

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

RENEWAL

**PREQUALIFICATION QUESTIONNAIRE FOR CURRENTLY PREQUALIFIED FIRMS
(Mandatory Prequalification Public Contract Code §20111.6)**

_____, 20____

This Prequalification Questionnaire for Currently Qualified Firms (“Renewal Questionnaire”) is intended to be used solely by firms that are already prequalified with the West Contra Costa Unified School District (“District”), and solely for the purpose of facilitating the renewal of those firms’ prequalification for an additional year. However, a firm may not utilize the Renewal Questionnaire if it was originally prequalified more than three (3) years prior to the date of this Renewal Questionnaire. The District will notify firms of their three (3) year anniversary date in firm’s prequalification letter.

All the requirements and obligations in the District’s full Prequalification Questionnaire for Firms remain in full force and effect.

Form Submission. Contractors must complete this Renewal Questionnaire form; no other prequalification documents or renewal documents submitted by a firm will meet the District’s requirements. Firm must submit a completed Renewal Questionnaire and financial statement as follows:

| Location | Date |
|--|--|
| West Contra Costa Unified School District WCCUSD Facilities Planning & Construction 1400 Marina Way South Richmond, CA 94804-3747 Attn: Alexandra Rosales, Facilities facilities_procurement@wccusd.net | Contractors/ Subcontractors required to be prequalified or needing to renew their prequalification status must submit a prequalification questionnaire packet through the district no later than ten (10) business days prior to the bid opening on any advertised project in order to qualify to bid on that project. |

Prequalification Packages are available for pick-up at the following location: **WCCUSD Facilities Operation Center 1400 Marina Way S Richmond, CA 94804.** Prequalification packages can also be downloaded from the District’s plan holder **BPXpress** at no cost www.blueprintexpress.com, or the District website <https://www.wccusd.net/Page/9049>

Prequalified contractors will be eligible to bid on the District’s projects that are within a contractor’s bonding and financial capacity. Contractors will be placed on the District’s Qualified Bidders List (<https://www.wccusd.net/Page/9049>) for one calendar year following the date of initial prequalification. The District reserves the right to request contractors update prequalification forms on an annual basis and/or the right to revoke, suspend or rescind a contractor’s prequalification status due to a contractor’s change in status or the failure to update information.

The prequalification questionnaire answers and financial statements submitted by contractors are not public records and are not open to public inspection. All information provided will be kept confidential to the extent permitted by law.

The District will provide a list of prequalified general contractors and electrical, mechanical, and plumbing subcontractors 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.

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

RENEWAL

PREQUALIFICATION QUESTIONNAIRE FOR CURRENTLY PREQUALIFIED FIRMS

_____, 20____

| CONTRACTOR (OR "FIRM") INFORMATION | |
|--|--|
| INDICATE ANY CHANGES OR UPDATES FOR THE PAST YEAR. OTHERWISE WRITE "N/C" FOR "NO CHANGE." | |
| Contractor's Company Name (as it appears on CSLB License): | |
| Contact Person/Title: | |
| Address: | |
| Telephone: | |
| Mobile telephone: | |
| E-mail: | |
| Years in business under current company name: | |
| Years at the above address: | |
| Types of work performed with own forces: | |
| Gross revenue of the Firm for the past year : \$ | |
| Submit an audited or reviewed financial statement for the <u>past fiscal year</u>. For current year provide verification of current balances in all related accounts and a Profit & Loss Statement. 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. *FIRM MAY NOT WRITE "N/C" OR "NO CHANGE" FOR THIS REQUIREMENT. | |
| Name of license holder exactly as on file with the California State License Board: | |
| License classification(s): | |
| License Number(s): | |
| License expiration date(s): | |
| Department of Industrial Relations registration number (Per Labor Code section 1725.5): | |
| Responsible Managing Officer (RMO) or Employee (RME) for Firm: | |
| Number of years license holder has held the listed license(s): | |
| Number of years Firm has done business in California under contractor's license law: | |
| Number of years Firm has done business in California under current Contractor's license: | |
| Has your Firm changed name(s) or license number(s) in the past year ? (Y / N). If "yes", explain on a separate signed sheet, including the reason for the change and license number (if different from current). | |
| Has there been any change in ownership of the Firm at any time in the past year ? 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 Firm (type of business entity): | |
| _____ Individual _____ Sole Proprietorship _____ Partnership _____ Limited Partnership | |

