



ATTACHMENT NO. 4
PREQUALIFICATION QUESTIONNAIRE
FOR
CONTRACTORS SEEKING TO BID ON
BEST VALUE CONTRACTS FOR JOB ORDER CONTRACTING (JOC)

June 2024

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PART I: TITLE PAGE / GENERAL INFORMATION

**CONTRACTORS SEEKING
TO BID ON BEST VALUE CONTRACTS FOR JOB ORDER CONTRACTING (JOC)**

1. Full name of firm completing this questionnaire: _____

2. This Application is submitted for consideration of Prequalification as a Contractor for Best Value Contracts under the Job Order Contract (JOC) project delivery method. Contractors bidding on contracts for Best Value Job Order Contracting (herein referred as "Work") for the County must be prequalified in order to submit bids for award in one of the following categories throughout San Bernardino County. **(Check one box below per application package. Please note that Each category requires a separate Bid):**
 - A. This Complete Prequalification Package is being submitted for **General Building "B"**
 - B. This Complete Prequalification Package is being submitted for General **Engineering "A"**
 - C. This Complete Prequalification Package is being submitted for Mechanical **"C-4 and C-20"**
 - D. This Complete Prequalification Package is being submitted for **Healthcare General Building "B"**
 - E. This Complete Prequalification Package is being submitted for **Healthcare General Engineering "A"**
 - F. This Complete Prequalification Package is being submitted for **Healthcare Mechanical, "C-4 and C-20"**

Part I - Instructions

All of the answers by Applicant to the Questions in this Part I must be provided but are for informational purposes and are not scored.

1. Applicant Name: _____ Check One: Corporation
(As it appears on Required License) Partnership
 Sole Proprietor

2. Contact Person: _____

3. Address: _____

4. Phone: () _____ Fax: () _____ E-mail: _____

5. If Applicant is a sole proprietor, partnership or Project Joint Venture, list below or on separate signed sheets the following:

A. Applicant Constituent Members (refer to Article 1.9 of RFQ for definition):

B. License number(s) of Required License(s) currently held by Applicant (refer to Article 2.3 of RFQ for definition):

C. License number(s) of other active contractor licenses issued by the California State Contractors' License Board and currently held by Applicant:

D. Registration number issued by the California Department of Industrial Relations (DIR) currently held by Applicant:

6. If any Required License is held in the name of a corporation or partnership, for each such Required License list below the name of the individual who serves as the qualifier or qualifying individual on behalf of the Applicant for the Required License:

Required License: _____

DIR Registration Number: _____

Qualifier (Name (first, middle, and last) and Address):

Required License: _____

DIR Registration Number: _____

Qualifier (Name (first, middle, and last) and Address):

7. Has there been any change in ownership of the Applicant, (or Applicant Constituent Members if it is a Project Joint Venture), at any time during the past three (3) years?

Yes No If Applicant is a publicly traded corporation, then check here and no other response to this Question is required.

If "yes," explain: _____

8. Is the Applicant (or Applicant's Constituent Members if Applicant is a Project Joint Venture), a subsidiary, parent, holding company, or affiliate of another construction firm? (For purposes of this Question, an Applicant shall only be deemed an affiliate of another construction firm, and vice versa, if one owns 50% or more of the other, or if an owner, partner, director or officer of one holds a similar position as owner, partner, director or officer in the other).

Yes No

If "yes," describe the co-ownership or affiliation:

9. Has the Applicant's (or Applicant's Constituent Members if it is a Project Venture), name or license number on any license issued to Applicant by the California State Contractors' License Board been changed within the past five (5) years?

Yes No

If "yes," explain: _____

10. Has any owner, partner, director, or officer of Applicant (or Applicant's Constituent Members if Applicant is a Project Joint Member) operated a construction firm under any other name within the past five (5) years?

Yes No

If "yes," explain: _____

11. Does any corporate officer, corporate director, partner, or owner hold a similar position in any other construction firm?

