



SAN DIEGO UNIFIED SCHOOL DISTRICT STRATEGIC SOURCING AND CONTRACTS

JOB ORDER CONTRACTING (JOC) PRIME CONTRACTOR PREQUALIFICATION PACKAGE

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- Cal/OSHA Form 300 Example

GENERAL INFORMATION:

(Public Contract Code Section 20919.24)

This requirement is for all JOC contracts.

Each contractor wishing to bid as a prime contractor to San Diego Unified School District for Job Order Contracting (JOC) projects must fully complete this Questionnaire and provide all materials requested herein. Only one (1) copy of the prequalification is required to be submitted. A new and current submittal shall be required each year by the anniversary date of initial qualification. In no case will prequalification remain in effect longer than one (1) year from the date of notice of prequalification. The District reserves the right to update or modify the Questionnaire at any time, which may result in a different Questionnaire being issued for any subsequent annual re-qualification.

Answers to questions contained in the attached Prequalification Questionnaire and Financial Statement are required, including a complete statement of prospective bidder's financial ability and experience in performing public works. These documents will be the basis of qualifying a prime contractor wishing to bid on a JOC contract with the District. The District reserves the right to check other sources available. Omission of, or refusal to supply, requested information can result in automatic disqualification.

The Questionnaire and Financial Statements are not public records and are not open to public inspection. All information provided will be kept confidential to the extent permitted by law. San Diego Unified School District reserves the right to reject any and all Prequalification Questionnaires and to waive any irregularities in the information contained therein.

Each Questionnaire must be signed under penalty of perjury by an individual who has the legal authority to bind the contractor on whose behalf that person is signing. If any information provided by a contractor becomes inaccurate, the contractor must immediately notify the awarding body and provide updated accurate information in writing and under penalty of perjury.

PREQUALIFICATION REQUIREMENTS:

To qualify to bid as a prime contractor on a JOC Contract you must:

1. Answer "NO" to all of the questions in Section 1.
2. Demonstrate the capacity to complete projects of similar size, scope, or complexity.
3. Demonstrate that proposed key personnel have sufficient experience and training to competently manage the construction of the project(s).
4. Provide adequate assurance through your financial statement that your firm has the financial capacity to complete the project(s).
5. Have the licenses, registration, and credentials required to perform the project(s).
6. Provide evidence that your firm has the capacity to obtain all required payment and performance bonding and liability insurance.
7. Provide satisfactory information concerning your firm's workers' compensation experience history, worker safety programs, and apprenticeship programs.
8. Fully disclose the following:
 - a. Any serious or willful violation of Part 1 (commencing with Section 6300) of Division

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- 5 of the Labor Code or the federal Occupational Safety and Health Act of 1970 (Public Law 91-596), settled against any employee of the contractor.
- b. Any debarment, disqualification, or removal from a federal, state, or local government public works project.
 - c. Any instance where the job order contractor, or its owners, officers, or managing employees submitted a bid on a public works project and were found to be nonresponsive, or were found by an awarding body not to be a responsible bidder.
 - d. Any instance where the job order contractor, or its owners, officers, or managing employees defaulted on a construction contract.
 - e. Any violations of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code), excluding alleged violations of federal or state law regarding the payment of wages, benefits, apprenticeship requirements, or personal income tax withholding, or of Federal Insurance Contribution Act (FICA) withholding requirements settled against any employee of the job order contractor.
 - f. Any bankruptcy or receivership of any member of the job order contractor, including, but not limited to, information concerning any work completed by a surety.
 - g. Any settled adverse claims, disputes, or lawsuits between the owner of a public works project and any member of the job order contractor during the five years preceding submission of a bid under this article, in which the claim, settlement, or judgment exceeds fifty thousand dollars (\$50,000). Information shall also be provided concerning any work completed by a surety during this period.
9. If your firm is a partnership or any association that is not a legal entity, provide a copy of the agreement creating the partnership or association and specifying that all partners or association members agree to be fully liable for the performance under the job order contract.
 10. Contractor must score a minimum 105 points in Section 8 – Scored Interview Questions.

WHERE TO SUBMIT:

Mail your completed PREQUALIFICATION package along with all required attachments (see checklist on page 23) **in an envelope marked, "Confidential"** to:

San Diego Unified School District
Strategic Sourcing and Contracts Department
Attn: Linda Hippe, Contracts Administration Supervisor, Construction
2351 Cardinal Lane, Building M
San Diego, CA 92123

NOTIFICATION OF PREQUALIFICATION RESULT:

Completed prequalification forms must be submitted no later than the deadline established in the Notice to Contractors.

