### PREQUALIFICATION QUESTIONNAIRE FOR PROSPECTIVE BIDDERS

The proposed project shall be constructed at 655 Oleander Avenue, Chico, California for the Butte County Office of Education (BCOE). The project consists of the construction of The Center for Childhood Learning and Resilience, an adaptive reuse and tenant infill of the vacant 12,784 square foot existing building residing on APN 003-180-021. The adaptive reuse includes, but is not limited to, preservation of the existing structural system, demolition of the existing ceilings, HVAC, and electrical systems, demolition of select existing plumbing fixtures, interior walls, and finishes; construction of new HVAC, electrical, fire alarm, and fire protection systems; in addition to new interior improvements, roof repair, and new exterior paint. Site scope will include, but not be limited to, general clearing/grubbing & demolition of existing Site features, to allow for a new fire water connection, a new accessible parking stall with curb ramps, a new concrete walkway, new exterior finish, and reconstruction of any existing walkways and landscape disturbed by the aforementioned activities.

#### **DOCUMENT 00 32 00**

#### PREQUALIFICATION QUESTIONNAIRE FOR PROSPECTIVE BIDDERS

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The **Butte County Office of Education** ("BCOE") has determined that contractors on projects ("Contractor(s)" or "Firm(s)") must be prequalified to submit a bid or proposal on a project. This form must be completed by:

• A Contractor with an A or B license(s) that intends to bid as a **general contractor** (prime contractor) directly to the BCOE.

<u>Form Submission.</u> Contractors must complete this BCOE form; no other prequalification documents submitted by a Contractor will meet the BCOE's requirements. All Contractors shall submit completed questionnaires and financial statements as follows:

| Location                                     | Date                              |
|--|-----------------------------------|
| Butte County Office of Education             | General (Prime) Contractors, 2023 |
| 1859 Bird Street                             |                                   |
| Oroville, CA 95965                           |                                   |
| Attn: Julio Bravo or Thomas Flanagan         |                                   |
| Electronically:<br>mailto:TheCenter@bcoe.org |                                   |

<u>References.</u> The BCOE reserves the right to contact any representative at the Contractor's previous projects to gather information about the Contractor and/or to base the BCOE's prequalification determination on a scoring of the Contractor's references' responses to guestions.

<u>Updates</u>. Contractors who are prequalified must update their prequalification questionnaire if or when Contractor's status or information changes from that previously disclosed to the BCOE. The BCOE reserves the right to adjust, suspend, or rescind the prequalification rating of any Contractor based on subsequently learned information.

Non-responsiveness. A Contractor's prequalification questionnaire shall be deemed nonresponsive if, without limitation, the Contractor's prequalification questionnaire is not returned on time, does not provide all requested information, is not signed under penalty of perjury by an individual who has the authority to bind the Contractor, is not updated as required or is misleading or inaccurate in any material manner (e.g., financial resources are overstated; previous terminations for cause, surety takeovers, liquidated damages paid, or violations of law are not accurately reported).

<u>Rejection/Waiver/Request.</u> The BCOE reserves the right, in its sole discretion, to reject any or all prequalification questionnaires, to waive irregularities in any prequalification questionnaire, or to request further information or documentation from any Contractor.

<u>Public Records.</u> Although the names of Contractors seeking prequalification may be public information, pursuant to, without limitation, Public Contract Code sections 20111.5(a) and 20111.6 (b), each Contractor's questionnaire and financial statements "shall not be public records and shall not be open to public inspection." However, the contents of the Contractor's prequalification questionnaires and financial statements may be disclosed to third parties for purposes of clarification or investigation of material allegations or in any appeal process.

