

**LEVEL 1  
PREQUALIFICATION QUESTIONNAIRE  
For  
CENTRAL PLANT/TELECOMMUNICATIONS RELIABILITY UPGRADE PROJECT (CPTU)**

*Each prospective CM/Contractor must answer all of the following questions and provide all requested information (two (2) copies, one (1) being the original). Any prospective CM/Contractor failing to do so may be deemed to be not responsive and not prequalified with respect to this Prequalification at the sole discretion of the University. All CM/Contractors that have submitted a Level 1 Prequalification Questionnaire will be notified in writing of whether or not they have successfully achieved Level 1 Prequalification status. Only those CM/Contractors that have successfully achieved Level 1 Prequalification status will be permitted to participate in the Level 2 Prequalification process. Those CM/Contractors that successfully achieve Level 2 Prequalification status will be determined to be prequalified and only those prequalified CM/Contractors will be eligible to submit a Best Value bid for this Project.*

*If the bidder can refute some of the facts upon which the above determinations were based, the bidder may request a review by the Facility. The decision resulting from such review is final and is not appealable within the University of California.*

SUBMITTED BY:

\_\_\_\_\_ (Name and Title) Printed or Typed

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Firm Name. If a Joint Venture, state name of JV Entity)

\_\_\_\_\_ (Contact Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip Code)

\_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Facsimile Number)

\_\_\_\_\_ (E-mail Address)

All information submitted for Prequalification evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

WHERE NECESSARY, COPY THE FORMS IN THIS PACKAGE. USE ONLY THESE FORMS.

1. PREQUALIFICATION DECLARATION

I, \_\_\_\_\_, hereby declare that I am the  
(Printed Name)

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Firm)

submitting this Prequalification Questionnaire; that I am duly authorized to sign this Prequalification Questionnaire on behalf of the above named firm; and that all information set forth in this Prequalification Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate and complete as of its submission date.

The undersigned declares under penalty of perjury that all of the prequalification information submitted with this form is true and correct and that this declaration was executed in

\_\_\_\_\_ (County), \_\_\_\_\_, (State)

on \_\_\_\_\_ (Date).

\_\_\_\_\_  
(Signature)

2. LICENSE

- A. Does your firm hold one of the following California contractor's license, which is current, valid, and in good standing with the California Contractor's State License Board?

License Classification:	GENERAL ENGINEERING	<input type="checkbox"/>	YES
License Code:	A	<input type="checkbox"/>	NO

-or-

License Classification:	GENERAL CONTRACTOR	<input type="checkbox"/>	YES
License Code:	B	<input type="checkbox"/>	NO

(NOTE -The entity submitting this prequalification questionnaire must be the holder of the requisite license. If the entity submitting is a Joint Venture, the joint venture must hold the license. If the entity submitting is a partnership, the partnership must hold the license)

- B. If yes, provide the following information about your firm's contractor's license:

1. Name of license holder exactly as on file with the California Contractor's State License Board:  
\_\_\_\_\_
2. License Classification: \_\_\_\_\_
3. License Code: \_\_\_\_\_
4. License Number: \_\_\_\_\_
5. Date Issued: \_\_\_\_\_
6. Expiration Date: \_\_\_\_\_

- C. Can you truthfully state that your firm's contractor's license has not been suspended or revoked by the California Contractor's State License Board within the last 5 years?

YES  NO

- D. If the entity submitting this prequalification questionnaire is a Joint Venture or partnership, can the Joint Venture or partnership entity truthfully state that no member of the Joint Venture or partnership has had their firm's contractor's license suspended or revoked by the California Contractor's State License Board within the last 5 years?

YES  NO  N/A

3. SURETY

Prospective CM/Contractor shall obtain and submit the Surety Declaration in the form shown below, signed by an authorized representative of the surety proposed to be used for this project and notarized. (NOTE -If firm has used current surety for less than ten years, list all surety(ies) previously used and indicate the number of years such sureties were used for the last ten (10) years. If entity submitting this prequalification document is a joint venture or a partnership, provide such information for each member or partner).

