

**REQUEST FOR STATEMENT OF QUALIFICATIONS (RFQ) B24/25-09  
FOR  
GENERAL CONTRACTOR, MECHANICAL, ELECTRICAL, PLUMBING AND STEEL  
SUBCONTRACTORS**

**CHABOT COLLEGE (CC)**

**BUILDING 3000 MAINTENANCE OPERATIONS WAREHOUSE & GARAGE  
AT CHABOT COLLEGE (CC)**

**INTRODUCTION**

The District is soliciting General Contractors, Mechanical, Electrical, Plumbing and Steel to provide comprehensive contracting services for the Building 3000 Maintenance Operations Warehouse & Garage Project at the Chabot College Campus, located at 25555 Hesperian Blvd. in Hayward, California.

**PROJECT DESCRIPTION**

See Attachment A Qualification Form and Attachment B Plans.

**Advertisement Dates: August 1 & August 8, 2025**

**Mandatory Job Walk: August 19, 2025 10:00 AM**

**RFI Date: August 26, 2026 by 4:00pm**

**Addendum (if Required) September 2 2026**

**Submittal Due Date: September 11 by 2PM**

**Notice of Qualification: September 29, 2025**

**Tentative Project Bid: October 14, 2025**

The Mandatory Job Walk will be conducted at 10:00AM beginning at the FMO Trailer across from Building 3000 on the Chabot College Campus 25555 Hesperian Drive Hayward, CA 94545.

The District reserves the right to reject any or all qualifications and to waive any irregularities or informalities in the RFQ process.

**SUBMITTAL AND SELECTION PROCEDURE**

**A. SUBMITTAL REQUIREMENTS**

Applicants must follow and submit the required Qualification Application Format.

**B. SELECTION PROCESS**

The District shall review the respondents submitted Application to determine qualification.

To be considered by the Selection Committee, Respondents must submit a written response(s) to this RFQ which addresses each and all of the requirements of this RFQ for the services to which they are submitting.

It is mandatory that responses to this RFQ be submitted to the following no later than **2:00 PM (Pacific Daylight Time), on Tuesday, October 14, 2025.**

Chabot- Las Positas Community College District  
7600 Dublin Boulevard, 3rd Floor Dublin CA 94568  
Attention: Marie Hampton, Purchasing and Warehouse Manager  
Email: [MHampton@clpssd.org](mailto:MHampton@clpssd.org)

*Bids delivered by USPS, Fed Ex, or UPS are not guaranteed to be received by the Bond Buyer prior to submittal cut time. It is the bidder's responsibility to ensure delivery. Faxed or emailed Statement of Qualifications packages will not be accepted.*

Submittals must be submitted in a sealed envelope labeled "Bid No.: B24/25-09 Chabot College (CC) Building 3000 Maintenance Operations Warehouse & Garage Project" including one (1) original hard copy and a complete electronic copy on a thumb drive.

No other collateral or reference materials should be submitted. Respondents are solely responsible for timely submission of RFQ responses to the designated location prior to the latest time for submission.

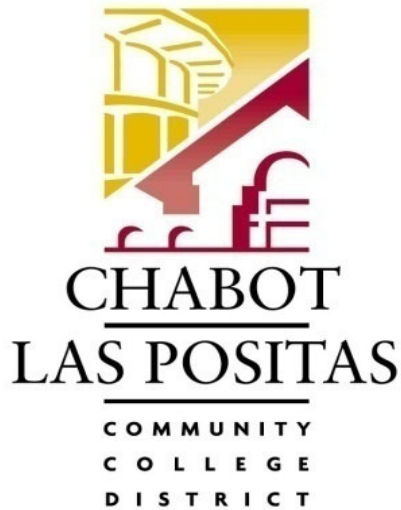
The District will reject summarily as Non-Responsive any RFQ response which are submitted after the date/time set forth above or which is considered by the District, in sole and absolute discretion, as Non-Responsive to the material requirements of the RFQ.

The District reserves the right to cancel or amend this RFQ by issuance of written addenda. If addenda(s) to this RFQ are issued, respondents must acknowledge receipt of addenda in their RFQ responses and RFQ responses must address materials/requirements relating to this RFQ as described in addenda(s) issued by the District. Failure to acknowledge and respond to any addenda(s) issued by the District may render the Respondent's RFQ submittal to be deemed Non-Responsive and it may be rejected.

