

**PREQUALIFICATION QUESTIONNAIRE
FOR PROSPECTIVE
MEP CONTRACTORS**

**PREQUALIFICATION FOR
MEP CONTRACTORS
FOR THE
SAN LEANDRO UNIFIED SCHOOL DISTRICT**

I. BACKGROUND AND OVERVIEW

The San Leandro Unified School District (District) is prequalifying MEP Contractors to provide preconstruction and construction services.

As a condition of bidding to perform any of the construction work on any of these facilities and/or on a project, and in accordance with California Education Code 17406, the District requires prospective bidders to fully complete a prequalification questionnaire on forms supplied by the District including financial statements.

Once a MEP Contractor's prequalification statement is submitted, the District will notify the contractor if the Contractor meets the prequalification requirements to provide a proposal.

Please complete the attached questionnaire and return to:

**San Leandro Unified School District Attn:
Renee Robles
Email: Rrobles@slusd.us
Bond Office
SLUSD Maintenance
1145 Aladdin Ave.
San Leandro, CA 94577**

Proposals for construction projects will not be accepted unless a contractor is certified as prequalified by the District.

Prequalification packages will be kept confidential; however, the District reserves the right to use some or all of the information provided in this form for evaluation purposes.

II. PROJECT DESCRIPTION

A. To be determined

III. PREQUALIFICATION PROCESS

The following process will govern the conduct of MEP Contractor prequalification for the District facilities. The contractor who submits prequalification responses thereby consents to and will comply with the procedures outlined below and as set forth in greater detail in this document.

A. **Submittal.** Prequalification Questionnaires shall be submitted to the District on or before the date and time indicated by the Notice to Contractors published for the specific project. All prospective licensed MEP Contractors who wish to qualify for work on District projects must submit a sealed Contractor Prequalification Questionnaire, Required Attachments & Certification to:

**San Leandro Unified School District Attn: Renee Robles
Email: Rrobles@slusd.us
Bond Office
SLUSD Maintenance:
1145 Aladdin Avenue
San Leandro, Ca 94577**

B. **Form.** Each MEP Contractor must successfully complete the prequalification process and timely submit all documents as indicated in the Questionnaire. No other prequalification documents previously completed by contractor will meet these requirements. All information requested in the Questionnaire must be provided in order to be considered “responsive” to the requirements of prequalification. The Questionnaire shall be submitted as one package – it shall not be submitted “piecemeal.” Contractors shall submit one (1) completed Questionnaire with required attachments in “hard copy” format (i.e., 8-1/2” x 11” paper). Submission of an incomplete and/or unclear Questionnaire may result in a determination that the contractor is non-responsive.

C. **District’s Review.** Information submitted in the Questionnaire shall not be public information and shall not be open to public inspection.

MEP Contractors that have submitted a Questionnaire shall receive written notification of their prequalification status. The District reserves the right to reject any or all responses to Questionnaire forms or to waive irregularities in any response received. The District also reserves the right to certify a contractor only up to a specific contract size or dollar amount.

D. **Addenda.** Any addenda issued to the Questionnaire will be emailed to all contractors known to the District to have received a Questionnaire and who have provided a complete and legible email address for receipt of addenda.

E. Non-responsiveness. A MEP Contractor's Questionnaire may be deemed nonresponsive if:

1. All information requested by the Questionnaire is not provided by the contractor.
2. The Questionnaire is not signed under penalty of perjury by individuals who have the authority to bind the contractor on whose behalf they are signing.
3. Information contained in the Questionnaire is not updated under penalty of perjury when it is no longer accurate.
4. Any information provided by the contractor is misleading or inaccurate in any material manner (e.g., financial resources are overstated; previous violations of law are not accurately reported). Even after a MEP Contractor has been determined to be qualified, the District reserves the right to revoke that determination at any subsequent time, and to cease making payments, if it determines that any information provided by the contractor was incomplete, misleading, or inaccurate in any material manner.