Yes No

If "yes," explain: _____

12. Provide the following information concerning the Applicant's current surety:

Name of bonding company/surety: _____

Name of surety agent, address, and telephone number:

13. List below all other sureties (name and address) that have written bonds (performance or payment) for Applicant or an Applicant Constituent Member within the last three (3) years, including the name of the principal on the bond and the date on which the bond was issued:

PART II: ESSENTIAL REQUIREMENTS

Part II - Instructions

All of the answers by Applicant to the Questions in this Part II are evaluated on a “pass/fail” basis. The Applicant will be immediately disqualified if (1) its answer to any of Questions 1 through 6 is “no” or (2) its answer to any of Questions 7 through 10 is “yes”.

1. Has Applicant been issued by the State of California and does Applicant currently hold a currently active and valid contractor’s license within each of the classification(s) of the Required License(s) as required?
 Yes No
2. Has Applicant attached evidence of current registration with the California Department of Industrial Relations?
 Yes No
3. Does Applicant currently have a general liability insurance policy with a policy limit of at least \$5,000,000 per occurrence?
 Yes No
4. Is Applicant in compliance with the workers’ compensation insurance requirements required by the California Labor Code by reason of one of the following?
 - A. Applicant has a current workers’ compensation insurance policy as required by the California Labor Code
 Yes No
 - B. Applicant is legally self-insured pursuant to California Labor Code Section 3700 et. seq.
 Yes No
 - C. Applicant is exempt from these requirements because it has no employees
 Yes No
5. Has Applicant submitted with its Prequalification Submittal a notarized statement prepared in accordance with the Instructions from an admitted surety insurer (approved by the California Department of Insurance) that is authorized to issue bonds in the State of California stating that the Applicant’s current bonding capacity is sufficient at the present time for Applicant to enter into a contract for the amount as stipulated that it seeks prequalification?

Applicant’s Surety attests that Applicant’s current bonding capacity is a minimum of \$3,000,000 for General Building, General Engineering, Mechanical, Healthcare General Building, Healthcare General Engineering, and Healthcare Mechanical and has identified the limit of this capacity?

 Yes No

Bonding Capacity Limit: \$_____

6. Has Applicant submitted with its Prequalification Submittal a Bank Letter prepared in accordance with the Instructions confirming Applicant's relationship, credit, and banking history including the type of account(s) Applicant has, name of the branch manager, and his or her contact information?
- Yes No
7. Within the past five (5) years has a contractor's license issued to Applicant or an Applicant Constituent Member by the California State Contractors' License Board been revoked?
- Yes No
8. Within the past five (5) years has a surety completed a contract on behalf of Applicant or any Applicant Constituent Member, or paid for completion of a contract (public or private) entered into by Applicant or an Applicant Constituent Member, because Applicant or an Applicant Constituent Member was defaulted or terminated by a project owner?
- Yes No
9. Is Applicant or any Applicant Constituent Member currently ineligible to bid on or be awarded a public works contract, or perform as a contractor on a public works contract, pursuant to California Labor Code Section 1777.1, California Labor Code Section 1777.7, or California Labor Code Section 1725.5?
- Yes No
10. Within the past five (5) years has Applicant, an Applicant Constituent Member, or any owner, partner, director, or officer of either, been convicted of a crime related to the awarding, bidding or performance of a construction contract?
- Yes No

PART III: ORGANIZATION AND STRUCTURE

Part III – Instructions

All of the answers by Applicant to the Questions in this Part III are for informational purposes only and are not scored.

1. If Applicant is a Corporation, state:

A. Year incorporated: _____

B. State of incorporation: _____

C. For each person who is either (i) an officer of the corporation (president, vice president, secretary, treasurer), or (ii) the owner of 10% or more of the corporation's stock:

Person's Name	Position	Years with Company	% Ownership

D. Every construction firm that any person listed in the answer to immediately preceding Subpart C of this Question has been associated with (as owner, director, partner, or officer) at any time within the past five (5) years. *(For purposes of this Question only, the words "owner" and "partner" refer to a person holding an ownership interest of 10% or more in the firm, which in the case of a firm that is a corporation shall mean 10% or more of its stock):*

Person's Name	Construction Firm	Dates of Person's Association with Construction Firm

2. If Applicant is a Partnership, state:

A. Date of formation: _____

B. State under whose laws the partnership was formed: _____

C. State the following information for each Applicant Constituent Member of the partnership:

Person's Name	Position	Years with Company	% Ownership

- D. Every construction firm that any person listed in the answer to immediately preceding Subpart C of this Question has been associated with, (as owner, director, partner, or officer) at any time within the past five (5) years. *(For purposes of this Question only, the words “owner” and “partner” refer to a person holding an ownership interest of 10 % or more in the firm, which in the case of a firm that is a corporation shall mean 10 % or more of its stock):*

