



CITY OF 75 DHC @5 PRE-QUALIFICATION QUESTIONNAIRE FOR DESIGN BUILD PROJECTS

PROJECT:

[REDACTED]

Project Enneer: [REDACTED]

INSTRUCTIONS FOR AWARDING BODIES

Contractors who wish to be pre-qualified must submit a completed pre-qualification questionnaire to the awarding body for review. Contractors are required to provide any additional information and/or documentation as instructed on the questionnaire.

A Contractor will be automatically pre-qualified if the responses submitted to all questions in Sections E through G do not raise concerns. A Contractor that does not automatically pre-qualify by “passing” Sections D through G is subject to additional scrutiny. If additional scrutiny is required, the awarding body will review and evaluate the required supporting documentation and use a numerical scorecard to determine whether the Contractor is pre-qualified as described below. If any question(s) is not answered, you will be immediately disqualified.

Note: Pursuant to Public Contract Code Sec. 20101(a), this pre-qualification questionnaire and financial statements and information submitted as required shall not be open to public inspection; however, records of the names of contractors applying for pre-qualification status shall be public records subject to disclosure under the California Public Records Act, Government Code Section 7920.000, et seq.

SECTION D. ESSENTIAL CRITERIA QUESTIONS

Contractor is immediately disqualified if:
Any answer to questions 1 through 6 is “YES”
Any answer to questions 7 through 10 is “NO”

If the Contractor is not immediately disqualified based on its answers to the questions in Section D, the awarding body may assume that the Contractor has passed this pre-qualification section. However, the awarding body may require additional information be submitted to verify the accuracy of the responses provided on the Questionnaire.

Name of Contractor _____

SECTIONS D THROUGH F. PRE-QUALIFICATION CRITERIA QUESTIONS

Contractors are required to answer all of the questions and must provide additional information to the awarding body for any questions as needed. The awarding body will then use this information to calculate a score for Sections E through G in order to determine eligibility for pre-qualification.

The awarding body may use the Scoring Worksheet (provided separately in excel format), to calculate the Contractor's overall weighted score for Sections E through G. A contractor pre-qualifies only if the overall score is greater than 33 points, and is disqualified if the overall score is 33 points or less.

APPEAL OF PRE-QUALIFICATION DETERMINATION

Where a timely and completed pre-qualification application results in a Contractor receiving a pre-qualification rating below that which is necessary to pre-qualify, the Contractor may dispute the proposed pre-qualification rating through the appeal process, as set forth herein.

APPEAL PROCEDURE

Section 20101(d) requires every public agency that requires prospective bidders to pre-qualify pursuant to this law to establish "a process that will allow prospective bidders to dispute their proposed pre-qualification rating prior to the closing time for receipt of bids." The appeal process must include written notification by the public agency of the basis for the prospective bidder's disqualification "and any supporting evidence that has been received from others or adduced as a result of an investigation by the public entity." (section 20101[d][1]). "The prospective bidder must be given an opportunity to rebut any evidence used as a basis for disqualification and to present evidence to the public entity as to why the prospective bidder should be found qualified." (section 20101[d][2]). The law does not describe the appeal procedure in any additional detail; each public agency is free to adopt its own procedures, as long as the statutory requirements are met. As an example, while Section D of the questionnaire includes ten "Essential Requirement for Qualification Questions," a public agency may choose to allow contractors to appeal a disqualification based solely on an answer to a question in Section D.

Upon conclusion of the pre-qualification process, the City will provide, to any Contractor determined by the City not to be pre-qualified, a written notice of the City's Qualification Determination, which will set forth the basis for the prospective bidder's disqualification. Such notice will be sent to the Contractor by the County by Certified Mail, Return Receipt Requested. Upon the request of the Contractor, the County shall provide a copy of any supporting evidence for that determination (resulting) from the County's investigation and review.

An appeal may be initiated only by the Contractor's delivery of written notice to: City of Oceanside Public Works Department, Attn: Jessica Kahn, 420 Capitola Avenue, Capitola CA 95010. A Contractor's written request to appeal must be received by the City no later than five (5) business days after Contractor's receipt of notice from the City that the Contractor is not pre-qualified. Without a timely appeal, the Contractor waives any and all rights to challenge the decision of the City, whether by administrative process, judicial process or any other legal process or proceeding.

Providing Contractor has submitted its appeal in a timely manner, the City will schedule an informal hearing on the Contractor's appeal.

