

PREQUALIFICATION QUESTIONNAIRE FOR PROSPECTIVE BIDDERS

The Rancho Santiago Community College District (“District”) has determined that certain subcontractors on the **Russell Hall Replacement (Health Sciences)** project (“Project”) must be prequalified prior to submitting a bid or proposal on the Project. This Request is not a formal request for bids or an offer by the District to contract with any contractor responding to this Request. This form must be completed by:

- A Contractor with a B, C-4, C-7, C-10, C-16, C-20, C-34, C-36, C-38, C-42, C-43, and/or C-46 license(s) that intends to bid as a **first-tier subcontractor** to a general contractor (prime contractor) that is bidding directly to the District.

Submission of Questionnaires (“Response”). Contractors must complete District forms attached hereto; no other prequalification documents submitted by a Contractor will meet the District’s requirements. All Contractors shall submit completed questionnaires, **electronically** to FacilitiesBid@rscdd.edu. Respondent’s response must meet all requirements established by this Request. Failure to meet a Request requirement may render a Respondent’s response non-responsive.

Submission of Financial Statements (“Response”). Due to the COVID-19 pandemic, the District is continuing to primarily work remotely; therefore, the District is making the following accommodations for submission of the Financial Statements. Financial Statements may only be submitted to the District in the following methods:

1. Electronically to FacilitiesBid@rscdd.edu
2. US Mail (only) to:
*Rancho Santiago Community College District
2323 North Broadway, Suite 112
Santa Ana, CA 92706-1640
Attn: Carri M. Matsumoto*
3. Hand delivery to the address above will only be allowed on July 16, 2020 and July 17, 2020 between the hours of 8:00AM to 2:00PM. There shall be no other deliveries made to the office other than the days/times listed above.

If choosing to submit the Financial Statement in hard copy, only one (1) hard copy is required. Response must meet all requirements established by this Request. Failure to meet a Request requirement may render a Response non-responsive.

Contractor List. The District will make available a list of prequalified general contractors and electrical, mechanical, and plumbing subcontractors to all prequalified Contractors at least five (5) Business Days prior to the date for submission of any response to a District bid or other solicitation covered by this prequalification.

Previously Prequalified Contractors. Subcontractors who were previously deemed qualified under the District’s “Prequalification - Russell Hall Replacement (Health Sciences Building) at Santa Ana College” process remain prequalified and do not need to resubmit any documents. This list of prequalified contractors is available on the District’s website at:
https://rscdd.edu/Departments/Purchasing/Documents/Facility_Planning_Bids/Prequalification_Russell_Hall_Replacement_SAC/191209-2398-LIST-RSCCD-Prequal-FINAL.pdf

References. The District reserves the right to contact any representative at Contractor’s previous projects to gather information about the Contractor and/or to base the District’s prequalification determination on a scoring of Contractor’s references’ responses to questions.

Updates. Contractors who are prequalified must update their prequalification questionnaire if or when Contractor’s status or information changes. The District reserves the right to adjust, suspend, or rescind the prequalification rating of any Contractor based on subsequently learned information.

Non-responsiveness. A Contractor’s prequalification questionnaire shall be deemed nonresponsive if, without limitation, the Contractor’s prequalification questionnaire is not returned on time, does not provide all requested

information, is not signed under penalty of perjury by an individual who has the authority to bind the Contractor, is not updated as required or is misleading or inaccurate in any material manner (e.g., financial resources are overstated; previous violations of law are not accurately reported).

Rejection/Waiver/Request. The District reserves the right, in its sole discretion, to reject any or all prequalification questionnaires, to waive irregularities in any prequalification questionnaire or to request further information or documentation from any Contractor.

Public Records. Although the names of Contractors seeking prequalification may be public information, pursuant to, without limitation, Public Contract Code section 20651.5, each Contractor’s questionnaire and financial statements “shall not be public records and shall not be open to public inspection”. However, the contents of Contractor’s prequalification questionnaires and financial statements may be disclosed to third parties for purposes of clarification or investigation of material allegations or in any appeal process.