IV. QUALIFICATION CRITERIA

A. Essential Criteria

As detailed herein, each potential contractor must provide specific information that will be reviewed and scaled by the District. Certain qualifications are essential. Any potential MEP Contractor who cannot satisfy all of the following items ("Essential Criteria"), regardless of the ranking or ability to meet other criteria, will not be prequalified:

1. School Projects. The contractor shall have contracted for and completed construction of a minimum of four (4) California public school district construction projects within the past five (5) years as either a prime contractor or subcontractor.
2. Default or Bankruptcy. The contractor, either performing work under its current license or under other licenses through other entities, including a joint venture, must not have defaulted on a contract within the past five (5) years or declared bankruptcy or been placed in receivership within the past five (5) years.
3. Licensure. The contractor shall hold a current, active license that has been consistently active for at least five (5) years and that has not been suspended or revoked.
4. Termination. The contractor must have not been terminated on work for any school district or other public agency within the State of California.

B. Other Criteria

As stated above, each MEP Contractor must satisfy all of the Essential Criteria, regardless of its ranking or ability to meet other criteria, or the contractor will not prequalify for District work. In addition, there are specific questions in the Questionnaire for which a specific numerical score will be given for specific answer(s). A MEP Contractor must receive a minimum number of

points, regardless of its ability to meet other criteria, or the contractor will not prequalify for District work. The District is not obligated to prequalify a contractor who meets the Essential Criteria and receives at least the minimum number of points.

The District will use some or all of the following criteria in qualifying each MEP Contractor. The District reserves the right to modify the following criteria and to add or delete criteria at its sole discretion at any time prior to completion of the Prequalification process.

1. Previous Experience. The MEP Contractor shall demonstrate experience working on State projects approved by the Division of the State Architect (DSA), including the following:
 - a. Previous or current projects on similar types of projects that demonstrate high quality design, detailing, finishes and construction.
 - b. Experience in managing projects of similar scale and complexity with strict budget and schedule compliance.
2. Business History. The MEP Contractor has a history of having continuously been in business as a licensed contractor.
3. Bondability. The MEP Contractor must demonstrate that it can provide a 10% bid bond, a 100% payment bond, and a 100% performance bond which must each be issued by a surety admitted and authorized to transact business as a surety in California. In the event that the contractor is unable to obtain a bond in the time prescribed by the District, the contractor may be suspended from the qualified contractors list and not be allowed to bid on District projects until proof of bondability is provided.
4. Insurability. The MEP Contractor must demonstrate its ability to hold insurance as indicated in the Questionnaire.
5. Workers' Compensation Experience Modifier. The District will consider the MEP Contractor's Workers' Compensation Experience Modification Rate for the past five (5) years.
6. Violations of Regulations or Laws. The District will consider whether the MEP Contractor in any of its forms has been found in violation of state public contract laws or regulations, including public bidding requirements.
7. Quality Control. The District will consider the MEP Contractor's quality, appropriateness, and thoroughness of quality control techniques and operations.
8. Personnel. Staff assignment to the key roles and commitment by the MEP Contractor to carry out a project, including availability of full time representatives to the District throughout the duration of the project and clear lines of responsibility within the contractor's organization demonstrating effectiveness and responsiveness.

9. Financial Strength. The MEP Contractor's financial strength will be evaluated to determine the financial ability of the contractor to undertake specific projects.

V. APPEALING A QUALIFICATION FINDING

Contractor may appeal the District's decision by submitting, in writing, within two (2) working days from notification, a request for a written response from the District explaining any aspect of the District's determination.

Within two (2) working days from receipt of the District's written response to the contractor's request, contractor may submit, in writing, a request for a meeting with the District's Assistant Superintendent at which time contractor may submit information that it believes supports a finding that District's determination should be changed.

Within three (3) working days from receipt of the District's written response to the contractor's request, contractor may submit, in writing, a request that the District's finding be submitted to the District's governing board, at which time the contractor may address the Board pursuant to the Board's procedures for public inquiry.