<u>Appeal.</u> A Contractor may appeal the BCOE's decision. If a Contractor decides to appeal the BCOE's prequalification decision, it must follow the following procedure:

- 1. Contractor shall submit, in writing, within **FIVE (5)** Business Days from BCOE's determination, a detailed explanation of why it should be prequalified, with detailed and sufficient documentation supporting any and all bases for the appeal, and a request for a written response from the BCOE to explain the BCOE's determination.
- 2. Within five (5) Business Days from receipt of the BCOE's written response to the Contractor's request, Contractor may submit, in writing, a request for a meeting with the BCOE's staff. Contractor may submit with the request any and all additional information not previously provided that is directly responsive to the BCOE's written response and that it believes supports a finding that BCOE's determination should be changed.
- 3. The BCOE will issue a final written determination of its decision on the appeal. The BCOE staff may, at its discretion, hold a telephonic, virtual, or in person meeting with the Contractor prior to issuing its final written determination. The BCOE's written determination shall be the final decision by the BCOE, with no further right to an appeal.
- 4. FAILURE OF A CONTRACTOR TO TIMELY FOLLOW ALL APPEAL STEPS SHALL BE A WAIVER OF ANY FURTHER REMEDY WITH CONCERNING PREQUALIFICATION WITH THE BCOE.

| CONTRACTOR (OR "FIRM") INFORMATION  Contractor's company name:  Address:  Telephone:  Mobile telephone:  E-mail:  Years in business under current company name:  Years at the above address:  Types of work performed with own forces:  Gross revenue of the Firm for the past three (3) years:  \$\$  Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying the availability of a line of credit may also be attached; however, it will be considered as supplemental informa and is not a substitute for the required financial statement.  Name of license holder exactly as on file with the California State License Board:  License classification(s):  License Number(s):  License expiration date(s):  Department of Industrial Relations registration number (Per Labor Code section 1725.5): |           |
|---|-----------|
| Telephone:  Mobile telephone:  E-mail:  Years in business under current company name:  Years at the above address:  Types of work performed with own forces:  Gross revenue of the Firm for the past three (3) years:  \$ \$ \$  Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying the availability of a line of credit may also be attached; however, it will be considered as supplemental informal and is not a substitute for the required financial statement.  Name of license holder exactly as on file with the California State License Board:  License classification(s):  License Number(s):  License expiration date(s):   |           |
| Mobile telephone:  E-mail:  Years in business under current company name:  Years at the above address:  Types of work performed with own forces:  Gross revenue of the Firm for the past three (3) years:  \$\$  Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying the availability of a line of credit may also be attached; however, it will be considered as supplemental informatis is not a substitute for the required financial statement.  Name of license holder exactly as on file with the California State License Board:  License classification(s):  License Number(s):  License expiration date(s):   |           |
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| Years at the above address:  Types of work performed with own forces:  Gross revenue of the Firm for the past three (3) years:  \$ \$ \$  Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying the availability of a line of credit may also be attached; however, it will be considered as supplemental informal and is not a substitute for the required financial statement.  Name of license holder exactly as on file with the California State License Board:  License classification(s):  License Number(s):  License expiration date(s):  |           |
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| \$ Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying the availability of a line of credit may also be attached; however, it will be considered as supplemental information and is not a substitute for the required financial statement.  Name of license holder exactly as on file with the California State License Board:  License classification(s):  License Number(s):   |           |
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| License Number(s):  License expiration date(s):   |           |
| License expiration date(s):   |           |
|   |           |
| Department of Industrial Relations registration number (Per Labor Code section 1725.5):   |           |
|   |           |
| Number of years license holder has held the listed license(s):  |           |
| Number of years Contractor has done business in California under contractor's license law:  |           |
| Number of years Contractor has done business in California under <u>current</u> Contractor's license:   |           |
| Has your Firm changed name(s) or license number(s) in the past five (5) years? ( $Y / N$ ). If "yes", explain separate signed sheet, including the reason for the change.   | on a      |
| Has there been any change in ownership of the Firm at any time in the past five (5) years? <b>NOTE</b> : A corporation shares are publicly traded is not required to answer this question. ( Y / N ). If "yes", explain on a separa sheet, including the reason for the change.   |           |
| Is the Firm a subsidiary, parent, holding company, or affiliate of another construction firm? <b>NOTE</b> : Include info about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of holds a similar position in another firm. ( $Y / N$ ). If "yes", explain on a separate signed sheet, the name company(ies) and the percent ownership.  | your Firm |
| Indicate the form of Contractor's firm (type of business entity):   |           |
| Individual Sole Proprietorship Limited Partnership  |           |
| Partnership Limited Partnership Joint Venture   |           |
| Corporation, State:<br>Other:   |           |