Person's Name	Construction Firm	Dates of Person's Association with Construction Firm

3. If the Applicant is a sole proprietorship state:

A. Date of commencement of business: _____

- B. Every construction firm that the sole proprietor has been associated with (as owner, general partner, limited partner, or officer) at any time during the past five (5) years. *(For purposes of this Question only, the words “owner” and “partner” refer to a person holding an ownership interest of 10 % or more in the firm, which in the case of a firm that is a corporation shall mean 10 % or more of its stock):*

Person's Name	Construction Firm	Dates of Person's Association with Construction Firm

4. If the Applicant is a Project Joint Venture (refer to Paragraph 4.4. of Instructions for definition state:

A. Date of formation of the Project Joint Venture: _____

- B. The following information for each Applicant Constituent Member of the Project Joint Venture:

Name of Applicant Constituent Member	% Ownership of Project Joint Venture

- C. Every construction firm that any person listed in the answer to immediately preceding Subpart B of this Question has been associated with (as owner, director, partner, or officer) at any time within the past five (5) years. *(For purposes of this Question only, the words “owner” and “partner” refer to a person holding an ownership interest of 10% or more in the firm, which in the case of a firm that is a corporation shall mean 10% or more of its stock):*

Person's Name	Construction Firm	Dates of Person's Association with Construction Firm

PART IV: PERFORMANCE HISTORY

Part IV – Instructions

The answers given by the Applicant to the Questions in this Part IV will be scored.

1. How many full calendar years prior to submission of its Prequalification Submittal has the Applicant (or if the Applicant is a Project Joint Venture, its Principal Managing Partner, as defined in Paragraph 4.4. of the Instructions) in its current organizational form, been doing business in California as a contractor performing work of the type for which a contractor's license has been issued to Applicant within the classification of each and all of the Required License(s)?

_____ # of years

2. At any time during the past seven (7) years has Applicant or any Applicant Constituent Member (1) declared bankruptcy; (2) had filed against it a petition for involuntary bankruptcy; (3) been placed in receivership; or (4) entered into an assignment of substantially all of its assets for the benefit of its creditors? *(An occurrence of any of the foregoing events within the past three (3) years constitutes grounds for automatic disqualification).*

Yes No

If "yes," attach a copy of the bankruptcy petition, showing the case number and the date on which the petition was filed, and a copy of the Bankruptcy Court's discharge order, or of any other document that ended the case, if no discharge order was issued.

3. Has any license issued by the California State Contractors' License Board to Applicant, an Applicant Constituent Member, or a Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) of either, been suspended at any time within the past five (5) years?

Yes No

If "yes," explain on a separate signed sheet.

4. At any time within the past five (5) years has Applicant been assessed liquidated damages, the assessment of which was not subsequently withdrawn or adjudged improper, on the basis of an assertion by a public or private owner that Applicant did not complete a construction project in accordance with the timing requirements of the construction contract between such owner and Applicant?

Yes No

If yes, explain on a separate signed page, identifying all such projects by owner, owner's address, the date of completion of the project, the amount of liquidated damages assessed, and all other information necessary to fully explain the assessment of liquidated damages.

5. At any time within the past five (5) years has Applicant, an Applicant Constituent Member, or any construction firm in which any of Applicant's or an Applicant Constituent Member's owners, directors, officers or partners was associated as an owner, director, officer or partner, been debarred or disqualified from bidding on any government agency or public works project for any reason?

Yes No

If "yes," explain on a separate signed page. State whether the firm involved was the Applicant, an Applicant Constituent Member or another firm. Identify by name of the firm, the name of the person having a position in the Applicant or Applicant Constituent Member who was associated with that firm, the year of the event, the government agency, the project, and the basis for the government agency's action.

6. Within the past five (5) years has Applicant or an Applicant Constituent Member been denied an award of a public works contract based on a finding by a public agency that it was not a responsible bidder?

Yes No

If "yes," explain on a separate signed page. Identify the year of the event, the public agency, the project, and the basis for the finding by the public agency.

