

RFQ B24/25-07
STATEMENT OF QUALIFICATIONS
Supplemental Information Form

The Respondent shall furnish the following information. Failure to comply with this requirement will render the submittal non-responsive and may cause its rejection.

1. Firm name and home office address:

2. Telephone: _____

3. Website (if any): _____

4. Address of responding office of the firm if other than 1.0 above: _____

5. Names and titles of not more than two officers of the firm:

NAME	TITLE	EMAIL ADDRESS
_____	_____	_____
_____	_____	_____

6. Specific type of ownership (Check one):

- Individual
- Partnership
- Corporation
- Joint Venture
- Other (Specify) _____

7. Number of years the respondent has been in business: _____

8. Number of years the respondent has conducted business under the present name:

9. Number of years' experience in Educational Facilities, California Community College, and/or University projects _____

10. In the past five years has any claim in excess of \$50,000 been filed in court or arbitration against the firm or firm principals concerning its work on a project? _____

If "yes", on a separate page identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim.

11. In the past five years have the firm principals or the firm, made any claim in excess of \$50,000 against a project owner concerning its work on a project and/or filed that claim in court or arbitration? _____

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If "yes", on separate page identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim.

12. In the last five years has any insurance carrier, for any form of insurance, refused to renew an insurance policy for the firm or the firm principals, based on non-payment or losses? _____

If "yes", on separate page give name the insurance carrier, the form of insurance and the year of the refusal.

13. Has the Firm ever failed to complete a project assignment for any Educational Entity in the past Five years? _____ If "yes", give owner and details:

14. Do you now or have you ever had any direct or indirect business, financial or other connection with any official, employee or consultant of the District? _____

If "yes", please elaborate. _____

15. Do you have in place or will obtain each of the policies of insurance with the minimum coverage amounts set forth in the District's Agreement for Project/Construction Management Services. _____

16. Rank order your firm's experience for the projects listed in Section 2 – The District and the Measure A Projects of this RFQ. Rank order only those project that your firm is highly qualified and has interest in providing PM/CM services for District. Rank order project in descending order of experience. Respondents may rank one or more of the project in Section 2.0 of the RFQ.

17. Acknowledgments:

- A. **Acknowledgment of RFQ Addenda.** The Respondent confirms that this RFQ response incorporates and is inclusive of, all items or other matters contained in RFQ Addenda issued by or on behalf of the District.

_____ **Addenda Nos.** _____ received, acknowledged
(initial) and incorporated into this RFQ.

- B. Full and Complete Acceptance of Professional Services Agreement format _____