Contractors will be notified of their prequalification rating by fax, e-mail or US mail, as well as posted to a list of prequalified contractors on the District's website. Notification will be made as soon as possible, but no later than 5 business days prior to bid opening.

PROCEDURE FOR APPEAL OF PREQUALIFICATION RESULTS:

An appeal of prequalification results must be made in writing (e-mail is not acceptable). The appeal must be filed and received by the Contracts Administration Supervisor, at the address as mentioned herein, not more than five (5) calendar days following the date of issuance of the District's letter of denial of prequalification; and the written appeal sets forth, in detail, all grounds for the appeal, including without limitation all facts, supporting documentation, legal authorities and argument in support of the grounds for the appeal; any matters not set forth in the written appeal shall be deemed waived. All factual contentions must be supported by competent, admissible and creditable evidence.

Within thirty (30) days after receipt of the Contractor's request the District will call to order a three-member appeal panel made up of Facilities Planning and Construction management/supervisory staff or any other staff deemed qualified by the District. The Contractor and up to three (3) representatives are invited to appear in person to bring before the appeal panel any additional or new information; Contractor's testimony shall be limited to twenty (20) minutes. The panel shall advise the Contractor on the points where his/her questionnaire response has fallen below the minimum required number of points to qualify, and allow the Contractor to speak to the issues raised in its appeal. The Contractor is then released from the meeting and the panel members shall determine whether grant the appeal. The Contractor will be faxed notification of the appeal panel's decision within five (5) days after the meeting.

If Contractor is not prequalified, they may not submit a new prequalification questionnaire for a period of one (1) year from date of disqualification. If Contractor requests an appeal and loses the appeal, the disqualification shall be for one (1) year from date of the panel's written decision.

SECTION 1 - DISQUALIFYING QUESTIONS

A “Yes” response to *any* of the following questions will result in automatic disqualification from bidding on San Diego Unified JOC contracts.

1. Is your firm currently the debtor in a bankruptcy case?
 Yes No

2. Have *any* of your contractor’s licenses been revoked at any time in the last five (5) years?
 Yes No ***If Yes, please explain on an attached separate sheet of paper.***

3. In the last five (5) years has your firm, or any firm with which any of your company’s owners, officers or partners was associated, been debarred, disqualified, defaulted, found non-responsible, terminated for cause, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason? This includes any agreement in which your firm voluntarily agrees not to bid.
NOTE: “Associated with” refers to another construction firm in which an owner, partner or officer of your firm held a similar position, and which is listed in response to Section 3, question 1c or 1d in this questionnaire.
 Yes No ***If Yes, please explain on an attached separate sheet of paper.***

4. In the last five (5) years, has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?
 Yes No ***If Yes, please explain on an attached separate sheet of paper***

5. At any time during the last five (5) years, has any surety company made any payments on your firm’s behalf as a result of a default, to satisfy any claims made against a **payment bond** issued on your firm’s behalf in connection with a construction project, either public or private?
 Yes No ***If Yes, please list all instances with explanations on an attached separate sheet of paper.***

6. At any time during the last five (5) years, has any surety company made any payments on your firm’s behalf as a result of a default, to satisfy any claims made against a **performance bond** issued on your firm’s behalf in connection with a construction project, either public or private?
 Yes No ***If Yes, please list all instances with explanations on an attached separate sheet of paper.***

7. Has your firm, or any of its owners, officers, or partners ever been found liable in a civil suit, or found guilty in a criminal action, for making any false claim or material misrepresentation to any public agency or entity?
 Yes No ***If Yes, please list all instances with explanations on an attached separate sheet of paper.***

8. Has your firm, or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction, either public or private?
 Yes No ***If Yes, please list all instances with explanations on an attached separate sheet of paper.***

9. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?
 Yes No ***If Yes, please list all instances with explanations on an attached separate sheet of paper.***

10. Has CAL OSHA cited and assessed penalties against your firm for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the last five (5) years?
Note: If you have filed an appeal of a citation and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.
 Yes No ***If Yes, please list all instances with explanations on an attached separate sheet of paper.***

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- 11. At any time in the last five (5) years, has your firm, or any of its owners or officers been convicted of a crime involving the awarding of a contract of a government construction project, or the bidding or performance of a government contract?
 Yes No *If Yes, please list all instances with explanations on an attached separate sheet of paper.*

