- |
| **FOR USE BY DISTRICT****SCORED AREA 1 -- PART IIC****HISTORY OF THE BUSINESS AND ORGANIZATION PERFORMANCE**Rating for Scored Area 1: \_\_\_\_\_\_\_\_ points (passing rating of 27; maximum rating of 45)**To prequalify, the prospective respondent must have a passing rating. Prospective respondent has a passing rating in Scored Area 1 – Part IIC (mark one): \_\_\_ Yes \_\_\_No** |

**PART IID. COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH LAWS AND WITH OTHER LABOR LEGISLATION SAFETY**

**X**22. Has CAL OSHA cited and assessed penalties against your firm for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five years?

**NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.**

\_ Yes \_ No

If “yes,” describe below the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 instance of citation and assessment 3 points for “Yes” indicating 2 instances of citation and assessment 0 points for “Yes” if more than 2 instances of citation and assessment |

**X**23. Has the federal Occupational Safety and Health Administration cited and assessed penalties against your firm in the past five years?

**NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.**

\_ Yes \_ No

 If “yes,” describe each citation:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 instance of citation and assessment 3 points for “Yes” indicating 2 instances of citation and assessment 0 points for “Yes” if more than 2 instances of citation and assessment |

[Remainder of this page intentionally left blank]

**X**24. Has the EPA or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or the owner of a project on which your firm was the contractor, in the past five years?

**NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.**

 \_ Yes \_ No

 If “yes,” describe each citation:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 instance of citation and assessment 3 points for “Yes” indicating 2 instances of citation and assessment 0 points for “Yes” if more than 2 instances of citation and assessment |

**X**25. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project?

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 3) 3 points for an answer of once each week or more often 0 points for any other answer  |

**X**26. List your firm’s Experience Modification Rate (EMR) (California workers’ compensation insurance) for each of the past five premium years:

**NOTE: An Experience Modification Rate is issued to your firm annually by your workers’ compensation insurance carrier.**

 Current year:

 Previous year:

 Year prior to previous year:

If your EMR for any of the five premium years is or was 1.00 or higher you may, if you wish, provide an explanation:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for three-year average EMR of .95 or less. 3 points for three-year average of EMR of more than .95 but no more than 1.00. 0 points for any other EMR. |

**X**27. Within the last fiveyears has there ever been a period when your firm had employees but was without workers’ compensation insurance or state-approved self-insurance?

\_ Yes \_ No

If “yes,” please explain the reason for the absence of workers’ compensation insurance:

If “No,” please provide a statement by your current workers’ compensation insurance carrier that verifies periods of workers’ compensation insurance coverage for the last five years. (If your firm has been in the construction business for less than five years, provide a statement by your workers’ compensation insurance carrier verifying continuous workers’ compensation insurance coverage for the period that your firm has been in the construction business.)

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating 1 instance without workers’ compensation or state-approved self-insurance 0 points for any other answer. |

## **Prevailing Wage and Apprenticeship Compliance Record**

**X**28. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the **state’s** prevailing wage laws?

NOTE: This question refers only to your own firm’s violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.

\_ Yes \_ No

 If ”yes,” describe below the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No” or “Yes” indicating either 1 or 2 such instance 3 points for “Yes” indicating 3 such instances 0 points for “Yes” and more than 3 such instances |

**X**29. During the last five years, has there been more than one occasion in which your own firm has been penalized or required to pay back wages for failure to comply with the **federal** Davis-Bacon prevailing wage requirements?

 \_ Yes \_ No

If “yes,” describe below the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid, the amount of back wages you were required to pay along with the amount of any penalty paid:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No,” or “Yes” indicating either 1 or 2 such violation(s) 3 points for “Yes” indicating 3 such violations 0 points for “Yes” and more than 3 such violations |

**X**30. Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your company for use on any public work project for which you are awarded a contract by District*.*

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points if at least one approved apprenticeship program is listed 0 points for any other answer |

**X**31. If your firm operates its own State-approved apprenticeship program:

1. Identify the craft or crafts in which your firm provided apprenticeship training in the past year:

1. State the year in which each such apprenticeship program was approved, and attach evidence of the most recent California Apprenticeship Council approval(s) of your apprenticeship program(s):

1. State the number of individuals who were employed by your firm as apprentices at any time during the past three years in each apprenticeship and the number of persons who, during the past three years, completed apprenticeships in each craft while employed by your firm:

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points if one or more persons completed an approved apprenticeship while employed by your firm 0 points if no persons completed an approved apprenticeship while employer by your firm |

**X**32. At any time during the last five years, has your firm been found to have violated any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?

