

DESIGN BUILDER (CONTRACTOR)

PREQUALIFICATION QUESTIONNAIRE

Design Build Delivery

PLANT GROWTH ENVIRONMENTS FACILITY PROJECT NO. 950558

**MANDATORY
PREQUALIFICATION CONFERENCE:**

THURSDAY, JUNE 22, 2017

SUBMITTAL DUE:

FRIDAY, JUNE 30, 2017



Architects & Engineers
1223 University Avenue, Suite 240
Riverside, CA 92407

Reggi Thomas
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I. GENERAL

A. PROJECT DESCRIPTION

Plant Growth Environments Facility (PGEF) will provide greenhouse & headhouse space, wet and dry research laboratories, growth chamber housing, and space for faculty and academic support. The project is envisioned to host multiple scientific disciplines engaged in collaborative research. Expanding agricultural research space will reduce existing space deficits and is integral to the campus’s strategy for strengthening both research and teaching capabilities.

Location: The building site is within the east campus in an area adjacent to Parking Lot 9 and existing research & instruction facilities. The building will be located near existing greenhouses and lathhouses.

The campus recently completed a robust faculty-led process that identified strategic areas for expansion of research. This process led to the adoption of research cluster hiring proposals focused on interdisciplinary research in the priority areas identified in the strategic plan, *UCR 2020: The Path to Preeminence*. Areas of study span all colleges and departments, and involve investigators across campus from colleges and schools such as Bourns College of Engineering, College of Natural and Agricultural Sciences, School of Medicine, and College of Humanities, Arts and Social Sciences. Examples of research clusters include: biomedical informatics, neurosciences, systems biology, pathophysiology, and aging and life span. Accommodation of these research directions requires additional, flexible space that the campus does not have in sufficient quantity.

The proposed building is anticipated to provide 20,000 to 30,000 assignable square feet, and 40,000 gross square feet. During the development of the project performance requirements, the campus will maximize the assignable space in the facility. The space program will incorporate the following types of spaces:

- Multiple research greenhouses with a support headhouse.
- Wet, & dry laboratories and growth chambers housing space.
- Core laboratory support facilities such as environmental rooms, autoclaves and tissue culture rooms.
- Agriculture support space such as central seed storage, potting area, and material storage.

Table 1: Program Ranges - Assignable Square Feet (tentative)

Description	ASF
Greenhouse & Headhouse Space	12,000
Laboratories and Agricultural Support	12,000
Total	24,000

Project Delivery: Design Build

Estimated Construction Cost: \$20,000,000 (funding is pending administrative approval)

B. PROJECT TIMING

This prequalification questionnaire is the first step in the selection process for Design Builders with the following timetable (subject to change):

- | | |
|--|-----------------------|
| • Prequalification Questionnaire issued: | June 15, 2017 |
| • Mandatory Prequalification Conference & Site Visit: | June 22, 2017 |
| • Prequalification Questionnaire due: | June 30, 2017 |
| • Review and Shortlisting of Design Build Teams: | July 5 – July 7, 2017 |
| • Interview of Shortlisted Design Build Teams | July 11, 2017 |
| • Selection of 3 or 4 Design Build Teams to receive RFP: | July 12, 2017 |
| • Issue Request for Proposal to selected Design Build Teams: | August 1, 2017 |
| • Proposals due: | October 6, 2017 |
| • Notice of Selection: | October 16, 2017 |
| • Award Contract & Notice to Proceed: | November 20, 2017 |

Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: **18 Months**

The Contract Time will include completion of the Design Documents, Construction Documents, and the actual construction of the project through Substantial Completion.

C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

No contractor or subcontractor may be listed on a Bid for this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)].

No contractor or subcontractor may be awarded any portion of this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.

This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

This project is subject to **General Prevailing Wages** predetermined by the Department of Industrial Relations (DIR).

D. PREQUALIFICATION PROCESS – DESIGN BUILD DELIVERY

The University intends to evaluate Design Builder (Contractor) qualifications for prequalification, solicit proposals from prequalified design build teams, and award a contract after receipt of proposals. The design build delivery process for this project begins with the prequalification of responsible General Contractors and Architects working together as “**Design Build Teams**”, but the actual structure of the entity is at the discretion of each Design Builder (Contractor).

The successful Design Builder (Contractor) will hold a current and active General Building Contractor “B” license to provide completion of the schematic design, design development, construction documents and related work required to construct the project as described and specified in the Contract Documents. Each member of the design build team shall comply with the laws of the State of California and hold all required licenses to perform the work for which it is duly authorized.

To prequalify, the Design Build Team must meet all of the requirements described in this questionnaire and in the interview. The purpose of the Prequalification Questionnaire is to provide the University with sufficient information to determine if the Design Build Team is “responsible.” The term “responsible” refers to trustworthiness, quality, fitness, capacity, experience, financial stability, and the ability to satisfactorily perform the work.

The prequalification process is as follows:

1. Questionnaire

Provide all requested information, as applicable, on the questionnaire. Any prospective Contractor failing to do so may be deemed non-responsive with respect to the prequalification process for this project. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

Prequalification Questionnaires will be issued electronically to interested Design Builders (Contractors) on **June 15, 2017 at 9:00 AM**. For information call Reggi Thomas at (951) 827-1269 or email reggi.thomas@ucr.edu.

2. Mandatory Prequalification Conference

Design Builders (Contractors) interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Conference scheduled for **Thursday, June 22, 2017 beginning promptly at 10:00 AM**. Design Builders (Contractors) failing to sign in on the official attendance sheet at the prequalification conference will not be eligible to participate in the prequalification process.