A. Is the surety to be used for this project authorized by the Insurance Commissioner to transact business of insurance in the State of California?

YES  NO

B. Is the prospective CM/Contractor able to obtain bonding for the Anticipated Contract Value less the Contract Sum Phase 1 (~\$14,000,000)

YES  NO

C. Has any surety paid out any monies on claims on the performance bond issued by a surety for the benefit of the Owner arising out of the construction activities of the prospective CM/Contractor within the last ten (10) years?

YES  NO

1. If the entity submitting this prequalification questionnaire is a Joint Venture, has any surety paid out any monies on claims on the performance bond issued by a surety for the benefit of the Owner arising out of the construction activities of any member of the Joint Venture within the last ten (10) years?

YES  NO  NOT APPLICABLE

D. Surety Declaration:

**PROVIDE THIS DECLARATION TO YOUR SURETY(IES) FOR COMPLETION. DO NOT HAVE THE SURETY SUBMIT THIS INFORMATION DIRECTLY TO THE UNIVERSITY.**

The undersigned declares under penalty of perjury that the bonding capacity indicated above is true and correct and that this declaration was executed in

\_\_\_\_\_ (County), \_\_\_\_\_, (State)

on \_\_\_\_\_ (Date).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title - Printed or Typed)

\_\_\_\_\_  
(Representing [Surety Name])

\_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
Telephone Number)

\_\_\_\_\_  
(Facsimile Number)

\_\_\_\_\_  
(Email Address)

*(ATTACH NOTARIZATION of SURETY REPRESENTATIVE'S SIGNATURE)*

4. INSURER

Prospective CM/Contractor shall obtain and submit the Insurance Declaration in the form shown below, signed by an authorized representative of its insurer and notarized. (If more than one insurer, submit a completed form for each insurer).

- A. Is the insurer listed below to be used for all required insurance (except Workers Compensation) listed by Best with a rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's)?

YES  NO

Indicate Best Rating: \_\_\_\_\_

Indicate Best Financial Classification: \_\_\_\_\_  
(or provide Standard & Poor or Moody's rating)

- B. Is the insurer to be used for Workers Compensation insurance listed by Best with a rating of B+ or better, and also have a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's)?

YES  NO

Indicate Best Rating: \_\_\_\_\_

Indicate Best Financial Classification: \_\_\_\_\_  
(or provide Standard & Poor or Moody's rating)

If answer is NO, provide name and address of insurer:

\_\_\_\_\_

- C. Is the prospective CM/Contractor able to obtain insurance in the following limits for this construction contract?

YES  NO

1. If the entity submitting this prequalification questionnaire is a Joint Venture, can the Joint Venture entity itself obtain insurance in the following limits for this construction contract?

YES  NO  NOT APPLICABLE

<u>Commercial Form General Liability Insurance - Limits of Liability</u>	<u>Minimum Requirement</u>
Each Occurrence - Combined Single Limit for Bodily Injury and Property Damage	<b>\$2,000,000</b>
Products - Completed Operations Aggregate	<b>\$4,000,000</b>
Personal and Advertising Injury	<b>\$2,000,000</b>
General Aggregate	<b>\$4,000,000</b>

<u>Business Automobile Liability Insurance - Limits of Liability</u>	
Each Accident - Combined Single Limit for Bodily Injury and Property Damage	<b>\$1,000,000</b>

D. Insurance Declaration:

PROVIDE THIS DECLARATION TO YOUR INSURANCE CARRIER FOR COMPLETION. DO NOT HAVE THE CARRIER SUBMIT THIS DECLARATION DIRECTLY TO THE UNIVERSITY.

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct and that this declaration was executed in

\_\_\_\_\_ (County), \_\_\_\_\_, (State)

on \_\_\_\_\_ (Date).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title - Printed or Typed)

\_\_\_\_\_  
(Representing [Insurer Name])

\_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Facsimile Telephone Number)

\_\_\_\_\_  
(Email Address)

*(ATTACH NOTARIZATION of INSURER REPRESENTATIVE'S SIGNATURE)*

5. CONSTRUCTION EXPERIENCE (IN COMPARABLE PROJECTS)

Your firm must have successfully completed at least 3 comparable projects within the last **10 years**, all of which were constructed in the State of California.

