**CONTRACTOR QUALIFICATION QUESTIONNAIRE**

**FOR**

**PROJECT NO. 9557580**

**SESP 1P752 – 1P758 X-RAY REPLACEMENT**

**HCAI NO.: S231373-34-00**

**GENERAL CONSTRUCTION**

**FACILITIES DESIGN AND CONSTRUCTION**

**FACILITIES PLANNING AND DEVELOPMENT DIVISION**

**UNIVERSITY OF CALIFORNIA, DAVIS, MEDICAL CENTER**

**APRIL 2024**

# CONTRACTOR QUALIFICATION QUESTIONNAIRE

**For**

**PROJECT NO. 9557580**

**SESP 1P752 – 1P758 X-ray Replacement**

**HCAI NO.: S231373-34-00**

**FACILITIES DESIGN AND CONSTRUCTION**

**UNIVERSITY OF CALIFORNIA, DAVIS, MEDICAL CENTER**

**SACRAMENTO, CALIFORNIA**

Each prospective bidder must have the appropriate contractor’s license required by the State of California, must be registered with the Department of Industrial Relations (DIR), and must complete and submit all portions of this Qualification Questionnaire.

Each prospective bidder must answer all applicable questions and provide all requested information. Any prospective bidder failing to do so may, at the sole discretion of the University of California, be deemed to be not responsive and not responsible with respect to this qualification, and its bid rejected.

The undersigned declares under penalty of perjury that the qualification information submitted with this form is correct, complete and not misleading and that this declaration was executed

|  |  |  |  |
| --- | --- | --- | --- |
| in |  | County, California, on |  |

|  |
| --- |
|  |
| **(Bidder Name)** |
|  |
|  |
| **(Name and Title of Bidder’s Contact Person for Questions)** |
|  |
|  |
| **(Address)** |
|  |
|  |
| **(City, State, Zip Code)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **(Telephone Number)** |  | **(Fax Number)** |  | **(Email Address)** |

|  |
| --- |
|  |
| **(Signature)** |
|  |
|  |
| **(Typed Name and Title)** |

**NOTICE**

**Any bidder who fails to meet the criteria listed in this Qualification Questionnaire will not be considered qualified and will be deemed as not responsive with respect to this Qualification, and its bid rejected.**

All information submitted in response to this Qualification Questionnaire will be considered official information acquired in confidence, and the University of California will maintain its confidentiality to the extent permitted by law. Any prospective bidder found not qualified will receive written notice of bid rejection from the University. A prospective bidder found not qualified may file a Bid protest (limited to the rejection) within three (3) business days of receipt of the University's written rejection. Refer to Article 7 of the Instructions to Bidders for direction on how to proceed. Failure to file such a protest within the three-day period is a waiver of the right to challenge the rejection.

Each prospective bidder **must** submit **all** requested information on these forms only. **Attachments are not allowed.**

**In all instances in this form, "qualifying project" means a project which must meet ALL of the following:**

1. Project work took place in one of the following medical facility environments:
   1. Type 1 – Tenant Improvement, remodel, or new construction in a licensed OSHPD Type 1 or Type 2 facility, operating 24 hours/day, 7 days/week, providing patient care.
   2. Type 2 – Tenant Improvement, including equipment replacement, of a diagnostic imaging room and associated control area.
2. Project work took place where infection prevention measures were required during construction following ICRA Class III or IV protocols (Experience required for either Type 1 or Type 2 project, but not required for both).
3. Project had a full-time Supervisor present in the above-described settings during ALL construction activities – days, evenings, swing, weekends.
4. Project was completed within the last ten (10) years and accepted as complete prior to April 30, 2024.
5. Your firm’s construction contract cost was:
   1. Type 1 – at least $10,000,000 as awarded (excluding change orders)
   2. Type 2 – at least $750,000 as awarded (excluding change orders).