MEP – PREQUALIFICATION QUESTIONNAIRE

CONTRACTOR (OR “FIRM”) INFORMATION		
Contractor's company name:		
Address:		
Telephone:		
Mobile telephone:		
E-mail:		
Years in business under current company name:		
Years at the above address:		
Types of work performed with own forces:		
Gross revenue of the Firm for the past three (3) years:		
\$	\$	\$
Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the required financial statement.		
Name of license holder exactly as on file with the California State License Board:		
License classification(s):		
License Number(s):		
License expiration date(s):		
Department of Industrial Relations registration number (Per Labor Code section 1725.5):		
Number of years license holder has held the listed license(s):		
Number of years Contractor has done business in California under contractor's license law:		
Number of years Contractor has done business in California under <u>current</u> Contractor's license:		
Has your Firm changed name(s) or license number(s) in the past five (5) years? (Y / N). If “yes”, explain on a separate signed sheet, including the reason for the change.		
Has there been any change in ownership of the Firm at any time in the past five (5) years? NOTE: A corporation whose shares are publicly traded is not required to answer this question. (Y / N). If “yes”, explain on a separate signed sheet, including the reason for the change.		
Is the Firm a subsidiary, parent, holding company, or affiliate of another construction firm? NOTE: Include information about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of your Firm holds a similar position in another firm. (Y / N). If “yes”, explain on a separate signed sheet, the name of the related company(ies) and the percent ownership.		
Indicate the form of Contractor's firm (type of business entity):		
<input type="checkbox"/> Individual		
<input type="checkbox"/> Sole Proprietorship		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Corporation, State: _____		
<input type="checkbox"/> Limited Liability Company		
<input type="checkbox"/> Joint Venture		
<input type="checkbox"/> Other: _____		

List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the Contractor's type of entity. For joint ventures, include this information for each entity in the joint venture and the percent ownership of each joint venture. Attach all additional information on separate signed sheets as needed.

Name	Position	Years with Co.	% Ownership

Identify every construction firm, contractor and/or construction management firm that the Contractor or any person listed above has been associated with (as officer, general partner, limited partner, owner, RMO, RME etc.) at any time during the **past five (5) years** ("Associated Firm"). Include all additional references and/or information on separate signed sheets. NOTE: For this question, "owner" and "partner" refers to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock if the business is a corporation. include all additional information on separate signed sheets as needed.

Name of Person at Associated Firm	Name of Associated Firm	Contractor's License No. of Associated Firm	Dates of Person's Participation with Associated Firm

CONTRACTOR'S BONDING COMPANY (SURETY) INFORMATION

Name(s) of bonding company(ies) your Firm has utilized over the past five (5) years (not broker or agency):

Address(es) of those bonding company(ies):

Number of years Contractor has been with those bonding company/surety:

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Name of broker/agent:

Address of broker/agent:

Telephone number of broker/agent:

E-mail of broker/agent:
Contractor's total current bonding capacity: \$

CONTRACTOR'S INSURANCE INFORMATION

Name of insurance company(ies) your Firm has utilized over the past five (5) years (not broker or agency):

1. **What is the primary purpose of the proposed legislation?**

Address of those insurance company(ies):

“Best” rating(s) for those insurance company(ies):

Number of years Contractor has been with those insurance company(ies):

Table 1. Summary of the main characteristics of the three groups of patients.

Name of broker/agent:

Address of broker/agent:

Telephone number of broker/agent:

E-mail of broker/agent:

Contractor's current insurance limits for the following types of coverage:

Commercial General Liability	Combined Single Limit (per occurrence)	\$
	Combined Single Limit (aggregate)	\$
Product Liability & Completed Operations	(aggregate)	\$
	(per occurrence)	\$
Automobile Liability – Any Auto	Combined Single Limit (aggregate)	\$
Automobile Liability – Any Auto	Combined Single Limit (per occurrence)	\$
Employers' Liability		\$
Builder's Risk (Course of Construction)		

Workers' Compensation Experience Modification Rate for the past five (5) premium years:

(1) Current year:	(2)	(3)
	(4)	(5)

