

Mt. San Antonio College CONTRACTOR'S PREQUALIFICATION RENEWAL

Please Type or Print Clearly

PREPARATION OF APPLICATION:

Prime contractors wishing to bid projects greater than \$200,000 at Mt. San Antonio College must fully complete this application and provide all materials requested herein. Pre-qualification should be **submitted by email** to purconstruction@mtsac.edu. It is the sole responsibility of the contractor to ensure that its application is correctly completed and that all blanks are filled in. Incomplete applications will **not be** reviewed. The following documents are **required** and must be included with the application (use the links provided to access the verification documents).

- License Verification <https://www2.cslb.ca.gov/OnlineServices/CheckLicense/CheckLicense.aspx>
- DIR Verification <https://cadir.secure.force.com/ContractorSearch>
- Standing Verification <https://bizfileonline.sos.ca.gov/>
- General Application – Section 1
- Rating Questions – Section 2
- Experience – Section 3
- Safety Record – Section 4
- Proof of Insurance
- Bonding Letter from surety – Section 5
- Financials – Review or Audited Statements – Section 6
- Execute Affidavit – Section 7

SECTION 1 – GENERAL INFORMATION

(Please Type or Print Clearly)

Contractor: _____
(as name appears on license)

Contact Person: _____ Check One: Corporation _____

Title: _____ Partnership _____

Address: _____ Sole Prop. _____

(Street Address)

Joint Ven. _____

(City, State, Zip Code)

Phone: (____) _____ Fax: (____) _____ Email: _____

License No. _____ Class(es): _____ Exp. Date: _____

DIR Registration No. _____

SECTION 2 – RATING QUESTIONS

Highest Possible Rate = 86 Points.

A score less than 70 points disqualifies you from bidding projects proposed by Mt. San Antonio College that use this prequalification process as a condition of bidding.

Question	Response	Points (For Office Use Only)
1. How many years has your firm been in business in California as a contractor under your present business name and license number? (less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.)	_____ Years	_____ pts.
2. How many years' experience does your RMO/RME have as a licensed contractor? (less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.)	_____ Years	_____ pts.
3. Is your firm and RMO/RME in good standing with the Contractors State License Board, or have they ever had their contractor's licenses suspended, put on probation, or revoked? (Check One) (Revoked = 0 pts., suspended = 2 pts., probation = 3 pts., good standing = 5 pts.)	_____ Good Standing _____ Suspended _____ Probation _____ Revoked	_____ pts.
4. How many years has your firm performed construction work under the California Division of the State Architect (DSA) rules and regulations? (less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.)	_____ Years	_____ pts
5. How many stop notices have been defended in court by your firm and proceeded to judgment against your firm and/or the owner in the last year ? (0 = 6 pts., 1-3 = 4 pts., >3 = 0 pts.)	_____ Stop Notices	_____ pts
6. How many legal proceedings, including arbitration, has your firm initiated against an owner in the last year ? (0 = 6 pts., 1-3 = 4 pts., >3 = 0 pts.)	_____ Legal Proceed	_____ pts
7. Has an owner ever declared your firm in default on a project last year ? (Yes = 0 pts., No = 5 pts.)	_____ Yes _____ No	_____ pts
8. Has your firm been assessed liquidated damages in the last year ? (Yes = 0 pts., No = 6 pts.)	_____ Yes _____ No	_____ pts
9. Has an owner demand on your payment or performance bonds last year ? (Yes = 0 pts., No = 6 pts.)	_____ Yes _____ No	_____ pts