Part IV - Instructions - Questions 7 and 8

Questions 7 and 8 refer only to disputes between Applicant and the owner (public or private) of a project. Applicants need not include information about disputes: (1) where the total amount of damages or losses alleged by the project owner was less than \$50,000; or (2) between Applicant and a supplier, another contractor, or subcontractor. Applicants need not include information about "pass-through" disputes in which the actual dispute is between a subcontractor or supplier and a project owner and there were no allegations on the part of the owner or the subcontractor or supplier of wrongdoing or fault on the part of the Applicant involving acts or omissions of the Applicant that were independent of the acts or omissions of the subcontractor or supplier.

7. Within the past five (5) years has any lawsuit or arbitration been commenced against Applicant concerning Applicant's work on a public or private construction project?

Yes No

If "yes," on separate signed sheets identify the lawsuit(s) and/or arbitration(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court or tribunal 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).

8. Within the past five (5) years has commenced any lawsuit or arbitration against a project owner concerning work on, or payment for, a public or private project.

Yes No

If "yes," on separate signed sheets identify each such lawsuit or arbitration by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, the court or tribunal in which the case was filed and brief descriptions of the claim's nature and status (pending or, if resolved, the terms of its resolution).

9. Within the past five (5) years has any surety company made any payments on behalf of Applicant or an Applicant Constituent Member as a result of a default, or to satisfy any claims made against a performance or payment bond issued on Applicant's or an Applicant Constituent Member's behalf, in connection with a public or private construction project?

Yes No

If "yes," explain on a separate signed page 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 and nature of resolution of such claim if resolved, including, the amount, if any, of the payment by which the claim was resolved.

10. Within the past five (5) years has any insurance carrier, for any form of insurance, refused to renew an insurance policy for Applicant or an Applicant Constituent Member?

Yes No

If "yes," explain on a separate signed page. Name the insurance carrier, the form of insurance, and the year of the refusal.

11. Has Applicant, an Applicant Constituent Member, or an owner, director, officer or partner of either, ever been found, based on a finding of its making any false claim or material misrepresentation to any public agency or entity, liable in a civil suit or guilty in a criminal action?

Yes No

If "yes," explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.

12. Has Applicant, an Applicant Constituent Member, or an owner, director, officer or partner of either, ever been convicted of a crime involving any federal, state, or local law related to construction?

Yes No

If "yes," explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the conviction and the grounds for the conviction.

13. Has Applicant, an Applicant Constituent Member or an owner, director, officer or partner of either, ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?

Yes No

If "yes," identify on a separate signed page the person or persons convicted, the court (the county if a state court, the state and district if a federal court), the year and the criminal conduct.

14. Has Applicant or an Applicant Constituent Member been required to pay a premium of more than 1% for a performance or payment bond on any project(s) on which it worked at any time within the past three (3) years; and, if so, what is the highest percentage that Applicant or any Applicant Constituent Member was required to pay? (*Applicant may, at its option, provide an explanation for a percentage rate higher than 1%*).

No Yes Percentage: _____%

15. Within the past five (5) years, has Applicant or an Applicant Constituent Member ever been denied bond coverage by a surety company, or has there ever been a period of time when Applicant or an

Applicant Constituent Member had no surety bond in place during a public construction project when one was required?

Yes No

If yes, provide details on a separate signed sheet indicating the date when coverage was denied, the name of the company or companies which denied coverage and the period during which no required surety bond was in place.

16. Within the past five (5) years has CAL OSHA cited and assessed a penalty against Applicant (or, if the Applicant is a Project Joint Venture, its Principal Managing Partner) for any “serious,” “willful” or “repeat” violations of its safety or health regulations? *(If an appeal of a citation has been filed, and the Occupational Safety and Health Appeals Board has not yet ruled on the appeal, it need not be included in Applicant’s response).*

Yes No

If “yes,” attach a separate signed page describing each such citation, including information about the date of the citation, the nature of the violation, the project on which the citation was issued, and 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.

17. At any time within the past five (5) years has the federal Occupational Safety and Health Administration cited and assessed penalties against Applicant or any Applicant Constituent Member? *(If an appeal of a citation has been filed, and the Occupational Safety and Health Appeals Board has not yet ruled on the appeal, it need not be included in Applicant’s response.)*

Yes No

If “yes,” attach a separate signed page describing each such citation.

