

# 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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## **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

Full name of firm completing this questionnaire:
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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.	Applica	ant Name: Check One: Corporation  (As it appears on Required License) Partnership  Sole Proprietor
2.	Contac	et Person:
3.	Addres	SS:
4.	Phone	: <u>( )</u> Fax: <u>( )</u> E-mail:
5.		icant is a sole proprietor, partnership or Project Joint Venture, list below or on separate signed 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):
		<u> </u>
	C.	License number(s) of other active contractor licenses issued by the California State Contractors' License Board and currently held by Applicant:
		<u> </u>
	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?
	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

	es any corporate officer, corporate director, partner, or owner hold a similar er construction firm?	position in ar
	Yes	
If "y	es," explain:	_
Pro	vide the following information concerning the Applicant's current surety:	
Nar	ne of bonding company/surety:	
Nar	ne of surety agent, address, and telephone number:	
for A	below all other sureties (name and address) that have written bonds (performate) Applicant or an Applicant Constituent Member within the last three (3) years, in 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 currentl active and valid contractor's license within each of the classification(s) of the Requ required?												
	☐ Yes		☐ No										
2.		oplicant al Relati		ed evidence	e of curr	ent re	gistratio	on with	the	Californ	ia Dep	artmen	t of
	☐ Yes		□No										
3.		pplicant 000 per		tly have a q nce?	general lia	ability	insuran	ce poli	cy wit	h a polic	y limit	of at le	east
	☐ 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.	Applica Labor C		current wor	kers' com	oensat	ion insu	rance p	olicy	as require	ed by th	e Califo	rnia
		☐ Yes		☐ No									
	B.	Applica	nt is lega	ally self-insu	red pursua	ant to (	California	a Labor	Code	Section	3700 et	. seq.	
		☐ Yes		☐ No									
	C.	Applica	nt is exe	mpt from the	ese requir	ement	s becaus	se it has	s no e	mployees	3		
		☐ Yes		☐ No									
5.	accorda Departr Applica	ance wit ment of I nt's curr	th the linsurance ent bon	ed with its nstructions ce) that is auding capac mit of this c	from an athorized to ity is a mi	admitt o issu	ed sure e bonds	ety insus in the	ırer (a State	approved of Califo	by the	e Califo	ornia It the
	☐ Yes		☐ No										
	Bonding	g Capaci	ty Limit:	\$									

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?

6.

	∐ Yes	∐ No
7.		t five (5) years has a contractor's license issued to Applicant or an Applicant mber by the California State Contractors' License Board been revoked?
	Yes	□ No
8.	Applicant Const Applicant or ar	t five (5) years has a surety completed a contract on behalf of Applicant or any tituent Member, or paid for completion of a contract (public or private) entered into by a Applicant Constituent Member, because Applicant or an Applicant Constituent efaulted or terminated by a project owner?
	Yes	□ No
9.	works contract,	any Applicant Constituent Member currently ineligible to bid on or be awarded a public or perform as a contractor on a public works contract, pursuant to California Labor 1777.1, California Labor Code Section 1777.7, or California Labor Code Section
	Yes	□ No
10.	director, or off	five (5) years has Applicant, an Applicant Constituent Member, or any owner, partner, ficer of either, been convicted of a crime related to the awarding, bidding or 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 App	If Applicant is a <u>Corporation</u> , state:									
	A.	Year incorporated									
	B.	State of incorporat	on:								
	C.	For each person who is either (i) an officer of the corporation (president, vice president, sector treasurer), or (ii) the owner of ten percent (10%) or more of the corporation's stock:									
	Perso	on's Name	Position	Years with Company	% Ownership						
	D.	this Question has past five (5) years person holding an	n firm that any person listed in the been associated with (as owner, did . (For purposes of this Question ownership interest of 10% or more nean 10% or more of its stock):	rector, partner, or officionly, the words "own	cer) at any time wit er" and "partner" re						
	Perso	on's Name	Construction Firm		on's Association truction Firm						
2.	If App	licant is a <u>Partnershi</u> p	, state:								
	A.	Date of formation:									
	B.	B. State under whose laws the partnership was formed:									
	C.	State the following	information for each Applicant Cons	tituent Member of the	partnership:						
	Perso	on's Name	Position	Years with Company	% Ownership						
					†						