**I. License**

A. Does your firm hold the following California Contractors license, which is current, active and in good standing with the California Contractors State License Board for work you propose to bid?

|  |  |
| --- | --- |
| License Classification: | General Building Contractor |
|  |  |
| License Code: | B |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

If yes, provide the following information about your firm's contractor’s license:

(1) Name of license holder exactly as on file with the California Contractors State License Board:

(2) License number:

(3) Date issued:       (4) Expiration date:

B. List other active Contractor License(s) held by your firm:

1. Can you truthfully state that your firm's contractor’s license(s) listed above has not been suspended or revoked for any reason related to performance of work as a contractor by the California Contractors State License Board within the last ten (10) years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

1. Is your firm registered with the Department of Industrial Relations (DIR)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

Registration No.:

**II. Qualifying Project Experience**

1. Has your firm successfully completed at least one (1) Type 1 and one (1) Type 2 qualifying project(s) in the past ten (10) years? Refer to top of page for the definition of "qualifying project".

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**If yes, provide the following information for such project(s) on the following qualifying project data form pages only** (**attachments are not allowed**):

**PROJECT #1 DATA SHEET**

**If Qualification is for a JOINT VENTURE, the project listed must have been completed by the prospective joint venture bidder with an appropriate joint venture license and not completed only by one of the partners.**

1. **Project Name:**
2. **Project Location (full address):**

City:       State:       Zip:

Was work done in a hospital or licensed outpatient clinic?

1. **Project Description (be specific):**

1. **Description of Work performed (be specific):**

**5. Class of Infection Control Risk Assessment**:

**6. Describe ICRA containment procedures and protocols used throughout the project and who was responsible for maintaining daily requirements**:

**7. Did the project work include construction performed concurrently on another floor where the work area was occupied?**

**Yes:**  **No:**

1. **Did the project include requirements for interim life safety measure protocols (ILSM)?**

**Yes:**  **No:**

1. **Did the project have a full-time Superintendent present in the above-described settings during ALL construction activities – days, evenings, swing-shift, weekends?**

**Yes:**  **No:**

1. **Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns and tie-ins, ILSMs, Inspection Requests and coordinate ongoing Inspections?**

**Yes:**  **No:**

|  |  |  |
| --- | --- | --- |
| **11.** | **Work Completed As:** | Contractor  Subcontractor |
| a. | Owner Name: |  |
| b. | Owner Address: |  |
| c. | Owner Telephone Number: |  |
| d. | Owner Contact Person’s Name: |  |
| e. | Owner Contact Email Address: |  |
| **12.** | **Date Notice of Completion filed for qualifying project:** |  |
| **13.** | **Original Construction Contract Award amount as awarded (without Change Orders):** | $ |
| **14.** | **Final Construction Contract Amount:** | $ |
| **15.** | **Original Contract Time (calendar days):** |  |
| **16.** | **Final Contract Time (calendar days):** |  |
| **17.** | **Number of Days Liquidated Damages Assessed (calendar days):** |  |
| **18.** | **Name of your Project Manager:** |  |
| **19.** | **Name of your Superintendent:** |  |

**[This space intentionally left blank]**

**PROJECT #2 DATA SHEET**

**If Qualification is for a JOINT VENTURE, the project listed must have been completed by the prospective joint venture bidder with an appropriate joint venture license and not completed only by one of the partners.**

1. **Project Name:**
2. **Project Location (full address):**

City:       State:       Zip:

Was work done in a hospital or licensed outpatient clinic?

1. **Project Description (be specific):**

1. **Description of Work performed (be specific):**

**5. Class of Infection Control Risk Assessment**:

**6. Describe ICRA containment procedures and protocols used throughout the project and who was responsible for maintaining daily requirements**:

1. **Did the project work include construction performed concurrently on another floor where the work area was occupied?**

**Yes:**  **No:**

1. **Did the project include requirements for interim life safety measure protocols (ILSM)?**

**Yes:**  **No:**

1. **Did the project have a full-time Superintendent present in the above described settings during ALL construction activities – days, evenings, swing-shift, weekends?**

**Yes:**  **No:**

1. **Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns and tie-ins, ILSMs, Inspection Requests and coordinate ongoing Inspections?**

**Yes:**  **No:**

|  |  |  |
| --- | --- | --- |
| **11.** | **Work Completed As:** | Contractor  Subcontractor |
| a. | Owner Name: |  |
| b. | Owner Address: |  |
| c. | Owner Telephone Number: |  |
| d. | Owner Contact Person’s Name: |  |
| e. | Owner Contact Email Address: |  |
| **12.** | **Date Notice of Completion filed for qualifying project:** |  |
| **13.** | **Original Construction Contract Award amount as awarded (without Change Orders):** | $ |
| **14.** | **Final Construction Contract Amount:** | $ |
| **15.** | **Original Contract Time (calendar days):** |  |
| **16.** | **Final Contract Time (calendar days):** |  |
| **17.** | **Number of Days Liquidated Damages Assessed (calendar days):** |  |
| **18.** | **Name of your Project Manager:** |  |
| **19.** | **Name of your Superintendent:** |  |