18. At any time within the past five (5) years has the Environmental Protection Agency (“EPA”), any Air Quality Management District (“AQMD”) or any Regional Water Quality Control Board (“RWQCB”) cited and assessed penalties against either Applicant, an Applicant Constituent Member or the owner of a project on which either was the contractor? *(If an appeal of a citation has been filed, and the EPQ, AQMD or RWQCB has not yet ruled on the appeal, it need not be included in Applicant’s response).*

Yes No

If “yes,” attach a separate signed page describing each such citation.

19. How frequently does Applicant hold documented safety meetings for construction employees and field supervisors during the course of a project (public or private)?

-
20. State the Applicant’s EMR (Experience Modification Rate) for the past three (3) full calendar years (this information is available from the Applicant’s insurance carrier). *Applicants are hereby instructed to submit as part of their Prequalification Submittal OSHA No. 300 logs covering the past three (3) full calendar years as verification of its response to this Question 20.*

20_21_: _____ 20_22_: _____ 20_23_: _____

If an EMR for any of the above three (3) years is or was 1.00 or higher, Applicant may attach signed sheets explaining the reasons for such EMR.

21. Within the past five (5) years has there ever been a period when Applicant or an Applicant Constituent Member had employees but was without workers' compensation insurance or state-approved self-insurance?

Yes No

If "yes," explain the reason for the absence of workers' compensation insurance or state-approved self-insurance on a separate signed page. If "no" then: (1) provide (a) a statement by the Applicant's current workers' compensation insurance carrier that verifies periods of workers' compensation insurance coverage for the past five (5) years or (b) written evidence of the existence of state-approved self-insurance for the past five (5) years; or (2) if Applicant has been in the construction business for less than five (5) years, provide (a) a statement by Applicant's workers' compensation insurance carrier verifying continuous workers' compensation insurance coverage for the period that Applicant has been in the construction business or (b) written evidence of the existence of state-approved self-insurance for the period that Applicant has been in the construction business.

22. Has there been more than one occasion within the past five (5) years when Applicant or any Applicant Constituent Member was required to pay either back wages or penalties for its failure to comply with the California prevailing wage laws? (*Violations of the prevailing wage laws by a subcontractor need not be included in the Applicant's response*).

Yes No

If "yes," attach a separate signed page or pages describing 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 were required to be paid.

23. Has there been more than one occasion within the past five (5) years when Applicant or any Applicant Constituent Member was required to pay either back wages or penalties for its failure to comply with the Federal Davis-Bacon prevailing wage laws? (*Violations of the prevailing wage laws by a subcontractor need not be included in the Applicant's response*).

Yes No

If "yes," attach a separate signed page or pages describing 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 were required to be paid.

24. Have there been one or more public works projects in the past five (5) years where Applicant has been found by the Department of Industrial Relations to have violated any provision of the California apprenticeship laws or regulations, or the laws pertaining to the use of apprentices on public works? (*Applicant need not include in its response any incident that occurred prior to January 1, 1998, if the violation was by a subcontractor and the Applicant or the Applicant Constituent Member, as general contractor on a project, had no knowledge of the subcontractor's violation at the time it occurred*).

If none, answer "No". If any, attach a separate signed page describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed, and the amount of the penalty assessed, and attach copies of the Department of Industrial Relations' final decision(s).

Yes No

25. Provide below or on separate sheets the name, address, and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from which Applicant intends to request the dispatch of apprentices to Applicant for use on the Project for which prequalification is sought by Applicant.

26. If Applicant operates its own State-approved apprenticeship program, state below or on separate signed sheets:

A. The craft or crafts in which apprenticeship training was provided in the past year:

B. The year in which each such apprenticeship program was approved, and attach evidence of the most recent California Apprenticeship Council approval(s) of Applicant's apprenticeship program(s): _____

C. The number of individuals who were employed as apprentices at any time during the past three (3) years in each apprenticeship program

Number of Apprentices over past 3 years: _____

D. The number of individuals who, during the past three years, completed apprenticeships in each craft while employed

Number of Persons completing Apprenticeship in the past 3 years: _____

27. How many Public Agency Facility and/or Public Healthcare Facility remodel, repair, or renovation projects (located in the State of California) has the Applicant (or, if the Applicant is a Project Joint Venture, its Principal Managing Partner) constructed and completed, in its capacity as a Prime Contractor, or contractor within the category being qualified for in this prequalification package, during the past ten (10) years?