There is no guarantee expressed or implied that the District will provide work to all or any of the Respondents that submit a response to this RFQ.

The District retains the sole discretion to determine issues of compliance and to determine whether a submittal to this RFQ is responsive, responsible and qualified, and waive any irregularities in any response received to this RFQ.

Inquiries regarding this RFQ should be directed to Marie Hampton, Manager of Purchasing and Warehouse Services ([mhampton@clpccd.org](mailto:mhampton@clpccd.org)) and Michael McClung, Buyer, Bond Program ([mmcclung@clpccd.org](mailto:mmcclung@clpccd.org)). Reference "Bid No.: B24/25-09 Chabot College (CC) Building 3000 Maintenance Operations Warehouse & Garage Project" on all inquiries.



**REQUEST FOR STATEMENT OF QUALIFICATIONS  
For  
GENERAL CONTRACTORS**

**CHABOT COLLEGE (CC)  
BUILDING 3000 MAINTENANCE OPERATIONS WAREHOUSE  
AND GARAGE PROJECT**

Due September 11, 2025 at 2pm  
7600 Dublin Blvd. 3<sup>rd</sup> Floor  
Dublin, CA

## ATTCHMENT A

**Introduction and Summary:** The undersigned Applicant requests that Chabot-Las Positas Community College District ("District") pre-qualify the Applicant to bid on the District's Design-Bid-Build (DBB) at Chabot College (CC) Building 3000 Maintenance Operations Warehouse & Garage ("Project"). The Project is a Maintenance Facility, design of a new a new 32,738 GSF two-story maintenance and operations building at Chabot College. The program elements include offices, meeting room, break room, restroom, maintenance shops, covered & uncovered parking, and warehouse space. It is the expectation of the district that the Project will commence Winter/Spring 2026.

**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)	
Number of Years Applicant has held current License(s)		
Number of Years Applicant has done business in CA under current listed license(s)		
Applicant Self Performance Work		
Applicant DIR Registration	(DIR Registration No.)    (Expiration Date)	

- 2. 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
2022 (FY 2021/2022)			
2023 (FY 2022/2023)			
2024 (FY 2023/2024)			

- 3. Applicant Insurance and Bonding.** Complete the following for the Applicant's current General Liability Insurance, Workers Compensation Insurance, EIR and bonding capacity.

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

Experience Modification Rate	Please list your EMR Rate _____. If above 0.96 at any time during the past five (5) years, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s)
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- 4. 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
	Owner Name Owner Contact Person Owner Contact Phone Number Owner Contact email	Architect Name Architect Contact Person Architect Contact Phone Number Architect Contact email	Applicant Contract Value Applicant Scope of Work Percentage Complete; Applicant Work Percentage Complete; Overall Project
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- 5. 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
	<div>Owner Name</div> <div>Owner Contact Person</div> <div>Owner Contact Phone Number</div> <div>Owner Contact email</div>	<div>Architect Name</div> <div>Architect Contact Person</div> <div>Architect Contact Phone Number</div> <div>Architect Contact email</div>	<div>Applicant Scope of Work</div> <div>Applicant's Original Contract Value</div> <div>Applicant's Final Contract Value</div>
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**6. Maintenance & Operations Facility Construction Experience: Complete the following to identify all Viticulture Construction Projects Applicant is currently working on or has worked on in the last five (5) years. Use additional sheets as necessary. In the description state whether the Project was for a public or private owner.**

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**7. References.** Complete the following to identify Applicant's 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)	(Contact Phone Number)
		(City, State and Zip Code)	(Contact email)
		(Street Address)	(Contact Phone Number)
		(City, State and Zip Code)	(Contact email)
		(Street Address)	(Contact Phone Number)
		(City, State and Zip Code)	(Contact email)

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

- 5.1. 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)
- 5.2. The Applicant is a DIR registered contractor.  
☐ Yes ☐ No (Not Qualified)
- 5.3. Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$2,000,000 per occurrence and \$4,000,000 in the aggregate.  
☐ Yes ☐ No (Not Qualified)
- 5.4. 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
- 5.5. 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)
- 5.6. 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:
- 5.6.1. by the Applicant serving as a General (Prime) Contractor was greater than \$8,000,000?  
☐ Yes ☐ No (Not Qualified)
- 5.6.2. by the Applicant serving as a subcontractor and requesting prequalification as a subcontractor was greater than \$500,000?  
☐ Yes ☐ No (Not Qualified)
- 5.7. 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
- 5.8. Within the past five (5) 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
- 5.9. During the past five (5) 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
- 5.10. During the past five (5) years a Surety has completed any project or the Applicant's obligations under a construction contract.  
☐ Yes (Not Qualified) ☐ No

