
REQUEST FOR QUALIFICATIONS

April 5, 2021- April 20, 2021

TESTING, INSPECTION AND
OBSERVATION (TIO) SERVICES
(Multi-Year Blanket Agreement for
Services)

for
Various Campus
Construction Projects

SUBMITTAL DEADLINE:

2:00 PM on April 23, 2021

INTRODUCTION

The University of California, Riverside requests the qualifications of firms interested in providing Testing, Inspection and Observation (TIO) Services for soils and materials testing, and Special Inspection services to support various Campus Construction Projects on UC Riverside properties

The University seeks firms with the following:

- Design Build project experience
- Institutional/University construction/inspection experience
- Multi-certified full time special inspectors as required by Chapters 17, 18, 19, 20, 21, 22 and 23 of the California Building Code
- Capability to provide rapid response for sample testing, observation and Special Inspection services whenever required by UCR
- At least one NDT Level II inspector on staff whenever required by UC Riverside

Materials testing and special inspection services may include, but are not limited to: roofing and waterproofing testing and inspection; concrete, masonry, structural reinforcing steel, piping, welding materials testing, Spray Applied Fireproofing, epoxy bolting and/or doweling, pull testing for supports and roof deck inserts, and all other testing and special inspections required by Chapters 17, 17A, 18, 18A, 19, 19A, 20, 21, 21A, 22, 22A, 23, and 25 of the California Building Code.

Soils testing and special inspection services may include, but are not limited to: soil preparation, compaction and identification, aggregate asphalt identification, installation, verification and compaction tests, R-Value verifications, onsite grading recommendations, and soil sample analyses for:

- Title 22 Metals
- Total petroleum hydrocarbons – full range (TPH)
- Volatile organic compounds (VOCs)
- Semi-volatile organic compounds
- Other metals and compounds, as required

All other testing and special inspections required by Chapters 17, 17A, 18, 18A, 19, 19A, 20, 21, 21A, 22, 22A, and 23, and 25 of the California Building Code. The University will award an agreement to the top 6 firms who are determined to be the best qualified based on an evaluation of the Statements of Qualifications received. Work will be assigned on a rotating basis between the selected firms.

ESTIMATED CONTRACT VALUE: \$1,000,000

CONTRACT DURATION: 2 years with option for 2 additional years in 1 year increments at the University's discretion.

LEVEL-OF-EFFORT SERVICES FOR VARIOUS CAPITAL AND NON-CAPITAL IMPROVEMENT PROJECTS

Level-of-effort Testing, Inspection and Observation (TIO) Services for soils and materials testing and Special Inspection services may be required for the following types of projects:

- Engineering, Science, and R&D Laboratories
- Classroom, Auditorium, and Office Buildings
- Student Housing and Recreation Facilities
- Parking Structures
- Hospital and Healthcare (including OSHPD)
- Event Center Projects
- Athletic Building and Projects
- Accessory Building Projects
- Other Types of University Projects

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REQUIRED ATTACHMENTS

- Attachment A – Consultant Profile Form
- Attachment B – Comparable Projects
- Attachment C – Consultant Experience Form
- Attachment D – Sample Professional Service Agreement

1. SUBMITTAL REQUIREMENTS

Submittals shall conform to the format outlined herein and provide all requested information.

A. Required Copies

- i. One (1) original electronic copy submitted in 8.5" x 11" format via email. Submittals shall be indexed with tabs numbered and labeled in the format outlined herein.

B. Submittal Deadline

Submittals must be received by **2:00 PM on, April 23, 2021.**

C. Designated Location for Submittal Receipt

Electronic submittals only. Please contact Mary Ramirez mary.ramirez@ucr.edu to receive a link for uploading responses to this RFQ.

Respondents shall assume full responsibility for timely delivery of proposals and ensuring of receipt of link.

