Attachment 1

Submittal Checklist

**Company Name:** Click here to enter text.

One (1) original and four (4) copies of responses with supporting material should be submitted **by 2:00 p.m. Pacific on December 6, 2016**. Supporting material should be printed double-sided on 8½" x 11" recycled paper.

If Submitted, Check Box:

[ ]  Fully completed and signed Contractor Qualification Statement

[ ]  Notarized Declaration

[ ]  Information regarding five similar projects (Attachment 4)

[ ]  Information about the three largest projects (Attachment 5)

[ ]  All City and County of San Francisco projects from the last ten (10) years (Attachment 6)

[ ]  Resumes for project managers and superintendents to be used on the project

[ ]  Organization chart of key members, showing the contractual and reporting relationship of each member; if a joint venture, indicate which firm the key members are associated with, as well as the estimated percentage of each firm’s involvement in the scope of work

[ ]  Additional information limited to three pages, for the contractor only to incorporate information from major sub-tier contractors/consultants, as appropriate

Attachment 2

Contractor Qualification Statement

**Scope of Work**: Bus Storage Facility

**Firm Name:** Click here to enter text.
*(as it appears on license)*

**Address**: Click here to enter text.

**Contact**: Click here to enter text. **Phone**: Click here to enter text.

**Title**: Click here to enter text. **E-Mail**: Click here to enter text.

**Website**: Click here to enter text. **Fax**: Click here to enter text.

Section 1
Essential Requirements for Qualification

**PART A:**

Contractor will be immediately disqualified if the answer to any question in Part A is “No.”
***No points assessed, all questions are pass/fail***

| ITEM | QUESTION | SCOREPASS/FAIL |
| --- | --- | --- |
| A-1 | Contractor possesses a valid and current California contractor’s license for the project or projects for which it intends to submit a bid with the appropriate classifications required.[ ]  Yes [ ]  No No = Not Qualified, FAIL | Pass/Fail |
| A-2 | Contractor is willing and able to provide both a 5% bid bond and a 100% payment and performance bond from a surety licensed in the state of California for work equal to contractor bid amount. For the purposes of this RFQ, the bond amount should be assumed to be at least the Estimated Value described in RFQ Section 3, Scope of Services.[ ]  Yes [ ]  No No = Not Qualified, FAIL | Pass/Fail |
| A-3 | Contractor has or can obtain a liability insurance policy issued by an insurance company licensed in the state of California with limits and ratings as noted below and with a Waiver of Subrogation:All insurance companies shall have a current A.M. Best Rating not less than “A-, VIII” and shall be satisfactory to the TJPA. * Workers’ Compensation (WC) & Employer’s Liability (EL):

WC – Statutory Limit; EL - $1M, including coverage for U.S. Long Shore and Harbor Workers’ Act benefits, and Jones Act benefits, and Federal Employees Liability Act* General Liability + Umbrella or Excess Liability:

Non Hazardous - $50M (each occurrence and aggregate), including coverage for Contractual Liability, Independent Contractors, Explosion, Collapse, and Underground (XCU), Personal Injury, Broadform Property Damages, and completed operations* Automobile Liability: $1M combined single limit

Final limits and conditions of insurance will be determined at the time of contract bidding.[ ]  Yes [ ]  No No = Not Qualified, FAIL | Pass/Fail |
| A-4 | Contractor provides health and pension benefits for its employees and their families through an ERISA approved program.[ ]  Yes [ ]  No No = Not Qualified, FAIL | Pass/Fail |
| A-5 | Contractor has an existing agreement with a registered apprenticeship program(s) which has been approved by the California Apprenticeship Council, and the program(s) has graduated apprentices in the preceding five years for the apprenticeable craft(s) which may be employed by your firm.[ ]  Yes [ ]  No No = Not Qualified, FAIL | Pass/Fail |