- 5.11. During the past five (5) year's, has the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant paid Liquidated Damages (LD's) on a construction contract?  
☐ Yes (Not Qualified) ☐ No
- 5.12. During the past five (5) year's has the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant had a subcontractor or supplier filed liens or stop notices for Labor and/or materials on a construction contract.  
☐ Yes (Not Qualified) ☐ No
- 5.13. The Applicant's Worker's Compensation Insurance prior five (5) year average  
 5.14. Experience Modification Rating ("EMR") rating over the past five (5) years is more than 0.96.  
☐ Yes (Not Qualified) ☐ No
- 5.15. The Applicant's Worker's Compensation Insurance current average Experience Modification Rating ("EMR") rating is more than 0.96  
☐ Yes (Not Qualified) ☐ No
- 5.16. 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. 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 Applicant will not be deemed qualified to participate in the District's Project.

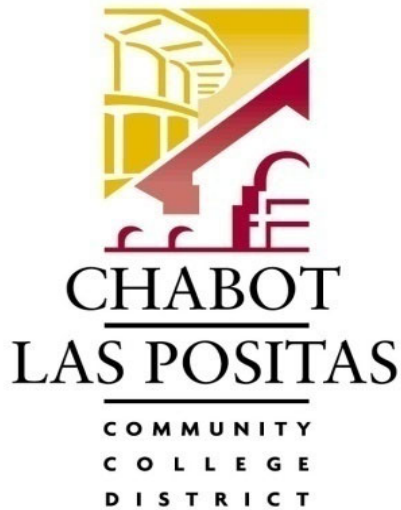
Executed this \_\_\_\_ day of \_\_\_\_\_, 2025\_ at \_\_\_\_\_.  
 (City and State)

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

By: \_\_\_\_\_

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

**Building 3000 Maintenance Operations Warehouse and Garage Project**



**REQUEST FOR STATEMENT OF QUALIFICATIONS (RFQ) B24/25-09  
For MECHANICAL,  
ELECTRICAL, PLUMBING**

**CHABOT COLLEGE (CC)  
BUILDING 3000 MAINTENANCE OPERATIONS WAREHOUSE AND  
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Due September 11, 2025 at 2pm  
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**1. Applicant Information.** Complete the following to provide information about the Applicant.

Firm/Company Name		
Physical Office Location	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Address) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (City, State and Zip Code)	
Mailing Address (if different from physical office address)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Address) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (City, State and Zip Code)	
Applicant Contacts	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Name) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Phone) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (email)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Name) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (Phone) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (email)
Applicant California Contractors' License	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (License No.)      (Expiration Date)      (Classifications)	
Number of Years Applicant has held current License(s)		
Number of Years Applicant has done business in CA under current listed license(s)		
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**2. 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.

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Bid, Performance and Labor & Materials Payment Bonds	Surety: _____ Surety Broker _____ _____ (Surety Broker Contact Name) _____ (Street Address) _____ (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax _____ (Email address)	<b>Bonding Capacity:</b>  Maximum Per Project: _____ Dollars (\$_____)  Maximum All Projects _____ Dollars (\$_____)
Workers Compensation Insurance	Insurer: _____ Policy No. _____ Broker _____ _____ (Broker Contact Name) _____ (Street Address) _____ (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax _____ (Email address)	
Experience Modification Rate	Please list your EMR Rate _____. If above 0.96 at any time during the past five (5) years, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s)	



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- 4. 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.

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**7. References.** Complete the following to identify Applicant's references.

