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**University of California  
Hastings College of the Law  
Prequalification Questionnaire  
for ITB #56-0160**

**200 McAllister Façade Access Upgrade Project Re-bid  
for Window Washing Anchorage System Installation**

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**Pre-Qualification Date Issued: 10/26/2015**

**Pre-Qualification Due: 11/13/2015**

**Close of business**

[purchasing@uchastings.edu](mailto:purchasing@uchastings.edu)



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It is the Bidder's responsibility to read the entire document, any addenda and to comply with all requirements listed herein. Any addenda to this prequalification will be available to all participating Bidders and posted on University of California Hastings College of the Law's Purchasing website at:

<http://sites.uchastings.edu/purchasing/current-bids-20152016/>

It is the Bidder's responsibility to watch this website for any addenda, notices, or changes to the prequalification process.

## **PROJECT DESCRIPTION**

This project is for the replacement of the existing Façade Access anchors and the associated waterproofing work for University of California, Hastings College of the Law, for a window washing anchorage system. The Façade Access Upgrade Project will be performed at one (1) building of Hastings College of the Law campus, located at 200 McAllister Street, San Francisco, California. UCHastings hired McGinnis Chen Associates, Inc., to develop the plans and specifications for the project.

A few major components of the project include:

1. Pre-document the conditions of the Work areas, including the cement plaster wall, windows, louvers, mechanical units, utility pipes, conduits, and affected interior unit/space prior to the Façade Access Anchor replacement work.
2. Carefully cut and dispose of the Façade Access Anchors above the roofing or provide suggested alternative design to render Façade Access Anchors unusable.
3. Carefully remove and dispose of the cement plaster finish and associated accessories (metal lath, J-mold, corner-aid, wire-ties, weep screed, etc.) around the proposed Façade Access Anchors penetrations through the penthouse walls. Peel back weather resistive barrier (WRB/Building Paper) for the tie-on with self adhered membrane (SAM) with primer as required by the manufacturer. Include a layer of sacrificial building paper between SAM and cement plaster finish.
4. Install Façade Access Anchors per Structural and Façade Access Drawings on to structural deck and structural walls of penthouse.
5. Detail around Façade Access Anchors per Architectural Drawings on the roofing and cement plaster finish. Seal around each window washer anchorage penetration through the penthouse with backer rod and sealant. Patch roofing and cement plaster as needed.
6. Provide elastomeric coating on wall panels of penthouse where cement plaster was patched from cement plaster control joint to control joint to match.

The bidding specifications will expand on the scope of the project. Bid documents will be available to pre-qualified firms following the prequalification process.

**Responses are due to Purchasing by close of business on 11/13/2015. Submission by email to [purchasing@uchastings.edu](mailto:purchasing@uchastings.edu) is preferred.**

**PREQUALIFICATION QUESTIONNAIRE**

**For**

**PROJECT NO. 56-0160, FAÇADE ACCESS UPGRADE**

**UNIVERSITY OF CALIFORNIA HASTINGS  
COLLEGE OF THE LAW  
FACILITIES DESIGN AND CONSTRUCTION  
SAN FRANCISCO, CALIFORNIA**

In order for UC Hastings to receive and open a firm's bid response:

- Each prospective bidder must have the appropriate contractor's license required by the State of California and be registered with the California Department of Industrial Relations as required.
- Each prospective bidder's prospective subcontractors must also be appropriately licensed and registered.
- Each prospective bidder must complete and submit all portions of this Prequalification Questionnaire.

Each prospective bidder must answer all applicable questions and provide all requested information. Any prospective bidder failing to do so may, at the sole discretion of UC Hastings, be deemed to be not responsive and not responsible with respect to this Prequalification, and its bid rejected.

The undersigned declares under penalty of perjury that the Prequalification information submitted with this form is correct, complete and not misleading and that this declaration was executed

in \_\_\_\_\_ County, California, on \_\_\_\_\_

\_\_\_\_\_  
(Bidder Name)

\_\_\_\_\_  
(Name and Title of Bidder's Contact Person for Questions)

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

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

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

\_\_\_\_\_  
(Fax Number)

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

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

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

License Number # \_\_\_\_\_

DIR Registration # \_\_\_\_\_

## NOTICE

**ANY BIDDER WHO FAILS TO MEET THE CRITERIA LISTED IN THIS PREQUALIFICATION QUESTIONNAIRE WILL NOT BE CONSIDERED QUALIFIED AND WILL BE DEEMED AS NOT RESPONSIVE WITH RESPECT TO THIS PREQUALIFICATION, AND ITS BID REJECTED.**

