

Name of Prequalifying Contractor: \_\_\_\_\_



**APPLICATION FOR  
PREQUALIFICATION of GENERAL  
CONTRACTORS and  
PRIME CONTRACTORS**

**(For construction contracts valued at more than  
\$1,000,000)**

**For**

**THE SAN DIEGO COMMUNITY COLLEGE DISTRICT**

Application for Prequalification must be received at least two weeks prior to any bid opening that your firm wishes to bid. This allows time for review, verification, and approval.

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# General Information

All firms interested in bidding as a General or Prime contractor for construction contracts valued at more than \$1,000,000 for San Diego Community College District (SDCCD) projects must complete this Prequalification Application and receive District approval. Only prequalified applicants may submit bids for these projects.

This Prequalification Application complies with Public Contract Code §20651.5, requiring prospective bidders to submit standardized questionnaires, financial statements, and other information to demonstrate qualifications for public works construction.

Contracts of \$1,000,000 or more are subject to the District's Community Benefits Agreement: ([https://go.boarddocs.com/ca/sdccd/Board.nsf/files/DBVTR8789476/\\$file/Signed%20Community%20Benefits%20Agreement%20\(CBA\)%20 PLA SDCCD-1.pdf](https://go.boarddocs.com/ca/sdccd/Board.nsf/files/DBVTR8789476/$file/Signed%20Community%20Benefits%20Agreement%20(CBA)%20 PLA SDCCD-1.pdf))

## Submission Guidelines

- Submit one copy of the completed application.
- Email applications to [OESFContractsDO@sdccd.edu](mailto:OESFContractsDO@sdccd.edu), including the firm's accounting balance sheet.
- Alternatively, mail or hand-deliver applications to:

**San Diego Community College District  
SDCCD Prequalification 3375 Camino Del Rio South, Suite 310  
San Diego, CA 92108**

- Applications should be submitted ten business days prior to bid or as advertised.

## Application Completion

- A knowledgeable and authorized representative must complete and sign the application certification page.
- Answer all questions; disclaimers, global qualifications, or responses of "Not Applicable" are not allowed.
- Attach supplemental information as needed to ensure full disclosure.
- Provide accurate, current, and complete information to avoid delays or denial.

## Application Review Process

The Prequalification Application consists of three (3) modules:

1. **Threshold Questions (Module 1):** Applicants must answer "No" to all questions to proceed. Any "Yes" response results in automatic rejection.
2. **Rating Questions (Module 2):** Applicants must achieve a minimum score of 75 to proceed. Failure to meet this score results in rejection.
3. **Reference Interview (Module 3):** The Review Panel will interview client references. A satisfactory score is required for approval. Module 3 is conducted only if further review is warranted.

Applicants must pass all three modules to achieve prequalification. Approval is valid for up to one year from approval. Contractors may submit a requalification application to extend their status annually.

**Grounds for Denial** The following can result in denial of prequalified status:

1. Failure to submit any material information required on the questionnaire;
2. Deliberate submission of false information;
3. Debarment or suspension by any public entity;
4. Conviction of a crime or public offense; or,
5. Any combination of substantive factors including, but not limited to, disregard of laws and regulations, history of failure to perform in other contracts, unresolved tax liens, etc., which, in the sole discretion of the District, do not meet the standards of fitness or reliability expected from firms wishing to do business with the District.

### **Notification and Appeals**

- Applicants will receive written notification of approval or denial. Only approved applicants may submit bids for SDCCD construction contracts exceeding \$1,000,000.
- Denied applicants may file a written appeal within five (5) business days of notification to the address listed above. Appeals will be reviewed by a three-member Review Panel, whose decision is final.

### **Additional Notes**

1. SDCCD prequalification does not preclude project-specific prequalification required by construction managers contracted by SDCCD.
2. Firms with a current ratio below 1.20:1 may be subject to additional financial review at SDCCD's discretion.

### **Confidentiality and Costs**

- Financial information submitted will be treated as confidential to the fullest extent permitted by law.
- Applicants bear all costs associated with completing the application. SDCCD is not liable for any expenses incurred.