- 12. At the time of submitting this prequalification form, is your firm ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to either Labor Code sections 1777.1 or 1777.7?
 Yes No *If Yes, please list all instances with explanations on an attached separate sheet of paper.*

- 13. In the past three (3) years, has your firm received more than three (3) major violations on any school district projects?
NOTE: Violations include, but are not limited to, the following:
 Failure to register core workers with the appropriate building trade union.
 Failure to assign apprentices in accordance with Section 1777.5 of the Labor Code.
 Failure to comply with subdivision (c) of Section 20919.25
 Incorrect assignment of work in accordance with the school district's project labor agreement.
 Yes No *If Yes, please explain on an attached separate sheet of paper.*

- 14. Has there ever been any serious or willful violation of Part 1 (commencing with Section 6300) of Division 5 of the Labor Code or the federal Occupational Safety and Health Act of 1970 (Public Law 91-596), settled against any member of your firm?
 Yes No

- 15. Has your firm, its owners, officers, or managing employees defaulted on a construction contract?
 Yes No

- 16. Has your firm had any violations of the Contractor's State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code), excluding alleged violations of federal or state law regarding the payment of wages, benefits, apprenticeship requirements, or personal income tax withholding, or of Federal Insurance Contribution Act (FICA) withholding requirements settled against any member of your firm?
 Yes No

NOTE: The information required under this subdivision shall be verified under oath by the entity and its members in the manner in which civil pleadings in civil actions are verified. Information that is not a public record under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) shall not be open to public inspection.

I, the undersigned, as an authorized agent of my firm, certify and declare that I have read all the foregoing answers and accompanying documents to this pre-qualification questionnaire and know their contents. The matters stated in the questionnaire 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 in this application is true and correct. In addition, by submitting this application, I am authorizing the District to verify all information and contact any and all references listed in order to determine pre-qualification.

Executed in the City of _____

Signed: _____

Dated: _____

Print Name: _____

Title: _____

SECTION 2 – CONTRACTOR’S STATEMENT OF EXPERIENCE & FINANCIAL CONDITION

Please Type or Print Clearly

Contractor: _____
(As name appears on license)

Check One: Corporation _____
Partnership _____
Sole Prop. _____
Joint Venture _____

Contact Person: _____

E-Mail Address: _____

Address: _____

Phone (____) _____ Fax Number (____) _____ Email _____

License # _____ Class: _____ Exp. Date: _____

Supplemental classification(s) held, if any, and license number(s) _____

District Use Only:

Verified by District _____ on _____ by checking with _____.
License Clear: _____ Yes _____ No (www.cslb.ca.gov web page or 1-800-321-2752 for computer)
DIR Active: _____ Yes _____ No (<https://efiling.dir.ca.gov/PWCR/Search>)



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Tax ID Number _____

Date Business Formed: _____

Corporate Identification Number _____

Dept. of Industrial Relations, Public Works Contractor Registration Number _____

1. In what type of construction do you specialize? _____

2. Are you currently prequalified with any other school district or public agency in Southern California? Yes No

If yes, list ALL agencies for which you have already prequalified:

3. Is your firm an EBE (Emerging Business Enterprise)? If yes, list all of your certifications.

(Visit our Business Outreach webpage at <https://www.sandiegounified.org/node/1270> to get on the opportunities database and learn how to do business with the district.)

4. Is your firm a Disabled Veteran Business Enterprise (DVBE) contractor? Yes No.

If Yes, list your DGS certification number, or if you are certified through Service Disabled Veteran-Owned Business (SDVOB) please provide a copy of your verification letter.

5. Is your firm willing to bid 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 bid on Job Order Contracts.

6. Is your firm a union signatory? Yes No. *If Yes, list each craft:*

7. If the answer to #5 above was "Yes", list your firm's core workers, i.e. workers that have been in your employment for 30 out of the last 180 days, possesses all necessary certifications/licenses to perform craft work (if any), and is a resident of San Diego County:

8. Is your firm interested in attending District training sessions for PSA? Yes No _____

If yes, please visit the San Diego Unified School District PSA web page at <https://www.sandiegounified.org/project-stabilization-agreement-psa> for more information and a list of department contacts. PSA training will be scheduled upon request.