D. Marking and Identification of Submittals

Submittals shall be clearly marked as follows:

TESTING, INSPECTION AND OBSERVATION (TIO) SERVICES QUALIFICATIONS SUBMITTAL

Various Campus Construction Projects

Date of Submittal:

E. Acceptable Delivery Methods

- i. Electronic via link provided by Mary Ramirez

F. Unacceptable Delivery Methods

- i. Oral
- ii. Telephonic
- iii. Facsimile
- iv. Email
- v. Courier
- vi. Delivery Service

2. SCORING SUMMARY

Description	Points Available
TAB 1 – Cover Letter	PASS/FAIL
TAB 2 – Firm Qualifications	30
TAB 3 – Comparable Projects	25
TAB 4 – Project Team and Staffing	25
TAB 5 – Client References Recommendation Letters, and Client Testimonials	20
TAB 6 – Insurance	PASS/FAIL
TAB 7 – Equal Opportunity Statement	PASS/FAIL
Total:	100

3. SUBMITTAL CONTENTS

Provide the following information in the content and format prescribed.

TAB 1	PASS/FAIL
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COVER LETTER Maximum Page Length: 2 Pages

Respondent shall submit a cover letter on company letterhead summarizing the firm’s qualifications and distinguished accomplishments, including:

1. Applicable publications, awards, and technical and innovative contributions to the industry.
2. A contact person with their title, address, contact telephone number, and email address.

TAB 2	30 POINTS
--------------	------------------

FIRM QUALIFICATIONS Maximum Page Length: 10 Pages

Respondent shall:

1. Describe its approach and strategy for providing the Testing, Inspection and Observation (TIO) services listed in the Introduction of this RFQ for multi-phased fast-track Planning, Design and Construction Department, construction projects, and other miscellaneous campus construction, repair, remodeling and alteration projects described in the Introduction of this RFQ, in a timely and cost-effective manner.
2. Describe value-added services that will assist the University in the management of the projects.
3. Identify best practices and resources used to resolve administrative, technical, and field issues.
4. Demonstrate its laboratory capabilities including experience in conducting tests required for the duration of the contract. Include laboratory certifications and certifying agency(ies).
5. Complete and submit the required Consultant Profile Form (ATTACHMENT A).

TAB 3	25 POINTS
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COMPARABLE PROJECTS

Respondent shall submit five (5) projects that are comparable to the various types of Planning, Design and Construction Department, construction projects and other miscellaneous campus construction, repair, remodeling and alteration projects, described in the Introduction of this RFQ. Complete the Comparable Projects forms (ATTACHMENT B) specifying details for projects completed within the past five (5) years.

TAB 4

25 POINTS

PROJECT TEAM AND STAFFING Maximum Page Length: 5 Pages (Excluding Resumes)

Respondent shall:

1. Identify the location of the office in which the majority of the work for these Planning, Design and Construction projects, and other miscellaneous campus construction, repair, remodeling and alteration projects, will be performed. Demonstrate that the office has the resources required to perform the required testing, inspection, and observation services that are anticipated for future Planning, Design and Construction Department projects as well as other miscellaneous campus construction, repair, remodeling and alteration projects, described in the Introduction of this RFQ. A minimum of two (2) on-call senior field technicians/Special Inspectors are required to be available for these described UC Riverside construction projects.
2. Specify the average response time for field technicians/Special Inspectors to the project site from time of the request by the university.
3. Demonstrate how it intends to staff and manage resources required to provide service(s) for a typical Planning, Design and Construction Department, construction projects and other miscellaneous campus construction, repair, remodeling and alteration project, with estimated construction costs that could range from \$1,000,000 to \$100,000,000 and varying schedules of up to 24 months.
4. Submit an organization chart with resumes for proposed personnel. Each resume shall include: positions/titles; roles and responsibilities; an education summary listing institutions attended and degrees received. This includes professional licensing, certifications, and training; and relevant work experience over the last ten (10) years.
5. UC Riverside strongly desires and hereby requests that a single multi-certified/licensed field technician and/or Special Inspector be assigned to each UC Riverside project authorized and assigned to your company, for the entire duration of the project, from start through project completion. This is strongly requested in order to maintain consistency, organization, schedule and rapport with all UC Riverside and Construction personnel at each respective project. Please include your proposed plan for complying with this request, in this section of the Request for Proposal (RFQ).

TAB 5

20 POINTS

CLIENT REFERENCES, RECOMMENDATION LETTERS, AND CLIENT TESTIMONIALS

Respondent shall:

1. List three to five references for completed projects similar to the types of Planning, Design and Construction Department projects, and other miscellaneous campus construction, repair, remodeling and alteration projects, described in the Introduction of this RFQ. Include a name, title, company name, address, telephone number, and email address for all references listed.
2. Include applicable letters of recommendation or client testimonials with contact information.