Questions. Questions regarding this Request must be in writing and directed only to FacilitiesBid@rscsd.edu by the date indicated in the Request Schedule. Contractors are directed to not contact any other person regarding this Request.

Request Schedule. The District has set the following Request Schedule that all Contractors must adhere to. Late Responses will not be considered. The District reserves the right to modify this Request Schedule and will issue an addendum if it modifies this Request Schedule.

Event / Occurrence	Date / Deadline
District Issues Request	June 5, 2020
Deadline for contractors to submit questions regarding this Request	July 10, 2020
District to respond to contractors’ questions regarding this Request	July 15, 2020
Deadline for contractors to submit complete Response and Financial Statements	July 17, 2020

Applicable “DSA Projects” / “OSHDP” Projects. Applicable Division of the State Architect (“DSA”) projects include public K-12, public community colleges, and State owned or leased Essential Service Buildings (i.e. police, fire, emergency call centers). Projects involving private K-12, private colleges, and universities **are not applicable DSA projects** due to limited DSA review and oversight of the project. Applicable Office of Statewide Health Planning and Development (“OSHDP”) projects include any hospital or medical care building that are subject to OSHPD as the enforcing agency.

Prevailing Wage. This Project is a public work project. All Contractors (of any tier) must pay prevailing wages and must be currently registered and qualified to perform public work in accordance with Labor Code section 1725.5.

OCIP. This Project is insured under the District’s Owner Controlled Insurance Program (“OCIP”). Additional information can be provided to Contractors upon request.

CSWPA. This Project is subject to the District’s Community and Student Workforce Project Agreement (“CSWPA”). The CSWPA is available to download at: <https://www.dropbox.com/sh/ahdgtw84e5dovqi/AAASQHAA43fLOTb6-Gho5kKa?dl=0>

Addenda. If the District issues addenda to this Request, Contractors are solely responsible for inclusion of the Addenda in the Contractor’s Response. Failure to include any requirements included in any addenda issued by the District may, in the District’s sole discretion, render the Contractor’s Response to be deemed non-responsive and may be rejected.

Anticipated Bid and Award Schedule. The anticipated bid and award schedule is as indicated below, and subject to change:

- Out to Bid: mid to late July 2020
- Bid Due Date: early September 2020
- Award Bid: mid-October 2020
- Issue NTP: mid-December 2020

Appeal. A Contractor may appeal the District's decision. If a Contractor decides to appeal the District's prequalification decision, it must follow the following procedure:

1. Contractor shall submit, in writing, within five (5) Business Days from District's determination, a request for a written response from the District to explain the District's determination.
2. Within five (5) Business Days from receipt of the District's written response to the Contractor's request, Contractor may submit, in writing, a request for a meeting with the District's staff. Contractor may submit with the request any and all information that it believes supports a finding that District's determination should be changed.
3. District staff shall hold a meeting with the Contractor. If the Contractor continues to contest the District's determination after that meeting with District staff, then the Contractor may address the Board at the next public noticed meeting of the District's governing board, pursuant to the governing board's procedures for public comment. **TO PRESERVE THE CONTRACTOR'S RIGHT TO CHALLENGE THE DISTRICT'S DETERMINATION, THE CONTRACTOR SHALL ADDRESS THE BOARD AT THE NEXT PUBLIC NOTICED MEETING OF THE BOARD AFTER CONTRACTOR'S MEETING WITH DISTRICT STAFF.**
4. **FAILURE OF A CONTRACTOR TO TIMELY FOLLOW ALL APPEAL STEPS SHALL BE A WAIVER OF THE CONTRACTOR'S RIGHT TO APPEAL THE DISTRICT'S DECISION.**

Contractors (and required subcontractors) must be prequalified with the District for each of its license classifications under which it intends to propose to work. For example, if a subcontractor intends to propose under its C-10 license and its C-36 license, it must submit two (2) separate Prequalification Packages; one for each license.