SECTION 3 - ORGANIZATION, HISTORY, PERFORMANCE, AND COMPLIANCE WITH CIVIL AND CRIMINAL LAWS

A. Current Organization and Structure of the Business

For Firms That Are Corporations:

- 1a. Date incorporated: _____
- 1b. Under the laws of what state: _____
- 1c. Provide all the following information for each person who is either (a) an officer of the corporation (president, vice president, secretary, treasurer), or (b) the owner of at least ten per cent of the corporation's stock.

Name	Position	Years with Co.	% Ownership

- 1d. Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.
NOTE: For this question, "owner" and "partner" refer to ownership of ten per cent or more of the business, or 10 per cent or more of its stock, if the business is a corporation.

Person's Name	Construction Firm	Dates of Person's Participation with Firm

- 1e. Provide a copy of most recent certification from the California Secretary of State indicating standing.

For Firms That Are Partnerships:

- 1a. Date of formation: _____
- 1b. Under the laws of what state: _____
- 1c. Provide all the following information for each partner who owns 10 per cent or more of the firm.

Name	Position	Years with Co.	% Ownership

- 1d. Identify every construction company that any partner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.
NOTE: For this question, "owner" and "partner" refer to ownership of ten per cent or more of the business, or ten per cent or more of its stock, if the business is a corporation.

Person's Name	Construction Company	Dates of Person's Participation with Firm

For Firms That Are Sole Proprietorships:

- 1a. Date of commencement of business. _____
- 1b. Social security number of company owner. _____
- 1c. Identify every construction firm that the business owner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five years.

NOTE: For this question, “owner” and “partner” refer to ownership of ten per cent or more of the business, or ten per cent or more of its stock, if the business is a corporation.

Person’s Name	Construction Company	Dates of Person’s Participation with Co.

For Firms That Intend to Submit a Bid as Part of a Joint Venture:

- 1a. Date of commencement of joint venture. _____
- 1b. Provide all of the following information for each firm that is a member of the joint venture that expects to bid on one or more projects:

Name of firm	% Ownership of Joint Venture

- 1c. Please provide a true, correct executed copy of the joint venture agreement.

NOTE: The joint venture agreement must contain identical or similar language as follows:

“All obligations, expenses and losses incurred, and all payments made in connection with the Joint Venture including, without limitation, any liability for damages arising out of claims or actions against the Joint Venture in connection with the anticipated contract(s) or projects, shall be the obligations of the Joint Venture. Each member of the Joint Venture shall be individually liable according to its pro rata share of ownership as well as jointly and severally liable to the District for the obligations of the Joint Venture, including but not limited to claims or actions on indemnity, defect, and warranty.”

B. History of the Business and Organizational Performance

- 2. Has there been any change in ownership of the firm at any time during the last three (3) years?
NOTE: A corporation whose shares are publicly traded is not required to answer this question.
 Yes No
If Yes, explain on a separate signed page.
- 3. Is the firm a subsidiary, parent, holding company or affiliate of another construction firm?
NOTE: Include information about other firms if one firm owns 50 per cent or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.
 Yes No
If Yes, explain on a separate signed page.
- 4. Are any corporate officers, partners or owners connected to any other construction firms?
NOTE: Include information about other firms if an owner, partner, or officer of your firm holds a similar position in another firm.
 Yes No
If Yes, explain on a separate signed page.

- 5. How many years has your organization been in business in California as a contractor under your present business name and license number? _____
- 6. Was your firm in bankruptcy at any time during the last five (5) years?
 Yes No
If Yes, explain on a separate page.

C. Licenses

- 7. If any of your firm’s license(s) are held in the name of a corporation or partnership, list below the names of the qualifying individual(s) listed on the CSLB records who meet(s) the experience and examination requirements for each license.

- 8. Has your firm changed names or license number in the last five (5) years?
 Yes No
If Yes, explain on a separate signed page, providing prior name/license number, date of change and circumstances surrounding the change.
- 9. Has any owner, partner or (for corporations) officer of your firm operated a construction firm under any other name in the last five (5) years?
 Yes No
If Yes, explain on a separate signed page, provide the prior name, the date of change and the circumstances surrounding the change.
- 10. Has any CSLB license held by your firm or its Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended within the last five (5) years?
 Yes No
If Yes, please explain on an attached separate sheet of paper