A. Subject to the above qualifications, a comparable project is defined as having ALL of the following:

1. a construction cost at the bid date of at least **\$6,500,000**; AND

at least one (1) of the following locations:

- a. Active Campus
- b. Active Hospital
- c. Active Data Center
- d. Active Laboratory
- e. Active Power Plant/Hydroelectric Facility

2. at least one (1) of the following construction challenge:

- a. Upgrade to an existing Central Plant Facility with a 4-pipe hydronic system involving chillers and/or cooling towers
- b. New or retrofit installation of in-row cooling units for telecommunication racks
- c. Retrofit installation of emergency generators

B. Your firm must have successfully completed at least one (1) of the above comparable projects utilizing one of the following Project Contracting Methods:

- a. **CM/Contractor** (CM at Risk) providing BOTH pre-construction services and acting as General Contractor during the construction phase on the same project.
- b. **Design/Builder** providing BOTH pre-construction services and acting as General Contractor during the construction phase on the same project.
- c. **CM/Multiple Prime** providing BOTH pre-construction services and acting as CM (not at risk) during the construction phase on the same project

C. If the entity submitting this prequalification questionnaire is a Joint Venture, the Joint Venture entity itself must demonstrate the required previous construction experience as a joint venture. Joint Venture teams newly formed to pursue this prequalification opportunity are not eligible for Level 1 prequalification.

D. Listed projects must have been managed and constructed by the business entity submitted for Level 1 prequalification. Projects completed by present employees of the contractor for former employers are not acceptable.



6. CURRENT PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Complete and submit the following *Past and Present Projects for The Regents of the University of California Project Data Sheet* for each past project (regardless of project contracting method) between your firm and The Regents of the University of California for the last 10 years. If the Project has been previously submitted in response to question # 5 indicate same after Project Name entry.

If none, state "NONE" (Do not leave blank).

7. PAST PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Complete and submit the following *Past and Present Projects for The Regents of the University of California Project Data Sheet* for each past project (regardless of project contracting method) between your firm and The Regents of the University of California for the last 10 years. If the Project has been previously submitted in response to question # 5 indicate same after Project Name entry.

If none, state "NONE" (Do not leave blank).

COMPLETE AND SUBMIT THE FOLLOWING PROJECT DATA SHEET FOR EACH COMPARABLE PROJECT SUBMITTED AS EVIDENCE OF YOUR FIRM'S EXPERIENCE. SUBMIT NOT MORE OR LESS THAN THE NUMBER PROJECT DATA SHEETS CORRESPONDING TO THE REQUIRED NUMBER OF COMPARABLE PROJECTS LISTED ABOVE.

### PROJECT DATA SHEET

(A separate sheet must be prepared for each project submitted.)

1. Project Name: \_\_\_\_\_
2. Project Location : \_\_\_\_\_
3. Type of Facility: \_\_\_\_\_
4. Project Contracting Method (e.g., Lump Sum, Design/Build, etc.):  
\_\_\_\_\_
5. Project Description:  
\_\_\_\_\_  
\_\_\_\_\_
6. Size (gross sq. ft.): \_\_\_\_\_
7. How is this project comparable to the project to be bid (Include which Construction Challenge, a-d from 5.A.2):  
\_\_\_\_\_  
\_\_\_\_\_
8. Was construction of the project begun and completed within the last ten (10) years?  Yes  No
9. Cost at Bid: \$ \_\_\_\_\_
10. Cost at Completion: \$ \_\_\_\_\_
11. Describe sources and/or causes of the above difference in costs with reference to the following categories:  
Document Problems \$ \_\_\_\_\_  
Unforeseen Conditions: \$ \_\_\_\_\_  
Regulatory Agency: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Explain Other: \_\_\_\_\_