Name of Contractor _____

The informal hearing will take place within (10) business days of the City's receipt of the Contractor's timely appeal. At the hearing, the City will present any evidence used as a basis for its determination that the Contractor should not be pre-qualified. The Contractor then will be given the opportunity to rebut any evidence used as a basis for the City's pre-qualification determination and to present evidence as to why the Contractor should be determined pre-qualified. This informal hearing is not subject to the rules of evidence. Within (10) business days for design build projects, the appeal board will provide a written decision to the Contractor. The appeal board's decision is final and not subject to further appeal. It is the intention of the City that the date for the submission and opening of bids will not be delayed or postponed to allow for completion of an appeal process.

If the Contractor chooses not to avail itself of this appeal process, the proposed pre-qualification determination will be adopted without further proceedings.

Note: A contractor may be found not pre-qualified for bidding on the project to be awarded by the City until the Contractor meets the City's requirements. In addition, a contractor may be found not pre-qualified for either: (1) Omission of requested information or (2) Falsification of information.

SECTION A: BIDDER/CONTRACTOR INFORMATION: (Not Scored)

Legal Name _____ DBA _____
Street Address _____ City _____ State _____ Zip _____
Contact Person (Name and Title) _____
Phone _____ Email _____

List all California construction or other professional license numbers, classifications and expiration dates held by your firm:

License Number	Classification	Expiration Date

List your firm's DIR Public Works Contractor (PWCR) Registration Number(s):

PWCR Number	Entity Name	Expiration Date

If any of your firm's license(s) are held in the name of a corporation, limited liability company, 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.

License Number	Qualifying Individual	Expiration Date

Name of Contractor _____

SECTION B: OWNERSHIP AND NAME CHANGES: (Not Scored)

1.

- 2. In the past five (5) years, has your firm changed its name, ownership, or license number?
Yes No

If Yes, list all prior legal and DBA names, addresses and dates when used. Explain the specific reasons for each name change and describe any change in ownership.

- 2. In the past five (5) years, has a firm owner, partner or officer operated a similar business?
Yes No

If Yes, list names and addresses of all businesses and the person who operated the business. Include information about a similar business only if an owner, partner or officer of your firm holds or has held a similar position in another firm.

- 3. Is your firm a subsidiary, parent, holding company or affiliate of another construction firm?
Yes No

If Yes, please explain. **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.

Name of Contractor _____

SECTION C: BUSINESS ORGANIZATION/STRUCTURE: (Not Scored)

Complete the section below for the appropriate type of firm. For the asterisk(*)-indicated entity types, attach a copy of the organization documents or agreement committing to form the organization.

Corporation* Date incorporated: ___/___/___ State of incorporation: _____
List corporation's current officers: President: _____
Vice Pres: _____
Secretary: _____
Treasurer: _____

Is your firm a publicly traded corporation? Yes No
If Yes, name those who own five percent (5%) or more of the corporation's stocks:

Limited Liability Company* Date formed: ___/___/___ State of formation: _____
List names of members who own five percent (5%) or more of the company: _____

Partnership* Date formed: ___/___/___ State of formation: _____
List names of all firm partners:

Sole Proprietorship Date started: ___/___/___
List all firms you have been an owner, partner or officer with during the past five (5) years. Do not include ownership of stock in a publicly traded company:

Joint Venture* Date formed: ___/___/___
List each firm in the joint venture and its percentage of ownership:

For All Firms: At any time during the past five years, has your firm shared office space, warehouse space, yard, plant or shop facilities, staff, equipment, telecommunications or other assets with any other construction firm? If yes, please identify the other construction firm, the applicable date(s), describe the sharing arrangement(s), and location:

Name of Contractor _____

SECTION D: ESSENTIAL REQUIREMENTS FOR QUALIFICATION:

Contractor will be immediately disqualified if the answer to any of questions 1 through 6 is “YES” Note: A contractor disqualified solely of a “YES” answer given may appeal disqualification and provide an explanation of the relevant circumstances during the appeal procedure.

