



College of the Desert Bond Program

DESERT COMMUNITY COLLEGE DISTRICT
January, 2020

REQUEST FOR STATEMENT OF QUALIFICATIONS

FOR “**2020 INFORMAL BIDDING**” OF CERTAIN CONSTRUCTION PROJECTS
BY DESERT COMMUNITY COLLEGE DISTRICT (DISTRICT) FOR THE 2020
CALENDAR YEAR.

43-500 Monterey Ave. Palm Desert, CA 92260

**PRE-QUALIFICATION APPLICATION; INFORMAL BIDDING
UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING
(Public Contract Code §22030 et seq. for Projects Valued Between \$60,000 and \$200,000)
FOR THE 2020 CALENDAR YEAR**

The undersigned Applicant requests that Desert Community College District (“District”) pre-qualify the Applicant to bid on the District’s informally bid projects, as authorized by Public Contract Code §22030, *et seq.*

1. Applicant Information. Complete the following to provide information about the Applicant.

Firm/Company Name	_____	
Physical Office Location	_____ (Address) _____ (City, State and Zip Code)	
Mailing Address (if different from physical office address)	_____ (Address) _____ (City, State and Zip Code)	
Applicant Contacts	_____ (Name) _____ (Phone) _____ (email)	_____ (Name) _____ (Phone) _____ (email)
Applicant California Contractors’ License	_____ (License No.) _____ (Expiration Date) _____ (Classifications)	
Applicant DIR Registration	_____ (DIR Registration No.) _____ (Expiration Date)	

2. Pre-Qualification. The Applicant requests to be pre-qualified for submitting proposals for the District’s informally bid projects in the classification(s) noted by the Applicant in Exhibit A (Pre-Qualification Classifications) attached to this Pre-Qualification Application.

3. Applicant Annual Revenue. Complete the following. If the Applicant is engaged in business enterprises other than construction, responses to the following are limited to the Applicant’s construction operations.

Calendar Year/ Fiscal Year	Annual Gross Revenue	Average Dollar Value of all Contracts	Dollar Value of Largest Contract
2017 (FY 2016/2017)			
2018 (FY 2017/2018)			
2019 (FY 2018/2019)			

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4. Applicant Insurance and Bonding. Complete the following for the Applicant's current General Liability Insurance, Workers Compensation Insurance and bonding capacity.

<p>General Liability Insurance</p>	<p>Insurer: _____ Policy No. _____ Broker _____ _____ (Liability Insurance Broker Contact Name) _____ (Street Address) _____ (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax _____ Email address</p>	<p>Coverage Limits:</p> <p>Per Occurrence: _____ Dollars (\$ _____)</p> <p>Aggregate: _____ Dollars (\$ _____)</p>
<p>Bid, Performance and Labor & Materials Payment Bonds</p>	<p>Surety: _____ Surety Broker _____ _____ (Surety Broker Contact Name) _____ (Street Address) _____ (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax _____ (Email address)</p>	<p>Bonding Capacity:</p> <p>Maximum Per Project: _____ Dollars (\$ _____)</p> <p>Maximum All Projects _____ Dollars (\$ _____)</p>
<p>Workers Compensation Insurance</p>	<p>Insurer: _____ Policy No. _____ Broker _____ _____ (Broker Contact Name) _____ (Street Address) _____ (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax _____ (Email address)</p>	

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5. Current Public Works Projects. Complete the following to identify all public works construction projects for which the Applicant is under contract as of the date of submitting this Application. Duplicate this page as necessary to identify all of the Applicant's current public works projects.

Project Description	Owner and Owner Contact Information	Architect and Architect Contact Information	Contract Information
<hr/>	<hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email	<hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email	<hr/> Applicant Contract Value <hr/> Applicant Scope of Work <hr/> Percentage Complete; Applicant Work <hr/> Percentage Complete; Overall Project
<hr/>	<hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email	<hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email	<hr/> Applicant Contract Value <hr/> Applicant Scope of Work <hr/> Percentage Complete; Applicant Work <hr/> Percentage Complete; Overall Project
<hr/>	<hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email	<hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email	<hr/> Applicant Contract Value <hr/> Applicant Scope of Work <hr/> Percentage Complete; Applicant Work <hr/> Percentage Complete; Overall Project

6. Prior Public Works Projects. Complete the following to identify all public works construction projects for which the Applicant completed in the three (3) years preceding the date of submitting this Application. Duplicate this page as necessary to identify **all** of the Applicant's public works projects completed in the preceding three (3) years:

Project Description	Owner and Owner Contact Information	Architect and Architect Contact Information	Contract Information
<hr/>	<hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email	<hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email	<hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value
<hr/>	<hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email	<hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email	<hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value
<hr/>	<hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email	<hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email	<hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value

7. References. Complete the following to identify Applicant references.

DSA Inspectors References			
DSA Inspector Firm Name	Address	Contact Person	Contact information
_____	_____ (Street Address) _____ (City, State and Zip Code)	_____	_____ (Contact Phone Number) _____ (Contact email)
_____	_____ (Street Address) _____ (City, State and Zip Code)	_____	_____ (Contact Phone Number) _____ (Contact email)
_____	_____ (Street Address) _____ (City, State and Zip Code)	_____	_____ (Contact Phone Number) _____ (Contact email)