D. Contractual Obligations and Disputes – SD Unified Projects

- 11. At any time during the last five (5) years has your firm received one or more “Notices of Non Compliance” from the District’s representative on District projects?
 Yes No
If Yes, explain on a separate signed page, providing the project name(s), contract number(s), date of award and circumstances related to your receipt of the notice
- 12. At any time in the last five (5) years has your firm filed two or more requests to withdraw or to be released from a District bid?
 Yes No
If Yes, explain on a separate signed page, providing the project name(s), contract number(s) and the circumstances under which you sought withdrawal.
- 13. At any time during the last five (5) years has your firm been penalized for illegal/improper Substitution of a Listed Subcontractor on District projects?
 Yes No
If Yes, explain on a separate signed page, providing the project name(s), contract number(s), the name(s) of the subcontractor(s).
- 14. At any time in the last five (5) years, has your firm been assessed and paid liquidated damages after completion of a project on District projects
 Yes No
If Yes, please explain on an attached separate sheet of paper.
- 15. At any time in the last five (5) years, has your firm settled any adverse claims, disputes, or lawsuits

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with the owner of a public works project and any member of the job order contractor, in which the claim, settlement, or judgment exceeds fifty thousand dollars (\$50,000)?

Yes No

If Yes, please also provide any information concerning any work completed by a surety during this period.

E. Contractual Obligations and Disputes – All Public Works Projects

NOTE: The first two questions refer only to disputes between your firm and the owner of a project. You need not include information about disputes between your firm and a supplier, another contractor, or subcontractor. You need not include information about “pass-through” disputes in which the actual dispute is between a sub-contractor and a project owner. Also, you may omit reference to all disputes about amounts of less than \$50,000.

15. Within the last five (5) years, how many times has your company been awarded a public works contract in which you “failed to execute” a contract? **Note: “Failure to Execute” is any of the following: (1) Refusal to pick up, sign, and/or return contract documents; (2) Inability to obtain insurance and/or bond requirements; or (3) Failure to submit**

required agreement forms such as a Project Stabilization Agreement.

Yes No

If Yes, please list all instances with explanations on an attached separate sheet of paper.

16. In the last five (5) years, has any claim **against** your firm concerning your firm’s work on a construction project, either public or private, been **filed in court or arbitration**?

Yes No

If “Yes,” on separate signed sheets of paper identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).

17. In the last five (5) years, has your firm been involved in any arbitration, mediation, or other dispute resolution process, or litigation with a project owner, filed any claims with a project owner or had any claim filed against it by a project owner, regardless of outcome?

Yes No

If “Yes,” on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).

18. In the last five (5) years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

Yes No

If Yes, please list all instances with explanations on an attached separate sheet of paper.

19. Has your firm been required to pay a premium (other than standard sliding scale bonding rates) of more than one per cent (1%) for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years?

Yes No

If Yes, state the percentage that your firm was required to pay and provide an explanation for a percentage rate higher than two per cent (2%) on an attached separate sheet of paper.

_____ %

20. During the last five (5) years, has your firm ever been denied bond credit by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?

Yes No

If Yes, please list all instances with explanations on an attached separate sheet of paper.

F. Worker Safety, Prevailing Wage, Workers Compensation, Apprenticeship – All Public Works Projects

21. Within the past five (5) years has the Department of Industrial Relations/Division of Labor Standards Enforcement found your firm or, if a General Contractor, your subcontractors to have failed to pay prevailing wage on a public works project?

Yes No

If Yes, please explain _____

22. Has there been more than one occasion during the last five (5) years on which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the state’s prevailing wage laws?

Yes No

NOTE: This question refers only to your own firm’s violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.

If Yes, please list all instances with explanations on an attached separate sheet of paper.

23. During the last five (5) years, has there been more than one occasion on which your own firm has been penalized or required to pay back wages for failure to comply with the federal Davis-Bacon prevailing wage requirements?

Yes No

If Yes, please list all instances with explanations on an attached separate sheet of paper.

24. Has the EPA, Department of Environmental Health or any Air Quality Management District or any Regional Water Quality Control Board or any other agency with competent jurisdiction cited and assessed penalties against either your firm or the owner of a project on which your firm was the contractor, in the last five (5) years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

Yes No

If Yes, please list all instances with explanations on an attached separate sheet of paper.

25. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project? _____

26. List your firm’s Experience Modification Rate (EMR) (California workers’ compensation insurance) for each of the past three premium years:

Current year: _____

Previous year: _____

Year prior to previous year: _____

If your EMR for any of these three years is or was 1.00 or higher, attach a letter of explanation.

NOTE: An Experience Modification Rate is issued to your firm annually by your workers’ compensation insurance carrier.