CONTRACTOR (OR "FIRM") INFORMATION

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

Indicate the form of Contractor's firm (type of business entity):

Individual

 Sole Proprietorship
 Partnership

 Limited Partnership
 Limited Liability Company

 Joint Venture

 Corporation, State: _____
 Other: _____

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

Name	Position	Years with Co.	% Ownership

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

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

CONTRACTOR'S BONDING COMPANY (SURETY) INFORMATION

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

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

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

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Name of broker/agent:	
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Address of broker/agent:	
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Telephone number of broker/agent:	
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E-mail of broker/agent:	
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Contractor's total current bonding capacity (\$):	
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CONTRACTOR'S INSURANCE INFORMATION

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

Address of those insurance company(ies):

"Best" rating(s) for those insurance company(ies):

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

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Name of broker/agent:

Address of broker/agent:

Telephone number of broker/agent:

E-mail of broker/agent:

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

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

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

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

QUESTIONS

Pass/Fail Questions (Essential Criteria)

1a.	<p>FOR C-7 AND C-16 FIRST-TIER SUBCONTRACTORS ONLY:</p> <p>Has your Firm contracted for and completed construction of a minimum of:</p> <ul style="list-style-type: none"> • Three (3) Division of the State Architect and/or Office of Statewide Health Planning and Development approved construction projects, • Each with a value of at least \$200,000, and • All within the past eight (8) years? (Please circle "YES" or "NO"). <p>NOTE: You must list these projects in the "PASS/FAIL" PROJECT REFERENCES" Section.</p>	<p>YES NO</p> <p>NO = cannot prequalify</p>
1b.	<p>FOR ALL OTHER FIRST-TIER SUBCONTRACTORS (C-4, C-10, C-20, C-34, C-36, C-38, C-42, C-43, and/or C-46):</p> <p>Has your Firm contracted for and completed construction of a minimum of:</p> <ul style="list-style-type: none"> • Three (3) Division of the State Architect and/or Office of Statewide Health Planning and Development approved construction projects, • Each with a value of at least \$500,000, and • All within the past eight (8) years? (Please circle "YES" or "NO"). <p>NOTE: You must list these projects in the "PASS/FAIL" PROJECT REFERENCES" Section.</p>	<p>YES NO</p> <p>NO = cannot prequalify</p>
2.	<p>Does your Firm currently hold all contractors' license(s) necessary to perform the work and have those license(s) been consistently active for at least five (5) years without revocation or suspension? (Please circle "YES" or "NO").</p>	<p>YES NO</p> <p>NO = cannot prequalify</p>
3.	<p>Has your Firm or an Associated Firm been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years? (Please circle "YES" or "NO").</p>	<p>YES NO</p> <p>YES = cannot prequalify</p>
4.	<p>Has your Firm or an Associated Firm defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please circle "YES" or "NO").</p>	<p>YES NO</p> <p>YES = cannot prequalify</p>
5.	<p>Has your Firm or an Associated Firm or any of their owners or officers been convicted of a crime under federal, state, or local law involving:</p> <p>(1) Bidding for, awarding of, or performance of a contract with a public entity;</p> <p>(2) Making a false claim(s) to any public entity; or</p> <p>(3) Fraud, theft, or other act of dishonesty</p> <p>to any contracting party within the past ten (10) years? (Please circle "YES" or "NO").</p>	<p>YES NO</p> <p>YES = cannot prequalify</p>
6.	<p>Has a performance bond surety for your Firm or a performance bond surety for an Associated Firm had to:</p> <p>(1) Takeover or complete a project,</p> <p>(2) Supervise the work of a project, or</p> <p>(3) Pay amounts to third parties,</p> <p>related to construction activities of your Firm or an Associated Firm within the past five (5) years? (Please circle "YES" or "NO").</p>	<p>YES NO</p> <p>YES = cannot prequalify</p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>If you answered:</p> <p>"NO" to questions <u>1a, 1b, or 2</u></p> <p style="text-align: center;">or</p> <p>"YES" to questions <u>3-6</u>, then STOP.</p> </div> <div style="text-align: right; flex-grow: 1;"> <p><i>You are not eligible for prequalification at this time.</i></p> </div> </div>		