Question	Response	Points (For Office Use Only)
10. Has your firm had insurance terminated by a carrier in the last year due to an excessive claims history and/or nonpayment of premium? (Yes = 0 pts., No = 5 pts.)	____ Yes ____ No	_____ pts
11. How many OSHA citations has your firm received in the last year ? (0 = 5 pts., 1-3 = 3 pts., >3 = 0 pts.)	_____ Citations	_____ pts
12. Does your firm currently have a safety plan which complies with the current OSHA standards? (Yes = 2 pts., No = 0 pts.)	____ Yes ____ No	_____ pts
13. What is your current Worker's Compensation Experience Modification Rate (EMR)? (<1 = 5 pts., 1.0 – 1.5 = 3 pts., 1.6 – 2.0 = 2 pts., >2 = 0 pts.)	_____ Rate	_____ pts
14. How many school projects has your firm completed in California in the past 5 years ? (5+ = 5 pts., 4 = 4 pts., 3 = 3 pts., 2 = 2 pts., 1 or less = 0 pts.)	_____ School Work	_____ pts
15. Within the past year , have any of your employees or another entity filed a complaint against your firm with the California Contractors State License Board? If yes, how many complaints were filed? (No = 5 pts., 1 = 4 pts., 2 = 3 pts., 3 = 2 pts., >3 = 0 pts.)	____ Yes ____ No _____ Complaints	_____ pts
16. Within the past year , have any of your employees filed a complaint with the Labor Board? If yes, how many complaints were filed? (No = 5 pts., 1 = 4 pts., 2 = 3 pts., 3 = 2 pts., >3 = 0 pts.)	____ Yes ____ No _____ Complaints	_____ pts
17. Has your firm or any principals of your firm* been cited or found guilty of violating any federal, state or local law, rule or regulation regarding a construction contract? (Yes = 0 pts., No = 5 pts.)	____ Yes ____ No	_____ pts
		TOTAL POINTS

* Principals of the firm are defined as any officers, directors, partners, RMO/RMEs, or any others having an ownership interest in the firm.

If you answered “Yes” to questions 6-11, and/or 15-17, you must attach an explanation for each on a separate sheet.

SECTION 3 - PERFORMANCE

1. What size projects do you feel your company can undertake:

Single job: \$ _____ Total work in progress: \$ _____

2. List the largest **public works** contracts completed in the past year:

Owner Information	Project Manager (PM) not from your company	Project Name/ Job Description	Contract Amount/Completion Date
Owner:	PM Company:		\$
Owner Contact Name:	PM Contact Name:		Completion Date:
Contact Email:	PM Contact Email:		
Owner:	PM Company:		\$
Owner Contact Name:	PM Contact Name:		Completion Date:
Contact Email:	PM Contact Email:		

3. List projects completed for **School Districts**, including community college districts (include Mt. SAC projects), in the past year not listed in #2 above (*Attach separate sheet if needed.*):

Owner Information	Project Manager (PM) not from your company	Project Name/ Job Description	Contract Amount/Completion Date
Owner:	PM Company:		\$
Owner Contact Name:	PM Contact Name:		Completion Date:
Contact Email:	PM Contact Email:		
Owner:	PM Company:		\$
Owner Contact Name:	PM Contact Name:		Completion Date:
Contact Email	PM Contact Email		

Owner Information	Project Manager (PM) not from your company	Project Name/ Job Description	Contract Amount/Completion Date
Owner:	PM Company:		\$
Owner Contact Name:	PM Contact Name:		Completion Date:
Contact Email:	PM Contact Email:		

District Use Only:	
Two projects used for rating development: Highest: _____	2nd Highest: _____
Combined Total: _____ x 1.33 = \$ _____	
Public Works Rating: \$ _____ (Above total rounded to the nearest \$100,000)	

Survey Questions

It is important to provide **accurate and current email addresses** on the above tables. Surveys will be sent via email.

The District will use the following questions to survey randomly selected contacts from **at least 2 completed projects above**. No action on your part is necessary; these questions are for your information only.

Highest Possible Rate = 110 Points. A score less than 60 points disqualifies you from bidding projects proposed by Mt. San Antonio College that use this prequalification process as a condition of bidding.

1. Are there any outstanding stop notices or liens currently unresolved on contracts that have had notices of completion recorded for more than 90 days? (1 point for each is deducted from overall score.)
2. Did the contractor provide adequate personnel? (Max. 10 points)
3. Did the contractor provide adequate supervision? (Max. 10 points)
4. Was there adequate equipment provided on the job? Max. 10 points)
5. Was the contractor timely in providing submittals, reports, and other paperwork, including change order paperwork? (Max. 10 points)
6. Was the contractor timely in completing the project? (Max. 10 points)
7. Were there excessive change orders on the job that can be faulted to the Contractor or his subcontractors? (Max. 10 points)
8. When a change order was issued, did the contractor perform the work well, and did it integrate into the existing work easily? (Max. 10 points)
9. How has the contractor been performing in taking care of warranty items? (Max. 10 points)
10. Did you have difficulty with claims? (Max. 10 points)
11. How would you rate the contractor's overall performance? Would you want to work with them again? (Max 10 points)
12. Does this contractor pay his bills from subcontractor/suppliers on time? (Max 10 points)

SECTION 4 – SAFETY RECORD

1. List your firm's Workers Compensation Experience Modification Rate (EMR) for the three (3) most recent years. Your EMR should be obtained from your insurance agent.