1. Is your firm in preparation for, in the process of, or in negotiations toward being sold?
Yes No

2. Has CAL OSHA and/or federal Occupational Safety and Health Administration 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: Serious violations may include falls, ladders, respiratory protection, trench collapses, etc.
Yes No

3. In the past five (5) years, has your firm, any of its officers, supervisors, managers, or any firm or individual listed in this questionnaire ever been terminated for cause from a public works contract, including but not limited to termination based on any alleged breach of contract, or misconduct, such as failure to comply with contractual, statutory, or other legal obligations from any public construction project?
Yes No

4. In the past five (5) years, has your firm or any firm owner, partner, officer, executive or person in a managerial position been criminally penalized or found civilly liable, either in a court of law by plea, verdict or otherwise, or pursuant to the terms of a settlement agreement, for violating any federal, state or local law (for any of the following circumstances):
 - A. in performance of a contract, including but not limited to laws regarding health and safety, labor and employment, wage and hours, and licensing laws which affect employees?
Yes No
 - B. for making a false claim or material misrepresentation to a private or governmental entity?
Yes No
 - C. involving the awarding of a contract for a government construction project, the bidding or performance of a government contract, antitrust statutes, racketeering statutes, safety and health regulations, environmental laws, laws banning workplace discrimination, laws governing wages, hours or labor standards, or laws involving fraud, theft, or any other act of dishonesty?
Yes No

5. Has your contractor’s or other professional license been revoked at any time in the last five years?
Yes No

6. Has your firm, any of its officers, supervisors, managers, or any firm or individual listed in this questionnaire, ever been deemed by any public agency to be ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to Labor Code section 1777.1, Labor Code section 1777.7, or any other federal, state, county, municipal or other local law providing for the debarment of contractors from public works?
Yes No

Name of Contractor _____

Contractor will be immediately disqualified if the answer to any of questions 7 through 10 is "NO". Note: A contractor disqualified solely of a "NO" answer given may appeal disqualification and provide an explanation of the relevant circumstances during the appeal procedure.

7. Have you attached your firm's latest copy of reviewed or audited financial statements (signed by a licensed CPA) with accompanying notes and supplemental information?

Yes No

NOTE: Financial statements that are not either reviewed or audited are 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 statements.

8. Have you attached a notarized statement from an admitted surety insurer (approved by the California Department of Insurance) authorized to issue bonds in the State of California, which states that: (a) your current bonding capacity is sufficient for the project for which you seek pre-qualification; and (b) your current available bonding capacity?

Yes No

\$0 to \$1,000,000 \$1,000,001 to \$2,000,000 \$2,000,001 and up

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

9. Does your firm have current workers' compensation insurance policy as required by the Labor Code or is your firm legally self-insured pursuant to Labor Code section 3700 et. seq.?

Yes No

10. Does your firm have or have the ability to obtain a liability insurance policy with a limit of at least \$1,000,000 per occurrence and \$2,000,000 aggregate?

Yes No

Name of Contractor _____

SECTION E: FINANCIAL RESOURCES AND RESPONSIBILITY:

1. State your firm's gross revenues for each of the last three calendar years: **(Not Scored)**

Current year () rate: _____

Year rate: _____

Year rate: _____

2. How many years has your firm been in business in California as a contractor under your present business name and license number? _____

3. Is your firm currently, or has your firm ever been, the debtor in a bankruptcy case?

Yes No

If Yes, please provide case numbers and dates and attach a copy of the bankruptcy petition showing the case number and date on which the petition was filed.

4. Does your firm, any of its officers, supervisors, managers, or any firm or individual listed in this questionnaire currently have any delinquent liability to an employee, the state, or any awarding body for any assessment of back wages or related damages, interest, fines or penalties pursuant to any final judgment, order, or determination by any court or any federal, state, or local administrative agency, including a confirmed arbitration award?

Yes No

If Yes, please explain.

5. In the past five (5) years, has your firm been denied bonding?

Yes No

If Yes, explain specific circumstances; include bonding company name.

6. In the past five (5) years, has a bonding company made any payments to satisfy claims made against a bond issued on your firm's behalf or a firm where you were the principal?

Yes No

If Yes, explain specific circumstances.

7. Was your firm was required to pay a premium of more than one percent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years? Please state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate higher than one percent, if you wish to do so.

Yes No

If Yes, please provide the percentage.

Name of Contractor _____

8. 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, please explain.

9. Bonding Capacity – Provide documentation from your surety identifying the following:

Name of Bonding Company/Surety: _____

Name of Surety Agent: _____

Address: _____ Telephone number: _____

10. What is your current surety backlog? _____

11. What is your surety maximum project amount? _____

12. List all sureties (name and full address) that have written bonds for your firm during the last five years, including the dates on which they were issued:

Name	Address	Date

Name of Contractor _____

SECTION F: SAFETY AND COMPLIANCE:

1. List your firm's Experience Modification Rate (EMR) (California workers' compensation insurance) for each of the past three premium years:

Current year () rate: _____

Year () rate: _____

Year () rate: _____

2. Within the last five years (or as long as your firm has been in business if it has been in business for less than five years) 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.