Participants shall meet at: University of California, Riverside, **Conference Room 240-16, 1223 University Ave, Riverside, CA 92507.**

Prequalification conference attendees should allow ample time to find a parking space and walking to the meeting location. Those who arrive more than 15 minutes past start of the conference will not be allowed to participate in the prequalification process.

3. Submittal Procedures and Deadline

Design Builders (Contractors) interested in prequalifying to propose on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that Design Builders (Contractors) may incur to complete the prequalification process. All applicable portions of the attached forms shall be completed with attachments if the space provided on the questionnaire is not sufficient.

- Provide one (1) original, six (6) copy, and one (1) electronic CD/DVD copy of the Prequalification Questionnaire. Submittals must be received no later than:
Friday, June 30, 2017 AT 3:00 PM
- Prequalification Questionnaires must be submitted in 3-ring binders with tabs indicating all appropriate sections. Attachments must be placed behind the appropriate tabs.
- The front of the binders must indicate the Design Builder's (Contractor) name and address using the following format:
PREQUALIFICATION QUESTIONNAIRE
Company Name and Address:
Project Name: Plant Growth Environments Facility
Project No. 940558
Due Date and Time: Friday, June 30, 2017 AT 3:00 PM
- Prequalification Questionnaires must be received only at:
University of California, Riverside, Architects & Engineers, 1223 University Avenue, Suite 240, Riverside, CA 92407. Attention: Reggi Thomas
- Design Builders (Contractors) shall assume full responsibility for timely delivery at the location designated for receipt of Prequalification Questionnaires. **ORAL, TELEPHONIC, FACSIMILE, TELEGRAPHIC, OR E-MAILED PREQUALIFICATION QUESTIONNAIRES ARE INVALID AND WILL NOT BE ACCEPTED. NO PREQUALIFICATION DOCUMENTS WILL BE ACCEPTED AFTER THE DUE DATE AND TIME.**

4. Rating and Evaluation Procedures

A. To be selected for the Interview process, a prospective Design Builder (Contractor) shall submit the following information:

1. **DESIGN AND CONSTRUCTION EXPERIENCE** **50 Points**
Have sufficient project experience for the Design Builder (Contractor) and Design Firm. The projects submitted will receive points based on the extent to which they meet the listed criteria.
2. **KEY PERSONNEL** **40 Points**
Demonstrate adequate experience for Design Builder (Contractor) and Design Firm Team Key Personnel (information submitted will receive points based on education, training, and experience). Provide Team Organization Chart.
3. **LICENSE** **Pass/Fail**
Hold the proper license(s), current and active.
4. **SURETY** **Pass/Fail**
Submit a notarized statement from the proposed surety(ies) that states:
 - a. Design Builder's (Contractor) current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
 - b. Design Builder's (Contractor) total bonding capacity.
 - c. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
 - d. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.
5. **INSURANCE** **Pass/Fail**
Submit a written declaration from its insurance agent/broker/carrier stating that the Design Builder (Contractor) is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Design Builder's (Contractor) insurance certificate.
6. **SELF PERFORMANCE** **10 Points**
Ability to self-perform a minimum of 10% of the work of the construction contract.
7. **ANNUAL REVENUE** **Pass/Fail**
Have an annual 2016 revenue equal to or greater than **\$40,000,000**.
8. Submit all requested information that is current, accurate, and complete.

B. To be selected for the interview process, a prospective Design Builder (Contractor), including any proposed joint venture partners, **must not have**:

1. **EXPERIENCE MODIFIER RATE:** An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.0 for 5 or more of the past ten years.
2. **SURETY:** A surety complete work on any contract within the past ten years.
3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS:** A Contractors State License Board disciplinary action in the past ten years.
4. **LABOR CODE VIOLATIONS:** Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.
5. **CLAIMS HISTORY:** A claim that meets the parameters specified in the Claims History section.

C. Design Builder (Contractor) will be evaluated on the following additional criteria:

1. **FINANCIAL DATA:** A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long term debt), and has a debt to net worth ratio (long term debt) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The University may deem Design Builders (Contractors) with poor financial standing not qualified.

THE UNIVERSITY MAY FIND A PROSPECTIVE DESIGN BUILDER (CONTRACTOR) / DESIGN BUILD TEAM NOT QUALIFIED IF THE UNIVERSITY RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.

Questionnaires failing to clearly present all of the requested information, or that are not in the format requested may be considered non responsive and rejected on that basis. Each copy of the submittal must be complete and fully responsive to the Prequalification Questionnaire requirements.

After review of the Prequalification Questionnaire, the University may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE" do not leave any spaces blank.

Design Builders (Contractors) selected for interviews will be notified in writing, and will specify the date, time, and location of their interviews and outline the interview process. The University reserves the right to re-open the Design Builder (Contractor) prequalification process if the University determines that there are insufficient prequalified Design Builders (Contractors) to support the Proposal process.

5. Interview

10 Points

The Design Build teams that receive the highest scores will be interviewed and evaluated by the University's evaluation committee. During the interview, the Design Build team will have a specified amount of time to address the items listed below followed by a session of questions and answers. Attendance is required by the following key members: Design Builder's (Contractor) Firm (Project Executive, Construction Project Manager, Design Manager, Superintendent, and Quality Assurance Manager) and Architect's Firm (Principal-in-Charge, Design Architect, Design Firm's Project Manager, and Architect of Record), Greenhouse Consultant/Vendor, and Mechanical, Electrical, Plumbing Engineers. Sustainability Engineers and Structural consultants are optional to attend the interview.