Number of Facilities: _____

Part V – Project Experience

In Part V Contractor should provide the top example projects to demonstrate its experience and capability performing renovation or remodeling of the category as selected for this Prequalification Submittal in Part I Title Page.

The term “HCAI” (Department of Health Care Access and Information) shall mean the same as a hospital facility or acute care facility; “General Facilities” is the same as a “Public Agency” facility, which is a building structure constructed primarily for occupancy and use by employees of a public agency conducting the business or carrying out the functions of the public agency.

The term “constructed and completed” shall mean the Contractor has completed its full scope of work at the identified facility.

Projects may be duplicate projects only if qualifying for a separate Best Value - JOC category of prequalification (**Separate prequalification package required for each Best Value - JOC category**).

Part V - Project Experience Form A

Complete this form only if the Prequalification Submittal is for General Building B

NOTE: (Separate prequalification package required for each Best Value - JOC category).

1. How many renovated or remodeled existing **Public Agency Facilities** has the Applicant, as a B-Licensed Contractor, constructed and completed in the past five (5) years?

Number: ____

2. How many renovation or remodel projects has the Applicant, as a B-Licensed Contractor, constructed and completed in the past five (5) years where the facility was partially occupied by tenants while construction was underway for existing **Public Agency Facilities**?

Number: ____

Part V - Project Experience Form B

Complete this form only if the Prequalification Submittal is for General Engineering A

NOTE: (Separate prequalification package required for each Best Value - JOC category).

1. How many renovated or remodeled existing Public **Agency Facilities** has the Applicant, as an A-Licensed Contractor, constructed and completed in the past five (5) years?

Number: ____

2. How many renovation or remodel projects has the Applicant, as a A-Licensed Contractor, constructed and completed in the past five (5) years where the facility was partially occupied by tenants while construction was underway for existing **Public Agency Facilities?**

Number: _____

Part V - Project Experience Form C

Complete this form only if the Prequalification Submittal is for Mechanical C-4 and C-20

NOTE: (Separate prequalification package required for each Best Value - JOC category).

1. How many renovated or remodeled existing **Public Agency Facilities** has the Applicant, as a C-4 and C-20 Licensed Contractor, constructed and completed in the past five (5) years?

Number: ____

2. How many renovation or remodel projects has the Applicant, as a C-4 and C-20 Licensed Contractor, constructed and completed in the past five (5) years where the facility was partially occupied by tenants while construction was underway for existing **Public Agency Facilities?**

Number: _____

Part V – Project Experience Form D

Complete this form only if the Prequalification Submittal is for Healthcare General Building B

NOTE: (Separate prequalification package required for each Best Value - JOC category).

1. How many renovated or remodeled existing **Public Healthcare Facilities** has the Applicant, as a B- Licensed Contractor, constructed and completed in the past five (5) years?

Number: ____

2. How many renovated or remodeled existing **Public Healthcare Facilities** has the Applicant, as a B- Licensed Contractor, constructed and completed in the past five (5) years where the facility was partially occupied by tenants while construction was underway?

Number: ____

Part V - Project Experience Form E

Complete this form only if the Prequalification Submittal is for Healthcare General Engineering A

NOTE: (Separate prequalification package required for each Best Value - JOC category).

1. How many renovated or remodeled existing **Public Healthcare Facilities** has the Applicant, as an A- Licensed Contractor, constructed and completed in the past five (5) years?

Number: ____

2. How many renovated or remodeled existing **Public Healthcare Facilities** has the Applicant, as an A- Licensed Contractor, constructed and completed in the past five (5) years where the facility was partially occupied by tenants while construction was underway?

Number: ____

Part V - Project Experience Form F

Complete this form only if the Prequalification Submittal is for Healthcare Mechanical C-4 and C-20

NOTE: (Separate prequalification package required for each Best Value - JOC category).

1. How many renovated or remodeled existing **Public Healthcare Facilities** has the Applicant, as a C-4 and C-20 Licensed Contractor, constructed and completed in the past five (5) years?

