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

HEALTHCARE GENERAL BUILDING, "B" LICENSE

November 2025

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ATTACHED FORMS

PART I: TITLE PAGE / GENERAL INFORMATION

CONTRACTORS SEEKING TO BID ON CONTRACTS FOR BEST VALUE JOB ORDER CONTRACTING (JOC)
FOR
HEALTHCARE GENERAL BUILDING, "B" LICENSE PROJECTS

1. Full name of firm completing this questionnaire:_____

2. This Application is submitted for consideration of Prequalification for General Contractors for purpose of prequalifying, to be awarded Job Order Contracts under the Best Value Program codified in California Public Contract Code Section 20155 et seq. for Healthcare General Building "B" License projects.

Part I - Instructions

All of the answers by Applicant to the Questions in this Part I must be provided and are for informational purposes only 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 a minimum of $3,000,000 for Healthcare General Building 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 ten percent (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 ten percent (10%) or more in the firm, which in the case of a firm that is a corporation shall mean ten percent (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 ten percent (10%) or more in the firm, which in the case of a firm that is a corporation shall mean ten percent (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 Article 4.4 of RFQ 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 ten percent (10%) or more in the firm, which in the case of a firm that is a corporation shall mean ten percent (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 Article 4.4 of the RFQ) 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 fifty thousand dollars ($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 EPA, AQMD or RWQCB has not yet ruled on the appeal, it need not be included it 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__:_____ 20 20__: _____

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 Constitute 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 (1) 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?

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 three (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 three (3) years: ____

27. How many Public Agency facilities (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 Healthcare General Building, Contractor License “B” projects.

The term “HCAI” (California Department of Health Care Access and Information) shall mean the same as a **Level 1 hospital facility or acute care facility (OSHPD 1),**

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

The term OSHPD 1 refers to the California health and Safety Codes which mandates that hospital buildings must be designed to provide services to the public after a disaster.

Part V - Project Experience Form A
HCAI Facility Renovation and Remodel

1. **Medical Imaging Renovations**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility has the Applicant, as a B-Licensed Contractor, constructed and completed in the past five (5) years that included renovation or remodel work involving medical imaging systems (e.g., MRI, CT, X-ray) and associated structural, electrical, and shielding requirements?

   Number: _____

2. **Occupied Facility Renovations with Nurse Call Systems**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility, performed in partially occupied areas, has the Applicant constructed and completed in the past five (5) years that included installation, upgrade, or integration of a nurse call or patient communication system?

   Number: _____

3. **Medical Gas System Work**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility has the Applicant constructed and completed in the past five (5) years that included medical gas piping, manifolds, alarms, or equipment connections?

   Number: _____

4. **Surgical Suite Renovations**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility has the Applicant constructed and completed in the past five (5) years that involved renovation or remodel of surgical/operating suite rooms, or other specialized surgical areas

   Number: _____

5. **Interim Life Safety Measures (ILSM) Compliance**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility has the Applicant constructed and completed in the past five (5) years that required Interim Life Safety Measure (ILSM) protocols, such as temporary egress modifications, fire watch, or barrier systems?

   Number: _____

6. **Specialty Bed Unit Renovations**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility has the Applicant constructed and completed in the past five (5) years that involved renovation or remodel of specialty bed units such as NICU, PICU, ICU, or other specialized patient care areas?

   Number: _____

7. **Sterile Processing Department (SPD) and Laboratory Areas**
   How many hospital projects at an existing OSHPD 1 jurisdiction hospital facility has the Applicant constructed and completed in the past five (5) years that included renovation or remodel of a Sterile Processing Department (SPD) or hospital laboratory area?

   Number: _____

PART VI

Project Reference Interviews

Applicants are advised that the County shall conduct past performance interviews of the six (6) Project References listed in the Applicant's responses to Part VI. Applicant shall provide the information requested in this Part VI on Form B. The following rules shall be followed:

1. Contacts for Project References shall be contacted for the purpose of confirming information and conducting interviews on past performance.