27. Within the last five (5) years, has there ever been a period when your firm had employees but was without workers’ compensation insurance or state-approved self-insurance?

Yes No

If Yes, please list all instances with explanations on an attached separate sheet of paper.

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28. Attach copies of OSHA 300 Logs from the past 3 years. SEE APPENDICES FOR EXAMPLE OF FORM 300 LOG. SUMMARIES (Form 300A) ARE NOT ACCEPTABLE, unless there were no accidents for those years.

District Use Only: Verified by District by _____ on _____
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29. Provide the name, address, and telephone number of the apprenticeship program sponsor(s) (approved by the California Division of Apprenticeship Standards) that will provide apprentices to your company for use on any public work project for which you are awarded a contract by San Diego Unified School District.

30. If your firm operates its own State-approved apprenticeship program:
- a. Identify each craft or crafts in which your firm provided apprenticeship training in the past year.
 - b. State the year in which each such apprenticeship program was approved, and attach evidence of the most recent California Apprenticeship Council approval(s) of your apprenticeship program(s).
 - c. State the number of individuals who were employed by your firm as apprentices at any time during the past three (3) years in each apprenticeship and the number of persons who, during the past three (3) years, completed apprenticeships in each craft while employed by your firm.

Provide all requested information on a separate sheet of paper and attach to this Questionnaire.

31. At any time during the last five (5) years, has your firm been found to have violated any provision of the California apprenticeship laws or regulations, or the laws pertaining to the use of apprentices on public works?
 Yes No
If yes, provide the date(s) of such findings, and attach copies of the Department's final decision(s).

I, the undersigned, as an authorized agent of my firm, certify and declare that I have read all the foregoing answers and accompanying documents to this prequalification questionnaire and know their contents. The matters stated in the questionnaire 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 in this application is true and correct. In addition, by submitting this application, I am authorizing the District to verify all information and contact any and all references listed in order to determine prequalification.

Executed in the City of _____

Signed: _____ Dated: _____

Print Name: _____ Title: _____

SECTION 4 - INSURANCE

For projects *under* \$5,000,000, do you currently have a minimum \$2,000,000 per occurrence and \$4,000,000 aggregate combined comprehensive single limit liability insurance is required. A Certificate of Insurance must state levels and dates of coverage? ____ Yes ___ No.

For projects *over* \$5,000,000, do you currently have a minimum of \$3,000,000 per occurrence and \$6,000,000 aggregate Combined Comprehensive Single Limit Liability Insurance? _ Yes ___ No.

Attach your certificate of insurance for verification.

AMOUNT OF INSURANCE \$ _____ per occurrence and _____ aggregate.

Provide two (2) years of history of insurance:

Years with this Ins. Co. _____

Insurance Company Information

Name: _____

Address: _____

Phone # () _____

Contact: _____

Years with this Ins. Co. _____

Prior Insurance Company Information

Name: _____

Address: _____

Phone # () _____

Contact: _____

NOTE: If less than two years of history has been provided above, please list your prior insurance companies on a separate page, including phone numbers and contact names.

District Use Only:
 Verified by District by _____ on _____ by speaking with _____
 Comments:

 Certificate of Insurance attached? ____ Yes ____ No Expiration date of insurance: _____

SECTION 6 - FINANCIAL INFORMATION

Reviewed statements will be required for bidding on JOC contracts under \$10,000,000.

A Contractor's financial information is valid until the date shown is more than eighteen (18) months old. The District reserves the right to reject statements in which the financial information is more than eighteen (18) months old. All applicable portions of the form should be completed with schedules attached if the space provided does not suffice. **NOTE: A compilation is not acceptable.**

NOTE: The Certificate of Accountant accompanying the financial statements shall not be made by any individual who is the regular employ of the individual, partnership or corporation submitting the statement; nor by any individual who is a member of the firm with more than a ten percent (10%) financial interest.

Accountant information:

Accounting Firm Name _____

Contact Name _____

Phone Number _____

Email Address _____

District Use Only:
 Verified by District by _____ on _____
 by contacting _____
 Is the client open and transparent with their financials? _____
 Have there ever been any signs of fraud? _____
 Were there events since issuing these financials that have changed your mind about their accounting practices?
 Comments: _____

SECTION 7 – RECENT JOC, IDIQ, or TASK ORDER BASED CONSTRUCTION PROJECTS COMPLETED

Provide information about your three (3) *most recent public works JOC, IDIQ, or similar TASK ORDER based projects as a prime contractor* completed in the State of California within the last five (5) years. Names and references must be current and verifiable.