The following shall be presented during the Interview:

- a. **Relevant Experience:** Provide a brief description of the Design Builder's (Contractor) relevant project experience, especially design build project experience of similar size, scope and complexity to the proposed project.
- b. **Project Team:** Show an organized and effective strategy for coordinating a design build project team. Identify key team members including the University's single point of contact for the project, the project manager and/or design manager, and quality control manager. Describe tools and strategies for monitoring progress, performance and follow-up activities as well as a proactive approach to resolving problems and disputes. Identify instances where the Design Build Team (Contractor and Design Partner) have worked with each other on previous projects.
- c. **Subconsultant Responsibilities and Reporting Relationships:** Identify and discuss the responsibilities and reporting relationships of key subconsultants. Identify the design build team participant who is responsible for overall project drawing coordination, document control, and the tools and technologies used for that purpose.
- d. **Design Firm Experience:** The Design Team Architect shall provide a brief description of the firm's design philosophy along with challenges and opportunities seen in achieving goals for this project. Provide a brief description of relevant design commissions within the past five years. Include details of the following:
 - Project Scope
 - Project Schedule
 - Construction Value
 - Design Methodology
 - Key Design Consultants

- Key Success / Challenges Overcome
- e. **Project Work Concept:** Describe a project work concept illustrating the ability of the team to integrate the proposal, design, and construction process including:
 - i. **Bid Phase Responsibilities:** Outline the roles and responsibilities of the Design Builder (Contractor), and major subconsultants during the bid phase and the design build team's approach to providing best value in its proposal.
 - ii. **Management of Design Process:** Identify the team participants who are responsible for the successful management of the design process in terms of meeting the original schedule submitted at the time of bid and assuring compliance with the RFP.
 - iii. **Design and Construction Schedule:** Describe a conceptual approach to the project that integrates the design, construction document, and construction phases in a manner that meets project deadlines, and identifies potential obstacles to success and methods for overcoming those obstacles.
 - iv. **Demobilization/Project Closeout:** Demonstrate the team's understanding of the University's project closeout process and show a commitment to properly staffing the Project through its completion.

Design Builders (Contractors) will be notified of their prequalification status after evaluation of the Prequalification Questionnaires and interviews.

Prospective Design Builders (Contractors) that do not prequalify as a result of their response to the Questionnaire and/or the Interview process will receive written notice from the University and may request an informal hearing to contest the University's decision. The request for a hearing must be received in writing within three business days of receipt of the University's notice and must state the basis of the appeal. The decision reached by UC Riverside as the result of any resulting hearing is final and may not be appealed within the University of California.

The University reserves the right to reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

Only Design Builders determined by the university to prequalified may be issued a formal Request of Proposal. The intent of the university is to prequalify three (3) or four (4) Design Builders.

Scoring Tabulations - to the extent that the Prequalification Questionnaire and other RFQ/RFQ documents are public records under California law, the documents may be released to the public if requested by members of the public. The scoring by the university will not be released and is not subject to Public Records Act request.

PROPOSERS SHALL AVOID A CONFLICT OF INTEREST

Any consultant hired to develop the program plan or project proposal documents on behalf of the University shall be precluded from participating as a member of the design build team.

E. PROPOSAL PREPARATION, SUBMITTAL EVALUATION AND CONTRACT AWARD PROCESS

Design Builders (Contractors) that successfully prequalify will be invited to submit a proposal to design and construct the project. The steps leading to contract award is summarized as follows:

1. University issues Request for Proposal to Prequalified Proposers
2. Pre-proposal Conference
3. Confidential one-on-one meetings between the University and individual Design Build Team
4. Timely submission of proposals
5. Technical evaluation of proposals
6. Public bid opening of price proposals
7. Best and Final Offer process, if required

- 8. Determination of the best value proposal and announcement of the apparent lowest responsible proposer
- 9. Contract award

Additional information and details regarding proposal preparation, submittal and the University's evaluation and award process will be provided to the prequalified Design Builders (Contractors) in the Request for Proposals and mandatory pre-proposal conference.

F. JOINT VENTURES

If two entities intend to form a Joint Venture for the purpose of executing the work on the Project, they must state their intentions on the Prequalification Questionnaire Form. Each entity of the proposed Joint Venture must submit a separate and independent set of the Prequalification Questionnaire forms. To be considered, each entity must meet the requirements in Item I.D.4, *Rating and Evaluation Procedures*, except for Items I.D.4.A.1 or I.D.4.C.1 which will be scored on the basis of combined strength of the proposed Joint Venture. Item I.D.4.A.4, *Surety*, shall be submitted on one of the two applicants' forms completely documenting the stated requirements by a qualified Surety. Requests of Design Builder (Contractor) Joint Ventures to prequalify for this project will not be considered after close of acceptance of prequalification questionnaires unless the University decides that it is in its best interest to reopen the prequalification process in a manner stated in the prequalification questionnaire.

II. PREQUALIFICATION QUESTIONNAIRE

ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

A. DESIGN BUILDER (CONTRACTOR) NAME AND ADDRESS

Company Name: _____
 _____ Telephone _____ Facsimile _____

Street Address: _____, _____, _____
 Street Address City & State Zip Code

Contact Person #1: _____
 Name, Title Email

Contact Person #2: _____
 Name, Title Email

B. DESIGN BUILD TEAM COMPOSITION

1. **Design Builder (Contractor):** _____
 Company Name

2. **Design Firm (Architect):**

 Company Name
 _____ Telephone _____ Facsimile _____
 _____ Street Address _____, _____ Zip Code
 _____ Contact Name, Title _____ Email _____

Proposed Architect of Record:

Name, Title
License No. _____ Issue Date: _____ Expiration Date: _____

Email

Provide the following information for the Design Builder (Contractor):

C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE

Parent Company: Subsidiary: Other: _____
Branch Office: Division:

D. TYPE OF BUSINESS ORGANIZATION

Corporation: State of Incorporation: _____
Partnership: Joint Venture: Sole Proprietorship:
Other: _____

If a **partnership**, provide the following information:
Date of Organization: _____ General: Association:
Name and complete legal address of each general partner:

Partner's Name Legal Address

Partner's Name Legal Address

Total number of employees on payroll in the corporation: _____
Total number of employees on payroll in the local office submitting this prequalification: _____

Principal Office (if different from above): _____
Street Address

City, State & Zip Code

President's Name Vice President's Name

Secretary's Name Treasurer's Name

E. YEAR COMPANY WAS ESTABLISHED

Year established: _____

F. PARENT COMPANY INFORMATION (IF APPLICABLE)

Company Name: _____

Telephone Facsimile

Street Address: _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name, Title Telephone

G. LIST ALL FORMER COMPANY NAMES

H. LICENSE

Design Builder (Contractor) must have a current and active **General Building (B)** California Contractors State License(s) for this project.

The entity submitting this Prequalification Questionnaire must be the holder of the requisite license(s).

Does your firm have the required current and active California State Contractors license(s)? Yes No

Name of Licensee as it appears on record with the California Contractors State License Board:

License No. _____ Issue Date: _____ Expiration Date: _____

License Class/Classes Certification(s)

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

THIS SPACE LEFT INTENTIONALLY BLANK

JOINT VENTURE: List Joint Venture's license information above and license information for all Joint Venture entities below:

For Joint Venture Entity #1 of 2:

Name of Licensee as it appears on record with the California Contractors State License Board:

License No. _____ Issue Date: _____ Expiration Date: _____

License Class/Classes: _____

Description of Classification(s): _____

Description of Certification(s): _____

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

For Joint Venture Entity #2 of 2:

Name of Licensee as it appears on record with the California Contractors State License Board:

License No. _____ Issue Date: _____ Expiration Date: _____

License Class/Classes: _____

Description of Classification(s): _____

Description of Certification(s): _____

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

JOINT VENTURE APPLICANTS: For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license that is current and active upon submission of the Design Builder (Contractor) Prequalification Questionnaire. The letter of commitment must include:

1. Name, address, and phone number of the Joint Venture as it will appear on the records of the Contractors State License Board
2. Name, address, and telephone number of each entity comprising the Joint Venture as it appears on the records of the Contractors State License Board
3. Name of the Responsible Managing Officer of the Joint Venture
4. Organizational chart of the Joint Venture
5. Signatures of the Responsible Managing Officers for each entity comprising the Joint Venture

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.

I. CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS

Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? Yes No

If yes, give details including dates:

J. DEBARMENT

Is your company currently debarred by any Federal, State or local agency? Yes No

If yes, give details including dates:

K. LABOR CODE VIOLATIONS

Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?

Yes No

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

If yes, give details including dates:

L. SURETY

List below **ALL** Surety companies used by your company **within the past ten years** and state whether the Surety had to complete any part of your work including, but not limited to warranty-related repairs or other defective workmanship on any contract within the past ten years:

SURETY COMPANY #1:

_____		_____
Surety's Name		Telephone
Street Address: _____	_____	_____
Street Address	City & State	Zip Code
_____ to _____	Has listed Surety Company #1 completed work	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY MM/YYYY	on a project your firm defaulted on?	
(Period Covered)		

SURETY COMPANY #2:

_____		_____
Surety's Name		Telephone
Street Address: _____	_____	_____
Street Address	City & State	Zip Code
_____ to _____	Has listed Surety Company #2 completed work	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY MM/YYYY	on a project your firm defaulted on?	
(Period Covered)		

SURETY COMPANY #3:

_____		_____
Surety's Name		Telephone
Street Address: _____	_____	_____
Street Address	City & State	Zip Code
_____ to _____	Has listed Surety Company #3 completed work	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY MM/YYYY	on a project your firm defaulted on?	
(Period Covered)		

SURETY COMPANY #4:

_____		_____
Surety's Name		Telephone
Street Address: _____	_____	_____
Street Address	City & State	Zip Code
_____ to _____	Has listed Surety Company #4 completed work	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY MM/YYYY	on a project your firm defaulted on?	
(Period Covered)		

M. FINANCIAL CAPABILITY

Attach a notarized statement from the surety (ies) that states the following:

1. Current available bonding capacity meets or exceeds the project Estimated Construction Cost;
2. Total bonding capacity;
3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120; and
4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

N. FINANCIAL DATA

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Debt, and Total Net Worth for the past three (3) fiscal years. Specify your company's total and current available bonding capacity.

1. Total Revenue (past 3 fiscal years):

Year Ending _____	\$ _____
Year Ending _____	\$ _____
Year Ending _____	\$ _____

2. Net Income (past 3 fiscal years):

Year Ending _____	\$ _____
Year Ending _____	\$ _____
Year Ending _____	\$ _____

3. Current Assets (past 3 fiscal years):

Year Ending _____	\$ _____
Year Ending _____	\$ _____
Year Ending _____	\$ _____

4. Current Liabilities (past 3 fiscal years):

Year Ending _____	\$ _____
Year Ending _____	\$ _____
Year Ending _____	\$ _____

5. Total Debt (past 3 fiscal years):

Year Ending _____	\$ _____
Year Ending _____	\$ _____
Year Ending _____	\$ _____

6. Total Net Worth (past 3 fiscal years):

Year Ending _____	\$ _____
Year Ending _____	\$ _____
Year Ending _____	\$ _____

7. Total Bonding Capacity:

\$ _____

8. Total Available Bonding Capacity:

\$ _____

PROVIDE ONE (1) COPY OF ALL AUDITED OR REVIEWED FINANCIAL STATEMENTS FOR THE PAST THREE YEARS OF OPERATION IN THE ORIGINAL BINDER.