2. The County will conduct past performance interviews of the six (6) Project References provided in the Applicant's responses to Part VI, Form B. If such interviews are conducted for any Applicant, they will be conducted for all Applicants.

3. The Applicant has been requested in Part VI, Form B 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, Form B 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, Form A 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, Form B 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 – Form B Project References for six (6) completed Healthcare General Building, License "B" projects .

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 – General Building "B"

Provide the information requested below for six (6) public or private projects for **HCAI** Facility Renovation and Remodel (*cannot be duplicates*) that Applicant has completed in its capacity as a B-Licensed Contractor:

- One (1) renovated or remodeled existing HCAI facility that included medical imaging systems in the scope of work.
- One (1) renovated or remodeled existing HCAI facility that involved specialty bed units such as NICU, PICU, ICU, or other specialized patient care areas.
- One (1) renovated or remodeled existing HCAI facility where the facility was partially occupied by tenants while construction was underway and included nurse call or patient communication systems in the scope of work.
- One (1) renovated or remodeled existing HCAI facility that included Sterile Processing Department (SPD) or hospital laboratory areas in the scope of work.
- One (1) renovated or remodeled existing HCAI facility that involved renovation or remodel of surgical/operating suite rooms, or other specialized surgical areas.
- One (1) renovated or remodeled existing HCAI facility that included medical gasses in the scope of work.

For B: Project References

Project #1:

1. Project Name: _____
2. Project Type: _____
3. OSHPD Project No.:_____
4. Location (full address): _____
5. Method of Project Delivery: _____
6. Total Value of Construction (including change orders): _____
7. Original Scheduled Completion Date: _____
8. Time Extensions Granted (number of days): _____
9. Actual Date of Completion: _____
10. Description of Project (describe how the scope of work met the experience criteria):

_____

_____

Project References:

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):

_____

_____

Project #2:

1. Project Name: _____
2. Project Type: _____
3. OSHPD Project No.:_____
4. Location (full address): _____
5. Method of Project Delivery: _____
6. Total Value of Construction (including change orders): _____
7. Original Scheduled Completion Date: _____
8. Time Extensions Granted (number of days): _____
9. Actual Date of Completion: _____
10. Description of Project (describe how the scope of work met the experience criteria):

_____

_____

Project References:

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):

_____

_____

Project #3:

1. Project Name: _____

2. Project Type: _____

3. OSHPD Project No.: _____

4. Location (full address): _____

5. Method of Project Delivery: _____

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

7. Original Scheduled Completion Date: _____

8. Time Extensions Granted (number of days): _____

9. Actual Date of Completion: _____

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

_____

_____

Project References:

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):

_____

_____

Project #4:

1. Project Name: _____
2. Project Type: _____
3. OSHPD Project No.:_____
4. Location (full address): _____
5. Method of Project Delivery: _____
6. Total Value of Construction (including change orders): _____
7. Original Scheduled Completion Date: _____
8. Time Extensions Granted (number of days): _____
9. Actual Date of Completion: _____
10. Description of Project (describe how the scope of work met the experience criteria):

_____

_____

Project References:

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):

_____

_____

Project #5:

1. Project Name: _____

2. Project Type: _____

3. OSHPD Project No.:_____

4. Location (full address): _____

5. Method of Project Delivery: _____

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

7. Original Scheduled Completion Date: _____

8. Time Extensions Granted (number of days): _____

9. Actual Date of Completion: _____

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

_____

_____

Project References:

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):

_____

_____

Project #6:

1. Project Name: _____

2. Project Type: _____

3. OSHPD Project No.:_____

4. Location (full address): _____

5. Method of Project Delivery: _____

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

7. Original Scheduled Completion Date: _____

8. Time Extensions Granted (number of days): _____

9. Actual Date of Completion: _____

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

_____

_____

Project References:

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):

_____

_____