Scored Questions

1.	<p>Has your Firm paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s).</p>	<u>YES</u> <u>NO</u>
2.	<p>Has your Firm paid a premium of more than one percent (1%) for a performance and payment bond on any project(s) within the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the project name(s), the premium amount(s), and date(s).</p>	<u>YES</u> <u>NO</u>
3.	<p>Has any insurer had to pay amounts to third parties that were in any way related to construction activities of your Firm within the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s).</p>	<u>YES</u> <u>NO</u>
4.	<p>Has your Firm's Workers' Compensation Experience Modification Rate exceeded 1.25 at any time for the past five (5) premium years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s).</p>	<u>YES</u> <u>NO</u>
5.	<p>Has there been a period when your Firm had employees but was without workers' compensation insurance or state-approved self-insurance within the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s).</p>	<u>YES</u> <u>NO</u>
6.	<p>Has your Firm declared bankruptcy or been placed in receivership within the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Firm's current recovery plan, and the applicable date(s).</p>	<u>YES</u> <u>NO</u>
7.	<p>Has your Firm been denied bond coverage by a surety company, or has there been a period of time when your Firm had no surety bond in place during a public construction project when one was required within the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, provide details on a separate signed sheet indicating the date(s) when your Firm was denied coverage and the name of the company or companies which denied coverage; and the period(s) during which you had no surety bond in place.</p>	<u>YES</u> <u>NO</u>
8.	<p>Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding \$50,000 against your Firm, or has your Firm filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years? (Please circle "YES" or "NO").</p> <p style="text-align: center;">If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).</p>	<u>YES</u> <u>NO</u>

<p>9. Has your Firm or an Associated Firm been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years? (Please circle "YES" or "NO").</p> <p>If "YES," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s).</p>	<p><u>YES</u> <u>NO</u></p>
<p>10. Has your Firm been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past five (5) years? (Please circle "YES" or "NO").</p> <p>If "yes," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation.</p>	<p><u>YES</u> <u>NO</u></p>
<p>11. Has CAL OSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against your Firm, including any "serious", "willful", or "repeat" violations of safety or health regulations within the past five (5) years? (Please circle "YES" or "NO").</p> <p>If "yes," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.</p>	<p><u>YES</u> <u>NO</u></p>
<p>12. Has your Firm been required to pay either back wages or penalties for its failure to comply with California's prevailing wage laws, with California's apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years? (Please circle "YES" or "NO").</p> <p>If "yes," indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that your Firm was required to pay.</p>	<p><u>YES</u> <u>NO</u></p>
<p>13. Does your Firm require weekly, documented safety meetings to be held for construction employees and field supervisors during the course of a project? (Please circle "YES" or "NO").</p>	<p><u>YES</u> <u>NO</u></p>
<p>14. Does your Firm or an Associated Firm have any pending claims for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations? (Please circle "YES" or "NO"). (Please circle "YES" or "NO").</p> <p>If "yes," explain and indicate on separate signed sheet(s) the project name(s), claim(s), the date(s) of claim(s) and the status of the claim(s).</p>	<p><u>YES</u> <u>NO</u></p>
<p>15. Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your Firm for use on any public work project for which you are awarded a contract by the District.</p>	

“PASS/FAIL” PROJECT REFERENCES

List here the projects that satisfy the “Pass/Fail Questions (Essential Criteria)” requirements above. This form **must be utilized** for PASS/FAIL Project References.