---

12. Original Contract Time: \_\_\_\_\_

Formally adjusted Contract Time (calendar days): \_\_\_\_\_

Actual Elapsed Time between issuance of Notice to Proceed and date of final completion (calendar days): \_\_\_\_\_

13. Were either liquidated damages or actual damages for delay assessed on this project?  Yes  No

14. Did the project require construction management services prior to construction?  Yes  No

15. Name of Project Manager: \_\_\_\_\_

16. Name of Project Superintendent: \_\_\_\_\_

17. Name of Project Engineer: \_\_\_\_\_

18. Did you self-perform any of the work?  Yes  No

If yes, please specify the trades you self-performed:

---

---

19. If the entity submitting this prequalification questionnaire is a Joint Venture, is the Joint Venture entity itself performing this project?  Yes  No

20. Client Firm Name: \_\_\_\_\_

21. Client Contact: \_\_\_\_\_ Title: \_\_\_\_\_

22. Client Address: \_\_\_\_\_

23. Client City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

24. Client Phone: \_\_\_\_\_

25. Client E-mail Address: \_\_\_\_\_

26. Architect/Engineer/Consultants: \_\_\_\_\_

27. Architect/Engineer Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

28. Architect/Engineer E-mail Address: \_\_\_\_\_

*(Attach additional pages with other pertinent project information as necessary)*

*PAST and PRESENT PROJECTS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA*

**PROJECT DATA SHEET**

(A separate sheet must be prepared for each project submitted.)

1. Project Name: \_\_\_\_\_

2. Project Location (which campus): \_\_\_\_\_

3. Type of Facility: \_\_\_\_\_

4. Project Contracting Method (e.g., Lump Sum, Design/Build, etc.):

---

5. Project Description: \_\_\_\_\_

6. Construction Type: \_\_\_\_\_

7. Size (gross sq. ft.): \_\_\_\_\_

8. How is this project comparable to the project to be bid?

---

9. Cost at Bid: \$ \_\_\_\_\_

10. Cost at Completion: \$ \_\_\_\_\_

11. Describe sources and/or causes of the above difference in costs with reference to the following categories:

Document Problems \$ \_\_\_\_\_

Unforeseen Conditions: \$ \_\_\_\_\_

Regulatory Agency: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Explain Other: \_\_\_\_\_

---

12. Original Contract Time: \_\_\_\_\_

Formally adjusted Contract Time (calendar days): \_\_\_\_\_

---

Actual Elapsed Time between issuance of  
Notice to Proceed and date of final completion  
(calendar days):

---

13. Were either liquidated damages or actual damages for delay assessed on this project?  Yes  No

14. If the entity submitting this prequalification questionnaire is a Joint Venture, is the Joint Venture entity itself performing this project?

Yes  No

15. Did The Regents assess any back-charges?  Yes  No

16. Did The Regents assess any liquidated damages?  Yes  No

17. Were any claims filed on the project?  Yes  No

18. If claims were filled on the project, please provide the following details for each claim:  Yes  No

Dollar Amount of Initial Claim:

\$

Source of Claim (e.g., subcontractor, etc.):

Method of Resolution (e.g., negotiation, mediation, arbitration, litigation, etc.):

19. UC Contact: \_\_\_\_\_ Title: \_\_\_\_\_

20. UC Client Phone: \_\_\_\_\_

21. UC Client E-mail Address: \_\_\_\_\_

22. Architect/Engineer/Consultants: \_\_\_\_\_

23. Architect/Engineer Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

24. Architect/Engineer E-mail Address: \_\_\_\_\_

*(Attached additional pages with other pertinent information as necessary.)*

8. STAFF EXPERIENCE

The Project Manager, and Project Superintendent listed will be considered qualified only if he/she has successfully completed at least two (2) comparable projects, as defined in Section 5.A. The Pre-Construction Manager and Project Engineer listed will be considered qualified only if he/she has successfully completed at least one (1) of the comparable projects per Section 5.A. Your firm will also be required to certify that the following key personnel are committed to the project at the time of Level 2 Prequalification.