		at any time within "owner" and "partr	the past five (see" refer to a post- hich in the case	5) years. <i>(For purpo</i> erson holding an owi	as owner, director, partner, or officer) uses of this Question only, the words nership interest of ten percent (10%) or poration shall mean ten percent (10%)
	Pers	on's Name	Cor	nstruction Firm	Dates of Person's Association with Construction Firm
3.	If the	Applicant is a sole pro	p <u>rietorship</u> stat	e:	
	A.	Date of commence	ment of busine	ss:	<u></u>
	B.	partner, limited pa of this Question ownership interes	rtner, or officer only, the word t of ten percent	) at any time during t Is "owner" and "par	en associated with (as owner, general ne past five (5) years. (For purposes tner" refer to a person holding an e firm, which in the case of a firm that e of its stock):
	Pers	on's Name	Cor	nstruction Firm	Dates of Person's Association with Construction Firm
4.	A.	Date of formation of	of the Project Jo	int Venture:	RFQ for definition) state:
	B.	The following info	ormation for ea	ach Applicant Const	ituent Member of the Project Joint
	Name of	Applicant Constituent	Member	% Owners	hip of Project Joint Venture

Every construction firm that any person listed in the answer to immediately preceding

D.

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?
achman	Yes No 4 Prequalification Questionnaire

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). Within the past five (5) years has commenced any lawsuit or arbitration against a project owner 8. 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

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

(pending or, if resolved, the terms of its resolution).

9.	or an Applicant a performance	Constituent Member as a result of a default, or to satisfy any claims made against or payment bond issued on Applicant's or an Applicant Constituent Member's ection with a public or private construction project?
	☐ Yes	□ No
	number of the claim, the date	on a separate signed page the amount of each such claim, the name and telephone claimant, the date of the claim, the grounds for the claim, the present status of the and nature of resolution of such claim if resolved, including, the amount, if any, of which the claim was resolved.
10.		five (5) years has any insurance carrier, for any form of insurance, refused to renew blicy for Applicant or an Applicant Constituent Member?
	Yes	□ No
	If "yes," explain the year of the	on a separate signed page. Name the insurance carrier, the form of insurance, and refusal.
11.	ever been foun	an Applicant Constituent Member, or an owner, director, officer or partner of either, d, based on a finding of its making any false claim or material misrepresentation to ncy or entity, liable in a civil suit or guilty in a criminal action?
	Yes	□ No
		on a separate signed page, including identifying who was involved, the name of cy, the date of the investigation and the grounds for the finding.
12.		an Applicant Constituent Member, or an owner, director, officer or partner of either, victed of a crime involving any federal, state, or local law related to construction?
	Yes	□ No
		on a separate signed page, including identifying who was involved, the name of the the date of the conviction and the grounds for the conviction.
13.		an Applicant Constituent Member or an owner, director, officer or partner of either, victed of a federal or state crime of fraud, theft, or any other act of dishonesty?
	☐ Yes	□ No
		on a separate signed page the person or persons convicted, the court (the county if e state and district if a federal court), the year and the criminal conduct.
14.	1% for a performant three (3) Constituent Me	or an Applicant Constituent Member been required to pay a premium of more than mance or payment bond on any project(s) on which it worked at any time within the years; and, if so, what is the highest percentage that Applicant or any Applicant mber was required to pay? (Applicant may, at its option, provide an explanation for ate higher than 1%).
	☐ No	☐ Yes Percentage:%

15.	bond coverage by a su	years, has Applicant or an Applicant Constituent Member ever been denied irety company, or has there ever been a period of time when Applicant or an Member had no surety bond in place during a public construction project when
	Yes	□ No
		on a separate signed sheet indicating the date when coverage was denied, any or companies which denied coverage and the period during which no was in place.
16.	if the Applicant is a Pro or "repeat" violations of	years has CAL OSHA cited and assessed a penalty against Applicant (or, pject Joint Venture, its Principal Managing Partner) for any "serious," "willful" if its safety or health regulations? (If an appeal of a citation has been filed, Safety and Health Appeals Board has not yet ruled on the appeal, it need not not's response).
	Yes	□ No
	the date of the citation the amount of penalty	rate signed page describing each such citation, including information about the nature of the violation, the project on which the citation was issued, and paid, if any. If the citation was appealed to the Occupational Safety and and a decision has been issued, state the case number and the date of the
17.	Administration cited a Member? (If an appea	ne past five (5) years has the federal Occupational Safety and Health and assessed penalties against Applicant or any Applicant Constituent of a citation has been filed, and the Occupational Safety and Health Appeals d on the appeal, it need not be included in Applicant's response.)
	Yes	□ No
	If "yes," attach a separ	ate signed page describing each such citation.
18.	Quality Management I cited and assessed powner of a project on	past five (5) years has the Environmental Protection Agency ("EPA"), any Air District ("AQMD") or any Regional Water Quality Control Board ("RWQCB") enalties against either Applicant, an Applicant Constituent Member or the which either was the contractor? (If an appeal of a citation has been filed, or RWQCB has not yet ruled on the appeal, it need not be included it in
	Yes	□ No
	If "yes," attach a separ	ate signed page describing each such citation.
19.		applicant hold documented safety meetings for construction employees and g the course of a project (public or private)?
20.	(this information is avaito submit as part of the	iMR (Experience Modification Rate) for the past three (3) full calendar years lable from the Applicant's insurance carrier). Applicants are hereby instructed eir Prequalification Submittal OSHA No. 300 logs covering the past three (3) verification of its response to this Question 20.
chmai	nt No. 4 Prequalification	on Ouestionns