| Name  |  | Position                                       | Years witl                                 | ed.<br>h Co. % Ownershi                   |
|---|--|--|--|---|
|   |  | 1 0011.011                                     | 100151110                                  | 75 6 4 11 10 10 11                        |
|   |  |  |  |   |
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|   |  |  |  |   |
|   |  |  |  |   |
| entify every construction firm, cont  | ractor and for constructi                              | an managamant firm                             | that the Contractor                        | r or only porcon listo.                   |
| ove has been associated with (as o<br>st five (5) years ("Associated Firm"<br>OTE: For this question, "owner" and<br>creent (10%) or more of its stock if t   | ). Include all additional<br>d "partner" refers to owr | references and/or inf<br>ership of ten percent | ormation on separa<br>t (10%) or more of t | ite signed sheets.<br>he business, or ten |
| eets as needed.   |  |  | Contractor's                               | Dates of Person's                         |
| Name of Person at   |  |  | License No. of                             | Participation with                        |
| Associated Firm   | Name of Assoc  | ciated Firm                                    | Associated Firm                            | Associated Firm                           |
|   |  |  |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
| CONTRACTOR'S B  | ONDING CON   | /IPANY (SUF                                    | RETY) INFO                                 | RMATION                                   |
| CONTRACTOR'S B ame(s) of bonding company(ies) yo  |  | •  | •  |   |
|   |  | •  | •  |   |
|   |  | •  | •  |   |
|   |  | •  | •  |   |
| ame(s) of bonding company(ies) yo   | our Firm has utilized over                             | •  | •  |   |
| lame(s) of bonding company(ies) yo  | our Firm has utilized over                             | •  | •  |   |
| ame(s) of bonding company(ies) yo   | our Firm has utilized over                             | •  | •  |   |
| ame(s) of bonding company(ies) yo   | our Firm has utilized over                             | •  | •  |   |
| ame(s) of bonding company(ies) yo   | our Firm has utilized over                             | •  | •  |   |
| ddress(es) of those bonding compa   | our Firm has utilized over                             | the past five (5) year                         | •  |   |
| ddress(es) of those bonding compa   | our Firm has utilized over                             | the past five (5) year                         | •  |   |
| ddress(es) of those bonding compa   | our Firm has utilized over                             | the past five (5) year                         | •  |   |
| ddress(es) of those bonding compaumber of years Contractor has bee ame of broker/agent:   | our Firm has utilized over                             | the past five (5) year                         | •  |   |
| ame(s) of bonding company(ies) you didress(es) of those bonding compa   | ny(ies):   | the past five (5) year                         | •  |   |
| ame(s) of bonding company(ies) you ddress(es) of those bonding compa  umber of years Contractor has bee ame of broker/agent: ddress of broker/agent: elephone number of broker/agent:   | ny(ies):   | the past five (5) year                         | •  |   |
| CONTRACTOR'S B  lame(s) of bonding company(ies) you  address(es) of those bonding company  lumber of years Contractor has bee  lame of broker/agent:  address of broker/agent:  elephone number of broker/agent:  contractor's total current bonding care | ny(ies):   | the past five (5) year                         | •  |   |

| CONTRAC                                   | TOR'        | S II    | NSURANCE INFORM                        | AT   | ION         |
|---|-------------|---------|--|------|-------------|
| Name of insurance company(ies) your F     | irm has u   | ıtilize | d over the past five (5) years (not br | oker | or agency): |
|   |             |         |  |      |             |
|   |             |         |  |      |             |
|   |             |         |  |      |             |
|   | 1           |         |  |      |             |
| Address of those insurance company(ies    | s):         |         |  |      |             |
|   |             |         |  |      |             |
|   |             |         |  |      |             |
|   |             |         |  |      |             |
| "Best" rating(s) for those insurance com  | pany(ies    | s):     |  |      |             |
|   |             |         |  |      |             |
| Number of years Contractor has been w     | ith those   | e insu  | rance company(ies):                    |      |             |
|   |             |         |  |      |             |
| Name of broker/agent:                     | "           |         | 1                                      |      |             |
| Address of broker/agent:                  |             |         |  |      |             |
| Telephone number of broker/agent:         |             |         |  |      |             |
| E-mail of broker/agent:                   |             |         |  |      |             |
| Contractor's current insurance limits for | r the follo | owing   | types of coverage:                     |      |             |
| Commercial General Liability              |             |         | Each occurrence                        |      | \$          |
|   |             |         | General aggregate                      |      | \$          |
| Product Liability & Completed Opera       | ations      |         | Each occurrence                        |      | \$          |
|   |             |         | General aggregate                      |      | \$          |
| Automobile Liability – Any Auto           |             | (       | Combined Single Limit (per occurrer    | nce) | \$          |
| Employers' Liability                      |             |         |  |      | \$          |
| Sexual Molestation and Abuse              |             |         |  |      | \$          |
| Builder's Risk (Course of Constructio     | n)          |         |  |      |             |
| Workers' Compensation Experience Mo       | dification  | n Rate  | e for the past five (5) premium years  | :    | 1           |
| (1) Current year:                         |             | (2)     |  | (3)  |             |
|   |             | (4)     | (                                      | (5)  |             |