A. FULL-TIME PROJECT MANAGER:

(Note: This individual will be required to attend the Level 2 interview)

1. The name of the specific Project Manager to be committed to this project on a full-time basis and continuously retained throughout this project is:

\_\_\_\_\_

(Attach resume)

2. Employed by this firm: \_\_\_\_\_ years
3. Present position/job function within firm: \_\_\_\_\_
4. Years in present position/job function: \_\_\_\_\_ years (**minimum: 7 years in position**)

5. The Project Manager named above was assigned to the following comparable projects:

Project:

Construction Cost:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. The Project Manager named above worked on the following projects for which Project Data Sheets are submitted: (NOTE: IF THE ABOVE DESIGNATED INDIVIDUAL DID NOT WORK IN THIS CAPACITY ON AT LEAST TWO COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED FOR SECTION 5.A, PROVIDE A PROJECT DATA SHEET FOR TWO OF THE PROJECTS LISTED IN RESPONSE TO A.5 ABOVE.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

B. FULL-TIME PROJECT SUPERINTENDENT:

(Note: This individual will be required to attend the Level 2 interview)

1. The name of the specific Project Superintendent to be committed to this project on a full-time basis and continuously retained throughout this project is:

\_\_\_\_\_   
(Attach resume)

2. Employed by this firm: \_\_\_\_\_ years

3. Present position/job function within firm: \_\_\_\_\_

4. Years in present position/job function: \_\_\_\_\_ years (**minimum: 10 years in position**)

5. The Project Superintendent named above was assigned to the following comparable projects:

Project:

Construction Cost:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. The Project Superintendent named above worked on the following projects for which Project Data Sheets are submitted: (NOTE: IF THE ABOVE DESIGNATED INDIVIDUAL DID NOT WORK IN THIS CAPACITY ON AT LEAST TWO COMPARABLE PROJECTS FOR WHICH PROJECT DATA SHEETS WERE SUBMITTED IN SECTION 5.A, PROVIDE A PROJECT DATA SHEET FOR TWO OF THE PROJECTS LISTED IN RESPONSE TO B.5 ABOVE.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



C. FULL-TIME PRE-CONSTRUCTION MANAGER:

(Note: This individual will be required to attend the Level 2 interview)

1. The name of the specific Pre-Construction Manager to be committed to this project on a full-time basis and continuously retained throughout this project is:

\_\_\_\_\_   
 (Attach resume)

2. Employed by this firm: \_\_\_\_\_ years

3. Present position/job function within firm: \_\_\_\_\_

4. Years in present position/job function: \_\_\_\_\_ years (**minimum: 5 years in position**)

5. The Pre-Construction Manager named above was assigned to the following comparable projects:

Project:

Construction Cost:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. The Pre-Construction Manager named above worked on the following projects for which Project Data Sheets are submitted: (NOTE: IF THE ABOVE DESIGNATED INDIVIDUAL DID NOT WORK IN THIS CAPACITY ON THE PROJECT LISTED FOR SECTION 5.A, PROVIDE PROJECT DATA SHEETS FOR THE PROJECTS LISTED IN REPOSE TO C.5 ABOVE)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

D. FULL-TIME PROJECT ENGINEER:

(Note: It is optional for this individual to attend the Level 2 interview)

1. The name of the specific Project Engineer to be committed continuously to this project:

\_\_\_\_\_   
(Attach resume(s))

2. Employed by this firm: \_\_\_\_\_ years

3. Present position/job function within firm: \_\_\_\_\_

4. Years in present position/job function: \_\_\_\_\_ years **(minimum: 3 years in position)**

5. The Project Engineer named above were assigned to the following comparable projects:

Project:

Construction Cost:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. The Project Engineer named above worked on the following projects for which Project Data Sheets are submitted: (NOTE: IF THE ABOVE DESIGNATED INDIVIDUAL DID NOT WORK IN THIS CAPACITY ON THE PROJECT LISTED FOR SECTION 5.A, PROVIDE PROJECT DATA SHEETS FOR THE PROJECTS LISTED IN REPOSE TO D.5 ABOVE)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

9. SAFETY PROGRAM

- A. Does your firm have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8, Sections 1509 and 3203?