**PART B**

Contractor will be subject to disqualification if the answer to any question in Part B is “Yes.”
***No points assessed, all questions are pass/fail***

| ITEM | QUESTION | SCOREPASS/FAIL |
| --- | --- | --- |
| B-1 | Has your contractor’s license been revoked at any time in the last five (5) years?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-2 | Has your contractor’s license been suspended for any reason within the last five (5) years (other than Contractor State License Board bond-related reasons of duration not exceeding 90 days)?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-3 | Has a surety completed a contract on your behalf, or paid for completion because your firm was default terminated within the last five (5) years?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-4 | At the time of submitting this qualification form, is your firm ineligible to bid on or be awarded a public works contract, or perform as a contractor on a public works contract?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-5 | 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?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-6 | Is your firm presently in bankruptcy?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-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 a public agency or entity?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |
| B-8 | During the last five (5) years, has there ever been a period of time when your firm had no surety bond in place during a construction project when one was required?[ ]  Yes [ ]  No Yes = Not Qualified, FAIL | Pass/Fail |

**Section 1 Summary**

All answers in Part A have been answered “Yes” and in Part B, “No” Pass [ ]

If any questions in Part A were answered “No” or in Part B, “Yes” Fail [ ]

Section 2
Licensing; Surety; Insurance; Environmental Matters; Disputes, and Claims; Business Organization; Financial Information; Safety; Prevailing Wage; Project History

2.1 Licensing

|  |  |
| --- | --- |
| Licensing Scoring Section: Total Score Possible  | 15 Pts |
| *Provide the following information*:Contractor must have a current and valid State of California contractor License for the trade for which they are qualifying. List all license numbers and the name of the qualifying license holder as issued and as on file with the licensing board.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issuing Agency** | **Class** | **License Number** | **Date issued** | **Exp. Date** | **Name** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Has your Cal-OSHA certificate(s) or registration(s) been revoked at any time in the last 5 years?

 Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. Has your firm had a complaint filed with the Contractors State License Board that required a formal hearing or inquiry within the last 5 years?

 Yes [ ]  No [ ]  Explain (if yes): Click here to enter text. |  |
| **Section 2.1 Actual Points Earned** |  |

2.2 Surety Information

| Bonding Scoring Section: Total Score Possible | 15 Pts |
| --- | --- |
| Surety Company: Click here to enter text. Bonding Agent Contact: Click here to enter text.Phone: Click here to enter text.Fax: Click here to enter text.E-mail: Click here to enter text.Single Project Bonding Capacity: Click here to enter text.Aggregate Bonding Capacity: Click here to enter text.Available Bonding Capacity: Click here to enter text.Average Project Size Last Year: Click here to enter text.Bond Rate: Click here to enter text.Current Backlog: Click here to enter text.**Bonding Status:** Attach a statement from your surety insurer (who must be approved by the California Department of Insurance and authorized to issue bonds in the State of California), which states that your current bonding capacity is sufficient for the project.How long have you been with the present Surety? Click here to enter text.Identify any conditions imposed and/or restrictions by the Surety: Click here to enter text.1. At any time during the past five 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 or payment bond issued on your firm’s behalf, in connection with a construction project, either public or private?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. During the last five years, has your firm ever been denied bond coverage 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 [ ]  Explain (if yes): Click here to enter text. |  |
| **Section 2.2 Actual Points Earned** |  |

2.3 Insurance

| Insurance Scoring Section: Total Score Possible  | 15 Pts |
| --- | --- |
| 1. Does your firm currently carry a workers’ compensation insurance policy as required by the Labor Code or are they legally self-insured pursuant to current California labor laws and code in effect.