1. Project Name: _____

Location: _____

Project Owner (agency that awarded the contract): _____

Owner Contact (person's name, job title, phone #): _____

Owner's Construction Manager and/or Project Manager **NOTE:** This must be someone who was on site and can evaluate the Applicant's performance. (Please furnish person's name, title, employer, email address, and current phone #): _____

Description of Project and Scope of Work: _____

Maximum Value of the contract: \$ _____

Number of Job Orders completed: _____

Highest Job Order value awarded: \$ _____

Did the contract have option periods? Yes ___ No ___

If yes, did Owner offer the option? Yes ___ No ___

2. Project Name: _____

Location: _____

Project Owner (agency that awarded the contract): _____

Owner Contact (person's name, job title, phone #): _____

Owner's Construction Manager and/or Project Manager **NOTE:** This must be someone who was on site and can evaluate the Applicant's performance. (Please furnish person's name, title, employer, email address, and current phone #): _____

Description of Project and Scope of Work: _____

Maximum Value of the contract: \$ _____

Number of Job Orders completed: _____

SAN DIEGO UNIFIED SCHOOL DISTRICT JOC - PRIME CONTRACTOR PREQUALIFICATION

Highest Job Order value awarded: \$ _____

Did the contract have option periods? Yes ___ No ___

If yes, did Owner offer the option? Yes ___ No ___

3. Project Name: _____

Location: _____

Project Owner (agency that awarded the contract): _____

Owner Contact (person's name, job title, phone #): _____

Owner's Construction Manager and/or Project Manager **NOTE:** This must be someone who was on site and can evaluate the Applicant's performance. (Please furnish person's name, title, employer, email address, and current phone #): _____

Description of Project and Scope of Work: _____

Maximum Value of the contract: \$ _____

Number of Job Orders completed: _____

Highest Job Order value awarded: \$ _____

Did the contract have option periods? Yes ___ No ___

If yes, did Owner offer the option? Yes ___ No ___

4. List at least (2) two most recent public works *JOC, IDIQ, or similar TASK ORDER based projects* completed for California school districts, including community college districts, as **a prime contractor** in the last five (5) years (if not listed above). You may list two (2) San Diego Unified School District projects. Use a separate sheet if needed.

School District _____	Contract \$ _____	Date Completed _____
Project Name/Description of Work _____		
District Contact (PM/CM/Super) _____		Title _____
Phone _____	Email _____	_____
Contact (PM/CM/Super/Inspect) _____		Title _____
Phone _____	Email _____	_____

SAN DIEGO UNIFIED SCHOOL DISTRICT JOC - PRIME CONTRACTOR PREQUALIFICATION

School District _____ Contract \$ _____ Date Completed _____
Project Name/Description of Work _____
District Contact (PM/CM/Super) _____ Title _____ Phone _____ Email _____
Contact (PM/CM/Super/Inspect) _____ Title _____ _____
Phone _____ Email _____
School District _____ Contract \$ _____ Date Completed _____
Project Name/Description of Work _____
District Contact (PM/CM/Super) _____ Title _____ Phone _____ Email _____
Contact (PM/CM/Super/Inspect) _____ Title _____ _____
Phone _____ Email _____
School District _____ Contract \$ _____ Date Completed _____
Project Name/Description of Work _____
District Contact (PM/CM/Super) _____ Title _____ Phone _____ Email _____
Contact (PM/CM/Super/Inspect) _____ Title _____ _____
Phone _____ Email _____

5. List two (2) current principal Trade Suppliers

Company	Material or Service Provided	Approx. Annual Volume	Contact	Phone #
				()
				()

6. List three (3) current principal Subcontractors

				()
				()
				()

SAN DIEGO UNIFIED SCHOOL DISTRICT JOC - PRIME CONTRACTOR PREQUALIFICATION

District Use Only:	Trade - Reference Verification
<u>Supplier</u>	
Co. Name: _____	Spoke With: _____
Annual Volume: _____	
Pd. at terms: Yes _____ No _____ Last usage date: _____ Ver. by _____ on _____	
Comments: _____ <u>Subcontractor</u>	
Co. Name: _____ Spoke With: _____	
Annual Volume: _____	
Pd. at terms: Yes _____ No _____ Last usage date: _____ Ver. by _____ on _____	

7. List experience of Key Staff. You may also attach professional resumes of Key Staff.

Name	Position	Years with Firm	Experience

SECTION 8 – SCORED INTERVIEW QUESTIONS

The following questions will be used to interview randomly selected contacts from at least two (2) substantially completed *JOC, IDIQ, or similar TASK ORDER based* projects. If you have performed projects for the District within the last five (5) years, District will interview the project and construction managers for the project for the two (2) most recently substantially completed *JOC, IDIQ, or similar TASK ORDER based* projects. The District will conduct the interviews. No action on the contractor's part is necessary. These questions are included on the package given to the contractor for information only.