## **QUESTIONS**

|     | Pass/Fail Questions (Essential Criteria)  |              |
|-----|---|--------------|
| 1a. | GENERAL CONTRACTORS ONLY:   | YES NO       |
|     |   | NO = cannot  |
|     | Has your Firm contracted for and completed construction of a minimum of:                                      | prequalify   |
|     | <ul> <li><u>Four (4)</u> California K-12 public school construction projects,</li> </ul>                      |              |
|     | <ul> <li>Each with a value of at least \$1,000,000, and</li> </ul>  |              |
|     | All within the past <u>five (5) years</u> ? (Please circle one).  |              |
|     | NOTE: You must list these projects in the "Contractor Project References" Section.                            |              |
| 1b. | FIRST-TIER SUBCONTRACTORS ONLY:   | YES NO       |
|     |   | NO = cannot  |
|     | Has your Firm contracted for and completed construction of a minimum of:                                      | prequalify   |
|     | <ul> <li><u>Four</u> (<u>4</u>) California K-12 public school construction projects,</li> </ul>               |              |
|     | <ul> <li>Each with a value of at least \$200,000, and</li> </ul>  |              |
|     | All within the past <u>five (5) years</u> ? (Please circle one).  |              |
|     | <b>NOTE</b> : You <u>must</u> list these projects in the "Contractor Project References" Section.             |              |
| 2.  | Does your Firm currently hold all contractors' license(s) necessary to perform the work and have those        | YES NO       |
|     | license(s) been consistently active for at least five (5) years without revocation or suspension?             | NO = cannot  |
|     | (Please circle one).  | prequalify   |
| 3.  | Has your Firm or an Associated Firm been found non-responsible, debarred, disqualified, forbidden, or         | YES NO       |
|     | otherwise prohibited from performing work and/or bidding on work for any public agency within                 | YES = cannot |
|     | California within the past five (5) years? (Please circle one).   | prequalify   |
| 4.  | Has your Firm or an Associated Firm defaulted on a contract or been terminated for cause by any public        | YES NO       |
|     | agency on any project within California within the past five (5) years and, if so and if challenged, has that | YES = cannot |
|     | default or termination been upheld by a court or an arbitrator? (Please circle one).                          | prequalify   |
| 5.  | Has your Firm or an Associated Firm or any of their owners or officers been convicted of a crime under        | YES NO       |
|     | federal, state, or local law involving:   | YES = cannot |
|     | (1) Bidding for, awarding of, or performance of a contract with a public entity;                              | prequalify   |
|     | (2) Making a false claim(s) to any public entity; or  |              |
|     | (3) Fraud, theft, or other act of dishonesty  |              |
|     | to any contracting party within the past <u>ten (10) years</u> ? (Please circle one).                         |              |
| 6.  | Has a performance bond surety for your Firm or a performance bond surety for an Associated Firm had           | YES NO       |
|     | to:   | YES = cannot |
|     | (1) Takeover or complete a project,   | prequalify   |
|     | (2) Supervise the work of a project, or   |              |
|     | (3) Pay amounts to third parties to satisfy claims against your performance bond                              |              |
|     | related to construction activities of your Firm or an Associated Firm within the past five (5) years?         |              |
|     | (Please circle one).  |              |

# **STOP**

If you answered:
"NO" to questions <u>1a, 1b, or 2</u>

or

"YES" to questions <u>3-6</u>, then STOP. You are not eligible for prequalification at this time.