Yes [ ]  No [ ]  Explain (if no): Click here to enter text.1. In the last five 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 [ ]  Explain (if no): Click here to enter text.1. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

Yes [ ]  No [ ]  Explain (if no): Click here to enter text. |  |
| **Section 2.3 Actual Points Earned** |  |

2.4 Environmental Matters

|  |  |
| --- | --- |
| Environmental Matters Scoring Section: Total Score Possible  | 15 Pts |
| 1. Has your firm been cited by any governing agencies for violations to local ordinances or codes (i.e. BAAQMD, Regional Water Quality Control Boards, etc.)?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. Has your firm ever received a citation or violation from the Environmental Protection Agency (EPA)?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. Has your firm ever received a citation or violation from the Department of Toxic Substances Control (DTSC)?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.  |  |
| **Section 2.4 Actual Points Earned** |  |

2.5 Disputes, Arbitration, and Litigation

| Disputes, Arbitration and Litigation Scoring Section: Total Score Possible  | 25 Pts |
| --- | --- |
| 1. At any time in the last five (5) years, has your firm been assessed liquidated damages (regardless of final settlement) after completion of either a public or private project?

Yes [ ]  No [ ]  Explain (if yes): If “yes,” explain on a separate signed page, identifying all such projects by owner, owner’s address, the date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.1. 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, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason? *Note: “Associated with” refers to another construction firm in which an owner, partner or officer of your firm held a similar position.*

Yes [ ]  No [ ]  Explain (if yes):  If “yes,” explain on a separate signed page. State whether the firm involved was the firm applying for qualification here or another firm. Identify the name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project and basis for the action.1. 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, or their agent, that your company was not a responsible bidder?

Yes [ ]  No [ ]  Explain (if yes): If “yes,” explain on a separate signed page. Identify the year of the event, the owner, the project and the basis for the finding by the public agency.1. In the past five (5) years has any claim against your firm concerning your firm’s work on a construction project been filed in court or arbitration with an owner or general contractor?

Yes [ ]  No [ ]  If yes, how many times? Click here to enter text.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).1. In the past five (5) years has your firm made any claim against a project owner or general contractor concerning work on a project or payment for a contract and filed that claim in court or arbitration?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. Are there any liens for labor or materials filed against your company, its officers, or any company associated with them?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text. |  |
|  **Section 2.5 Actual Points Earned** |  |

2.6 Claims

| **Claims Scoring Section: Total Deductive Score Possible** | **-50 to 0 Pts** |
| --- | --- |
| A claim is a demand or assertion by your firm seeking adjustment or interpretation of contract terms, payment of money, extension of time or other relief with respect to the terms of the contract, your firm’s right to which was disputed by the owner or general contractor, including, but not limited to disputes subject to mediation, arbitration or litigation.*Note: The following questions refer only to disputes between your firm and the owner or general contractor of a project. You need not include information about disputes between your firm and a supplier or trade subcontractor. Also, you may omit reference to all disputes where the amounts were $10,000 or less.* 1. Enter the number of claims that were made through mediation, arbitration or litigation with a value in excess of $10,000 for additional compensation against owners or general contractors in the past five (5) years. **Using the Attachment 3 form, provide detailed information for each current, pending and resolved dispute.**

No. of Claims: Click here to enter text.1. Summary of Claims: Include ALL claims as defined above that were made through mediation, arbitration or litigation for completing the following items a. thru f. as they will be used in the table below:
	1. Total Dollar Amount of Claims in past 5 yrs.: Click here to enter text.
	2. Total Dollar Amount Recovered: Click here to enter text.
	3. Percentage of Recovery (b ÷ a): Click here to enter text.%
	4. Total Number of Claims: Click here to enter text.
	5. No. of Projects over $1million in 5 past yrs.: Click here to enter text.
	6. Percentage of Claims Frequency (d ÷ e): Click here to enter text.%

The following table demonstrates how the information submitted above will be evaluated. The matrix below indicates the points that will be deducted based upon the contractors claim experience.

