

**PREQUALIFICATION FORMS
FOR
CACTUS II FEEDER TRANSMISSION PIPELINE, PHASE I**

The prequalification packages shall be submitted under seal and marked

**“CONFIDENTIAL - REQUEST FOR PREQUALIFICATION
FOR
SPECIFICATION NO. 1315W
CACTUS II FEEDER TRANSMISSION PIPELINE, PHASE I**

**Mail: Paul D. Jones, II, P.E. - General Manager
Eastern Municipal Water District
Attn: Kowalski, Greg c/o Lloyd, Jill
Engineering Department
P O Box 8300
Perris, CA 92572-8300**

**Street: General Manager, Eastern Municipal Water District
Attn: Kowalski, Greg c/o Lloyd, Jill
Engineering Department
2270 Trumble Road
Perris, CA 92570**

If hand-delivering your package, please access the parking lot designated as VENDOR/BIDDERS and go to the Operations and Maintenance Lobby to have your package time-stamped by the Receptionist.

**SUBMITTED BY: _____
(Name of firm)**

TABLE OF CONTENTS

PREQUALIFICATION FORMS

- CONTACT INFORMATION
- PREQUALIFICATION FORM
- PREQUALIFICATION VERIFICATION
- PREQUALIFICATION RATING CHARTS (TO BE FILLED OUT BY DISTRICT)

ATTACHMENTS

- Attachment A: Joint Venture Statement of Intent
- Attachment B: Drug and Alcohol Policy
- Attachment C: In-House Craft Training Program
- Attachment D: Safety Program
- Attachment E: QA/QC Program
- Attachment F: Organization SOQ
- Attachment G: Equipment
- Attachment H: List of Similar Projects
- Attachment I: Annual Summary of Work Related Injuries and Illnesses (CalOsha 300A)
- Attachment J: Claims/Litigation Pending
- Attachment K: Cactus II Feeder Alignment Phase I

CONTACT INFORMATION

Firm Name:

(As it appears on license)

Check One: Corporation
 Partnership
 Sole Prop.

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email address of Contact Person: _____

If firm is a sole proprietor or partnership:

Owner(s) of Company _____

PREQUALIFICATION FORM

Request is hereby made to submit a bid on the: CACTUS II FEEDER TRANSMISSION PIPELINE PHASE I

Company Name: _____

By: _____

Title: _____ Telephone: _____

Date: _____ Fax: _____

License Information:

License Type: _____ License #: _____

1. GENERAL

a) Organization Doing Business as: _____

Business Address: _____

Telephone Number: _____

Indicate as Applicable: _____ A Corporation

_____ Partnership

_____ An Individual

Principal Office: _____

If a corporation, answer this:

Date of Incorporation: _____

State of Incorporation: _____

Chief Executive Officer's name: _____

President's name: _____

Vice President's name(s): _____

Secretary's name:

Treasurer's name:

If a partnership, answer this:

Date of organization:

State whether partnership is
general, or limited:

Name and address of each
partner:

If a limited liability company, answer
this:

Date formed:

Name and address of each
manager:

Name and address of each
member:

b) How many persons are currently employed by your firm?

c) Is your firm an equal employment opportunity employer?

Yes No

d) Does your firm have a written drug and alcohol policy?

Yes No

If yes, attach a copy of the policy and label it **Attachment B**

e) Does your firm have an in-house craft-training program or do you subscribe to any craft training programs from an outside source?

Yes No

If yes, provide written documentation and label it **Attachment C:**

f) Describe the scheduling tools your firm uses, and for how long have you been using them?

g) Does your firm have a written safety program?

Yes

No

If yes, attach a signed written copy of the program and label it **Attachment D**.

h) Summarize your firm's record of safety performance for the past three years, providing safety performance figures for Experience Modification Rate as reported by your insurance carrier; include descriptions of any citations from OSHA/Cal OSHA.

i) Does your firm have a written Quality Assurance/Quality Control Program?

Yes

No

If yes, attach a copy of the program and label it **Attachment E**:

j) Is your firm a Disadvantaged Business Enterprise (DBE)?

Yes

No

Your firm must have current registrations in the Central Contractor Registration (CCR) and Bradstreet Data Universal Number System (DUNS).

- k) Registered in Central Contractor Registration? Yes No
- l) What is your firm's CAGE Code Number? **(required)** _____
- m) What is your firm's Dun & Bradstreet (DUNS) number? **(required)** _____

2. EXPERIENCE

Refer to *Minimum Qualification Requirements* and *Project Description* in the Invitation to Prequalify.

a) Organizational Experience

How many years has this organization been in business as a construction company under the present business name?