|    | Scored Questions  |     |           |
|----|---|-----|-----------|
|    | Has your Firm paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please circle one).   | YES | <u>NO</u> |
|    | If YES, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s).  |     |           |
|    | Has your Firm paid a premium of more than one percent (1%) for a performance and payment bond on any project(s) within the past five (5) years? (Please circle one).  | YES | <u>NO</u> |
|    | If YES, explain and indicate on separate signed sheet(s) the project name(s), the premium amount(s), and date(s).   |     |           |
|    | Has any insurer had to pay amounts to third parties that were in any way related to construction activities of your Firm within the past five (5) years? (Please circle one).   | YES | NO NO     |
|    | If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s).  |     |           |
|    | Has your Firm's Workers' Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please circle one).   | YES | NO NO     |
|    | If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s).   |     |           |
|    | Has there been a period when your Firm had employees but was without workers' compensation insurance or state-approved self-insurance within the past five (5) years? (Please circle one).  | YES | <u>NO</u> |
|    | If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s).  |     |           |
| 6. | Has your Firm declared bankruptcy or been placed in receivership within the past five (5) years? (Please circle one).   | YES | NO NO     |
|    | If YES, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Firm's current recovery plan, and the applicable date(s).  |     |           |
| ,  | Has your Firm been denied bond coverage by a surety company, or has there been a period of time when your Firm had no surety bond in place during a public construction project when one was required within the past five (5) years?  (Please circle one).   | YES | <u>NO</u> |
|    | If YES, provide details on a separate signed sheet indicating the date(s) when your Firm was denied coverage and the name of the company or companies which denied coverage; and the period(s) during which you had no surety bond in place.  |     |           |
|    | Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding \$50,000 against your Firm, or has your Firm filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years? | YES | NO        |
|    | If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).   |     |           |

| 9.  | Has your Firm or an Associated Firm been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years?                                  | YES | NO        |
|-----|--|-----|-----------|
|     | If "YES," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s).   |     |           |
| 10. | Has your Firm been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past five (5) years?  | YES | <u>NO</u> |
|     | If "yes," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation.   |     |           |
| 11. | Has CAL OSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against your Firm, including any "serious," "willful" or "repeat" violations of safety or health regulations within the past five (5) years?                                  | YES | <u>NO</u> |
|     | If "yes," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.  |     |           |
| 12. | Has your Firm been required to pay either back wages or penalties for its failure to comply with California's prevailing wage laws, with California's apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years?           | YES | <u>NO</u> |
|     | If "yes," indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that your Firm was required to pay.        |     |           |
| 13. | Does your Firm require <u>weekly</u> , documented safety meetings to be held for construction employees and field supervisors during the course of a project?  | YES | NO NO     |
| 14. | Provide the name, address and telephone number of the apprenticeship program (approved by the Californ Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your Firm for us public work project for which you are awarded a contract by the BCOE. |     | any       |
|     |  |     |           |
|     |  |     |           |

### **CONTRACTOR PROJECT REFERENCES**

List <u>ALL</u> projects in which your Firm has participated as a contractor or first-tier subcontractor during the past <u>five (5) years</u> with a Firm contract value of more than <u>\$500,000</u>.

- You may limit your response to the thirty (30) most recently completed projects, but you <u>must</u> include at least the four (4) most recent California K-12 public school projects with a contract value of more than \$500,000 performed by your Firm.
- Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary

| 11 11111   |
|--|
| Project Name/Identification:   |
| Project address/location:  |
| Project owner, contact person, and telephone:  |
| Project architect name and telephone number:   |
| If contractor was a subcontractor on the project, name of general contractor and telephone number: |
| Scope of Work:   |
| Original completion date:  |
| Date completed:  |
| Initial contract value (as of time of bid award):  |
| Final contract value:  |
| Did the project include constructing or modernizing an earthquake-resistant building?              |

### **CERTIFICATION**

| I certify under penalty of perjury under the laws of the State of California that | the foregoing is true and correct: |
|---|------------------------------------|
| Date:   |                                    |
| Proper Name of Contractor:  |                                    |
| Signature:  |                                    |
| Ву:   | <u>(</u> Print Name)               |
| Title:  |                                    |