O. INSURANCE

The University shall pay for, obtain and maintain a University Controlled Insurance Program (UCIP) providing Workers' Compensation and Employer's Liability Insurance coverage, Commercial General Liability Insurance coverage, and Excess Liability Insurance coverage, to persons and entities enrolled in the UCIP for Work performed on or at the Project site.

The successful Design Builder (Contractor) for this Project will be required to furnish certificates of insurance on University's form evidencing that it shall furnish and maintain Commercial Form of General Liability, Excess Liability (if applicable), Contractor's Professional Liability, Business Automobile Liability, Pollution Liability, and Workers' Compensation insurance in the amounts below.

The insurance required for Commercial Form General Liability, Excess Liability, Contractor's Professional Liability, Business Automobile Liability, and Pollution Liability Insurance shall be issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) written for not less than the following:

COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Occurrence</i> - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000
Products-Completed Operations Aggregate:	\$5,000,000
Personal and Advertising Injury:	\$2,000,000
General Aggregate:	\$10,000,000

CONTRACTOR'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Professional Liability	\$10,000,000

BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Accident</i> - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000

POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence:	\$5,000,000
Products-Completed Operations Aggregate:	\$5,000,000
General Aggregate:	\$5,000,000

WORKERS' COMPENSATION – As required by Federal and State of California law

EMPLOYER'S LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Employee:	\$1,000,000
Each Accident:	\$1,000,000
Policy Limit:	\$1,000,000

Insurance required for Workers' Compensation and Employer's Liability Insurance shall be issued by companies that have a (i) Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) that are acceptable to the University. Such insurance shall be written to be not less than (as required by Federal and State of California law).

1. Is your firm able to obtain the insurance in the required limits and ratings from companies that meet the criteria stated above? Yes No

- 2. If "yes," provide declaration(s) from your insurance agent/broker/carrier stating that your firm is able to obtain insurance coverage in the limits and ratings stated above from the insurance companies required for this Project.
- 3. **Provide a copy of your company's insurance certificate.**

P. EXPERIENCE MODIFICATION RATE

List your company's Workers' Compensation Experience Modification Rate for the past ten years:

2007: _____ 2008: _____ 2009: _____ 2010: _____ 2011: _____

2012: _____ 2013: _____ 2014: _____ 2015: _____ 2016: _____

If the Modification Rate has been above 1.0 for five or more of the past ten years, provide an explanation, including dates:

Provide a letter from your Workers' Compensation carrier
showing your Experience Modification rate for the past ten years.

Q. QUALIFICATION HISTORY

- 1. Provide the following information if Design Builder (Contractor) has not qualified to perform work for the **University of California:**

UC Campus Name: _____
 Facility's Contact Person: _____
 Project Name: _____
 Project Number: _____
 Date of Notice of Failure to Qualify: _____
 Reason for Failure to Qualify: _____

- 2. Provide the following information if Design Builder (Contractor) has ever not qualified to perform work for any contracting entity other than the University of California:

Contracting Entity: _____

 Telephone _____ Facsimile _____
 Street Address: _____ , _____ , _____
 Street Address City & State Zip Code
 Contact Person: _____
 Name, Title Telephone
 Project Name: _____
 Project Number: _____
 Date of Notice of Failure to Qualify: _____
 Reason for Failure to Qualify: _____

(If more space is needed, provide the information your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)

R. YEARS OF EXPERIENCE

Does your company have at least ten years of experience as a **General Building Contractor**?

Yes No

S. PROJECT COMPLETION

Has your company failed to complete a Contract or been removed from a project within the past ten years? Yes No

If yes, give details including dates:

T. SELF-PERFORMANCE

Does your company have the ability to self-perform a minimum of 10% of the work of the construction contract? Yes No

If yes, list trades your company self-performs:

_____	_____
_____	_____
_____	_____
_____	_____

U. LIQUIDATED DAMAGES

Has your company been assessed liquidated damages for failing to complete a contract within the time specified in the contract documents since within the past ten years? Yes No

If yes, give details including dates:

V. SUPPLEMENTAL COMPANY INFORMATION

1. Safety Program

- a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1409 and 3203? Yes No
- b. Does your company have personnel permanently assigned to safety? Yes No

If yes, state the names of all personnel who are assigned and list their specific duties:

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

2. Quality Control Processes

- a. Does your company have a written QA/QC program? Yes No
- b. Does your firm have personnel permanently assigned to QA/QC? Yes No

If yes, state the names of all personnel who will be permanently assigned and list their specific duties:

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

(If more space is needed, provide the information your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)

III. PROJECT EXPERIENCE

A. DESIGN BUILDER (CONTRACTOR) CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

a. **Only information, experience and Work performed by the Design Builder's (Contractor) office that will bid, manage, design, construct, and staff the project will be considered for prequalification unless otherwise indicated below.** Projects presented for consideration must be submitted on the forms attached to this section.

b. Submit up to **FIVE (5) BIOMEDICAL, WET RESEARCH LABORATORY/BSL2, DRY RESEARCH LABORATORY, OR AGRICULTURAL SCIENCE FACILITY COMPLETED IN THE PAST TEN 10) YEARS** that meet the criteria listed below and demonstrate the Design Builder's (Contractor) ability to successfully complete the project with respect to project size, cost, use, complexity, etc.