PASS/FAIL QUESTION 1a or 1b – PROJECT REFERENCE 1 OF 3

Project name/identification:			
Project address/location:			
Project owner, contact person, and telephone:			
Project architect name and telephone number:			
Indicate if the project was under lease-leaseback, design-build, design-bid-build or other delivery structure:			
Scope of work:			
Original completion date:			
Actual completion date:			
Initial contract value (as of time of bid award) for Subcontractor’s portion of the applicable scope of work for this license category:			
Final contract value for Subcontractor’s portion of the applicable scope of work for this license category:			

PASS/FAIL QUESTION 1a or 1b – PROJECT REFERENCE 2 OF 3

Project name/identification:			
Project address/location:			
Project owner, contact person, and telephone:			
Project architect name and telephone number:			
Indicate if the project was under lease-leaseback, design-build, design-bid-build or other delivery structure:			
Scope of work:			
Original completion date:			
Actual completion date:			
Initial contract value (as of time of bid award) for Subcontractor’s portion of the applicable scope of work for this license category:			
Final contract value for Subcontractor’s portion of the applicable scope of work for this license category:			

“PASS/FAIL” PROJECT REFERENCES (CONTINUED)

PASS/FAIL QUESTION 1a or 1b – PROJECT REFERENCE 3 OF 3

Project name/identification:			
Project address/location:			
Project owner, contact person, and telephone:			
Project architect name and telephone number:			
Indicate if the project was under lease-leaseback, design-build, design-bid-build or other delivery structure:			
Scope of work:			
Original completion date:			
Actual completion date:			
Initial contract value (as of time of bid award) for Subcontractor’s portion of the applicable scope of work for this license category:			
Final contract value for Subcontractor’s portion of the applicable scope of work for this license category:			

CERTIFICATION

I certify the following:

- Under penalty of perjury under the laws of the State of California, the foregoing is true and correct.
- I acknowledge that this prequalification questionnaire is only one process that the Firm may have to complete and satisfy since contractor(s) to whom the Firm may propose may utilize a best-value or other qualification process that will have additional criteria with which the Firm may need to comply.

Date: _____

Proper Name of Subcontractor: _____

Signature: _____

By: _____
(Print Name)

Title: _____

DISTRICT'S SCORING OF CONTRACTOR PREQUALIFICATION QUESTIONNAIRES

1. **Confirm the contractor has passing answers for the "Pass/Fail Questions."**
2. **Confirm contractor has submitted the required financial statements.** If not, notify contractor in writing that its Contractor Prequalification Questionnaire is non-responsive for failing to include the required financial statements.
3. **Score the "Evaluated Questions."**
4. The following scoring will be used in evaluating the Prequalification Questionnaire. A Total Score from the "Scored Questions" **at or above 45** will prequalify the contractor.

Topic/Question	Scoring & Max. Poss. Score		Score
1. Liquidated Damages	No = 8 points; Yes = 0 points	8	
2. Surety Premium	No = 2 points; Yes = 0 points	2	
3. Insurer Pay	No = 2 points; Yes = 0 points	2	
4. EMR	No = 2 points; Yes = 0 points	2	
5. Workers' Comp.	No = 2 points; Yes = 0 points	2	
6. Bankruptcy	No = 8 points; Yes = 0 points	8	
7. Denied Bond	No = 8 points; Yes = 0 points	8	
8. Filed Claims	No = 8 points; Yes = 0 points	8	
9. Labor Code Citations	No = 2 points; Yes = 0 points	2	
10. EPA Citations	No = 2 points; Yes = 0 points	2	
11. OSHA Citations	No = 2 points; Yes = 0 points	2	
12. Back Wages or Penalties	No = 2 points; Yes = 0 points	2	
13. Safety Meetings	Yes = 2 points; No = 0 points	2	
14. Pending DIR Claims	No = 2 points; Yes = 0 points	2	
15. Apprenticeship Program	Listed = 2 points; None listed = 0 points	2	
Total Score		54	

Scoring of Contractor Prequalification Questionnaire	Minimum points required for prequalification: 45
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REFERENCE CHECK SCORING (IF REFERENCES ARE CHECKED)