TAB 6

PASS/FAIL

INSURANCE

Respondent shall submit a Certificate of Insurance evidencing coverage that meets or exceeds the following minimum requirements:

1. **Commercial Form General Liability Insurance** with coverage and minimum limits as follows:
 - i. Each Occurrence \$1,000,000
 - ii. Products Completed; Operations Aggregate \$1,000,000
 - iii. Personal and Advertising Injury \$1,000,000
 - iv. General Aggregate \$2,000,000
2. **Business Automobile Liability Insurance** for owned, scheduled, non-owned, or hired automobiles, with a combined single limit of no less than \$1,000,000 per accident.
3. **Professional Liability Insurance** with limits of \$1,000,000 per claim and \$2,000,000 in the aggregate.
 If insurance is written on a claims-made basis, it shall be maintained continuously for a period of no less than 3 years after the date of Final Completion of the services authorized. The insurance shall have a retroactive date of placement prior to, or coinciding with, the date services are first provided that are governed by the terms of the contract and shall include, without limitation, coverage for professional services as required.
4. **Carrier Financial Rating** (for items 1, 2, and 3 above) shall be (i) issued by companies that have 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) or (ii) guaranteed, under terms consented to by the University (such consent to not be unreasonably withheld) 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).
5. **Workers' Compensation:** Statutory Limits per Federal and/or California law; and
Employer's Liability Insurance:
 - i. Each Employee \$1,000,000
 - ii. Each Accident \$1,000,000
 - iii. Policy Limit \$1,000,000
 Carrier Financial Rating for Worker's Compensation and Employer's Liability shall be issued by companies (i) that have a 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.

TAB 7

PASS/FAIL

EQUAL OPPORTUNITY STATEMENT

Respondent shall provide a statement describing its equal opportunity policy.
It is University policy to ensure that all persons, regardless of race, religion, sex, color, ethnicity and national origin have equal access to contracts and other business opportunities with the University.

4. EVALUATION PROCESS

- A. Selection by the University of California for professional services is made on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required (Public Contract Code §§10510.4 - 10510.9).
- B. The University reserves the right to reopen the qualification process to other interested firms if it is determined that the number of respondents to the Request for Qualifications is insufficient to support the selection process. If the University elects to reopen the qualification process, firms that have already submitted their qualifications need not submit a second time. If the qualification process is reopened, the University will use the same standards and criteria to evaluate the merits of the additional applicants.

- C. The University’s Screening Committee will review and score the submittals received by the submittal deadline. The firms will be ranked in the order of their qualification evaluation scores.
- D. The top six firms scoring over 60 points in the review and selection process will receive a Notice of Selection.

SUBMITTALS FAILING TO CLEARLY PRESENT ALL OF THE REQUESTED INFORMATION OR FAILING TO BE IN THE FORMAT REQUESTED MAY BE CONSIDERED NON-RESPONSIVE AND REJECTED.

DO NOT INCLUDE ANY PRICING OR FEE SCHEDULES

5.

STATUTORY REQUIREMENTS

- A. The selected Consultant and all Subconsultants will be required to follow the nondiscrimination requirements set forth in the Professional Services Agreement and to pay prevailing wage rates at the location of the work.
- B. No Consultant or Subconsultant may be awarded work under the Professional Services Agreement unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.
- C. Services performed under the Professional Services Agreement are subject to compliance monitoring and enforcement by the Department of Industrial Relations.
- D. The University reserves the right to reject any or all responses to this RFQ and to waive non-material irregularities in any response received.

All information submitted for evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

ATTACHMENT A

CONSULTANT PROFILE FORM (Page 1 of 2)

A. Firm Name and Address

Firm Name: _____

Telephone Facsimile

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

B. Year Company was Established

Year established: _____

C. Name and Title of Principal-in-Charge, Managing Director, or CEO

Name, Title

Telephone Email

D. Type of Business Organization

Corporation: State of Incorporation: _____

Partnership: Joint Venture:

Sole Proprietorship: Other: _____
(Please list)

E. Number of Staff Employed Firm Wide

Total Staff:	_____	Full Time Employees on Payroll:		
Senior Field Technicians:	_____	_____	_____	_____
Multi-Certified Full Time Special Inspectors:	_____	2018	2019	2020
NDT Level II Inspectors:	_____			

F. Financial Capability

Provide the firm's Total Revenue for the last three (3) fiscal years.