**NOTE: You may omit reference to any incident that occurred prior to January 1, 1998, if the violation was by a subcontractor and your firm, as general contractor on a project, had no knowledge of the subcontractor’s violation at the time they occurred.**

 \_ Yes \_ No

If “yes,” provide the date of each violation and attach a copy of the Department’s final decision(s):

|  |
| --- |
| **FOR USE BY DISTRICT**Rating:\_\_\_\_ points (total possible points: 5) 5 points for either “No,” or “Yes” indicating either 1 or 2 such violation(s) 3 points for “Yes” indicating 3 such violations 0 points for “Yes” and more than 3 such violations |

|  |
| --- |
| **FOR USE BY DISTRICT****SCORED AREA 2 -- PART IID****COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH LAWS****AND WITH OTHER LABOR LEGISLATION SAFETY**Rating for Scored Area 2 – Part IID: \_\_\_\_\_\_\_\_ points (passing rating of 32; maximum rating of 53)**To prequalify, the prospective respondent must have a passing rating. Prospective respondent has a passing rating in Scored Area 2 – Part IID (mark one): \_\_\_ Yes \_\_\_No** |

# **PART III. LEASE LEASEBACK CONSTRUCTION PROJECTS COMPLETED WITHIN LAST 10 YEARS**

Contractor shall provide information about construction projects that it performed **pursuant to lease leaseback agreements within the last 10 years where the contract amount is at least $5,000,000**.Names of Owner Contact and Architect or Engineer Contact must be current and verifiable.

**Contractor must provide the following information for each lease leaseback project on a separate document to be attached to the Prequalification Application:**

1. Project Name

2. Location

3. Owner

4. Owner Contact (name and current phone number)

5. Architect or Engineer

6. Architect or Engineer Contact (name and current phone number)

7. Construction Manager (name and current phone number)

8. Description of Project, Scope of Work Performed

9. Original Contract Amount

10. Amount of all Amendments

11. Final Contract Amount (including amendments)

12. Original Scheduled Completion Date

13. Time Extensions Granted (number of days)

14. Actual Date of Completion

|  |
| --- |
| **FOR USE BY DISTRICT****SCORED AREA 3 -- PART III****LEASE LEASEBACK CONSTRUCTION PROJECTS COMPLETED WITHIN LAST 10 YEARS**Rating for Scored Area 3 – Part IIIA: \_\_\_\_\_\_\_\_ points (passing rating of 12, maximum rating of 20 points)\_\_\_\_\_ points for projects that are similar in scope of work to Project (total possible points: 10)10 points for 6 or more projects that are similar to Project8 points for 4 - 5 projects that are similar to Project6 points for 2 - 3 projects that are similar to Project3 points for 1 project that is similar to Project0 points for no project that is similar to Project\_\_\_\_\_ points for projects completed by Original Scheduled Completion Date (total possible points: 10)10 points for 6 or more projects completed by Original Scheduled Completion Date8 points for 4 - 5 projects completed by Original Scheduled Completion Date6 points for 2 - 3 projects completed by Original Scheduled Completion Date3 point for 1 project completed by Original Scheduled Completion Date0 points for no project completed by Original Scheduled Completion Date**To prequalify, the prospective respondent must have a passing rating. Prospective respondent has a passing rating in Scored Area 3 – Part III (mark one): \_\_\_ Yes \_\_\_**No |

**C3. CERTIFICATION**

Questionnaires submitted by corporations must be signed with the legal name of the corporation, followed by the name of the state of incorporation and by the signature and designation of the chairman of the board, president or any vice president, and then followed by a second signature by the secretary, assistant secretary, the chief financial officer or assistant treasurer. All persons signing must be authorized to bind the corporation in the matter. The name of each person signing shall also be typed or printed below the signature. Satisfactory evidence of the authority of each officer signing on behalf of a corporation shall be furnished.

Questionnaires submitted by partnerships must furnish the full name of all partners and must be signed in the partnership name by a general partner with authority to bind the partnership in such matters, followed by the signature and designation of the person signing. The name of the person signing shall also be typed or printed below the signature.

**Each person signing below makes the following representations under penalty of perjury:**

The submitter of the foregoing answers to the questionnaire has read the same and the matters stated therein are true of his or her own personal knowledge. This information is provided for the purpose of qualifying to bid on the Project, and any individual, company or other agency named herein is hereby authorized to supply the District with any information necessary to verify the prospective bidder’s statements. By signing below, the submitter and the named contractor hereby grant permission to the District to contact any or all of the above listed persons or entities to confirm facts or otherwise investigate the above facts and issues.

The submitter understands that any statement which is proven to be false shall be grounds for immediate disqualification from bidding on the Project. The submitter whose signature appears below represents and warrants that he or she has authority to bind the named contractor.

I, the undersigned, certify and declare that I have read all the foregoing answers to the Prequalification Questionnaire, reviewed all documents attached thereto, and know their contents. The matters stated in the Pre-Questionnaire answers and the attached documents are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters, I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is correct.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name:

 Title:

1. An additional notarized statement from the surety may be requested by District at the time of submission of a proposal if the Prequalification Application is submitted more than 60 days prior to submission of the proposal. [↑](#footnote-ref-1)