YR____ EMR _____ YR____ EMR _____ YR____ EMR _____

2. Use the three (3) most recent years' OSHA No. 200 log to fill in the following required information:

	YR -	YR-	YR-
Number of fatalities:			
Number of workdays lost:			
No. of lost time due to accidents:			
No. of restricted workday cases:			
No. of medical attention cases:			
Approximate number of employee (direct hire) hours worked (<i>do not include any non-work time even though paid</i>)			

3. Do you hold safety meetings for field supervisors and employees? _____ Yes _____ No
 How often? _____ Weekly _____ Bi-Weekly _____ Monthly _____ As Needed
4. Does your company conduct project safety inspections? _____ Yes _____ No
5. Does your company have a written safety program? _____ Yes _____ No
6. Does your company have a safety orientation program for new employees? _____ Yes _____ No
7. State any additional areas of your company's safety program and policies that you feel would be appropriate in the District's evaluation.

INSURANCE

Do you currently have a minimum of \$1,000,000 Combined Comprehensive Single Limit Liability Insurance? _____ Yes _____ No

Must include a copy of a Certificate of Insurance as verification.

SECTION 5 - SURETY INFORMATION

List all surety companies, not agencies, utilized by your company in the last year.

Must provide a letter stating bondability from surety company.

Company	Contact & Phone# / Email	Largest Bond	List Years Used

Please explain on a separate page, with dates of occurrences, any positive answer to the following questions.

Has your company, any owner, or affiliated company ever:

No Yes

- | | | |
|---|-------|-------|
| 1. Been unable to obtain a bond or been denied a bond for a contract? | _____ | _____ |
| 2. Defaulted on a contract forcing a Surety to suffer a loss? | _____ | _____ |
| 3. Failed to complete a District contract within the authorized contract time? | _____ | _____ |
| 4. Ever declared bankruptcy? | _____ | _____ |
| 5. Been in receivership? | _____ | _____ |
| 6. Had any arbitration (not litigation) on a contract? | _____ | _____ |
| 7. Are there any outstanding liens/stop notices for labor and/or material filed against your firm on any contracts which have been completed or are being completed by your firm? | _____ | _____ |
| 8. Is the company involved in litigation related to construction? | _____ | _____ |
| 9. Have any of the sureties bonding your jobs been required or requested to complete any part of your work during the last year? | _____ | _____ |
| 10. How many projects is your company currently bonded for? | _____ | _____ |

SECTION 6 - FINANCIAL INFORMATION

A COMPILATION IS NOT ACCEPTABLE.

1. Financial Statement: Submit the appropriate financial statement with this completed form. Reviewed or audited statements will be required for projects under \$15 million. Audited statements will be required for all construction projects totaling \$15 million and over.

PLEASE CHECK ONE:

This is based on an Audit Review

2. Accountant’s Certificate of Audit of Financial Statement:

Your accountant must complete and sign one of the following certificates (page 14), depending on the type of financial statement you are submitting with this application. Include the certificate with your completed application.

3. Accountant’s Release Letter: Your completion of this form (page 15) permits the District to contact your accountant to verify that the financial statement you have submitted is the most recent one.

4. Financial Institution Release Letter: Your completion of this form (page 15) permits the District to contact the financial institution that provided a Letter of Credit for this application.

You only need to complete this form if you have submitted a Letter of Credit with your application.

5. General Letter of Credit: If you wish the District to consider your line of credit as part of its calculation of your financial capacity, you must submit a Letter of Credit from your financial institution with your application.

The financial institution may use the following form (Page 16) or it may use its own letterhead as long as it certifies the credit amount and agrees that the credit will not be withdrawn or reduced without 45 days written notice to the District.