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

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

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☐ Yes ☐ No (Not Qualified)
- 5.2. The Applicant is a DIR registered contractor.  
☐ Yes ☐ No (Not Qualified)
- 5.3. Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$2,000,000 per occurrence and \$4,000,000 in the aggregate.  
☐ Yes ☐ No (Not Qualified)
- 5.4. 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
- 5.5. 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)
- 5.6. 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:
- 5.6.1. by the Applicant serving as a General (Prime) Contractor was greater than \$8,000,000?  
☐ Yes ☐ No (Not Qualified)
- 5.6.2. by the Applicant serving as a subcontractor and requesting prequalification as a subcontractor was greater than \$500,000?  
☐ Yes ☐ No (Not Qualified)
- 5.7. 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
- 5.8. Within the past five (5) 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
- 5.9. During the past five (5) 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
- 5.10. During the past five (5) years a Surety has completed any project or the Applicant's obligations under a construction contract.  
☐ Yes (Not Qualified) ☐ No

- 5.11. During the past five (5) year's, has the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant paid Liquidated Damages (LD's) on a construction contract?  
☐ Yes (Not Qualified) ☐ No
- 5.12. During the past five (5) year's has the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant had a subcontractor or supplier filed liens or stop notices for Labor and/or materials on a construction contract.  
☐ Yes (Not Qualified) ☐ No
- 5.13. 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 0.96.  
☐ Yes (Not Qualified) ☐ No
- 5.14. The Applicant's Worker's Compensation Insurance current average Experience Modification Rating ("EMR") rating is more than 0.96  
☐ Yes (Not Qualified) ☐ No
- 5.15. 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. 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 Applicant will not be deemed qualified to participate in the District's Project.

Executed this \_\_\_\_ day of \_\_\_\_\_, 2025\_ at \_\_\_\_\_.  
(City and State)

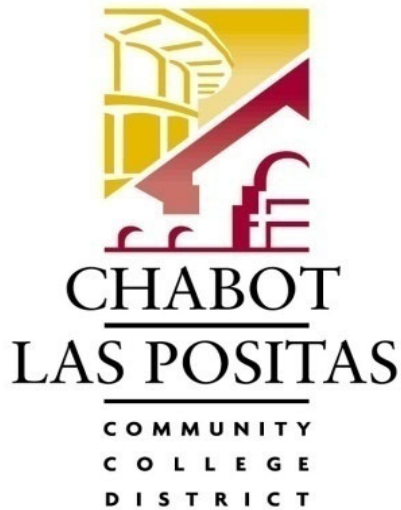
I declare under penalty of perjury under California law that the foregoing is true and correct.

By: \_\_\_\_\_

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



**Building 3000 Maintenance Operations Warehouse and Garage Project**



**REQUEST FOR STATEMENT OF QUALIFICATIONS (RFQ) B24/25-09  
For STEEL SUBCONTRACTORS**

**CHABOT COLLEGE (CC)  
BUILDING 3000 MAINTENANCE OPERATIONS WAREHOUSE AND  
GARAGE PROJECT**

Due September 11, 2025 at 2pm  
7600 Dublin Blvd. 3<sup>rd</sup> Floor  
Dublin, CA

## ATTACHMENT A

**Introduction and Summary:** The undersigned Applicant requests that Chabot-Las Positas Community College District ("District") pre-qualify the Applicant to bid on the District's Design-Bid-Build (DBB) at Chabot College (CC) Building 3000 Maintenance Operations Warehouse & Garage ("Project"). The Project is a Maintenance Facility, design of a new a new 32,738 GSF two-story maintenance and operations building at Chabot College. The program elements include offices, meeting room, break room, restroom, maintenance shops, covered & uncovered parking, and warehouse space. It is the expectation of the district that the Project will commence Winter/Spring 2026.

**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) _____	
Number of Years Applicant has held current License(s)		
Number of Years Applicant has done business in CA under current listed license(s)		
Applicant Self Performance Work		
Applicant DIR Registration	(DIR Registration No.) _____ (Expiration Date) _____	

**2. 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
2022 (FY 2021/2022)			
2023 (FY 2022/2023)			
2024 (FY 2024/2025)			

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

General Liability Insurance	Insurer: _____ Policy No. _____ Broker _____  (Liability Insurance Broker Contact Name) (Street Address) (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax Email address _____	<b><u>Coverage Limits:</u></b>  Per Occurrence: _____ Dollars (\$_____) Aggregate: _____ Dollars (\$_____)
Bid, Performance and Labor & Materials Payment Bonds	Surety: _____ Surety Broker _____  (Surety Broker Contact Name) (Street Address) (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax (Email address) _____	<b><u>Bonding Capacity:</u></b>  Maximum Per Project: _____ Dollars (\$_____) Maximum All Projects _____ Dollars (\$_____)
Workers Compensation Insurance	Insurer: _____ Policy No. _____ Broker _____  (Broker Contact Name) (Street Address) (City, State & Zip Code) (____) _____ (____) _____ Telephone Fax (Email address) _____	
Experience Modification Rate	Please list your EMR Rate _____. If above 0.96 at any time during the past five (5) years, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s)	