YES  NO

- B. Does your firm have a written safety program that meets CAL/OSHA requirements?

YES  NO

- C. Will your firm have personnel permanently assigned and dedicated to Safety on this project?

YES  NO

- D. If "Yes", state the names of all such personnel who will be assigned and individually list their specific duties:

Name, Title

Specific Duties

<u>Name, Title</u>	<u>Specific Duties</u>
_____	_____
_____	_____

Attach resumes (include certification and safety related training received.)

- E. Have you had accidents, which resulted in a construction fatality, on any of your projects within the last five (5) years?

YES  NO  If yes, attach additional information.

- E. Have you had Cal-OSHA fines in the Serious, Repeat or Willful categories?

YES  NO  If yes, attach additional information.

- G. Has your firm maintained a Workers' Compensation Experience Modification Rate (EMR) that averages below 1.15 for the past five years?

YES  NO  EMR: \_\_\_\_\_

Attach substantiating documentation.

10. QUALITY CONTROL/QUALITY ASSURANCE PROGRAM (QC/QA)

A. Does your firm have a written quality control/quality assurance program?

YES  NO

If YES, submit a copy of your QC/QA program with this submission.

B. Will your firm have personnel permanently assigned and dedicated to QC/QA on this project?

YES  NO

If "Yes", state the names of all such personnel who will be assigned and individually list their specific duties:

<u>Name, Title</u>	<u>Specific Duties</u>
_____	_____
_____	_____
_____	_____

11. BUSINESS CONSTRUCTION REVENUE

For the purposes of this Level 1 prequalification questionnaire, "business construction revenue" shall be defined as payments to prospective CM/Contractor for pre-construction services, construction management, and construction services.

A. Can you truthfully state that your firm has had annual business construction revenue of at least \$100 Million (excluding any and all legal awards) for each and every one of the last five (5) consecutive calendar years?

YES  NO

B. If the entity submitting this prequalification questionnaire is a Joint Venture, can the Joint Venture entity truthfully state that its members have had a combined annual business construction revenue of at least \$100 million (excluding any and all legal awards) for each and every one of the last five (5) consecutive calendar years?

YES  NO  N/A

12. DISCIPLINARY MEASURES HISTORY

- A. Can you truthfully state that your firm has not been disqualified or barred from doing business with a public agency (e.g., federal, state, county, city, University of California System, California State University System, etc.) within the last 10 years?

YES  NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

1. If the entity submitting this prequalification questionnaire is a Joint Venture, can the Joint Venture entity truthfully state that no members of the Joint Venture have been disqualified or barred from doing business with a public agency (e.g., federal, state, county, city, University of California System, California State University System, etc.) within the last 10 years?

YES  NO  N/A

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

13. FALSE CLAIMS HISTORY

- A. Can you truthfully state that your firm has not been found in a final decision of a court to have submitted a false claim to a public agency (e.g., federal, state, county, city, University of California System, California State University System, etc.) within the last 10 years?

YES  NO

If NO, explain: \_\_\_\_\_  
\_\_\_\_\_

1. If the entity submitting this Prequalification questionnaire is a Joint Venture, can the Joint Venture entity truthfully state that no member of the Joint Venture has been found in a final decision of a court to have submitted a false claim to a public agency (e.g., federal, state, county, city, University of California System, California State University System, etc.) within the last 10 years?

YES  NO  N/A

If NO, explain: \_\_\_\_\_  
\_\_\_\_\_

14. ATTENDANCE AT NON-MANDATORY LEVEL 1 PREQUALIFICATION CONFERENCE

Did a representative of your firm attend the Non-Mandatory Level 1 Prequalification Conference conducted on February 13, 2014 at 1:00PM, at Design+Construction offices?

YES

NO

Name(s) of those attending: \_\_\_\_\_