- At least three (3) projects completed for **INSTITUTIONS OF HIGHER LEARNING FOR PRIVATE OR PUBLIC AGENCIES** for which the construction cost was at least \$40 million each.
- At least two (2) projects which used **DESIGN BUILD** delivery for which the construction cost was at least \$40 million each.
- At least three (3) projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$40 million each.
- At least one (1) project that was a **RESEARCH LABORATORY** meeting the following criteria (note: more than one laboratory facility may be submitted to demonstrate familiarity with these systems) for which the construction cost was at least \$40 million:
 - Biomedical, Wet Research Laboratories/BSL2 & Dry Research Laboratories with deionized water, compressed air, vacuum, natural gas, structural cabling, etc.
 - Laboratory support space
- At least two (2) projects for which your firm **SELF-PERFORMED AT LEAST 10%** of the construction. Project site cleaning, installation of barricades and such work do not constitute self-performing work.

c. Projects presented for consideration must be accompanied by **photograph(s) of the project**.

d. Submit a list of all Biomedical, Wet Research Laboratory/BSL2, Dry Research Laboratory, Agricultural Science Facility projects completed in the past 10 years for institutions of higher learning for private or public agencies that include some or all of the criteria listed above. **Include the following details:**

- Project Name
- Project Owner (include contact name, title, phone number, and email address)
- Final Construction Amount
- Completion Date

DESIGN BUILDER (CONTRACTOR) PROJECT #1

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name

Address: _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

_____ _____ _____
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

Email: _____ Telephone: _____

Name of Design Builder's (Contractor) **Project Manager**
 for project: _____

Was the Project Manager listed above assigned the job at the start of the project? Yes No
 Did the Project Manager listed above complete the project? Yes No

Name of Design Builder's (Contractor) **Superintendent**
 for project: _____

Was the Superintendent listed above assigned the job at the start of the project? Yes No
 Did the Superintendent listed above complete the project? Yes No

Design Firm: _____

Address: _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____
Name & Title

_____ _____ _____
Telephone Facsimile Email

Name of Design Firm's **Project Manager** for project: _____

Name of **Architect of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #1

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space Chemical Fume Hoods

Agricultural Spaces Growth Chambers

Did your firm self-perform 10% of the trade work? Yes No

Specify the trades you self-performed:

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #2

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Builder's** (Contractor) Office that Performed the Work:

Street Address City & State Zip Code
Contact Person: _____
Name & Title
Email: _____ Telephone: _____
Name of Design Builder's (Contractor) **Project Manager**
for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of Design Builder's (Contractor) **Superintendent**
for project: _____
Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

Design Firm: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email
Name of Design Firm's **Project Manager** for project: _____
Name of **Architect of Record** for project: _____

DESIGN BUILDER'S (CONTRACTOR) PROJECT #2

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space Chemical Fume Hoods

Agricultural Spaces Growth Chambers

Did your firm self-perform 10% of the trade work? Yes No

Specify the trades you self-performed:

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #3

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space Chemical Fume Hoods

Agricultural Spaces Growth Chambers

Did your firm self-perform 10% of the trade work? Yes No

Specify the trades you self-performed:

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #4

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space Chemical Fume Hoods

Agricultural Spaces Growth Chambers

Did your firm self-perform 10% of the trade work? Yes No

Specify the trades you self-performed:

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN BUILDER (CONTRACTOR) PROJECT #5

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email

Address of **Design Builder's (Contractor) Office** that Performed the Work:

Street Address City & State Zip Code
Contact Person: _____
Name & Title
Email: _____ Telephone: _____
Name of Design Builder's (Contractor) **Project Manager**
for project: _____

Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No

Name of Design Builder's (Contractor) **Superintendent**
for project: _____

Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

Design Firm: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Contact Person: _____
Name & Title

Telephone Facsimile Email

Name of Design Firm's **Project Manager** for project: _____

Name of **Architect of Record** for project: _____

DESIGN BUILDER (CONTRACTOR) PROJECT #5

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Did your firm self-perform 10% of the trade work? Yes No

Specify the trades you self-performed:

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

B. DESIGN BUILDER (CONTRACTOR) KEY PERSONNEL EXPERIENCE

Complete all forms in their entirety **AND** attach resumes. Resumes shall **NOT** be submitted in lieu of these forms.

1. Construction Project Executive Qualifications

Name of Proposed Construction Project Executive: _____
Years of Experience in the Industry: _____

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____
Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ Completion Date: _____
Job Title used on this project: _____
Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Construction Project Executive Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: _____ \$ Completion Date: _____
 Job Title used on this project: _____
 Project Responsibilities: _____
Project Delivery: Design Build Traditional Other
Completed For: Institution of Higher Learning Private Agency Public Agency Other
Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other
Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>			
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>			
	Vacuum <input type="checkbox"/>				
Other (please specify) _____					
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>			
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>			
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Firm _____
 Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: _____ \$ Completion Date: _____
 Job Title used on this project: _____
 Project Responsibilities: _____
Project Delivery: Design Build Traditional Other
Completed For: Institution of Higher Learning Private Agency Public Agency
 Other
Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other
Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>			
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>			
	Vacuum <input type="checkbox"/>				
Other (please specify) _____					
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>			
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>			
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Construction Project Manager Qualifications

Name of Proposed Construction Project Executive: _____
Years of Experience in the Industry: _____

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____
Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ Completion Date: _____
Job Title used on this project: _____

Project Responsibilities: _____
Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Construction Project Manager Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Was this project a research laboratory that meets the following criteria? (check all that apply)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>	
	Vacuum <input type="checkbox"/>		
Other (please specify) _____			
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>	
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>	
	Vacuum <input type="checkbox"/>		
Other (please specify) _____			
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>	
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Construction Design Manager Qualifications