Corporation, State: _____ Limited Liability Company
 Joint Venture Other: _____

List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the Firm'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 Firm 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 year** ("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 |
|-----------------------------------|-------------------------|---|--|
| | | | |
| | | | |

FIRM'S BONDING COMPANY (SURETY) INFORMATION
INDICATE ANY CHANGES OR UPDATES FOR THE PAST YEAR. OTHERWISE STATE "N/C" FOR "NO CHANGE."

Name(s) of bonding company(ies) Firm has utilized over **the past year** (not broker or agency):

| |
|--|
| |
| |

Address(es) of bonding company(ies):

| |
|--|
| |
| |

Number of years Firm has been insured by listed bonding company(ies)/surety:

| | | |
|--|--|--|
| | | |
|--|--|--|

Name of current broker/agent:

Address of broker/agent:

Telephone number of broker/agent:

E-mail of broker/agent:

Firm's total current bonding capacity: \$

FIRM'S INSURANCE INFORMATION

INDICATE ANY CHANGES OR UPDATES FOR THE PAST YEAR. OTHERWISE STATE "N/C" FOR "NO CHANGE."

Name of insurance company(ies) Firm has utilized over **the past year** (not broker or agency):

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|--|
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|--|

Address of listed insurance company(ies):

| |
|--|
| |
|--|

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

Number of years Contractor has been insured by listed insurance company(ies):

Name of broker/agent:

Address of broker/agent:

Telephone number of broker/agent:

E-mail of broker/agent:

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

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

Workers' Compensation Experience Modification Rate for **the past year**:


| |
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| |
|--|

QUESTIONS

Pass/Fail Questions (Essential Criteria)

(FIRM MUST COMPLETE THIS SECTION.)

| | | |
|-----|---|---|
| 1a. | <p>Has Firm contracted for and completed construction of a minimum of:</p> <ul style="list-style-type: none"> • Four (4) California K-12 public school district construction projects- can use up to two (2) California Community College projects • Each with a value of at least \$300,000, and • All within the past five (5) years? (Please circle one). <p><u>THE FIVE (5) YEAR PERIOD FOR THIS DETERMINATION INCLUDES THE CURRENT YEAR THIS RENEWAL QUESTIONNAIRE IS SUBMITTED.</u></p> <p>NOTE: Firm must list these projects in the “Contractor Project References” Section.</p> | <p><u>YES</u> <u>NO</u> NO = cannot prequalify</p> |
| 1B. | <p>FOR ALL CONTRACTORS PREQUALIFYING WITH C-16 LICENSE:</p> <p>Has Firm contracted for and completed construction of a minimum of:</p> <ul style="list-style-type: none"> • Four (4) California K-12 public school district construction projects- can use up to two (2) California Community College projects • Each with a value of at least \$150,000, and • All within the past five (5) years? (Please circle one). <p><u>THE FIVE (5) YEAR PERIOD FOR THIS DETERMINATION INCLUDES THE CURRENT YEAR THIS RENEWAL QUESTIONNAIRE IS SUBMITTED.</u></p> <p>NOTE: Firm must list these projects in the “Contractor Project References” Section.</p> | <p><u>YES</u> <u>NO</u> NO = cannot prequalify</p> |
| 2. | <p>Does Firm currently hold all contractor’s license(s) necessary to perform the work and have those license(s) been consistently active for the past year without revocation or suspension? (Please circle one).</p> | <p><u>YES</u> <u>NO</u> NO = cannot prequalify</p> |
| 3. | <p>Is your Firm registered with DIR as a Public Works Contractor for the current fiscal year? (Please circle one)</p> | <p><u>YES</u> <u>NO</u> NO = cannot prequalify</p> |
| 4. | <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 year? (Please circle one).</p> | <p><u>YES</u> <u>NO</u> YES = cannot prequalify</p> |
| 5. | <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 year and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please circle one).</p> | <p><u>YES</u> <u>NO</u> YES = cannot prequalify</p> |
| 6. | <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> <ol style="list-style-type: none"> (1) Bidding for, awarding of, or performance of a contract with a public entity; (2) Making a false claim(s) to any public entity; or (3) Fraud, theft, or other act of dishonesty <p>to any contracting party within the past year? (Please circle one)</p> | <p><u>YES</u> <u>NO</u> YES = cannot prequalify</p> |
| 7. | <p>Has a performance bond surety for Firm or a performance bond surety for an Associated Firm had to:</p> <ol style="list-style-type: none"> (1) Take over or complete a project, (2) Supervise the work of a project, or (3) Pay amounts to third parties, <p>related to construction activities of Firm or an Associated Firm within the past year? (Please circle one).</p> | <p><u>YES</u> <u>NO</u> YES = cannot prequalify</p> |