Each prospective bidder **must** submit **all** requested information on these forms only. **Attachments are not allowed except where indicated.**  
**IN ALL INSTANCES IN THIS FORM, "QUALIFYING PROJECT" MEANS A PROJECT WHICH MUST MEET ALL OF THE FOLLOWING:**

1. Project work took place in one of the following environments:
  - a. Façade access anchorage installation of a multi-story facility, operating 24 hours/day- 7 days/wk within the San Francisco Bay Area.
2. Project was completed within the last five (5) years, and accepted as complete prior to October 1, 2015.

### **I. License**

- A. Does your firm hold the following California Contractors license, which is current and in good standing with the California Contractors State License Board for work you propose to bid?

License Classification: General Engineering Contractor OR General Building Contractor

License Status: \_\_\_\_\_

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 Contractors State License Board:

\_\_\_\_\_

- (2) License number: \_\_\_\_\_

- (3) Date issued: \_\_\_\_\_ (4) Expiration date: \_\_\_\_\_

- B. List other active Contractor License(s) held by your firm: \_\_\_\_\_

\_\_\_\_\_

- C. Can you truthfully state that your firm's contractor's license(s) listed above has not been suspended or revoked for any reason related to performance of work as a contractor by the California Contractors State License Board within the last ten (10) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

### **II. Qualifying Project Experience**

- A. Has your firm successfully completed at least three (3) qualifying project(s) in the past five (5) years? Refer to top of page for the definition of "qualifying project". (Work completed as a subcontractor qualifies as a project).

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PROVIDE THE FOLLOWING INFORMATION FOR SUCH PROJECT(S) ON THE QUALIFYING PROJECT DATA FORM ONLY (ATTACHMENTS ARE NOT ALLOWED):**

\_\_\_\_\_

### PROJECT #1 DATA SHEET

IF PREQUALIFICATION IS FOR A JOINT VENTURE, THE PROJECT LISTED MUST HAVE BEEN COMPLETED BY THE PROSPECTIVE JOINT VENTURE BIDDER WITH AN APPROPRIATE JOINT VENTURE LICENSE AND NOT COMPLETED ONLY BY ONE OF THE PARTNERS.

1. Project Name: \_\_\_\_\_
2. Project Location (full address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Project Description (be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did the project work include setup, management, and maintenance of 100% fall protection areas? Yes: \_\_\_ No: \_\_\_
5. Did the project work require direct interface with users, project inspectors, facility departments, and project manager?  
Yes: \_\_\_ No: \_\_\_
6. Did the project have a full-time Superintendent present in the above-described settings during ALL construction activities – days, evenings, swing-shift, weekends? Yes: \_\_\_ No: \_\_\_
7. Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns, Inspection Requests and coordinate ongoing inspections? Yes: \_\_\_ No: \_\_\_
8. Did the project use CPM scheduling method?  
Yes: \_\_\_ No: \_\_\_; Type of scheduling software used on the project \_\_\_\_\_
9. Work Completed As: ☐ Contractor ☐ Subcontractor
  - a. Owner Name: \_\_\_\_\_
  - b. Owner Address: \_\_\_\_\_
  - c. Owner Telephone Number: \_\_\_\_\_
  - d. Owner Contact Person's Name: \_\_\_\_\_
  - e. Owner Contact Email Address: \_\_\_\_\_
10. Date Notice of Completion filed for qualifying project: \_\_\_\_\_
11. Original Construction Contract Award amount as awarded (without Change Orders): \$ \_\_\_\_\_
12. Final Construction Contract Amount: \$ \_\_\_\_\_
13. Original Contract Time (calendar days): \_\_\_\_\_ 14. Final Contract Time (calendar days): \_\_\_\_\_
15. Number of Days Liquidated Damages Assessed (calendar days): \_\_\_\_\_
16. Name of your Project Manager: \_\_\_\_\_
17. Name of your Superintendent: \_\_\_\_\_

## PROJECT #2 DATA SHEET

IF PREQUALIFICATION IS FOR A JOINT VENTURE, THE PROJECT LISTED MUST HAVE BEEN COMPLETED BY THE PROSPECTIVE JOINT VENTURE BIDDER WITH AN APPROPRIATE JOINT VENTURE LICENSE AND NOT COMPLETED ONLY BY ONE OF THE PARTNERS.