|  |  |
| --- | --- |
|   | **% of Recovery** |
| **% of Claims Frequency** | **0 - 33%** | **34 – 66%** | **67 - 100%** |
|  **50 - 100%** | -30pts | -15pts | -10pts |
| **25 – 50%** | -20pts | -10pts | -5pts |
| **0 - 25%** | -10pts | -5pts | 0pts |
| *Total Scoring Range for Item 2 is -30 to 0 Points.* |

1. Enter the number of claims submitted and resolved outside of mediation, arbitration and litigation with a value in excess of $10,000 for additional compensation against owners or general contractors in the past five (5) years. Provide this information in a tabular format with dollar amounts totaling at the bottom. Include one line item for each claim and include the following information for each line item at a minimum; project name, project location, owner, general contractor, nature of claim, dollar amount of initial claim, dollar amount of final settlement, date of initial claim, date of resolution and how the claim was resolved (if resolved).

No. of Claims: Click here to enter text.Total Amount ($): Click here to enter text. |  |
| **Section 2.6 Actual Points Deducted** |  |

|  |  |
| --- | --- |
| **Section 2.5 Actual Points Earned** | **+** |
| **Section 2.6 Points Deducted** | **-** |
| **Section 2.5 and 2.6 Total** |  |

**Disputes, Arbitration, Litigation and Claims Point Summary:**

2.7 Business Organization and History

| Business Organization Scoring Section: Total Score Possible | 15 Pts  |
| --- | --- |
| A. Is your company an: [ ] individual [ ] partnership [ ] corporation [ ] joint venture [ ] Subchapter S Corp[ ]  Proprietorship [ ]  LLCB. If firm is a sole proprietor or partnership, list the owner(s) of the company: Click here to enter text.C. Under the laws of which state is the company organized? State of Click here to enter text.D. Date Founded: Click here to enter text.E. Parent, Affiliate, and/or Subsidiary Companies:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Legal Name** | **Location** | **Ownership** | **Operations** | **Indemnity****Available?** | **Endorsed for****Obligation of:** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

F. When did present management assume control? Click here to enter text.G. Name of Predecessor: Click here to enter text. What happened to Predecessor? Click here to enter text.H. What percentage of your work is public? Click here to enter text.% Private? Click here to enter text.%I. SBE Certification **–** Is your firmcurrently certified as a one of the following:* California Certified Small Business (SB) or Disabled Veteran Business Enterprise (DVBE) as certified by the California Department of General Services (DGS) – Procurement Division (PD) – Office of Small Business and Disabled Veteran Business Enterprise Services (DVBE) Yes [ ]  No [ ] Expiration date: Click here to enter text.
* City and County of San Francisco Local/Minority/Women-Owned Business Enterprise (L/M/WBE) as certified by the San Francisco Contract Monitoring Division (CMD) Yes [ ]  No [ ] Expiration Date: Click here to enter text.
* Disadvantaged Business Enterprise (DBE) as certified by any state’s Unified Certification Program (UCP) Yes [ ]  No [ ]  Expiration date: Click here to enter text.

Please attach a copy of your Certification Letter(s).If no, have you submitted your certification forms to one of the above entities? Yes [ ]  No [ ]  If yes, expected certification date: Click here to enter text. J. Number of Employees by Trade:

|  |  |  |  |
| --- | --- | --- | --- |
| **Trade** | **2015** | **2014** | **2013** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Number of Current Administrative Employees: Click here to enter text.1. 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 [ ]  Explain (if yes): Click here to enter text.
2. Have there been any changes in the control or management of the company during the last 5 years?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.1. Continuity – Completion of Work?
2. Is there a buy-sell agreement in effect? Yes [ ]  No [ ]  Explain (if yes): Click here to enter text.
3. Is the agreement funded by life insurance? Yes [ ]  No [ ]  If yes, amount of insurance $Click here to enter text.
4. Who are the parties to the buy-sell agreement? Click here to enter text.

Give details if copy not provided.Click here to enter text.1. What arrangements have been made to assure that contracts are completed if the owners are not available? Click here to enter text.
2. Has your firm been in bankruptcy or a voluntary or involuntary reorganization in the last three years?