Number: _____

2. How many renovated or remodeled existing **Public Healthcare Facilities** has the Applicant, as a C-4 and C-20 Licensed Contractor, constructed and completed in the past five (5) years where the facility was partially occupied by tenants while construction was underway?

Number: _____

PART VI

Project Reference Interviews

Applicants are advised that the County shall conduct past performance interviews of the three (3) Project References listed in the Applicant's responses to Part VI. Applicant shall provide the information requested in Part VI, Section A, B, C, D, E or F (choose the section that matches the category Applicant is attempting to prequalify for) on the forms provided in this Part VI. The following rules shall be followed:

1. Contacts for Project References may be contacted for the purpose of either (1) confirming information provided by the Applicant, (2) conducting interviews on past performance, or (3) both confirming information and conducting interviews on past performance.
2. The County will conduct past performance interviews of the three (3) Project References provided in the Applicant's responses to Part VI, Section A, B, C, D, E, or F. If such interviews are conducted for any Applicant, they will be conducted for all Applicants.
3. The Applicant has been requested in Part VI, Section A, B, C, D, E, or F, to provide for each Project Reference three (3) contacts for past performance interviews from: Owner, Architect or Engineer and Construction Manager. If all of these three (3) contacts cannot be located, there will be no scoring for the corresponding interview and Applicant will receive zero points for that project.
4. Failure to provide a contact in response to the Part VI, Section A, B, C, D, E, or F, when such information is found to have been reasonably available to the Applicant, constitutes a grounds for disqualification. Where a contact requested by Part VI, Section A, B, C, D, E, or F, cannot be reasonably located by Applicant, failure to list that contact shall not be a grounds for disqualification.
5. Past performance interviews shall be conducted by telephone. Applicants are responsible to ensure that the individuals listed as contacts in the Project References are available for past performance interviews. County will make two attempts by telephone to reach a contact. If a contact does not respond within forty-eight hours after the second of two telephonic attempts, the contact will be deemed unavailable. If a contact does not respond, the same effort will be made to contact the other contacts provided. If no contacts are available, the Applicant shall receive zero points for that project.
6. A space has been provided in Part VI, Section A, B, C, D, E, or F, for the Applicant to indicate the contact that the Applicant requests be contacted for a past performance interview. Attempts shall be made to reach that contact before other contacts are called. If that contact does not respond, attempts shall be made as stated above to reach another contact for that Project Reference that is provided in the Applicant's response.
7. The time period during which past performance interviews may be conducted is set forth in the Prequalification Schedule set forth in the Instructions, which time period may be adjusted by Prequalification Addendum or as determined to be in the best interest of the County.
8. Only one past performance interview shall be conducted of one contact for each Project Reference. Once a past performance interview is commenced of one of the contacts listed, no further past performance interviews of other contacts listed will be performed, even if the person interviewed is unable to answer all of the Interview Questions.
9. Identical questions from a standardized list of Questions shall be asked during past performance interviews. A copy of the standardized list of Questions is attached to the Instructions. If the person interviewed states that he/she is unable to answer the Question, then the Applicant shall be given zero points as its score for that Question.

Part VI - Project Reference Form

Instructions – Part VI Reference Form

Applicant shall complete Part VI – Project Reference Forms for three (3) completed projects for each of the Best Value JOC categories they are bidding for as selected for this Prequalification Submittal in Part I Title Page/General Information.

Information provided must be current and verifiable. If a contact given for a Project Reference cannot be located, state the efforts that were made to locate the contact.

Project References Section A – General Building “B”

Provide the information requested below for three (3) public or private projects for General Building Facility Renovation or Remodel (*cannot be duplicates*) that Applicant has completed in its capacity as a B-Licensed Contractor:

Project References Section B – General Engineering “A”

Provide the information requested below for three (3) public or private projects for General Engineering Facility Renovation or Remodel (*cannot be duplicates*) that Applicant has completed in its capacity as a A-Licensed Contractor:

Project References Section C – Mechanical “C-20 and C-4)”

Provide the information requested below for three (3) public or private projects for Mechanical Facility Renovation or Remodel (*cannot be duplicates*) that Applicant has completed in its capacity as a C-20 and C-4- Licensed Contractor:

Project References Section D – Healthcare General Building “B”

Provide the information requested below for three (3) public or private projects for Healthcare General Building Facility Renovation or Remodel (*cannot be duplicates*) that has completed in its capacity as a B-Licensed Contractor:

- One (1) renovated or remodeled existing **HCAI** facilities where the facility was partially occupied by tenants while construction was underway.
- One (1) renovated or remodeled existing **HCAI** facilities that included ICRA in the scope of work.
- One (1) renovated or remodeled existing **HCAI** facilities that included work scope for central plant and/or air handler systems.