QUESTIONS

Pass/Fail Questions (Essential Criteria)		
1.	Has your Firm contracted for and completed construction of a minimum of: <ul style="list-style-type: none"> • Four (4) California K-12 public school district construction projects, • Each with a value of at least \$100,000, and • All within the past five (5) years? (Please circle one).	YES NO NO = cannot prequalify
NOTE: You must list these projects in the “Contractor Project References” Section.		
2.	Does your Firm currently hold all contractors' license(s) necessary to perform the work and have those license(s) been consistently active for at least five (5) years without revocation or suspension? (Please circle one).	YES NO NO = cannot prequalify
3.	Has your Firm or an Associated Firm been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years? (Please circle one).	YES NO YES = cannot prequalify
4.	Has your Firm or an Associated Firm defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please circle one).	YES NO YES = cannot prequalify
5.	Has your Firm or an Associated Firm or any of their owners or officers been convicted of a crime under federal, state, or local law involving: <ol style="list-style-type: none"> (1) Bidding for, awarding of, or performance of a contract with a public entity; (2) Making a false claim(s) to any public entity; or (3) Fraud, theft, or other act of dishonesty to any contracting party within the past ten (10) years? (Please circle one).	YES NO YES = cannot prequalify
6.	Has a performance bond surety for your Firm or a performance bond surety for an Associated Firm had to: <ol style="list-style-type: none"> (1) Take over or complete a project, (2) Supervise the work of a project, or (3) Pay amounts to third parties, related to construction activities of your Firm or an Associated Firm within the past five (5) years? (Please circle one).	YES NO YES = cannot prequalify
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;">  </div> <p>If you answered: “NO” to questions 1-2 or “YES” to questions 3-6, then STOP. You are not eligible for prequalification at this time.</p> </div>		

Scored Questions		
1. Has your Firm paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s).		
2. Has your Firm paid a premium of more than one percent (1%) for a performance and payment bond on any project(s) within the past five (5) years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the project name(s), the premium amount(s), and date(s).		
3. Has any insurer had to pay amounts to third parties that were in any way related to construction activities of your Firm within the past five (5) years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s).		
4. Has your Firm's Workers' Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s).		
5. Has there been a period when your Firm had employees but was without workers' compensation insurance or state-approved self-insurance within the past five (5) years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s).		
6. Has your Firm declared bankruptcy or been placed in receivership within the past five (5) years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Firm's current recovery plan, and the applicable date(s).		
7. Has your Firm been denied bond coverage by a surety company, or has there been a period of time when your Firm had no surety bond in place during a public construction project when one was required within the past five (5) years? (Please circle one).	<u>YES</u> <u>NO</u>	
If YES, provide details on a separate signed sheet indicating the date(s) when your Firm was denied coverage and the name of the company or companies which denied coverage; and the period(s) during which you had no surety bond in place.		
8. Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding \$50,000 against your Firm, or has your Firm filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years?	<u>YES</u> <u>NO</u>	
If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).		

9.	<p>Has your Firm or an Associated Firm been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years?</p> <p>If “YES,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	<p>Has your Firm been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past five (5) years?</p> <p>If “yes,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	<p>Has CAL OSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against your Firm, including any “serious,” “willful” or “repeat” violations of safety or health regulations within the past five (5) years?</p> <p>If “yes,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	<p>Has your Firm been required to pay either back wages or penalties for its failure to comply with California’s prevailing wage laws, with California’s apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years?</p> <p>If “yes,” indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that your Firm was required to pay.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Does your Firm require <u>weekly</u> , documented safety meetings to be held for construction employees and field supervisors during the course of a project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your Firm for use on any public work project for which you are awarded a contract by the District.	

CONTRACTOR PROJECT REFERENCES

List **ALL** projects in which your Firm has participated as a contractor or first-tier subcontractor during the past **five (5) years** with a Firm contract value of more than **\$100,000**.

- You may limit your response to the thirty (30) most-recently completed projects, but you **must** include at least the four (4) most recent California K-12 public school projects with a contract value of more than **\$100,000** performed by your Firm.
- Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary

Project Name/Identification:

Project address/location:

Project owner, contact person, and telephone:

Project architect name and telephone number:

If contractor was a subcontractor on the project, name of general contractor and telephone number:

Scope of Work:

Original completion date:

Date completed:

Initial contract value (as of time of bid award):

Final contract value:

Did the project include constructing or modernizing an earthquake resistant building?

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date: _____

Proper Name of Contractor: _____

Signature: _____

By: _____ (Print Name)

Title: _____