20\_\_:\_\_\_\_\_20

20\_\_:\_\_\_\_

		ny of the above three (3) years is or was 1.00 or higher, Applicant may attach signed ng the reasons for such EMR.
21.		t five (5) years has there ever been a period when Applicant or an Applicant mber had employees but was without workers' compensation insurance or statensurance?
	☐ Yes	□ No
	self-insurance of current workers insurance cover approved self-in- business for less insurance carried Applicant has be	the reason for the absence of workers' compensation insurance or state-approved on a separate signed page. If "no" then: (1) provide (a) a statement by the Applicant's s' compensation insurance carrier that verifies periods of workers' compensation rage for the past five (5) years or (b) written evidence of the existence of state-asurance for the past five (5) years; or (2) if Applicant has been in the construction as than five (5) years, provide (a) a statement by Applicant's workers' compensation are verifying continuous workers' compensation insurance coverage for the period that been in the construction business or (b) written evidence of the existence of state-asurance for the period that Applicant has been in the construction business.
22.	Applicant Conscomply with the	n more than one occasion within the past five (5) years when Applicant or any tituent Member was required to pay either back wages or penalties for its failure to e California prevailing wage laws? (Violations of the prevailing wage laws by a need not be included in the Applicant's response).
	Yes	□ No
	the name of the	a separate signed page or pages describing the nature of each violation, identifying project, the date of its completion, the public agency for which it was constructed, the oyees who were initially underpaid and the amount of back wages and penalties that o be paid.
23.	Applicant Cons comply with the	n more than one occasion within the past five (5) years when Applicant or any titute Member was required to pay either back wages or penalties for its failure to Federal Davis-Bacon prevailing wage laws? (Violations of the prevailing wage laws ctor need not be included in the Applicant's response).
	Yes	□ No
	the name of the	a separate signed page or pages describing the nature of each violation, identifying project, the date of its completion, the public agency for which it was constructed, employees who were initially underpaid and the amount of back wages and penalties red to be paid.
24.	has been found	en one (1) or more public works projects in the past five (5) years where Applicant d by the Department of Industrial Relations to have violated any provision of the enticeship laws or regulations, or the laws pertaining to the use of apprentices on
	identifying the r constructed, ar	"No". If any, attach a separate signed page describing the nature of each violation, name of the project, the date of its completion, the public agency for which it was not the amount of the penalty assessed, and attach copies of the Department of ions' final decision(s).
	Yes	□ No

5.	appren intends	Provide below or on separate sheets the name, address, and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from which Applican ntends to request the dispatch of apprentices to Applicant for use on the Project for which prequalification is sought by Applicant.	
6.		cant operates its own State-approved apprenticeship program, state below or on separate 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:	
7.	Applica its cap	nany Public Agency facilities (located in the State of California) has the Applicant (or, if the ant is a Project Joint Venture, its Principal Managing Partner) constructed and completed, in acity as a Prime Contractor, or contractor within the category being qualified for in this diffication package, during the past ten (10) years?	
	Numbe	er 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.

# <u>Part V - Project Experience Form A</u> <u>HCAI Facility Renovation and Remodel</u>

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 <u>six (6)</u> 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 <u>HCAI</u> 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:  Ourset Contact (name and ourset phase number):
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):

Attachment No. 4 Prequalification Questionnaire Best Value JOC – Healthcare General Building "B" 28

1	Project Name:
	Project Type:
	OSHPD Project No.:
	Location (full address):
5.	Method of Project Delivery:
	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):
	pject References:
	ner Contact (name and current phone number):
	chitect or Engineer:chitect or Engineer Contact (name and current phone number):
	nstruction Manager:
Co	nstruction Manager Contact (name and current phone number):

Project #2:

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):