Yes [ ]  No [ ]  Explain (if yes): Click here to enter text. |  |
| **Section 2.7 Actual Points Earned** |  |

2.8 Financial Information

|  |  |
| --- | --- |
| Financial Information: Total Score Possible | 40 Pts |
| Federal Tax ID No.: Click here to enter text.General Tax Exemption No.: Click here to enter text.Dun and Bradstreet No.: Click here to enter text.Income/Balance Sheet Preparation Method: Click here to enter text.Name of Bank: Click here to enter text.Branch: Click here to enter text.Line of Credit Amount: $Click here to enter text.Revenue: 2016: (Projected) $Click here to enter text. 2015: (Actual) $Click here to enter text.2014: (Actual) $Click here to enter text. 2013: (Actual) $Click here to enter text.The apparent low bidder will be required to furnish their audited financial statement prior to the award of contract to confirm the ratios below. Confirm that it will be provided upon request: Yes [ ]  No [ ] Based on your most recent audited or reviewed financial statement(s), provide the following summary financial information: *Note: Contractor is EXEMPT if it meets the definition below.*The apparent low bidder will be required to provide actual financials prior to the award of contract. *Public Contract Code section 20101(e)* *(e) For the purposes of subdivision (a), a financial statement shall not be required from a contractor who has qualified as a Small Business Administration entity pursuant to paragraph (1) of subdivision (d) of Section 14837 of the Government Code, when the bid is no more than 25 percent of the qualifying amount provided in paragraph (1) of subdivision (d) of Section 14837 of the Government Code.**Government Code section 14837 (d) (1)**(d) (1) "Small business" means an independently owned and operated business that is not dominant in its field of operation, the principal office of which is located in California, the officers of which are domiciled in California, and that, together with affiliates, has 100 or fewer employees, and average annual gross receipts of ten million dollars ($10,000,000) or less over the previous three years, or is a manufacturer, as defined in subdivision(c), with 100 or fewer employees**SF Administrative code Chapter 14B(3)(b) applies for HRC certified contractors*Enter Financial Ratios Below

|  |  |  |
| --- | --- | --- |
| **Working Capital** | **Current Ratio** | **Leverage** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Current Assets (minus) Current Liabilities (divided by) 2015 Volume | Current Assets (divided by) Current Liabilities | Total Liabilities (divided by) Equity |

 |  |
| **Section 2.8 Actual Points Earned:** |  |

2.9 Safety

| Safety Scoring Section: Total Score Possible  | 30 Pts |
| --- | --- |
| 1. List your firm’s Experience Modification Rate (EMR) (California workers’ compensation insurance) for each of the past three premium years:*NOTE: An EMR is issued to your firm annually by your workers’ compensation insurance carrier.*Current year EMR: Less than or = 1.00 = Well Qualified1.01 TO 1.24 = Generally QualifiedEqual or Greater than 1.25 = Not QualifiedYear 2015: Click here to enter text. Year 2014: Click here to enter text. Year 2013: Click here to enter text.Should you and/or your sub tier contractors current EMR exceed 1.0, you must demonstrate and document that you have or will initiate programs, policies and attitudes that will result in a safety conscious performance. Additional documentation and presentation to TJPA will be required.2. Rate Category 2015 3 Yr. Avg. OSHA Recordable/Injury Rate: Click here to enter text. Click here to enter text.OSHA Lost Workdays Incidence Rate: Click here to enter text. Click here to enter text.OSHA Lost Time Incidence Rate: Click here to enter text. Click here to enter text.Total Man-hours/Year (Field Personnel): Click here to enter text. Click here to enter text.3. OSHA Citations – Include both California and Federal:Year Number Code of State or Federal Regs. Sect. Nos.2015 Click here to enter text. Click here to enter text.2014 Click here to enter text. Click here to enter text.2013 Click here to enter text. Click here to enter text.2012 Click here to enter text. Click here to enter text.2011 Click here to enter text. Click here to enter text.If any citations were noted above, please provide explanation on a separate sheet.4. Fatalities Category 2015 Total # over past 3 Yrs.Total Number of Employee Fatalities: Click here to enter text. Click here to enter text.Total Number of Contractor Employee Fatalities: Click here to enter text. Click here to enter text. |  |
| **Section 2.9 Actual Points Earned** |  |