1. Project Name: \_\_\_\_\_
2. Project Location (full address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Project Description (be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did the project work include setup, management, and maintenance of 100% fall protection areas? Yes: \_\_\_ No \_\_\_
5. Did the project work require direct interface with users, project inspectors, facility departments, and project manager?  
Yes: \_\_\_ No \_\_\_
6. Did the project have a full-time Superintendent present in the above-described settings during ALL construction activities – days, evenings, swing-shift, weekends? Yes: \_\_\_ No \_\_\_
7. Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns, Inspection Requests and coordinate ongoing inspections? Yes: \_\_\_ No \_\_\_
8. Did the project use CPM scheduling method?  
Yes: \_\_\_ No \_\_\_; Type of scheduling software used on the project \_\_\_\_\_
9. Work Completed As: ☐ Contractor ☐ Subcontractor
  - a. Owner Name: \_\_\_\_\_
  - b. Owner Address: \_\_\_\_\_
  - c. Owner Telephone Number: \_\_\_\_\_
  - d. Owner Contact Person's Name: \_\_\_\_\_
  - e. Owner Contact Email Address: \_\_\_\_\_
10. Date Notice of Completion filed for qualifying project: \_\_\_\_\_
11. Original Construction Contract Award amount as awarded (without Change Orders): \$ \_\_\_\_\_
12. Final Construction Contract Amount: \$ \_\_\_\_\_
13. Original Contract Time (calendar days): \_\_\_\_\_ 14. Final Contract Time (calendar days): \_\_\_\_\_
15. Number of Days Liquidated Damages Assessed (calendar days): \_\_\_\_\_
16. Name of your Project Manager: \_\_\_\_\_
17. Name of your Superintendent: \_\_\_\_\_

**PROJECT #3 DATA SHEET**

IF PREQUALIFICATION IS FOR A JOINT VENTURE, THE PROJECT LISTED MUST HAVE BEEN COMPLETED BY THE PROSPECTIVE JOINT VENTURE BIDDER WITH AN APPROPRIATE JOINT VENTURE LICENSE AND NOT COMPLETED ONLY BY ONE OF THE PARTNERS.

1. Project Name: \_\_\_\_\_
2. Project Location (full address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Project Description (be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Did the project work include setup, management, and maintenance of 100% fall protection areas? Yes: \_\_\_ No \_\_\_
5. Did the project work require direct interface with users, project inspectors, facility departments, and project manager?  
Yes: \_\_\_ No \_\_\_
6. Did the project have a full-time Superintendent present in the above-described settings during ALL construction activities – days, evenings, swing-shift, weekends? Yes: \_\_\_ No \_\_\_
7. Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns, Inspection Requests and coordinate ongoing inspections? Yes: \_\_\_ No \_\_\_
8. Did the project use CPM scheduling method?  
Yes: \_\_\_ No \_\_\_; Type of scheduling software used on the project \_\_\_\_\_
9. Work Completed As:      ☐ Contractor      ☐ Subcontractor
- a. Owner Name: \_\_\_\_\_
- b. Owner Address: \_\_\_\_\_
- c. Owner Telephone Number: \_\_\_\_\_
- d. Owner Contact Person's Name: \_\_\_\_\_
- e. Owner Contact Email Address: \_\_\_\_\_
10. Date Notice of Completion filed for qualifying project: \_\_\_\_\_
11. Original Construction Contract Award amount as awarded (without Change Orders): \$ \_\_\_\_\_
12. Final Construction Contract Amount: \$ \_\_\_\_\_
13. Original Contract Time (calendar days): \_\_\_\_\_ 14. Final Contract Time (calendar days): \_\_\_\_\_
15. Number of Days Liquidated Damages Assessed (calendar days): \_\_\_\_\_
16. Name of your Project Manager: \_\_\_\_\_
17. Name of your Superintendent: \_\_\_\_\_

### III. Staff Experience

- A. Is your firm willing to commit to assigning to the position of full-time Project Manager and full-time Superintendent, so long as the candidate remains in your employ, the candidate identified in Paragraphs 3B & 3C?