Project References Section E – Healthcare General Engineering “A”

Provide the information requested below for three (3) public or private projects for **Healthcare General Engineering** Facility Renovation or Remodel (*cannot be duplicates*) that has completed in its capacity as a A-Licensed Contractor:

- One (1) renovated or remodeled existing **HCAI** facilities where the facility was partially occupied by tenants while construction was underway.
- One (1) renovated or remodeled existing **HCAI** facilities that included ICRA in the scope of work.
- One (1) renovated or remodeled existing **HCAI** facilities that included work scope for central plant and/or air handler systems.

Project References Section F – Healthcare Mechanical “C-4 and C-20”

Provide the information requested below for three (3) public or private projects for **Healthcare Mechanical** Facility Renovation or Remodel (*cannot be duplicates*) that has completed in its capacity as a C-4 or C-20 Licensed Contractor:

- One (1) renovated or remodeled existing **HCAI** facilities where the facility was partially occupied by tenants while construction was underway.
- One (1) renovated or remodeled existing **HCAI** facilities that included ICRA in the scope of work.
- One (1) renovated or remodeled existing **HCAI** facilities that included work scope for central plant and/or air handler systems.

Project Reference Form (utilize for form A, B, C, D, E, or F,)

NOTE: (Separate prequalification package required for each Best Value - JOC category).

Project #1:

Project Name: _____

Project Type: _____

Location: _____

Owner: _____

Owner Contact (name and current phone number):

Architect or Engineer: _____

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

Construction Manager: _____

Construction Manager Contact (name and current phone number):

Description of Project (describe how the scope of work met the experience criteria):

Method of Project Delivery: _____

Total Value of Construction (including change orders): _____

Original Scheduled Completion Date: _____

Time Extensions Granted (number of days): _____

Actual Date of Completion: _____

Person to Contact for Interview, including current phone number and e-mail, (must be one of the contacts listed above for the Owner, Architect, or Construction Manager):

For all Healthcare Categories:

How many **Public Healthcare Facilities** has the Applicant constructed and completed that included work scope requiring **Infection Control Risk Assessment (ICRA)** in the past five (5) years?

Number: _____

Project #2:

Project Name: _____

Project Type: _____

Location: _____

Owner: _____

Owner Contact (name and current phone number):

Architect or Engineer: _____

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

Construction Manager: _____

Construction Manager Contact (name and current phone number):

Description of Project (describe how the scope of work met the experience criteria):

Method of Project Delivery: _____

Total Value of Construction (including change orders): _____

Original Scheduled Completion Date: _____

Time Extensions Granted (number of days): _____

Actual Date of Completion: _____

Person to Contact for Interview, including current phone number and e-mail, (must be one of the contacts listed above for the Owner, Architect, or Construction Manager):

For all Healthcare Categories:

How many **Public Healthcare Facilities** has the Applicant constructed and completed that included work scope requiring **Infection Control Risk Assessment (ICRA)** in the past five (5) years?

Number: _____

Project #3:

Project Name: _____

Project Type: _____

Location: _____

Owner: _____

Owner Contact (name and current phone number):

Architect or Engineer: _____

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

Construction Manager: _____

Construction Manager Contact (name and current phone number):

Description of Project (describe how the scope of work met the experience criteria):

Method of Project Delivery: _____

Total Value of Construction (including change orders): _____

Original Scheduled Completion Date: _____

Time Extensions Granted (number of days): _____

Actual Date of Completion: _____

Person to Contact for Interview, including current phone number and e-mail, (must be one of the contacts listed above for the Owner, Architect, or Construction Manager):

For all Healthcare Categories:

How many **Public Healthcare Facilities** has the Applicant constructed and completed that included work scope requiring **Infection Control Risk Assessment (ICRA)** in the past five (5) years?

Number: ____