### **District Rights**

The District reserves the right to verify submitted information, deny prequalification, revoke approval, or terminate contracts if false information is discovered. Contractors failing to meet performance expectations on SDCCD projects may lose prequalified status.

## SECTION 1 – CONTRACTOR'S GENERAL INFORMATION

### CONTRACTOR'S STATEMENT OF EXPERIENCE AND FINANCIAL CONDITION

*Please Type or Print Clearly*

|                                                                                                      |                               |                                             |                                |                  |
|------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|--------------------------------|------------------|
| <b>Prime Contractor</b>                                                                              |                               |                                             |                                |                  |
| <b>Contact Person</b>                                                                                | Name as it appears on license |                                             |                                |                  |
| <b>Mailing Address</b>                                                                               | Street Address                |                                             |                                |                  |
|                                                                                                      |                               |                                             |                                |                  |
|                                                                                                      | City                          | State                                       | Zip code                       |                  |
| <b>Contact Information</b>                                                                           | Phone/Mobile                  |                                             |                                |                  |
|                                                                                                      | Fax                           |                                             |                                |                  |
|                                                                                                      | Email Address                 |                                             |                                |                  |
| <b>Check One</b>                                                                                     | Corporation:                  | <input type="checkbox"/>                    |                                |                  |
|                                                                                                      | Partnership:                  | <input type="checkbox"/>                    |                                |                  |
|                                                                                                      | Sole Prop.:                   | <input type="checkbox"/>                    |                                |                  |
|                                                                                                      | Joint Venture:                | <input type="checkbox"/>                    |                                |                  |
| <b>Type of Business (Using NAIC codes)</b>                                                           |                               |                                             | <b>No. of Employees:</b>       | Companywide:     |
|                                                                                                      |                               |                                             |                                | Local San Diego: |
| DBE Certified:                                                                                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 | <b>Contractor's License #:</b> |                  |
| DVBE/VOB Certified:                                                                                  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| SBE/SP-PW Certified:                                                                                 | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 | <b>Class(es):</b>              |                  |
| LGBTBE Certified:                                                                                    | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| MBE Certified:                                                                                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 | <b>Exp. Date:</b>              |                  |
| PDBE Certified:                                                                                      | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| WBE Certified:                                                                                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| African American                                                                                     | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| Native American                                                                                      | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| Hispanic American                                                                                    | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
| Asian/Pacific Islander/Asian Indian American                                                         | <input type="checkbox"/> Yes  | <input type="checkbox"/> No                 |                                |                  |
|                                                                                                      |                               |                                             |                                |                  |
| <b>Have you ever been licensed in California under a different name or different license number?</b> |                               |                                             |                                |                  |
| <input type="checkbox"/> Yes                                                                         | <input type="checkbox"/> No   | If Yes, list name(s) and license number(s): |                                |                  |

|                                                                                                                                  |                  |                       |                |     |
|----------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|----------------|-----|
|                                                                                                                                  |                  |                       |                |     |
| Tax ID Number:                                                                                                                   |                  | Date Business Formed: |                |     |
| 1. In the past ten (10) years, what other business ventures have the principal or corporate officers been involved in?           |                  |                       |                |     |
| Name                                                                                                                             | Type of Business | Dates                 |                |     |
|                                                                                                                                  |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
| 2. Has there been any change in control of the company within the past two (2) years? (If yes, explain on separate signed page.) |                  |                       |                |     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |                  |                       |                |     |
| 3. Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate?                    |                  |                       |                |     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |                  |                       |                |     |
| If yes, please list the names of said companies and the relationship with the Applicant:                                         |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
| 4. Corporate Officers - Partners - Proprietor - Owners - Key Personnel:                                                          |                  |                       |                |     |
| Name                                                                                                                             | Position         | Years with Firm       | % of ownership | SSN |
|                                                                                                                                  |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
|                                                                                                                                  |                  |                       |                |     |
| 5. If a corporation, date of corporation:                                                                                        |                  |                       | State:         |     |