YES \_\_\_\_\_

NO \_\_\_\_\_

#### B. PROPOSED PROJECT MANAGER CANDIDATE

(1) Name: \_\_\_\_\_

(2) Years employed by your firm: \_\_\_\_\_ years

(3) Present position/job function within your firm: \_\_\_\_\_

(4) Years in present position/job function: \_\_\_\_\_ years

(5) Name of qualifying project successfully completed within the last five (5) years. Refer to top of page 3 for the definition of "qualifying project".

(5a) Project Name & Location: \_\_\_\_\_

(5b) Project Description: \_\_\_\_\_

(5c) Original Construction Contract Award Amount (as awarded): \$ \_\_\_\_\_

(5d) Project completion date: \_\_\_\_\_

(5e) Name, telephone number, and email address of Owner: \_\_\_\_\_

(6) List of other projects successfully completed within the last five (5) years. (Please attach.)

#### C. PROPOSED SUPERINTENDENT CANDIDATE

(1) Name: \_\_\_\_\_

(2) Years employed by your firm: \_\_\_\_\_ years

(3) Present position/job function within your firm: \_\_\_\_\_

(4) Years in present position/job function: \_\_\_\_\_ years

(5) Name of qualifying project successfully completed since within the last five (5) years. Refer to top of page 3 for the definition of "qualifying project".

(5a) Project Name & Location: \_\_\_\_\_

(5b) Project Description: \_\_\_\_\_

(5c) Original Construction Contract Award Amount (as awarded without Change Orders): \$ \_\_\_\_\_

(5d) Project completion date: \_\_\_\_\_



(5e) Name, telephone number, and email address of Owner: \_\_\_\_\_  
\_\_\_\_\_

(6) List of other projects successfully completed within the last five (5) years. (Please attach.)

D. Provide an organizational chart with personnel titles and names specific to this project.

#### IV. Management Plan

A. Does your firm have a written project management plan that you will commit to using for this project?

YES \_\_\_\_\_ NO \_\_\_\_\_

#### V. Quality Assurance/Quality Control (QA/QC)

A. Does your firm have a written Quality Assurance/Quality Control program that you will commit to using for this project?

YES \_\_\_\_\_ NO \_\_\_\_\_

#### VI. Prior Disqualification

A. Has your firm been formally disqualified from performing work for any public entity for poor performance or alleged fraud within the last ten (10) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

#### VII. Claims History

A. Has your firm had four (4) or more unsuccessful claims within the last ten (10) years?

(1) As used in the preceding sentence, an unsuccessful claim means:

(1a) a claim in excess of \$50,000 filed against Contractor, its surety, subcontractor, supplier and/or manufacturer by Owner for damages, defects, breach of contract, breach of warranty, poor workmanship, incomplete performance or delays which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision with the result that Contractor, its surety, insurer, subcontractor, supplier and/or manufacturer was required to make payment (payments include amounts deducted from back-charged or credited against Contractor's Contract and are calculated by adding together the total amounts paid by Contractor, sureties, insurers, subcontractors, suppliers and manufacturers) to Owner in an amount equal to or exceeding eighty percent of the amount claimed, OR

(1b) a claim in excess of \$50,000 filed against an Owner by Contractor, its surety, insurer or subcontractor, excluding claims to the extent such claims seek enforcement of a stop notice against Contractor's undisputed Contract Balance, which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision with the result that the total amount received by Contractor, its surety, insurer and subcontractor did not equal or exceed twenty percent of the amount claimed.

References to subcontractors, suppliers and manufacturers in paragraphs (a) and (b) above include all tiers, whether or not the subcontractor, supplier or manufacturer has a contract directly with the Contractor.

YES \_\_\_\_\_ NO \_\_\_\_\_

### VIII. Safety

- A. Does your firm have a written safety program that you will commit to using for this project?

YES \_\_\_\_\_ NO \_\_\_\_\_

- B. Do you conduct and document project safety inspections?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who conducts and documents the inspection (name and title)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

How often? Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_

- C. Name of Company Safety Director: \_\_\_\_\_

Safety Director will report directly to: \_\_\_\_\_  
(Name and Title)

### IX. Completed Questionnaire

- A. Have you answered all questions and provided all information required in this PREQUALIFICATION QUESTIONNAIRE?

YES \_\_\_\_\_ NO \_\_\_\_\_

- B. Have you signed the Declaration on the front page of this PREQUALIFICATION QUESTIONNAIRE?

YES \_\_\_\_\_ NO \_\_\_\_\_

**[End Prequalification Questionnaire]**