2.10 Prevailing Wage and Apprentice Compliance

| Prevailing Wage and Apprenticeship Compliance Scoring: Total Score Possible  | 10 Pts |
| --- | --- |
| 1. Has there been more than one occasion during the last five years in 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 requirements?Yes [ ]  No [ ]  Explain and note how often (if yes): Click here to enter text.2. During the last five years, has there been more than one occasion in 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 [ ]  Explain and note how often (if yes): Click here to enter text.3. At any time during the last five years, has your firm been found to have violated any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?Yes [ ]  No [ ]  Explain and note how often (if yes): Click here to enter text.If “yes,” also provide the date(s) of such findings, and attach copies of the Department’s final decision(s).  |  |
| **Section 2.10 Actual Points Earned** |  |

2.11 Project and Personnel Experience

|  |  |
| --- | --- |
| Project and Personnel Experience: Total Score Possible | 120 Pts |
| 1. Provide a complete project profile for five similar completed projects in the past ten years. Also provide a profile on the three largest projects completed in the past ten years. Names and references provided by Contractor must be current and verifiable.

Project Experience Requirements:1. Contractor shall provide information on at least five completed projects that are similar in nature to size, complexity, and estimated value of the Bus Storage Facility construction. Include information of relevant experience for any second tier contractor included within the Qualification Statement. Projects shall have been completed within the last ten years. Submitted relevant project experience should include, at a minimum, the following:
* Elevated concrete viaduct/bridges and foundations
* MSE (Mechanical Stabilized Earth) wall construction
* Mass excavation/grading/paving
* Retaining walls/sound walls
* Modular structures
* Work within the Caltrans Right of Way
* Any other information unique to the project that may be relevant
1. Use of Attachments 4 and 5 is recommended to submit the project information. Respondent may submit standard project profiles, but they **must** contain all information requested in Attachments 4 and 5.
2. Provide supplemental information on your firm’s tracking systems for design, fabrication and delivery of all required components.
3. Using Attachment 6, provide a list of all City and County of San Francisco (CCSF) projects that your firm has been involved in within the last ten years. This refers to all projects performed for CCSF, irrespective of geographical location.
4. Provide details of the proposed team, including team structure, resume for each individual team member; including their responsibilities, experience, references (minimum of 3 ea.) availability and capacity. At a minimum, you must address the following roles: (a) Project Executive, (b) Project Manager (main point of contact), (c) Superintendent, (d) Quality Manager, (e) Safety Manager, and (f) Scheduler. The proposed team needs a minimum of the following full time (key/lead) assigned personnel to this project: One (1) Project Manager, One (1) Superintendent, One (1) Designated Safety Personnel, One (1) Quality Control Specialist, and One (1) Scheduler.
5. Provide supplemental information on your firm’s quality control system and identify projects where your firm successfully implemented it. Do you have a full-time QA/QC representative? Yes [ ]  No [ ] If yes, how many are Corporate? Click here to enter text. How many are Field? Click here to enter text.
6. Provide supplemental information on your firm’s tracking systems for design, fabrication, and delivery of all required components.