List any other names your firm has, does, or anticipates operating under, including the names of related companies presently doing business.

b) How many years' experience in the proposed type and size of construction work has this organization had?

- i) As a general contractor: _____
- ii) As a joint venture partner: _____
- iii) As a subcontractor: _____

c) Attach your firm's Statement of Qualifications (SOQ). The SOQ should include staff résumés of key personnel, stating project specific experience, education, position occupied and duties, number of years with the firm, etc. The SOQ shall include résumés at a minimum, for candidates for the following positions on the firm's project team:

- i) Principal in Charge
- ii) Project Manager
- iii) Project Engineer

iv) Project Superintendent

Label it **Attachment F**.

d) Has your firm, or any officer or partner of the firm, ever failed to complete a construction contract operating as this organization or any other organization?

Yes No

If yes, identify who and when, and give details:

e) Are there any judgments, claims, arbitration proceedings, or lawsuits pending, outstanding, threatened or decided in the last 5 years to which your firm, or an officer or partner of the firm, has been or was a party?

Yes No

If yes, describe:

f) Has your firm, or an officer or partner of the firm, filed any lawsuits, or requested arbitration proceedings with regard to any work performed in the last five years?

Yes No

If yes, describe:

g) Identify major items of equipment which your firm owns or leases (designate which) which will be available for use on the Project. Include as **Attachment G**.

h) What percentage of the work pertaining to a project of this type would your firm normally perform with their own employees?

i) General Work Summary

What general types of work does your firm normally perform with its own work force?

j) What general types of work does your firm normally subcontract?

k) List projects (up to three projects) of a similar nature (Refer to **Minimum Qualification Requirements** in the Public Invitation to Prequalify for Construction) that your firm has completed or made substantial progress towards completing. Use the attached sheets entitled "List of Similar Projects." The information for each project shall contain the following information:

- Name and location of project
- Name, e-mail address and telephone number of Owner, Engineer and Construction Manager
- Brief project description
- Date completed (if applicable)
- Original contract completion time
- Actual contract completion time
- Bid price
- Final contract amount
- List of change orders including a brief description of each
- List any claims including the dollar amount
- List any claims that went to arbitration or litigation including settlement amounts
- Name of Surety providing the performance and payment bonds

Use as many lines as needed to fully describe each project. The listing of names shall indicate to the Engineer that this organization has no objection to contacting the named individuals, include as **Attachment H**.

- l) Attach the firm's *Annual Summary of Work Related Injuries and Illnesses*, as documented by OSHA Form 300A, for the last 3 years. A brief explanation and the disposition of each accident should be included, include as **Attachment I**.

3. FINANCIAL BACKGROUND

- a) What is the largest contract (name, Owner, and dollar amount) that your firm has ever completed?

- b) What is your firm's current rating with Dun & Bradstreet?

- c) What is your firm's current working capital?

- d) Has your firm, or any officer or partner, ever been involved in a bankruptcy or reorganization proceeding?

Yes

No

If yes, describe:

- e) What is the firm's organization's approximate total bonding capacity?

f) Approximately what percentage of your total bonding capacity is currently committed to other work?

g) What is the name, address, and telephone number of your firm's predominant Bonding Company?

h) What is the Bonding company's current rating by A.M. Best?

i) Is this Bonding company proposed for use on this project?

If not, which company is proposed (give name, address, and telephone number, and rating)?

j) What is the name, address, and telephone number of the firm's predominant insurance company?

k) What is this Insurance Companies current rating by A.M. Best? _____

l) Is this the Insurance Company proposed for use on this project? _____

If not, which firm is proposed (name, address, telephone number, and rating)?

m) Has the firm been refused any surety, bond, or liability insurance in the last 10 years?

Yes

No

If yes, describe:

n) In what other businesses does your firm actively participate?

o) List all companies, firms, or organizations that own any part of this organization:

p) What is the total amount of all pending claims and litigation against your firm at this time?

q) What is the total amount, if any, of all judgments against your firm at this time?

- r) List on **Attachment J** all claims and litigation presently pending against your firm. For claims, specify the name, address, and telephone number of the claimant or the claimant's attorney and the amount of the claim. For litigation, specify the title of the litigation, the case number, the court, and the amount being claimed in the litigation.

PREQUALIFICATION VERIFICATION

I, _____, declare as follows:

I am an authorized agent for _____
who has submitted this prequalification application. I have read the foregoing request for
prequalification form and all answers that have been given. I know the answers are true of
my own knowledge.