3. List your firm's Total Recordable Injury or Illness Rate for each of the past three years (as calculated per OSHA guidelines): (Not Scored)

Current year () rate: _____

Year () rate: _____

Year () rate: _____

4. List your firm's Lost Work Rate for each of the past three years (Cases with Days Away from Work as calculated per OSHA guidelines): (Not Scored)

Current year () rate: _____

Year () rate: _____

Year () rate: _____

5. Has there been one or more occasion(s) 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?

Yes No

If Yes, please explain. **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.

6. Has there been one or more occasion(s) during the last five years in which your firm was required to pay penalties related to any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works projects?

Yes No

If Yes, please explain.

Name of Contractor _____

SECTION G: PERFORMANCE HISTORY AND BUSINESS INTEGRITY:

1. In the past five (5) years, has your firm been determined by any government agency to be non-responsible, or otherwise had a bid rejected by a government agency based on its determination that your firm was not a responsible bidder?

Yes No

If Yes, explain specific circumstances of each instance; include name of the public entity involved, dates, and outcome.

SECTION H: PROJECT REFERENCES

Provide information about the firm's three most recently completed public works projects and one of your largest completed projects (if not already listed) within the last three years. Names and references must be current and verifiable.

1. Project Name: _____
Location: _____
Owner Name: _____
Owner Contact (name, email and current phone number): _____

Architect or Engineering Firm: _____
Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Total Value of Construction: _____
(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

2. Project Name: _____
Location: _____
Owner Name: _____
Owner Contact (name, email and current phone number): _____

Name of Contractor _____

Architect or Engineering Firm: _____

Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Total Value of Construction: _____

(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

3. Project Name: _____

Location: _____

Owner Name: _____

Owner Contact (name, email and current phone number): _____

Architect or Engineering Firm: _____

Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Total Value of Construction: _____

(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

Name of Contractor _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

4. Project Name: _____

Location: _____

Owner Name: _____

Owner Contact (name, email and current phone number): _____

Architect or Engineering Firm: _____

Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Total Value of Construction: _____

(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

SECTION I: PROJECT-SPECIFIC PERFORMANCE INFORMATION:

Name of Contractor _____

1. Project Name: _____

Location: _____

Owner Name: _____

Owner Contact (name, email and current phone number): _____

Architect or Engineering Firm: _____

Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Total Value of Construction: _____

(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

2. Project Name: _____

Location: _____

Owner Name: _____

Owner Contact (name, email and current phone number): _____

Architect or Engineering Firm: _____

Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Name of Contractor _____

Total Value of Construction: _____

(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

3. Project Name: _____

Location: _____

Owner Name: _____

Owner Contact (name, email and current phone number): _____

Architect or Engineering Firm: _____

Architect or Engineer Contact (name, email and current phone number): _____

Construction Manager (name, email and current phone number): _____

Engineer of Record (name, email and current phone number): _____

Description of Project, Scope of Work Performed: _____

Total Value of Construction: _____

(including change orders): _____

Date Construction Commenced: _____

Original Contractual Completion Deadline: _____

Adjusted Completion Deadline Based on Time Extensions Granted by Owner: _____

Actual Date of Completion: _____

General Contractor's Project Manager (lead contact in office), if applicable: _____

General Contractor's Superintendent (lead contact on project site), if applicable: _____

4. Provide a brief description of the key personnel of the project team, their years of experience, and any registrations and/or training or attach resumes.

Name of Contractor _____

Name of Contractor _____

SECTION I: CERTIFICATION OF PREQUALIFICATIONS QUESTIONNAIRE

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.

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 to the best of his or her own personal knowledge. This information is provided for the purpose of qualifying to bid _____, and any individual, company or other agency named herein is hereby authorized to supply the awarding body 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 City of Capitola 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, _____ (Name), the undersigned, am the _____ (Title), with the authority to act for and on behalf of _____ (Contractor Entity Name), declare under penalty of perjury under the laws of the State of California that the foregoing information provided in this Pre-qualification Questionnaire is true, full, and correct.

I understand that making a false statement may result in disqualification from bidding on any public works project, registering as a Public Works Contractor with the Department of Industrial Relations, and may be grounds for termination of a public works contract.

Executed on this: _____ day of _____ at _____.
(Date) (Month / Year) (City / State)

Name and title of Contractor Representative: _____

Signature of Contractor Representative: _____

Name and title of Contractor Representative: _____

Signature of Contractor Representative: _____

Name of Contractor _____

Name and title of Contractor Representative: _____

Signature of Contractor Representative: _____

Name and title of Contractor Representative: _____

Signature of Contractor Representative: _____