The highest possible score on any single project is 130 points. An average score of less than 105 disqualifies a contractor from bidding on *JOC, IDIQ, or similar TASK ORDER based* projects that are proposed by San Diego Unified School District.

1. Are there any outstanding stop notices, liens or claims by the contractor that are currently unresolved on contracts for which notices of completion are recorded? (10 points if none)
2. How much supervision was required by the owner during execution of the project? (10 points maximum)
3. Please rate the contractor's performance in providing reports and other paperwork, including supplemental job order paperwork and scheduling updates in a timely manner. (10 points maximum)
4. Did the contractor finish the project on schedule? Please rate the contractor's performance on the following factors:
 - a. Providing sufficiently experienced supervision over the project (10 points maximum).
 - b. Adequately staffing the project (10 points maximum)
 - c. Providing sufficient equipment to perform the work in a timely manner on the project (10 points maximum)
 - d. Required supervision from owner (10 points – minimal supervision, 0 points – excessive supervision)
5. Were there any supplemental job orders on the project? Please rate the contractor's performance on the following factors:
 - a. The quality of the supplemental job order work (10 points maximum)
 - b. Providing timely submission of cost and time estimates to perform supplemental job order work (10 points maximum)
 - c. How well the contractor integrated the supplemental job order work into the existing work (10 points maximum)
6. Rate how the contractor performed in the area of project close out, including turning in Maintenance & Operations manuals, completing as-built drawings, providing required training and completing warranty work (10 points maximum).
7. Did the contractor assert supplemental job orders and claims totaling more than 10% of the project value? (20 points if none) If so, please rate whether the claims were:
 - a. Substantiated in whole or in part in the contractor's favor (10 points maximum)
 - b. Resolved in a professional, orderly and timely manner (10 points maximum)

PRE-SUBMITTAL CHECKLIST (review before submitting)

- Is all the information required in Section 1 complete?
 - Did you attach an explanation for any YES answers as instructed?
 - Did you sign the affidavit on page 6?
- Is all the information required in Section 2 complete?
- Is all the information required in Section 3 complete?
 - Did you attach an explanation for any YES answers as instructed?
- Did you include the CalOSHA 300 logs for past 3 years required in Section 3? NOTE: Summaries are not acceptable unless there were no injuries for those years (see the attached example of a 300 log).
 - Did you sign the affidavit on page 14?
- Is all the information required in Section 4 complete?
 - Did you include the Certificate of Insurance?
- Is all the information required in Section 5 complete?
 - Did you include a total of five (5) years of surety information?
 - Did you include an attached Letter of Bondability from your bonding surety?
- Is all the information required in Section 6 complete?
 - Did you include either a Reviewed or Audited Financial Statement?
 - Did you include a Certificate of Licensed Accountant or Accountant's license information?
- Is all the information required in Section 7 complete?
 - Did you include at least two (2) recent construction projects including CURRENT contact information for the projects listed.
- Did you attach a copy of your California Contractor's License?

If you have any questions regarding this PREQUALIFICATION package and/or its requirements, please contact:

prequal@sandi.net

APPENDICES
Example of OSHA Form 300

Cal/OSHA Form 300 (Rev. 7/2007) Appendix A
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10)

Year 20 
Department of Industrial Relations
Division of Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.6 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/OSHA office for help.

Establishment name _____
City _____ State _____

Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
_____	_____	_____	mon/tues/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/tues/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/thu/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/tues/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/thu/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/tues/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/thu/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	mon/thu/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/tues/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	mon/thu/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals > _____
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ____ of ____

Injury (1) (2) (3) (4) (5) (6)
Skin disorder (1) (2) (3) (4) (5) (6)
Respiratory condition (1) (2) (3) (4) (5) (6)
Poisoning (1) (2) (3) (4) (5) (6)
Infectious disease (1) (2) (3) (4) (5) (6)
All other illnesses (1) (2) (3) (4) (5) (6)