|                                                                                                                                                                          |                |       |             |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|-------------|--------|--|
| 6. If a partnership, date of formation:                                                                                                                                  |                |       | State:      |        |  |
| 7. In what type of construction do you specialize?                                                                                                                       |                |       |             |        |  |
|                                                                                                                                                                          |                |       |             |        |  |
| 8. What was the largest amount of work completed in one year?                                                                                                            |                |       |             |        |  |
| Dollar amount                                                                                                                                                            | Number of Jobs | Year  | Largest Job | Amount |  |
| \$                                                                                                                                                                       |                |       |             | \$     |  |
| 9. List annual gross income for the last three (3) years:                                                                                                                |                | Year: |             | \$     |  |
|                                                                                                                                                                          |                | Year: |             | \$     |  |
|                                                                                                                                                                          |                | Year: |             | \$     |  |
| 10. Are you currently pre-qualified with any other school or community college district other than San Diego Community College District in the State of California?      |                |       |             |        |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |                |       |             |        |  |
| If yes, please list district and dollar rating;                                                                                                                          |                |       |             |        |  |
|                                                                                                                                                                          |                |       | \$          |        |  |
|                                                                                                                                                                          |                |       | \$          |        |  |
|                                                                                                                                                                          |                |       | \$          |        |  |
|                                                                                                                                                                          |                |       |             |        |  |
| 11. Have you ever been denied prequalification status?                                                                                                                   |                |       |             |        |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |                |       |             |        |  |
| If yes, please list name of agency and date of denial:                                                                                                                   |                |       |             |        |  |
|                                                                                                                                                                          |                |       | Date:       |        |  |
| I hereby allow the agent of the San Diego Community College District to contact the District (s) above to discuss my rating/prequalification/denial of Prequalification. |                |       |             |        |  |
|                                                                                                                                                                          |                |       |             |        |  |
| Signature                                                                                                                                                                |                | Date  |             |        |  |
|                                                                                                                                                                          |                |       |             |        |  |
| Name/Title                                                                                                                                                               |                |       |             |        |  |

## SECTION 2 - THRESHOLD QUESTIONS (Module 1)

The Applicant will be immediately disqualified if the answer to any of the questions below is "Yes." Refusal to answer or omission of response to any question on this form may disqualify Applicant.

1. Is your firm's license currently **SUSPENDED** or **INACTIVE** as recorded by the California State License Board (CSLB)?

☐ Yes ☐ No

2. Has there been any change in control of the company within the past two (2) years? (If yes, explain on separate signed page.)

☐ Yes ☐ No

3. Has your firm completed **FEWER THAN** five (5) public works construction projects within the last five (5) years?

☐ Yes ☐ No

4. Has your firm completed **FEWER THAN** two (2) school (K-12 or higher education) construction projects within the last five (5) years, with single contract values greater than \$500,000?

☐ Yes ☐ No

5. Is your firm currently **INELIGIBLE** to bid on public works projects in accordance with Section 1777.1 of the California Labor Code?

☐ Yes ☐ No

6. Has your firm's Worker's Compensation Experience Modification Rate, as averaged over the past three (3) or past five (5) years, whichever is more favorable to the contractor, **EXCEEDED** 1.25?

☐ Yes ☐ No

7. In the last five (5) years, has your firm had **MORE THAN** five (5) serious violations\* as defined by Cal-OSHA?

☐ Yes ☐ No

8. In the last five (5) years, has your firm had **MORE THAN** two (2) repeat violations\* as defined by Cal-OSHA?

☐ Yes ☐ No

9. In the last five (5) years, has your firm had **ANY** willful violations of any occupational safety or health standard, order, or Section 25910 of the California Health and Safety Code?

☐ Yes ☐ No

10. An Injury and Illness Prevention Program (IIPP) in accordance with California Labor Code Sections 3201.5 or 6401.7 is required for firms seeking to pre-qualify. Has your firm **FAILED** to implement an IIPP?

☐ Yes ☐ No

11. In the last five (5) years, has your firm, or any key Person in your firm (RMO, RME, Principal, Owner, or Project Manager), had any license revoked by the Contractors State License Board (CSLB)?