Name of Proposed Construction Design Manager: _____
Years of Experience in the Industry: _____

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____
Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ Completion Date: _____
Job Title used on this project: _____

Project Responsibilities:

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Construction Design Manager Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Was this project a research laboratory that meets the following criteria? (check all that apply)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>	
	Vacuum <input type="checkbox"/>		
Other (please specify) _____			
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>	
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>	
	Vacuum <input type="checkbox"/>		
Other (please specify) _____			
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>	
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Construction Superintendent Qualifications

Name of Proposed Construction Superintendent: _____
Years of Experience in the Industry: _____

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:
Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____
Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ Completion Date: _____
Job Title used on this project: _____
Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>			
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>			
	Vacuum <input type="checkbox"/>				
Other (please specify) _____					
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>			
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>			
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Construction Superintendent Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Construction Quality Assurance Manager Qualifications

Name of Proposed Construction Quality Assurance Manager: _____
Years of Experience in the Industry: _____

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____
Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
Owner: _____ Contact Name: _____
Contract Amount: _____ \$ Completion Date: _____
Job Title used on this project: _____
Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>	
	Vacuum <input type="checkbox"/>		
Other (please specify) _____			
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>	
Did your firm self-perform 10% of the trade work?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Construction Quality Assurance Manager Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		
Did your firm self-perform 10% of the trade work?				Yes <input type="checkbox"/> No <input type="checkbox"/>

C. DESIGN FIRM (ARCHITECT) PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. **Only information, experience and Work performed by the Design Firm's office that will bid, manage, design, and staff the project will be considered for prequalification unless otherwise indicated below.** Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **Five (5) BIOMEDICAL, WET RESEARCH LABORATORY/BSL2, DRY RESEARCH LABORATORY, OR AGRICULTURAL FACILITY PROJECTS COMPLETED IN THE PAST TEN (10) YEARS** that meet the criteria listed below and demonstrate the Design Builder's (Contractor) ability to successfully complete the project with respect to project size, cost, use, complexity, etc.
- At least three (3) projects completed for **INSTITUTIONS OF HIGHER LEARNING FOR PRIVATE OR PUBLIC AGENCIES** for which the construction cost was at least \$40 million each.
 - At least two (2) projects which used **DESIGN BUILD** delivery for which the construction cost was at least \$40 million each.
 - At least three (3) projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$40 million each.
 - At least one (1) project that was a **RESEARCH LABORATORY** meeting the following criteria (note: more than one laboratory facility may be submitted to demonstrate familiarity with these systems) for which the construction cost was at least \$40 million:
 - Wet Research Laboratories/BSL2 & Dry Research Laboratories with deionized water, compressed air, vacuum, natural gas, structural cabling, etc.
 - Laboratory support space for glass washing and equipment space
- c. Projects presented for consideration must be accompanied by **photograph(s) of the project.**
- d. Submit a list of all Biomedical, Wet Research Laboratory/BSL2, Dry Research Laboratory, or Agricultural Facility projects completed in the past 10 years for institutions of higher learning for private or public agencies that include some or all of the criteria listed above. **Include the following details:**
- Project Name
 - Project Owner (include contact name, title, phone number, and email address)
 - Final Construction Amount
 - Completion Date

DESIGN FIRM PROJECT #1

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN FIRM PROJECT #2

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN FIRM PROJECT #3

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN FIRM PROJECT #4

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

DESIGN FIRM PROJECT #5

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Contract Amount:

_____ \$ _____ \$ _____ \$
Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
Other Specify: _____

Type of Facility: Biomedical Wet Research Laboratory/BSL2 Dry Research Laboratory Agricultural Facility
Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify)

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Project Description: (Provide a brief description)

Attach photograph(s) of the project.

D. DESIGN FIRM (ARCHITECT) KEY PERSONNEL EXPERIENCE

Complete all forms in their entirety **AND** attach resumes. Resumes shall **NOT** be submitted in lieu of these forms.

1. Principal-In-Charge Qualifications

Name of Proposed Principal-In-Charge: _____

Years of Experience in the Industry: _____

Education:

Degree Received	Institution/School	Major/Discipline	Year
-----------------	--------------------	------------------	------

_____	_____	_____	_____
-------	-------	-------	-------

License Received	State Agency/Licensing Body	Specialty Area	Year
------------------	-----------------------------	----------------	------

_____	_____	_____	_____
-------	-------	-------	-------

Certificate Received	Organization	Specialty Area	Year
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_____	_____	_____	_____
-------	-------	-------	-------

Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools	Years of Experience
--	---------------------

_____	_____
-------	-------

Project Experience:

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____

Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency

Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility

Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) | Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas

Dry Research Laboratory Compressed Air Structured Cabling

Vacuum

Other (please specify) _____

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Principal-in-Charge Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

Other Firm

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

2. Design Architect Qualifications

Name of Proposed Design Architect: _____

Years of Experience in the Industry: _____

Education:

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____

Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) | Yes No

Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>
	Vacuum <input type="checkbox"/>	

Other (please specify) _____

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Design Architect Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

3. Project Manager Qualifications

Name of Proposed Project Manager: _____

Years of Experience in the Industry: _____

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

Project Experience:
Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____
 Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: _____ \$ Completion Date: _____
 Job Title used on this project: _____

Project Responsibilities:
Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

Project Manager Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other

Construction Type: New Interior Renovation Tenant Improvement

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this project a research laboratory that meets the following criteria? (check all that apply)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>
	Vacuum <input type="checkbox"/>	
Other (please specify) _____		
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>	Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>	Growth Chambers <input type="checkbox"/>	

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other

Construction Type: New Interior Renovation Tenant Improvement

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this project a research laboratory that meets the following criteria? (check all that apply)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>
	Vacuum <input type="checkbox"/>	
Other (please specify) _____		
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>	Chemical Fume Hoods <input type="checkbox"/>	
Agricultural Spaces <input type="checkbox"/>	Growth Chambers <input type="checkbox"/>	

4. Architect of Record Qualifications

Name of Proposed Architect of Record: _____

Years of Experience in the Industry: _____

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):

List all Project Management Training / Tools _____ Years of Experience _____

Project Experience:

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Plant Growth Environments Facility project.