I declare under penalty of perjury under the laws of the State of California that the
foregoing is true and correct and that this verification is executed _____, at
_____, California.

Notary Public Acknowledgment required for Contractor

Prequalification Rating Chart

Ratings:	5=Outstanding	A combined score of the Sheets 1, 2, and 3 will be the prequalifier's total score. Score in each category is product of rating x weight		Sheet 1 of 3
	4=Excellent			
	3=Good			
	2=Fair			
	1=Poor			

GENERAL

CONTRACTOR weight	Size of Firm 2	Scheduling Tools 3	Safety Program 3	Quality Program 3	Score

Reviewed by: _____

Prequalification Rating Chart

Ratings: 5=Outstanding
 4=Excellent
 3=Good
 2=Fair
 1=Poor

A combined score of the Sheets 1, 2, and 3 will be the prequalifier's total score. Score in each category is product of rating x weight.

Sheet 2 of 3

EXPERIENCE

CONTRACTOR	Years in Business	Outstanding Judgments, Lawsuits	Litigation Record	Similar Projects	Safety Record	Score
weight	5	3	3	5	5	

Reviewed by: _____

Prequalification Rating Chart

**Ratings: 5=Outstanding
4=Excellent
3=Good
2=Fair
1=Poor**

**A combined score of the Sheets 1, 2, and 3 will be the prequalifier's total score.
Score in each category is product of rating x weight**

Sheet 3 of 3

FINANCIAL

CONTRACTOR weight	Size of Contracts 3	Percent of Bonding Capacity Committed to other Work 3	Working Capital 1	Bankruptcy 4	Bonding Capacity 3	Bonding Co. Rating 4	Insurance Co. Rating 3	Score

Reviewed by: _____

Attachment A

JOINT VENTURE STATEMENT OF INTENT

We, the undersigned, do hereby give notice of our intent to bid as a joint venture on the

(Name of Project)

to be constructed in Riverside County.

(Name of Firm A)

(Signature)

(Title)

If by a Corporation:

(Seal)

Subscribed and sworn to before me this day of _____, 20__.

My Commission Expires:

(Notary Public)

(Name of Firm B)

(Signature)

(Title)

If by a Corporation:

(Seal)

Subscribed and sworn to before me this day of _____, 20__.

My Commission Expires:

(Notary Public)

Attachment B

Drug and Alcohol Policy

Contractor to insert their Drug & Alcohol Policy.

Attachment C

In-House Craft Training Program

Contractor to insert In-House Craft Training Program

Attachment D

Safety

Contractor to insert Safety Program.

Attachment E

QA/QC Program

Contractor to Insert QA/QC Program

Attachment F

Organization SOQ

Contractor to Insert Organization SOQ.

Attachment G

Equipment

Contractor to insert Major Items of Equipment.

Attachment H

List of Similar Projects (Active or Complete)

Similar Project 1

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Date Completed: _____

Original Contract Completion Time: _____ Days

Actual Completion Time: _____ Days

Description of Work: _____

List and Description of Change Orders: _____

Names and Titles of Key Contractor Personnel:

Name, e-mail Address and Telephone Number of **Owner**:

Project 1 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

Name, e-mail Address, and Telephone Number of **Construction Manager**:

List any claims including dollar amount:

List any claims that went to arbitration or litigation including settlement amount:

Name of Surety providers for the Performance & Payment Bonds:

List of Similar Projects (Active or Complete)

Similar Project 2

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Date Completed: _____

Original Contract Completion Time: _____ Days

Actual Completion Time: _____ Days

Description of Work: _____

List and Description of Change Orders: _____

Names and Titles of Key Contractor Personnel:

Name, e-mail Address and Telephone Number of **Owner**:

Project 2 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

Name, e-mail Address and Telephone Number of **Construction Manager**:

List any claims including dollar amount:

List any claims that went to arbitration or litigation including settlement amount:

Name of Surety providers for the Performance & Payment Bonds:

List of Similar Projects (Active or Complete)

Similar Project 3

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Original Contract Completion Time: _____ Days

Actual Completion Time: _____ Days

Description of Work: _____

List and Description of Change Orders: _____

Names and Titles of Key Contractor Personnel:

Name, e-mail Address and Telephone Number of **Owner**:

Project 3 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

Name, e-mail Address, and Telephone Number of **Construction Manager**:

List any claims including dollar amount:

List any claims that went to arbitration or litigation including settlement amount:

Name of Surety providers for the Performance & Payment Bonds:

Attachment I

Annual Summary of Work Related Injuries and Illnesses (CalOsha Form 300A)

Contractor to insert Annual Summary of Work Related Injuries and Illnesses (CalOsha Form 300A)

Attachment J

Claims/Litigation Pending

Contractor to list all claims and litigation pending against the firm

1.

a)

b)

c)

d)

e)

f)

g)

h)

i)

j)

k)

l)

m)

n)

o)

p)

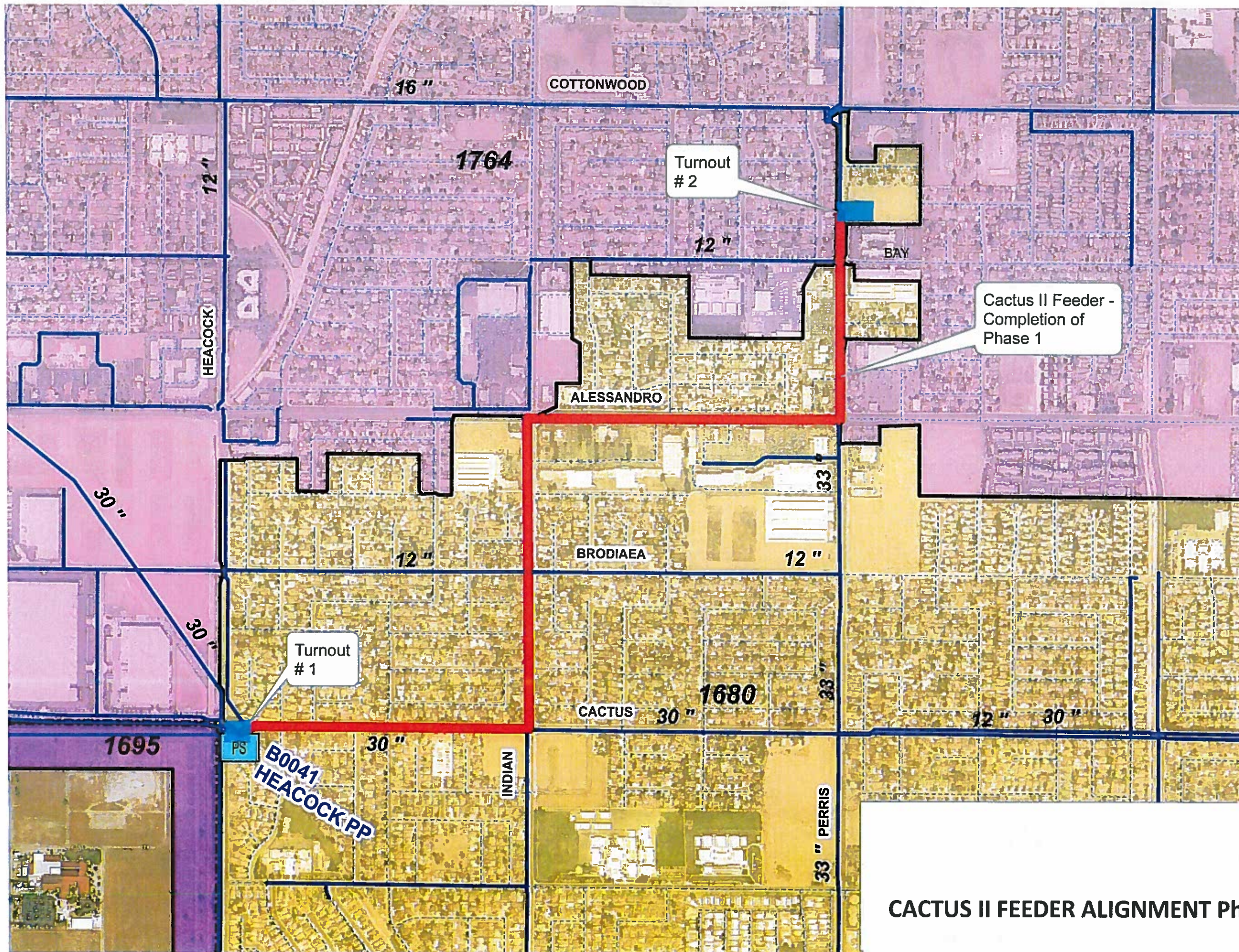
q)

r)

s)

Attachment K

CACTUS II FEEDER ALIGNMENT PHASE I



CACTUS II FEEDER ALIGNMENT Phase 1

PAGE LEFT INTENTIONALLY BLANK