☐ Yes ☐ No

|                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Workers Compensation Insurance (as required by the California Labor Code) or adequate Self Insurance (in accordance with California Labor Code Section 3700 et. seq) is required for firms seeking to pre-qualify. Does your firm currently FAIL to meet these requirements? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 13. In the last five (5) years, has your firm, or any key Person in your firm, been convicted of a crime involving the awarding of a contract of a government (local, state, or federal) construction project, or the bidding or performance of a government contract?           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 14. In the last five (5) years, has your firm, or any key Person in your firm, been "defaulted" or "terminated" by an owner (other than for the convenience of the project owner), or has your surety completed a contract for your firm?                                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 15. Has your firm, or any key Person in your firm, ever been found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?                                                                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 16. In the last ten (10) years, has your firm, or any key Person in your firm, ever been convicted of a crime involving any federal, state, or local contracts?                                                                                                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 17. In the last ten (10) years, has your firm been involved in any litigation with the San Diego Community College District, filed any claims against the San Diego Community College District, or had any claims filed against it by the San Diego Community College District?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 18. In the last five (5) years, has your firm been assessed damages (liquidated or actual) by any owner on any project?                                                                                                                                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 19. According to your firm's most recent financial review or audit (must be dated within the past 12 months), is your firm's Asset to Liability Ratio LESS THAN 1.20:1?                                                                                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |
| 20. In the last five (5) years, has your firm declared or filed for bankruptcy?                                                                                                                                                                                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |

**\*Violation definitions/classifications can be found at the following website: <http://www.dir.ca.gov/DOSH/>**

**These definitions are accurate as of the publishing of this document. If the answer to ALL of the above questions is NO, please proceed with completing this Application.**

## SECTION 3- RATING QUESTIONS (Module 2)

**Highest Possible Rate = 100 Points. A score of fewer than 75 points will disqualify you from this prequalification process.** "You" or "Your" refer to the Applicant listed in Section 1.