  |  |
| **Section 2.11 Actual Points Earned:** |  |

Summary and Scoring Totals

**Section 1:**

 All answers in Part A have been answered “Yes,” and in Part B, “No” Pass

 If any questions in Part A were answered “No,” or in Part B, “Yes” Fail

**Section 2:**

 **Score Possible Score Received**

2.1 Licensing 15

2.2 Surety/Bonding 15

2.3 Insurance 15

2.4 Environmental Matters 15

2.5 Disputes, Arbitration and Litigation 25

2.6 Claims 0

2.7 Business Organization & History 15

2.8 Financial Information 40

2.9 Safety 30

2.10 Prevailing Wage and Apprentice Compliance 10

2.11 Project and Personnel Experience 120

Total Possible Score: 300 **Total Score Received:**

*Contractor must receive 250 out of a total of 300 points to pass the qualification criteria.*

Declaration

The undersigned hereby agrees and declares that receipt of this submittal by the TJPA does not constitute either a direct or implied guarantee that qualification is or will be granted.

I, the undersigned, certify and declare that I have read all the foregoing answers to this qualification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is correct.

The undersigned is a legally authorized representative of the Contractor for the legal name noted above.

Contractor

Printed Name/Title Signature

Date

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20

Notary Public in and for the State of

Residing at

Expiration

Date

Attachment 3

Mediation, Arbitration and Litigation History

(All Owners both Private and Public)

(Copy and attach this form for each claim)

Separately list all CURRENT, PENDING AND/OR RESOLVED disputes:

* + - Pursued via mediation, arbitration or litigation
		- Initiated within the last five (5) years
		- In which additional compensation is sought
		- And/or breach of contract was alleged
		- And/or indemnity is sought
		- Between your firm (or any principal of your firm) and any Owner or any General Contractor

*If none, indicate “NONE.” Do not leave blanks.*

Project Name: Click here to enter text.

Project Location: Click here to enter text.

Owner: Click here to enter text.

General Contractor: Click here to enter text.

Nature of Claim: Click here to enter text.

Dollar Amount of Initial Claim: $Click here to enter text.

Dollar Amount of Final Settlement: $Click here to enter text.

Year Claim Filed: Click here to enter text.

Year Claim Resolved: Click here to enter text.

State of California Superior Court Action No.: Click here to enter text.

U.S. District Court Case No.: Click here to enter text.

How claim was resolved (arbitration, mediation, litigation, etc.): Click here to enter text.

Current Status: Click here to enter text.

Attachment 4

Similar Experience

Copy and attach a completed form for each of five (5) projects similar to the Bus Storage project.

**Project Name**: Click here to enter text.

**Location**: Click here to enter text.

**Owner**: Click here to enter text.

**Owner Contact**: Click here to enter text. **Phone** # Click here to enter text.

**General Contractor**: Click here to enter text. **Phone** # Click here to enter text.

**General Contractor Contact**: Click here to enter text.

**Design Firm**: Click here to enter text.

**Designer Contact**: Click here to enter text. **Phone** # Click here to enter text.

**Construction Manager**: Click here to enter text. **Phone** # Click here to enter text.

**Description of Project/ Scope of Work Performed**:

**Trade Work**: Click here to enter text. Square footage: Click here to enter text.

**Description of the Work**: Click here to enter text.

**Total Value of Contract at Time of Award**: Click here to enter text.

**Final Value of Contract (including change orders)**: Click here to enter text.

**Duration in Months from Award to Delivery**: Click here to enter text.

**Original Scheduled Completion Date**: Click here to enter text.

**Time Extension Granted (number of days)**: Click here to enter text.

**Actual Date of Completion of your work**: Click here to enter text.

What work did your firm perform on this project? Identify trades and values.

Click here to enter text. $Click here to enter text.

Click here to enter text. $Click here to enter text.

Did you subcontract portions of your work (i.e., labor, materials, delivery) to Small Business Enterprises (SBEs) or Disadvantaged Business Enterprises (DBEs)? If yes, please identify trades and values.

Click here to enter text. $Click here to enter text.

Click here to enter text. $Click here to enter text.

How did your company solicit and evaluate SBEs and DBEs to assist with the scope identified above?

Click here to enter text.

What work did your firm self-perform? Click here to enter text.