1. Contacts references from the Firm’s response to the **“Pass/Fail’ Project References”** sections of the Prequalification Questionnaire and scores those responses.
2. Fill out the information in Section I of the Qualification Evaluation – Reference Form and then call the contact person.
3. Ask the questions in Section II of the Qualification Evaluation – Reference Form. Ensure that you obtain the information regarding whether the Firm’s performance in that area was “unsatisfactory,” “below average,” “average” or “above average.” Assign the corresponding score for each answer in Section III.
4. Complete Section III of the Qualification Evaluation – Reference Form with the information received during the call.
5. Use a separate Qualification Evaluation – Reference Form for each call.
6. Make three (3) complete reference calls for each Firm.
7. Enter the “Total Score for This Project” of all the Qualification Evaluation – Reference Forms for that Firm into an “Averaging” Worksheet.

Sample “Averaging” Worksheet for 3 reference calls per Firm – See next page	
“Total Score for This Project” from first call	
“Total Score for This Project” from second call	
“Total Score for This Project” from third call	
Total	
Total divided by three (÷ 3) [DIVIDE SCORE BY NUMBER OF CALLS]	
This is the score for the Firm for the References Step in the evaluation process.	

STEP 4 – REFERENCES SCORING (CONTINUED)

References – Qualification Evaluation Form

Section I - General Project Information

Name of Firm:	Total Contract Costs:
	Contract Start/End Dates:
Project Title:	Actual Completion Date:
Scope of Work:	
Name of Public Agency:	Telephone Number of Contact Person:
Name of Contact Person:	Date and Time of Interview of Contact Person:
Architect Firm:	Principal Architect in Charge of Project:

Section II – Telephone Interview Questions

1. **Quality of Work.** Were there quality-related problems on the project? Were these problems attributable to the Firm? Was the Firm cooperative in trying to resolve problems?

Response:

Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

2. **Scheduling.** Rate the Firm's performance with regard to adhering to project schedules. Did the Firm meet the project schedule? If not, was the delay attributable to the Firm?

Response:

Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

3. **Subcontractor (Project) Management.** Rate the Firm's ability to manage and coordinate subcontractors (if no subcontractors, rate the Firm's overall project management). Was the Firm able to effectively resolve problems?

Response:

Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

STEP 4 – REFERENCES SCORING (CONTINUED)

4. Change Orders. Rate the Firm's performance with regard to change orders and extras. Did the Firm unreasonably claim change orders or extras? Were the Firm's prices on change orders and extras reasonable?

Response:

- Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

5. Working Relationships. Rate the Firm's working relationships with other parties (i.e. owner, designer, subcontractors, etc.). Did the Firm relate to other parties in a professional manner?

Response:

- Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

6. Responsiveness. Rate the Firm's responsiveness to telephone calls, emails, meetings, requests for action, etc. Did the Firm respond to inquiries promptly and substantively?

Response:

- Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

7. On-Site Firm Staff. Rate the Firm's on-site staff relating to their management of the site, communication and interaction with owner's staff, and familiarity with project scope and status.

Response:

- Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

8. Paperwork Processing. Rate the Firm's performance in completing and submitting required project paperwork (i.e. submittals, drawings, requisitions, payrolls, etc.). Did the Firm submit the required paperwork promptly and in proper form?

Response:

- Unsatisfactory Below Average Average Above Average

Comments/Examples (Optional) _____

STEP 4 – REFERENCES SCORING (CONTINUED)

Section III - Numerical Rating

If the contact person rates the Firm unsatisfactory in any area, please attempt to provide written comments in Section II to explain the rating(s) assigned.

Firm's Name: _____

		Unsatisfactory	Below Average	Average	Above Average	Rating
1.	Quality of Work	0	5	10	15	
2.	Scheduling	0	5	10	15	
3.	Subcontractor (Project) Mgt.	0	5	10	15	
4.	Change Orders	0	5	10	15	
5.	Working Relationship	0	5	10	15	
6.	Responsiveness	0	5	10	15	
7.	On-Site Staff	0	5	5	10	
8.	Paperwork Processing	0	2	5	10	
9.	Value Engineering	0	2	5	10	
Total Score for This Project						