| Question                                                                                                                                                                                                                                                                  | Response                                                                                                                                                                 | Points<br>(For office use only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. How many years has your organization been in business in California as a contractor under your present business name and license number?<br><br>(5 Yrs. or less = 0 pts., 6-15 Yrs. = 3 pts., >15 = 6 pts.)                                                            | Years                                                                                                                                                                    | pts                             |
| 2. How many years of experience does your RMO/RME have as a licensed contractor?<br><br>(5 Yrs. or less = 0 pts., 6-10 Yrs. = 3 pts., >10 = 6 pts.)                                                                                                                       | Years                                                                                                                                                                    | pts                             |
| 3. Has your firm or the RMO/RME ever had their contractor's licenses suspended, put on probation, or revoked? (Check One)<br><br>(Revoked = 0 pts., probation = 3 pts., suspended = 2 pts., never suspended or on probation = 6 pts.)                                     | <input type="checkbox"/> Never Suspended or on Probation<br><input type="checkbox"/> Suspended<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Revoked | pts                             |
| 4. How many years has your firm performed construction work for public agencies under the California Division of State Architect (DSA) rules and regulations?<br><br>(5 Yrs. or less = 0 pts., 6-15 Yrs. = 3 pts., >15 = 6 pts.)                                          | Years                                                                                                                                                                    | pts                             |
| 5. How many projects with construction costs over \$10 million involving new facility construction or renovation of existing occupied facilities has your firm completed in California in the past five (5) years?<br><br>(1 or less = 0 pts., 2-5 = 3 pts., >5 = 8 pts.) | Projects                                                                                                                                                                 | pts                             |
| 6. How many times in the last ten (10) years has your company received "Non-responsive Notices" on public works contracts during the prequalification review?<br><br>(>2 = 0 pts., 1 = 2 pts., 0 = 4 pts.)                                                                | Notices                                                                                                                                                                  | pts                             |
| 7. Within the last five (5) years, how many times has your company filed "Requests to be Released" from bids on public works contracts?<br><br>(>2 = 0 pts., 1 = 2 pts., 0 = 4 pts.)                                                                                      | Requests                                                                                                                                                                 | pts                             |
| 8. Within the last five (5) years, how many times has your company filed two (2) or more Requests for Substitution of Listed Subcontractors that were denied?<br><br>(≥2 = 0 pts., 1 = 2 pts., 0 = 4 pts.)                                                                | Requests                                                                                                                                                                 | pts                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|
| <p>9. Within the last ten (10) years, how many lawsuits brought by suppliers, subcontractors, prime contractors, or owners have been defended in court by your firm?</p> <p>PLEASE EXPRESS AS A RATIO OF NUMBER OF LAWSUITS PER NUMBER OF PUBLIC WORKS CONTRACTS THAT YOUR FIRM HAS ENGAGED IN.</p> <p>Example: If your firm has engaged in 100 public contracts in the past 10 years and has had seven lawsuits brought by any of the above-mentioned parties, the proper response would be 7/100 or .07.</p> <p>(<math>&gt;0.10 = 0</math> pts., <math>.01 - .09 = 3</math> pts., Less than <math>.01 = 8</math> pts.)</p> | <p>Ratio</p>                                                                                                | <p>pts</p> |
| <p>10. Within the last ten (10) years, how many times has your company been awarded a public works contract in which you "failed to execute" a contract? Note: "Failure to Execute" is any of the following: (1) Refusal to pick up, sign, and/or return contract documents; (2) Inability to obtain insurance and/or bond requirements; or (3) Failure to submit required agreement forms such as a Project Stabilization Agreement.</p> <p>(<math>\geq 0 = 0</math> pts., <math>1 = 3</math> pts., <math>0 = 6</math> pts.)</p>                                                                                            | <p>Times</p>                                                                                                | <p>pts</p> |
| <p>11. Within the last ten (10) years, how many legal proceedings (including arbitration, mediation, or other dispute resolution proceedings) have you initiated against an owner, regardless of the outcome?</p> <p>(<math>&gt;3 = 0</math> pts., <math>1-3 = 3</math> pts., <math>0 = 5</math> pts.)</p>                                                                                                                                                                                                                                                                                                                   | <p>Proceedings</p>                                                                                          | <p>pts</p> |
| <p>12. Within the last ten (10) years, how many legal proceedings (including arbitration, mediation, or other dispute resolution proceedings) has an owner initiated against you, regardless of the outcome?</p> <p>(<math>&gt;3 = 0</math> pts., <math>1-3 = 3</math> pts., <math>0 = 5</math> pts.)</p>                                                                                                                                                                                                                                                                                                                    | <p>Proceedings</p>                                                                                          | <p>pts</p> |
| <p>13. Has an owner ever made a demand on your performance bond?</p> <p>(Yes = 0 pts., No = 10 pts.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>                                         | <p>pts</p> |
| <p>14. Has your firm ever had insurance terminated by a carrier in the past five (5) years due to an excessive claims history and/or nonpayment of premium?</p> <p>(Yes = 0 pts., No = 10 pts.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>                                         | <p>pts</p> |
| <p>15. Within the past five (5) years, have any of your employees or another entity (including an Owner) filed a complaint against your firm with the California Contractors State License Board? If yes, how many complaints were filed?</p> <p>(<math>&gt;3 = 0</math> pts., <math>3 = 2</math> pts., <math>2 = 3</math> pts., <math>1 = 4</math> pts., No = 6 pts.)</p>                                                                                                                                                                                                                                                   | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Complaints</p> | <p>pts</p> |

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----|
| <p>16. Within the past five (5) years, have there been any findings against your firm based on complaints by any of your employees or subcontractor employees filed with the DIR, Divisions of Labor Standards Enforcement? If yes, how many findings?</p> <p>(&gt;3 = 0 pts., 3 = 2pts., 2 = 3 pts., 1 = 4 pts., No = 6 pts.)</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Findings <input type="checkbox"/></p> | pts |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----|