**III. Staff Experience**

1. Is your firm willing to commit to assigning to the position of full-time Project Manager and full-time Superintendent, so long as the candidate remains in your employ, the candidate identified in Paragraphs B & C below?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

B. PROPOSED PROJECT MANAGER CANDIDATE

(1) Name:

(2) Years employed by your firm:       years

(3) Present position/job function within your firm:

(4) Years in present position/job function:       years

(5) Name of qualifying project successfully completed within the last ten (10) years. Refer to top of page 2 for the definition of "qualifying project".

(5a) Project Name & Location:

(5b) Project Description:

(5c) Description of work performed (be specific):

(5d) Original Construction Contract Award Amount (as awarded): $

(5e) Project completion date:

(5f) Name, telephone number, and email address of Owner:

1. List of other projects successfully completed within the last ten (10) years. (Please attach.)

C. PROPOSED SUPERINTENDENT CANDIDATE

1. Name:

(2) Years employed by your firm:       years

(3) Present position/job function within your firm:

(4) Years in present position/job function:       years

(5) Name of qualifying project successfully completed since within the last ten (10) years. Refer to top of page 2 for the definition of "qualifying project".

(5a) Project Name & Location:

(5b) Project Description:

(5c) Description of work performed (be specific):

(5d) Original Construction Contract Award Amount (as awarded without Change Orders): $

(5e) Project completion date:

(5f) Name, telephone number, and email address of Owner:

(6) List of other projects successfully completed within the last ten (10) years. (Please attach.)

D. Provide an organizational chart with personnel titles and names specific to this project.

**IV. Management Plan**

A. Does your firm have a written project management plan that you will commit to using for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**V. Quality Assurance/Quality Control (QA/QC)**

A. Does your firm have a written Quality Assurance/Quality Control program that you will commit to using for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**VI. Prior Disqualification**

A. Has your firm been formally disqualified from performing work for any public entity for poor performance or alleged fraud within the last ten (10) years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**VII. Claims History**

A. Has your firm had four (4) or more unsuccessful claims within the last ten (10) years?

As used in the preceding sentence, an unsuccessful claim means:

(a) a claim in excess of $50,000 filed against Contractor, its surety, subcontractor, supplier and/or manufacturer by Owner for damages, defects, breach of contract, breach of warranty, poor workmanship, incomplete performance or delays which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision with the result that Contractor, its surety, insurer, subcontractor, supplier and/or manufacturer was required to make payment (payments include amounts deducted from back-charged or credited against Contractor's Contract and are calculated by adding together the total amounts paid by Contractor, sureties, insurers, subcontractors, suppliers and manufacturers) to Owner in an amount equal to or exceeding eighty percent of the amount claimed, **or**

(b) a claim in excess of $50,000 filed against an Owner by Contractor, its surety, insurer or subcontractor, excluding claims to the extent such claims seek enforcement of a stop notice against Contractor's undisputed Contract Balance, which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision with the result that the total amount received by Contractor, its surety, insurer and subcontractor did not equal or exceed twenty percent of the amount claimed.

References to subcontractors, suppliers and manufacturers in paragraphs (a) and (b) above include all tiers, whether or not the subcontractor, supplier or manufacturer has a contract directly with the Contractor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**VIII. Safety**

A. Does your firm have a written safety program that you will commit to using for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

B. Do you conduct and document project safety inspections?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

If yes, who conducts and documents the inspection (**Name and Title**):

How often? Weekly  Biweekly  Monthly

1. Name of Company Safety Director:

Safety Director will report directly to (**Name and Title**):

**IX. Completed Questionnaire**

A. Have you answered all questions and provided all information required in this QUALIFICATION QUESTIONNAIRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

B. Have you signed the Declaration on the front page of this QUALIFICATION QUESTIONNAIRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**[End of Contractor Qualification Questionnaire]**