Year Ending _____ \$ _____

Year Ending _____ \$ _____

Year Ending _____ \$ _____

ATTACHMENT A

CONSULTANT PROFILE FORM (Page 2 of 2)

*Complete the following information for the office that will perform the work:
(IF NOT THE SAME AS ABOVE)*

A. Firm Name and Address

Firm Name: _____

_____ Telephone _____ Facsimile

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

B. Year Company was Established

Year established: _____

C. Name and Title of Principal-in-Charge, Managing Director, or CEO

_____ Name, Title

_____ Telephone _____ Email

D. Number of Staff Employed in the Office Proposed to Perform the Work

Total Staff: _____

Full Time Employees on Payroll:

Senior Field Technicians: _____

Multi-Certified Full Time Special Inspectors: _____ 2018 2019 2020

Inspectors: _____

NDT Level II Inspectors: _____

ATTACHMENT B

COMPARABLE PROJECT 1

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

Project Owner: _____ Contact Person: _____
Name & Title
 Address: _____, _____, _____
Street Address City & State Zip Code
 Contact Person: _____
Name & Title Telephone Email

Address of **Respondent Firm's** Office that Performed the Work:
 _____, _____, _____
Street Address City & State Zip Code
 Contact Person: _____ Telephone: _____
Name & Title
 Name of **Respondent Firm's** Principal-in-Charge for project: _____
 Name(s) of **Respondent Firm's** _____ Multi-Certified? Yes No
 Field Technician(s)/Special _____
 Inspector(s) for project: _____ Multi-Certified? Yes No
 Provide list of all certifications held by Field Technicians and Special Inspectors and organizations issuing each of those certifications

Firm Contracted Directly With: General Contractor Project Owner Other: _____
 Contract Start Date: _____ Contract Completion Date: _____
Month/Day/Year Month/Day/Year
 Contract Amount: _____
 Scope of Services: Soils Testing & Special Inspection Materials Testing & Special Inspection

Type of Project: Office Building- Engineering, Science, or R&D Laboratory- Classroom or Auditorium-
 Student Housing- Recreation Facility- Parking Structure- Athletic Building and Projects-
 Hospital: OSHPD- Non-OSHPD- Healthcare: OSHPD- Non-OSHPD-
 Estimated Construction Cost: \$ _____
 Project Delivery Method: Design Build Traditional (Design-Bid-Build) Other

SCOPE OF SERVICES (List the types of testing and inspection services performed):

ATTACHMENT B

COMPARABLE PROJECT 2

Project Name: _____

Project or Contract Number: _____

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

Project Owner: _____ Contact Person: _____
Name & Title

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

Contact Person: _____ , _____ , _____
Name & Title Telephone Email

Address of **Respondent Firm's** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____ Telephone: _____
Name & Title

Name of **Respondent Firm's** Principal-in-Charge for project: _____

Name(s) of **Respondent Firm's** Field Technician(s)/Special Inspector(s) for project: _____ Multi-Certified? Yes No

Provide list of all certifications held by Field Technicians and Special Inspectors and organizations issuing each of those certifications

Firm Contracted Directly With: General Contractor Project Owner Other: _____

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

Contract Amount: _____

Scope of Services: Soils Testing & Special Inspection Materials Testing & Special Inspection

Type of Project: Office Building- Engineering, Science, or R&D Laboratory- Classroom or Auditorium-
 Student Housing- Recreation Facility- Parking Structure- Athletic Building and Projects-
 Hospital: OSHPD- Non-OSHPD- Healthcare: OSHPD- Non-OSHPD-

Estimated Construction Cost: \$ _____

Project Delivery Method: Design Build Traditional (Design-Bid-Build) Other

SCOPE OF SERVICES (List the types of testing and inspection services performed):