Fill in the following information below:

Based on Working Capital	
Current Assets:	
Current Liabilities:	

Based on Net Worth	
Total Assets:	
Total Liabilities:	

Financial Capacity	
Lessor of Above:	
Line of Credit:	
Total	

(optional)

COMPLETE THIS CERTIFICATE FOR AN AUDIT OF FINANCIAL STATEMENT:

STATE OF: _____

We have examined the Financial Statement of _____ as of _____. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statement included on pages ___ to ___ inclusive, present fairly, in all material respects, the financial position of _____ as of _____, and the results of their operations and their cash flows for the year(s) then ended in conformity with generally accepted accounting principles.

Print name of Firm

Accountant's Signature

Telephone No.

License No.

COMPLETE THIS CERTIFICATE FOR A REVIEW ONLY OF FINANCIAL STATEMENT:

I (we) have reviewed the accompanying financial statement of _____ as of _____. The information included in the financial statement is the representation of the management of the above firm.

Based on my (our) review with the exception of the matter(s) described in the following paragraphs(s), I am (we are) not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

Print name of Firm

Accountant's Signature

Telephone No.

License No.

(Note this review consists principally of inquiries of management and appropriate analytical procedures applied to this financial data. It is substantially less in scope than an examination in accordance with **generally accepted** auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we have not expressed such an opinion.)

Special note to Accountant: The above Certificates of Accountant shall not be made by any individual who is the regular employ of the individual, partnership or corporation submitting the statement; nor by any individual who is a member of the firm with more than a ten percent financial interest.

ACCOUNTANT'S RELEASE LETTER

By signing the form below, I authorize Mt. San Antonio College to contact our company's licensed accounting firm to verify our most recent audited or reviewed financial statement. I understand the financial statement is confidential information and is not open to public inspection.

Name	Contractor's Signature
Title	
Company Name	
Date	

District Use Only: Verified by _____ on _____ by speaking with _____.
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FINANCIAL INSTITUTION RELEASE LETTER
(For use only when augmenting financial rating with a Letter of Credit)

By signing the form below, I authorize Mt. San Antonio College to contact our financial institution to verify our line of credit information. I understand this information is confidential information and is not open to public inspection.

Name	Signature
Title	
Company Name	
Date	

District Use Only: Verified by _____ on _____ by speaking with _____.
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The following form may be completed by your financial institution to augment your financial rating. If it prefers, your institution may issue a Letter of Credit on its own letterhead, provided the Letter of Credit contains substantially the same provisions, and is addressed to the District and bears an original signature. A letter of credit is optional, not mandatory. It may be used to increase your financial capacity by the value of the letter of credit.

General lines of credit are not accepted. A letter of credit must be issued specifically to the District as outlined below to be used.

E MAIL: purconstruction@mtsac.edu

ATTENTION: **Angelic Davis, Director of Purchasing**

SUBJECT: **GENERAL LETTER OF CREDIT**

Reference is made to the prequalification of: _____
Name of Contractor

Under Board Rules of the Board of Trustees pertaining to the construction, alteration and maintenance of School District Facilities, we certify that the above Contractor has been extended an unqualified line of credit not to exceed \$_____ and that such credit will not be withdrawn or reduced without 45 days written notice to the District.

Name of Financial Institution Institution No. Code

Address: _____

Signature/Date: _____

Print Name & Title: _____

SECTION 7 - AFFIDAVIT

DECLARATION

I, _____, hereby declare that I am the
(printed name)

_____ of _____
(title) (name of applicant firm)

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

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was

Subscribed at _____ (location and city), County of

_____, State of _____

on _____ (date).

Signature of Applicant: _____

(If signed by other than the sole proprietor, a general partner, or corporate officer, attach original notarized power of attorney or corporate resolution.)

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

The submitter of the foregoing statement of experience and financial condition has read the same and it is true to the best of his knowledge. The statement is for the purpose of inducing the District to supply the submitter with plans and specifications and any depository, vendor, or other agency named therein is hereby authorized to supply the District with any information necessary to verify the statement. Should the foregoing statement at any time cease to properly and truly represent the financial condition of the submitter in any substantial respect, the submitter will refrain from further bidding on District work until a revised and corrected statement is submitted.