| SECTION 4 – PERFORMANCE                                                                                                                                                             |       |                            |              |             |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|--------------|-------------|----------------|
| 1. What size projects can your company undertake?                                                                                                                                   |       |                            |              |             |                |
| Single job: \$                                                                                                                                                                      |       | Total work in progress: \$ |              |             |                |
| 2. List the two (2) - largest public works contracts completed in the State of California in the past five (5) years and provide the requested information for each project listed: |       |                            |              |             |                |
|                                                                                                                                                                                     | Owner | Contact & Phone #          | Project Name | Contract \$ | Year Completed |
| Project A                                                                                                                                                                           |       |                            |              |             |                |
| Project B                                                                                                                                                                           |       |                            |              |             |                |
|                                                                                                                                                                                     |       |                            | Project A    | Project B   |                |
| Original contract value:                                                                                                                                                            |       |                            |              |             |                |
| Change orders - total value:                                                                                                                                                        |       |                            |              |             |                |
| Owner-initiated change orders - % of total:                                                                                                                                         |       |                            |              |             |                |
| Change orders due to differing site conditions - % of total:                                                                                                                        |       |                            |              |             |                |
| Other change orders - % of total:                                                                                                                                                   |       |                            |              |             |                |
| Final contract value:                                                                                                                                                               |       |                            |              |             |                |
| Original contract duration - calendar days:                                                                                                                                         |       |                            |              |             |                |
| Final contract duration - calendar days:                                                                                                                                            |       |                            |              |             |                |
| Original contract completion date:                                                                                                                                                  |       |                            |              |             |                |
| Actual contract completion date:                                                                                                                                                    |       |                            |              |             |                |
| Time extensions voluntarily resolved with owner - calendar days:                                                                                                                    |       |                            |              |             |                |
| Time extensions involuntarily resolved by mediation, arbitration or litigation –calendar days:                                                                                      |       |                            |              |             |                |
| 3. List the three (3) largest contracts completed in the State of California in the past five (5) years not listed in #2 above:                                                     |       |                            |              |             |                |
|                                                                                                                                                                                     | Owner | Contact & Phone #          | Project Name | Contract \$ | Year Completed |
|                                                                                                                                                                                     |       |                            |              |             |                |
|                                                                                                                                                                                     |       |                            |              |             |                |
|                                                                                                                                                                                     |       |                            |              |             |                |

4. Provide a list detailing the experience of the proposed construction staff you intend to assign to the project (project managers, superintendents, foremen, etc.)

5. List all projects completed for School Districts, including community college districts, in the last five (5) years not listed in #2 or #3 .above (Attach separate sheet(s) as needed.)

| Owner | Contact & Phone #/<br>Inspector & Phone # | Job Description | Contract \$ | Year<br>Completed |
|-------|-------------------------------------------|-----------------|-------------|-------------------|
|       |                                           |                 |             |                   |
|       |                                           |                 |             |                   |
|       |                                           |                 |             |                   |
|       |                                           |                 |             |                   |
|       |                                           |                 |             |                   |
|       |                                           |                 |             |                   |

6. List two (2) current Trade Suppliers and three (3) current Trade Subcontractors that you principally work with:

| Company | Material or Service<br>Provided | Contact | Phone # |
|---------|---------------------------------|---------|---------|
|         |                                 |         |         |
|         |                                 |         |         |
|         |                                 |         |         |
|         |                                 |         |         |
|         |                                 |         |         |

## Reference Interview Questions (Module 3)

The following questions will be used to interview randomly selected contacts from at least two (2) completed projects. The District will do this. ***No action on your part is necessary.*** These questions are for your information only. The highest possible score for these questions is 140 Points. A score of fewer than 100 points disqualifies you from bidding projects proposed by the San Diego Community College District electing to use this prequalification process as a condition of bidding.

### Questions

1. Are there any outstanding stop notices or liens currently unresolved on contracts that have had notices of completion recorded? (Max. 10 points)
2. Did the contractor provide adequate personnel? (Max. 10 points)
3. Did the contractor provide adequate supervision? (Max. 10 points)
4. Was there adequate equipment supplied on the job? Max. 10 points)
5. Was the contractor timely in providing reports and other paperwork, including change order paperwork? (Max. 10 points)
6. Was the contractor timely in completing the project? (Max. 10 points)
7. Were there excessive change orders on the job that can be faulted to the contractor or subcontractors? (Max. 10 points)
8. When a change order was issued, did the contractor perform the work well, and did it integrate into the existing work easily? (Max. 10 points)
9. How has the contractor been performing in the area of taking care of warranty items? (Max. 10 points)
10. Did you have difficulty with claims? (Max. 10 points)
11. How would you rate the contractor's overall performance? (Max 10 points)
12. Would you want to work with them again? (Max 10 points)
13. Describe any significant safety issues on the Project. (Max 10 points)
14. Subcontractor/supplier question: Does this contractor pay their bills on time? (Max 10 points)