ATTACHMENT B

COMPARABLE PROJECT 3

Project Name: _____

Project or Contract Number: _____

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

Project Owner: _____ Contact Person: _____
Name & Title

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

Contact Person: _____ , _____ , _____
Name & Title Telephone Email

Address of **Respondent Firm's** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____ Telephone: _____
Name & Title

Name of **Respondent Firm's** Principal-in-Charge for project: _____

Name(s) of **Respondent Firm's** _____ Multi-Certified? Yes No

Field Technician(s)/Special

Inspector(s) for project: _____ Multi-Certified? Yes No

Provide list of all certifications held by Field Technicians and Special Inspectors and organizations issuing each of those certifications

Firm Contracted Directly With: General Contractor Project Owner Other: _____

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

Contract Amount: _____

Scope of Services: Soils Testing & Special Inspection Materials Testing & Special Inspection

Type of Project: Office Building- Engineering, Science, or R&D Laboratory- Classroom or Auditorium-
 Student Housing- Recreation Facility- Parking Structure- Athletic Building and Projects-
 Hospital: OSHPD- Non-OSHPD- Healthcare: OSHPD- Non-OSHPD-

Estimated Construction Cost: \$ _____

Project Delivery Method: Design Build Traditional (Design-Bid-Build) Other

SCOPE OF SERVICES (List the types of testing and inspection services performed):

ATTACHMENT B

COMPARABLE PROJECT 4

Project Name: _____

Project or Contract Number: _____

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

Project Owner: _____ Contact Person: _____
Name & Title

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

Contact Person: _____ , _____ , _____
Name & Title Telephone Email

Address of **Respondent Firm's** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____ Telephone: _____
Name & Title

Name of **Respondent Firm's** Principal-in-Charge for project: _____

Name(s) of **Respondent Firm's** Field Technician(s)/Special Inspector(s) for project: _____ Multi-Certified? Yes No

Multi-Certified? Yes No

Provide list of all certifications held by Field Technicians and Special Inspectors and organizations issuing each of those certifications

Firm Contracted Directly With: General Contractor Project Owner Other: _____

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

Contract Amount: _____

Scope of Services: Soils Testing & Special Inspection Materials Testing & Special Inspection

Type of Project: Office Building- Engineering, Science, or R&D Laboratory- Classroom or Auditorium-
 Student Housing- Recreation Facility- Parking Structure- Athletic Building and Projects-
 Hospital: OSHPD- Non-OSHPD- Healthcare: OSHPD- Non-OSHPD-

Estimated Construction Cost: \$ _____

Project Delivery Method: Design Build Traditional (Design-Bid-Build) Other

SCOPE OF SERVICES (List the types of testing and inspection services performed):

ATTACHMENT B

COMPARABLE PROJECT 5

Project Name: _____

Project or Contract Number: _____

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

Project Owner: _____ Contact Person: _____
Name & Title

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

Contact Person: _____ , _____ , _____
Name & Title Telephone Email

Address of **Respondent Firm's** Office that Performed the Work:
 _____ , _____ , _____
Street Address City & State Zip Code

Contact Person: _____ Telephone: _____
Name & Title

Name of **Respondent Firm's** Principal-in-Charge for project: _____

Name(s) of **Respondent Firm's** Field Technician(s)/Special Inspector for project: _____ Multi-Certified? Yes No

_____ Multi-Certified? Yes No

Provide list of all certifications held by Field Technicians and Special Inspectors and organizations issuing each of those certifications

Firm Contracted Directly With: General Contractor Project Owner Other: _____

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

Contract Amount: _____

Scope of Services: Soils Testing & Special Inspection Materials Testing & Special Inspection

Type of Project: Office Building- Engineering, Science, or R&D Laboratory- Classroom or Auditorium-
 Student Housing- Recreation Facility- Parking Structure- Athletic Building and Projects-
 Hospital: OSHPD- Non-OSHPD- Healthcare: OSHPD- Non-OSHPD-

Estimated Construction Cost: \$ _____

Project Delivery Method: Design Build Traditional (Design-Bid-Build) Other

SCOPE OF SERVICES (List the types of testing and inspection services performed):

UCR

Various Campus Construction Projects

REQUEST FOR QUALIFICATIONS

Testing, Inspection and Observation (TIO) Services