| | |
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| 8. Does your Firm or any of its officers, supervisors, managers or an Associated Firm or any of their owners or officers currently have any delinquent liability to an employee, the state or any awarding body for any assessment of back wages or related damages, interest, fines or penalties pursuant to any final judgment, order or determination by any court or any federal, state or local administrative agency, including a confirmed arbitration award? <i>(Please circle one)</i> | <u>YES NO</u> YES = cannot prequalify |
| <div style="display: flex; align-items: center;">  <p> If you answered: “NO” to questions 1a/1b, 2 or 3 or “YES” to questions 4-8, then STOP. You are not eligible for prequalification. </p> </div> | |

| <h2>Scored Questions</h2> <p>FIRM MUST COMPLETE THIS SECTION.</p> | |
|---|---------------|
| 1. Has your Firm paid liquidated damages, had monies withheld from payments, or negotiated cost for liquidated damages against potential change orders, pursuant to a contract for a project with either a public or private owner within the past year ? <i>(Please circle one).</i> If YES, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s). | <u>YES NO</u> |
| 2. Has your Firm paid a premium of more than one percent (1%) for a performance and payment bond on any project(s) within the past year ? <i>(Please circle one).</i> If YES, explain and indicate on separate signed sheet(s) the project name(s), the premium amount(s), and date(s). | <u>YES NO</u> |
| 3. Has any insurer had to pay amounts to third parties that were in any way related to construction activities of Firm within the past year ? <i>(Please circle one).</i> If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s). | <u>YES NO</u> |
| 4. Has your Firm’s Workers’ Compensation Experience Modification Rate exceeded 1.0 at any time during the past premium year ? <i>(Please circle one).</i> If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s). | <u>YES NO</u> |
| 5. Has there been a period when Firm had employees but was without workers’ compensation insurance or state-approved self-insurance within the past year ? <i>(Please circle one).</i> If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s). | <u>YES NO</u> |
| 6. Has your Firm declared bankruptcy or been placed in receivership within the past year ? <i>(Please circle one).</i> 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). | <u>YES NO</u> |
| 7. Has your Firm been denied bond coverage by a surety company, or has there been a period of time when Firm had no surety bond in place during a public construction project when one was required within the past year ? <i>(Please circle one).</i> If YES, provide details on a separate signed sheet indicating the date(s) when 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. | <u>YES NO</u> |