## SECTION 5 - INSURANCE

Do you currently have a liability insurance policy with a policy limit of at least \$1,000,000 per occurrence and \$2,000,000 aggregate?

☐ Yes ☐ No

**Please provide Certificates of Insurance for General Liability and Workers Compensation as verification**

|                              |    |                               |  |
|------------------------------|----|-------------------------------|--|
| AMOUNT OF INSURANCE          | \$ | Insurance Company Information |  |
| General Liability            | \$ | Name                          |  |
| Builder's Risk               | \$ | Address                       |  |
| Additional Insured           | \$ | Phone Number                  |  |
| Worker's Comp.               | \$ | Contact                       |  |
| Years with Insurance Company |    | Expiration Date               |  |

*Note: Please list all insurance companies for the past eight (8) years on a separate page, including phone numbers and contact names.*

## SECTION 6 – FINANCIAL INFORMATION

**Reviewed or audited statements are required.** A compilation is not acceptable.

Financial Capacity:

**1. Contractor MUST have a working capital (current assets to current liabilities) ratio of at least 1.2:1 in order to qualify. If a firm's Current Ratio falls below the 1.20:1 threshold, the District reserves the right to review and consider other pertinent financial information and ratios.**

☐ Yes ☐ No

**2. The maximum dollar rating for which the Contractor shall be qualified to bid is ten times (10x) the bidder's net worth (assets less liabilities). It is estimated that the value of construction for this project will be between:**

\$

|                                         |                          |       |    |                          |        |                                     |  |
|-----------------------------------------|--------------------------|-------|----|--------------------------|--------|-------------------------------------|--|
| Based on an                             | <input type="checkbox"/> | Audit | or | <input type="checkbox"/> | Review | Dated                               |  |
| 1. Ratio Based on Working Capital:      |                          |       | :  | 1                        |        | (must be at least 1.2:1 to qualify) |  |
| 2. Dollar Rating Based on 10x Net Worth |                          | \$    |    |                          |        |                                     |  |

## ACCOUNTANT'S RELEASE LETTER

By signing the form below, I authorize this pre-qualifying agency to contact our company's licensed accounting firm to verify our most recent audited or reviewed financial statement. I understand the financial statement is confidential information and is not open to public inspection.

---

Name

---

Contractor's Signature

---

Title

---

Company Name

---

Date

## SECTION 7 - LABOR COMPLIANCE CLEARANCE

Our firm has worked on a Public Sector project in the past three (3) years.

☐ Yes ☐ No

If no, this section is not required, please proceed to Section 8.

Do any projects completed for any Public Sector more than six (6) months ago have any outstanding Labor Compliance issues?

☐ Yes ☐ No

Has any project been involved with a prevailing wage audit within the past three years?

☐ Yes ☐ No

If yes, list any projects completed more than six (6) months or more in the past, with outstanding Labor Compliance issues.

| Project Name | Completion Date | Dollar Amount Withheld |
|--------------|-----------------|------------------------|
|              |                 |                        |
|              |                 |                        |
|              |                 |                        |
|              |                 |                        |
|              |                 |                        |
|              |                 |                        |

**Please attach a detailed explanation of the steps taken to date to clear the issue if any projects are listed. Include results of prevailing wage audit(s).**

## SECTION 8 – PREQUALIFICATION CERTIFICATION FORM

**A copy of this certification must be completed and signed by the preparer, and at least one general partner, owner, principal, or officer authorized to commit the Applicant and legally submit the Application.**

The Applicant recognizes that the information submitted in the questionnaire herein is for the express purpose of inducing the District to award a contract to the Applicant. The Applicant has read and understands the requirements of this Prequalification Application and process and has read and understands the instructions for completing this form. The Applicant acknowledges that he/she is duly authorized to provide the information contained in this Application and that answering the questions in this Application is entirely within his/her control.