Current Firm: _____

Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply) | Yes No

Wet Research Laboratory/BSL2 Deionized Water Natural Gas
Dry Research Laboratory Compressed Air Structured Cabling
Vacuum

Other (please specify) _____

Laboratory Support Space for glass washing and equipment space **Chemical Fume Hoods**

Agricultural Spaces **Growth Chambers**

Architect of Record Qualifications

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: _____ \$ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
Other

Type of Facility: Biomedical Wet Research Lab/BSL2 Dry Research Lab Agricultural Facility
 Other

Construction Type: New Interior Renovation Tenant Improvement

Was this project a research laboratory that meets the following criteria? (check all that apply)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet Research Laboratory/BSL2 <input type="checkbox"/>	Deionized Water <input type="checkbox"/>	Natural Gas <input type="checkbox"/>		
Dry Research Laboratory <input type="checkbox"/>	Compressed Air <input type="checkbox"/>	Structured Cabling <input type="checkbox"/>		
	Vacuum <input type="checkbox"/>			
Other (please specify) _____				
Laboratory Support Space for glass washing and equipment space <input type="checkbox"/>		Chemical Fume Hoods <input type="checkbox"/>		
Agricultural Spaces <input type="checkbox"/>		Growth Chambers <input type="checkbox"/>		

IV. CLAIMS HISTORY

A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

Provide the information requested below for the entity listed in Section II.A.

Complete a separate **FORM A – OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM** tabulation sheet for all claims: a) in excess of \$30,000 for poor workmanship, incomplete performance, defective work, or b) in excess of \$30,000 for unexcused delays in completion, asserted by Owner and/or Performance/Payment Bond sureties against the Design Builder (Contractor) within the past five (5) years which were resolved with the result that Design Builder (Contractor), its surety or insurer was required to pay to Owner, or was assessed a deduction in the contract price by Owner, an amount exceeding 40% of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration or lawsuit or by negotiated settlement with Owner or third party.

A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form A. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

B. DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

Provide the information requested below for the entity listed in Section II.A.

Complete a separate **FORM B – DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM** tabulation sheet for all claims (including false claims) in excess of \$30,000 for extra compensation or damages asserted by Design Builder (Contractor) against Owners within the past five (5) years, which were resolved with the result that Design Builder (Contractor) received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes subcontractor claims ("pass through" claims) even if the Design Builder (Contractor) had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration or lawsuit or by negotiated settlement with Owner or third party. Do not include stop notices or causes of action to enforce stop notices.

A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form B. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

C. OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

Provide the information requested below for the entity listed in Section II.B.2.

Complete a separate **FORM C – OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM** tabulation sheet for all claims in excess of \$30,000 for either excessive Change Orders, lack of coordination or design errors and omissions asserted by Owner over the past five (5) years which were resolved with the result that the Design Firm (Architect) or its insurer was required to pay to Owner, or was assessed a deduction in fee by Owner, an amount exceeding 40% of the highest amount claimed.

A signature by the Design Firm's sole proprietor, general partner, or corporate officer is required on Form C. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

FORM A

OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.A of this statement? Yes No
If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor):

My signature below signifies my declaration that the answers provided on this **Form A** are true and correct.

Design Builder (Contractor)
Authorized Signature: _____

Printed Name & Title: _____

If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.

FORM B

DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.B of this statement?

Yes No

If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for less than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor) against an Owner:

My signature below signifies my declaration that the answers provided on this **Form B** are true and correct.

Design Builder (Contractor)
Authorized Signature: _____

Printed Name & Title: _____

If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.

FORM C

OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.C of this statement? Yes No
If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an Owner against the Design Firm (Architect) and/or persons or entities associated with Design Firm (Architect):

My signature below signifies my declaration that the answers provided on this **Form C** are true and correct.

Design Builder (Contractor)
Authorized Signature: _____

Printed Name & Title: _____

**If signed by other than the sole proprietor, a general partner or corporate officer,
attach original notarized power of attorney or corporate resolution.**

V. REQUIRED COMPLETED ATTACHMENTS

- Notarized Statement from Surety stating (reference Section II.M – Financial Capacity):
 1. Current available bonding exceeds the project Estimated Construction Cost;
 2. Total bonding capacity;
 3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120;
 4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.
- One (1) copy** of all Audited Financial Statements (reference Section II.N – Financial Data).
- Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section II.O – Insurance).
- Insurance Certificate (reference Section II.O – Insurance).
- Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.P – Experience Modifier Rate).
- Resumes of all proposed Key Personnel (reference Sections III.B and III.D).
- Signatures declaring the answers on Forms A, B, and C are true and correct (reference Section IV – Claims History).
- List of Possible Consultants

VI. DECLARATION

I, _____ hereby declare that I am the _____
Printed Name Title

of _____ submitting this Prequalification Questionnaire;
Company Name

that I am duly authorized to execute this Questionnaire on behalf of Design Builder (Contractor); and that all information set forth in this Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed

at _____ County of _____
Location and City County

State of _____ on _____
State Date

Signature

Printed Name

If signed by other than the sole proprietor, a general partner, or corporate officer, attach original notarized power of attorney or corporate resolution.