Why is this work relevant to the Bus Storage Facility project? Click here to enter text.

Name of your responsible Project Manager(s): Click here to enter text.

Name of your Superintendent(s) / Supervisor(s): Click here to enter text.

Major Supplier: Click here to enter text.

Contact: Click here to enter text. Phone #Click here to enter text.

Attachment 5

Largest Projects

Copy and attach form for each of your three (3) largest projects.

Project Name: Click here to enter text.

Location: Click here to enter text.

Owner: Click here to enter text.

Owner Contact: Click here to enter text. Phone # Click here to enter text.

General Contractor: Click here to enter text. Phone # Click here to enter text.

General Contractor Contact: Click here to enter text.

Design Firm: Click here to enter text.

Designer Contact: Click here to enter text. Phone# Click here to enter text.

Construction Manager: Click here to enter text. Phone# Click here to enter text.

Description of Project/ Scope of Work Performed:

Trade Work: Click here to enter text. Square footage: Click here to enter text.

Description of the Work: Click here to enter text.

Total Value of Contract at Time of Award: Click here to enter text.

Final Value of Contract (including change orders): Click here to enter text.

Duration in Months from Award to Delivery: Click here to enter text.

Original Scheduled Completion Date: Click here to enter text.

Time Extension Granted (number of days): Click here to enter text.

Actual Date of Completion of your work: Click here to enter text.

What work did your firm perform on this project? Identify trades and values.

Click here to enter text. $Click here to enter text.

Click here to enter text. $Click here to enter text.

Did you subcontract portions of your work (i.e. labor, materials, delivery, etc.) to Small Business or Disadvantaged Business enterprise(s)? If yes, please identify trades and values.

Click here to enter text. $Click here to enter text.

Click here to enter text. $Click here to enter text.

How did your company solicit and evaluate Small/Disadvantaged Business Enterprises to
assist with the scope identified above? Click here to enter text.

What work did your firm self-perform? Click here to enter text.

Why is this work relevant to the Bus Storage Facility project? Click here to enter text.

Name of your responsible Project Manager(s): Click here to enter text.

Name of your Superintendent(s) / Supervisor(s): Click here to enter text.

Major Supplier: Click here to enter text.

Contact: Click here to enter text. Phone # Click here to enter text.

Attachment 6

City & County of San Francisco Project Experience

Copy and attach this form as required for all City and County of San Francisco (CCSF) projects completed in the last ten (10) years. CCSF projects shall refer to projects performed for the City and County of San Francisco, irrespective of geographical location.

Project Name: Click here to enter text.

Location: Click here to enter text.

City Contact: Click here to enter text. Phone # Click here to enter text.

Description of Project/ Scope of Work Performed:

Total Value of Contract at Time of Award: $ Click here to enter text.

Final Value of Contract (including change orders): $ Click here to enter text.

Original Scheduled Completion Date: Click here to enter text.

Time Extension Granted (number of days): Click here to enter text.

Actual Date of Completion of your work: Click here to enter text.

Was this project completed to the satisfaction of the City? Yes [ ]  No [x]  If no, why?

Click here to enter text.

Name of your responsible Project Manager(s): Click here to enter text.

Name of your Superintendent(s) / Supervisor(s): Click here to enter text.

Major Supplier: Click here to enter text.

Contact: Click here to enter text. Phone # Click here to enter text.

Attachment 7

Request for Appeal

The TJPA must receive this document **no later than** (5) days after TJPA notifies the Contractor of their qualification status.

Contractor/Company Name: Click here to enter text.

Contact Person: Click here to enter text.

Telephone Number: Click here to enter text.

In the space provided below, describe in detail the basis for filing this Appeal (add additional sheets if necessary).

Click here to enter text.

Please submit this form to: TJPA

 201 Mission Street, Suite 2100

 San Francisco, CA 94105

 Attn: Mr. Eddie Phillips