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- 4. 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
	Owner Name Owner Contact Person Owner Contact Phone Number Owner Contact email	Architect Name Architect Contact Person Architect Contact Phone Number Architect Contact email	Applicant Contract Value Applicant Scope of Work Percentage Complete; Applicant Work Percentage Complete; Overall Project
	Owner Name Owner Contact Person Owner Contact Phone Number Owner Contact email	Architect Name Architect Contact Person Architect Contact Phone Number Architect Contact email	Applicant Contract Value Applicant Scope of Work Percentage Complete; Applicant Work Percentage Complete; Overall Project
	Owner Name Owner Contact Person Owner Contact Phone Number Owner Contact email	Architect Name Architect Contact Person Architect Contact Phone Number Architect Contact email	Applicant Contract Value Applicant Scope of Work Percentage Complete; Applicant Work Percentage Complete; Overall Project

- 5. 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
	<div>Owner Name</div> <div>Owner Contact Person</div> <div>Owner Contact Phone Number</div> <div>Owner Contact email</div>	<div>Architect Name</div> <div>Architect Contact Person</div> <div>Architect Contact Phone Number</div> <div>Architect Contact email</div>	<div>Applicant Scope of Work</div> <div>Applicant's Original Contract Value</div> <div>Applicant's Final Contract Value</div>
	<div>Owner Name</div> <div>Owner Contact Person</div> <div>Owner Contact Phone Number</div> <div>Owner Contact email</div>	<div>Architect Name</div> <div>Architect Contact Person</div> <div>Architect Contact Phone Number</div> <div>Architect Contact email</div>	<div>Applicant Scope of Work</div> <div>Applicant's Original Contract Value</div> <div>Applicant's Final Contract Value</div>
	<div>Owner Name</div> <div>Owner Contact Person</div> <div>Owner Contact Phone Number</div> <div>Owner Contact email</div>	<div>Architect Name</div> <div>Architect Contact Person</div> <div>Architect Contact Phone Number</div> <div>Architect Contact email</div>	<div>Applicant Scope of Work</div> <div>Applicant's Original Contract Value</div> <div>Applicant's Final Contract Value</div>

**6. Maintenance & Operations Facility Construction Experience: Complete the following to identify all Viticulture Construction Projects Applicant is currently working on or has worked on in the last five (5) years. Use additional sheets as necessary. In the description state whether the Project was for a public or private owner.**

Project Description	Owner and Owner Contact Information	Architect and Architect Contact Information	Contract Information
	<div>Owner Name</div> <div>Owner Contact Person</div> <div>Owner Contact Phone Number</div> <div>Owner Contact email</div>	<div>Architect Name</div> <div>Architect Contact Person</div> <div>Architect Contact Phone Number</div> <div>Architect Contact email</div>	<div>Applicant Scope of Work</div> <div>Applicant's Original Contract Value</div> <div>Applicant's Final Contract Value</div>
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**7. References.** Complete the following to identify Applicant's 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)	(Contact Phone Number)
		(City, State and Zip Code)	(Contact email)
		(Street Address)	(Contact Phone Number)
		(City, State and Zip Code)	(Contact email)
		(Street Address)	(Contact Phone Number)
		(City, State and Zip Code)	(Contact email)

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

- 5.1. 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)
- 5.2. The Applicant is a DIR registered contractor.  
☐ Yes ☐ No (Not Qualified)
- 5.3. Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$2,000,000 per occurrence and \$4,000,000 in the aggregate.  
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- 5.13. 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 0.96.  
☐ Yes (Not Qualified) ☐ No
- 5.14. The Applicant's Worker's Compensation Insurance current average Experience Modification Rating ("EMR") rating is more than 0.96  
☐ Yes (Not Qualified) ☐ No
- 5.15. 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.  
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**9. 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 Applicant will not be deemed qualified to participate in the District's Project.

Executed this \_\_\_\_ day of \_\_\_\_\_, 2025\_ at \_\_\_\_\_.  
(City and State)

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

By: \_\_\_\_\_

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