### **DECLARATION**

I, (printed name) \_\_\_\_\_ hereby declare I am the (position/title) \_\_\_\_\_ of Applicant. I certify that I have read and understood the questions in the attached Application. To the best of my knowledge and belief, all information contained herein and submitted concurrently or in supplemental documents with this Application is complete, current, and accurate. I further acknowledge that any false, deceptive, or fraudulent statements on the Application will result in denial of Pre- Qualification. I authorize the District to contact any entity named herein or any other internal or outside resource to verify information provided in the questionnaire or develop other information deemed relevant by the District.

\_\_\_\_\_  
Signature of Preparer or Officer of the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer or Officer of the Applicant

\_\_\_\_\_  
Date

~~~~~

### **NOTICE TO APPLICANTS**

**A material false statement, omission or fraudulent inducement made in connection with this Pre-Qualification Application is sufficient cause for denial of the Application or revocation of a prior approval, thereby precluding the Applicant from doing business with, or performing work for, the District, either as a vendor, prime contractor, subcontractor, or supplier for a period of three years. In addition, such false submission may subject the person and/or entity making the false statement to criminal charges. [Title 18 USC 1001, false statements; California Penal Code Section 132, offering altered or antedated or forged documents or records; and Section 134, preparing false documentary evidence].**

## SECTION 9 – PREQUALIFICATION VALIDATION FORM

This Validation Form must be submitted for each bid or proposal. The Validation Form must be completed and signed by at least one General Partner, Owner, Principal or Officer authorized to legally commit the Applicant. For Applicants who provide additional and/or updated information as indicated below, submission of this Validation Form in advance of the bid or proposal date is encouraged. An evaluation of the new information could result in the change in Prequalification status of the Applicant and if the Prequalification status is denied, bidder may be considered non- responsive.

Bid Name and Number

---

### **DECLARATION**

I, (printed full name) \_\_\_\_\_, hereby declare that I am the (position or title) \_\_\_\_\_ of (APPLICANT) \_\_\_\_\_, and that I am duly authorized to execute this Validation Statement on behalf of this entity. I acknowledge that any false, deceptive or fraudulent statements on this validation will result in denial of Pre-Qualification. I hereby state:

The Prequalification Application dated on file with District is correct and current as submitted.

**OR**

The Prequalification Application dated on file with District is correct and current as submitted, except as modified by the attached changed pages and/or attachments to said Application.

(Applicant may attach additional sheets to describe changes). Attach recent financial statements if previous are more than one year old.

\_\_\_\_\_  
Signature of Person Certifying for Applicant

\_\_\_\_\_  
Date

Name of Applicant: \_\_\_\_\_

Tax ID No. or SSN: \_\_\_\_\_

## **SECTION 10 – CalEMA CERTIFICATION FORM**

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower-tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous because of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower-tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction,

without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishing a system of records to render in good faith the certification required by this clause. The knowledge and information are not required to exceed that which a prudent person typically possesses in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

#### **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions**

1. By submitting this proposal, the prospective lower tier participant certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Signature of Preparer or Officer of the Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer or Officer of the Applicant

\_\_\_\_\_  
Date

## LIST OF REQUIRED ATTACHMENTS

- Certificate of Insurance for Workers Compensation and General Liability
- Letter of Bondability
- Reviewed or Audited Financial Statement (dated within the past 12 months)
- Accountant's Release Letter
- Prequalification Certification Form
- CalEMA Certification Form
- California Contractors License
- OSHA 300 Logs for the past 3 years

**Note:**

California Contractors License-the copy must clearly and legibly show: (i) the licensee name; (ii) the expiration date; (iii) the classification(s) of licensure.

If your organization's California Contractors License is issued by virtue of the qualification of a responsible managing employee or responsible managing officer, the Qualifiers Bond is required pursuant to California Business & Professions Code §7071.9.