Material Supplier References			
Material Supplier Name	Material Supplier Address	Material Supplier Contact Person	Material Supplier Contact information
_____	_____ (Street Address) _____ (City, State and Zip Code)	_____	_____ (Contact Phone Number) _____ (Contact email)
_____	_____ (Street Address) _____ (City, State and Zip Code)	_____	_____ (Contact Phone Number) _____ (Contact email)
_____	_____ (Street Address) _____ (City, State and Zip Code)	_____	_____ (Contact Phone Number) _____ (Contact email)

Public Agency Owners (California K-12 or Community College Owners Preferred)			
Owner Name	Owner Contact Person	Owner Address	Owner Contact information
_____	_____	_____ (Street Address) _____ (City, State and Zip Code)	_____ (Contact Phone Number) _____ (Contact email)
_____	_____	_____ (Street Address) _____ (City, State and Zip Code)	_____ (Contact Phone Number) _____ (Contact email)
_____	_____	_____ (Street Address) _____ (City, State and Zip Code)	_____ (Contact Phone Number) _____ (Contact email)

Architect References			
Architect Name	Architect Contact Person	Architect Address	Architect Contact information
_____	_____	_____ (Street Address) _____ (City, State and Zip Code)	_____ (Contact Phone Number) _____ (Contact email)
_____	_____	_____ (Street Address) _____ (City, State and Zip Code)	_____ (Contact Phone Number) _____ (Contact email)
_____	_____	_____ (Street Address) _____ (City, State and Zip Code)	_____ (Contact Phone Number) _____ (Contact email)

- 8. Essential Questions.** An Applicant will not be pre-qualified if the response to any of the following essential questions results in a “Not Qualified” designation.
- 8.1. The Applicant possesses a valid and currently in good standing California Contractors’ license for the trade category(ies) for which the Applicant requests pre-qualification.
 Yes No (Not Qualified)
- 8.2. The Applicant is a DIR registered contractor.
 Yes No (Not Qualified)
- 8.3. Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
 Yes No (Not Qualified)
- 8.4. Applicant has a current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code §3700.
 Yes No (Not Qualified)
 Applicant is exempt from this requirement, because it has no employees
- 8.5. Applicant has bonding capacity of at least Two Hundred Thousand Dollars (\$200,000) per project and One Million Dollars (\$1,000,000) in the aggregate for all projects.
 Yes No (Not Qualified)
- 8.6. Within the past twenty four (24) months, has the Applicant provided public works construction services under a direct contract with a public owner where the value of the construction services provided by the Applicant was greater than \$50,000?
 Yes No (Not Qualified)
- 8.7. The Applicant is ineligible or debarred from submitting bid proposals for public works projects or public works contracts pursuant Labor Code §1777.1 or Labor Code §1777.7.
 Yes (Not Qualified) No
- 8.8. Within the past three (3) years a public agency has determined that the Applicant or any predecessor to the Applicant, is not a “responsible” bidder for a public works project or a public works contract?
 Yes (Not Qualified) No
- 8.9. During the past three (3) years, the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant been convicted of a federal or state crime involving fraud, theft, or any other act of dishonesty.
 Yes (Not Qualified) No
- 8.10. During the past three (3) years a Surety has completed any project or the Applicant’s obligations under a construction contract.
 Yes (Not Qualified) No
- 8.11. The Applicant’s Worker’s Compensation Insurance prior five (5) year average Experience Modification Rating (“EMR”) rating over the past five (5) years is more than 1.5.
 Yes (Not Qualified) No

8.12. The Applicant's Worker's Compensation Insurance current average Experience Modification Rating ("EMR") rating is more than 1.5.
 Yes (Not Qualified) No

8.13. CAL OSHA or OSHA has cited and assessed penalties against the Applicant for "serious and willful" or "repeat" violations of its safety or health regulations in the past five (5) years?
 Yes (Not Qualified) No

9. Asbestos Work; Hazardous Substance Removal Certifications. Each Applicant must respond to Questions 9.1 and 9.2 even if the Applicant does not request pre-qualification for asbestos work or hazardous material substance removal work.

9.1. The Bidder possesses a current and in good standing ASB-Asbestos Certification issued by the California Contractors' State License Board.
 Yes No (Not Qualified for asbestos-related work)

9.2. The Bidder possess a current and in good standing HAZ-Hazardous Substance Removal Certification issued by the California Contractors' State License Board.
 Yes No (Not Qualified for hazardous substance removal)

10. Authority and Certification. The undersigned is duly authorized to execute this Pre-Qualification Application under penalty of perjury on behalf of the above-identified Applicant. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Pre-Qualification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Pre-Qualification Application. The undersigned declares and certifies that the responses to this Pre-Qualification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses. The Applicant acknowledges and agrees that if the District determines that any response herein is false or misleading or contains misstatements of fact, the Bidder will not be deemed qualified to participate in the District's Informal Bidding procedures.

Executed this ___ day of _____, 20___ at _____.
(City and State)

I declare under penalty of perjury under California law that the foregoing is true and correct.

By: _____

Title: _____