| | | |
|-----|---|-----------------------------|
| 8. | <p>Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding \$50,000 against Firm, or has Firm filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past year? (Please circle one).</p> <p>If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).</p> | <p><u>YES</u> <u>NO</u></p> |
| 9. | <p>Has your Firm or an Associated Firm been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past year? (Please circle one).</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> |
| 10. | <p>Has your Firm been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past year? (Please circle one).</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> |
| 11. | <p>Has CAL OSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against Firm, including any "serious," "willful" or "repeat" violations of safety or health regulations within the past year? (Please circle one).</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> |
| 12. | <p>Has your Firm been required to pay either back wages or penalties for its failure to comply with California's prevailing wage laws, with California's apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past year? (Please circle one).</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 Firm was required to pay.</p> | <p><u>YES</u> <u>NO</u></p> |
| 13. | <p>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 one).</p> <p>If NO, indicate on separate signed sheet(s) why safety meetings are not held, or explain whether safety meetings are held but under differing circumstances than those presented in the question.</p> | <p><u>YES</u> <u>NO</u></p> |
| 14. | <p>Does your Firm have experience within the past year in seeking approvals from and complying with the requirements of the Division of the State Architect ("DSA") and/or worked on projects subject to the jurisdiction of the DSA? (Please circle one)</p> <p>If YES, indicate on separate signed sheet(s) the applicable project name(s) involving DSA oversight and approval on which you worked, the date(s) of the project(s), the nature of the your role with the DSA, and a description of your general experience with the DSA.</p> | <p><u>YES</u> <u>NO</u></p> |

| | |
|-----|--|
| 15. | Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from whom Firm intends to request the dispatch of apprentices to Firm for use on any public work project for which Firm is awarded a contract by the District. |
| 16. | <p>How many times in the past year has any insurance carrier, for any form of insurance, refused to renew an insurance policy for your Firm? Explain on separate signed sheet(s) the name of the insurance carrier, form of insurance, and year of refusal.</p> <p>Explain on separate signed sheet(s) the name of the insurance carrier, form of insurance, and year of refusal.</p> |

CONTRACTOR PROJECT REFERENCES
FIRM MUST COMPLETE THIS SECTION FOR THE PAST YEAR.

List **ALL** projects in which Firm has participated as a contractor or first-tier subcontractor during **the past year** with a Firm contract value of more than **\$300,000**.

- Firm may limit its response to the **twenty (20)** most-recently completed projects, but Firm **must** include at least the four (4) most recent California K-12 public school projects with a contract value of more than \$300,000 performed by Firm. Firm may use up to two (2) California Community College projects.
- Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary.

CONTRACTOR PROJECT REFERENCES FOR CONTRACTORS WITH C-16 LICENSE

List **ALL** projects in which your Firm has participated as a contractor or first-tier subcontractor during **the past year** with a Firm contract value of more than **\$150,000**.

- You may limit your response to the thirty (30) most-recently completed projects, but you **must** include at least the four (4) most recent California K-12 public school projects with a contract value of more than \$150,000 performed by your Firm.
- Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary

| |
|--|
| Project Name/Identification: |
| Project address/location: |
| Project owner, contact person, and telephone: |
| Project architect name and telephone number: |
| If Firm was a subcontractor on the project, name of general contractor and telephone number: |
| Scope of Work: |
| Original completion date: |
| Date completed: |
| Initial contract value (as of time of bid award): |
| Final contract value: |
| Did the project include constructing or modernizing an earthquake resistant building? |

CERTIFICATION

This Renewal Questionnaire incorporates by reference all terms and questions contained in the Firm’s full Prequalification Questionnaire for Firms last executed by Firm. By executing this Renewal Questionnaire, Firm reaffirms the representations made in the full Prequalification Questionnaire for Firms last executed by Firm, and certifies that those representations remain current and accurate as of the date of this Renewal Questionnaire, except as expressly set forth in this Renewal Questionnaire and its attachments.

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

Date: _____

Proper Name of Firm: _____

Signature: _____

By: _____ (Print Name)

Title: _____