

PROJECT OF INTEREST _____

PREQUALIFICATION OF NON-MEP SUBCONTRACTORS (LEASE-LEASEBACK) – Application Form

Minimum Criteria for Subcontractor Selection. Prime contractor shall use the following criteria in selection of its non-MEP subcontractors for lease-leaseback projects. Each non-MEP subcontractor is required to submit this one-page prequalification form directly with the District. Scanned copies are acceptable and may be submitted via email to prequal@sandi.net. Prequalification will last through February 28, 2022 and apply to all upcoming lease-leaseback projects awarded before that date.

(Note: Subcontractors performing mechanical, electrical or plumbing (MEP) trades must apply for prequalification directly with the District per CPCC Section 20111.6 using the District’s standard MEP subcontractor form, downloadable at <https://www.sandiegounified.org/contractor-prequalification>.)

Subcontractor Name: _____ CA License #: _____

Business Phone: _____ DIR #: _____

Indicate your company’s EBE designation(s): SBE (small) DVBE (disabled vet) MBE (minority) WBE (woman)

1. The subcontractor has performed and completed at least two (2) subcontracts for which they self-performed at least 90% of the value for a public agency within California within the past five (5) years:

Project Title and Description	Name of Agency	Contact Person / Phone No.
1.		
2.		

2. Has the subcontractor 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? Yes/No **If you have answered “Yes,” please attach a letter of explanation.**
3. Has the subcontractor defaulted on a contract, been substituted off a project after beginning performance, or been terminated for cause by any prime contractor or public agency on any project within California during the past five (5) years where that default, substitution or termination has been upheld by a court or an arbitrator? Yes/No **If you have answered “Yes,” please attach a letter of explanation.**
4. Has the subcontractor paid liquidated damages pursuant to a contract for a project with either a public or private owner within California within the past five (5) years? Yes/No **If you have answered “Yes,” please attach a letter of explanation.**
5. The subcontractor’s Workers’ Compensation Experience Modification Rate did not exceed 1.5 at any time for the past three (3) premium years. NOTE: An Experience Modification Rate is issued to your firm annually by your worker’s compensation insurance carrier.
Indicate your EMR for 2020/21 _____ EMR for 2019/20 _____ EMR for 2018/19 _____
If your EMR for any of the last 3 years shown above was 1.50 or higher, attach an explanation.
If your company is exempt, please provide letter of exemption status.
6. Has the subcontractor failed in its performance of a contract with any Contractor during the past five (5) years? Yes/No **If you have answered “Yes,” please attach a letter of explanation.**
7. Is your firm willing to be a subcontractor on Project Stabilization Agreement (PSA) jobs and abide by the terms and conditions of the PSA? ___ Yes ___ No

If your answer is No, you will not be prequalified to work as a subcontractor on any District construction projects at \$1,000,000 or over, utilizing school bond proposition funds.

I, the undersigned, as an authorized agent of my firm, certify and declare that the above answers are true of my own knowledge and belief. I declare under penalty of perjury under the laws of the State of California, that the information provided is true and correct.

Subcontractor Signature: _____ Dated: _____

Print Name: _____ Title: _____

Phone Number: _____ Email Address: _____