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# PREQUALIFICATION FORMS

FOR

## HEWITT & EVANS GROUNDWATER TREATMENT FACILITY PHASE 1

Electronic prequalification packages for the Wells 201, 202, 203 and 205 Centralized Treatment Facility Project will be received via email only (email addresses below) and will be replied with confirmation of receipt by the District.

**“CONFIDENTIAL - REQUEST FOR PREQUALIFICATION**  
**FOR**

**Specification No.1381W**

**HEWITT & EVANS GROUNDWATER TREATMENT FACILITY PHASE 1**

**Email: Scott Lopian, Sr. Construction Administrator, [lopians@emwd.org](mailto:lopians@emwd.org)**

**SUBMITTED BY:** \_\_\_\_\_  
(Name of firm)

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## CONTACT INFORMATION

Firm Name:

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(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: **Hewitt & Evans Groundwater Treatment Facility Phase 1**

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**

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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:**

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

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

Yes                       No

k) Registered in Central Contractor Registration?                       Yes     No

l) Registered in Bradstreet Data Universal Number System (DUNS)?

Yes     No

m) What is your firm's CAGE Code Number? \_\_\_\_\_

n) What is your firm's Dun & Bradstreet (DUNS) number? \_\_\_\_\_

**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?

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

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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
  - v) Service Engineer and/or Representative

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:

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- 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:

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- 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:

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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?

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i) General Work Summary

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

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

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k) What construction projects does your firm currently have under contract and what are the originally scheduled and anticipated completion dates? Use the attached sheets, (**up to three current projects**) entitled "Current Projects." The information for each project shall contain at a minimum, name of project, location, name of Owner, name of Engineer, telephone numbers of Owner and Engineer, brief description, contract completion time, actual completion time, bid price, actual total cost, amount of change orders (attach a list of change orders including a brief description of the change), amount and number of claims that resulted in litigation, amount of settlement, and name of surety providing performance bond., include as **Attachment H**.

- l) List projects of a similar nature (Refer to **Minimum Qualification Requirements** in the Notice to prequalify) that your firm has completed or made substantial progress towards completing. Contractor shall clearly highlight/indicate which portions of the project meet or exceed the minimum qualification requirements. Use the attached sheets entitled "List of Similar Projects." The information for each project shall contain at a minimum, name of project, location, name of Owner, name of Engineer, telephone numbers of Owner and Engineer, brief description, contract completion time, actual completion time, bid price, actual total cost, amount of change orders (attach a list of change orders including a brief description of the change), amount and number of claims that resulted in litigation, amount of settlement, and name of surety providing performance bond. 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 I**.
  
- m) Attach the firms *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 J**.
  
- n) Complete form C-17 Contractor's Cal/OSHA Compliance History and SIC Code in **Attachment K**. Contractor shall clearly identify any regulatory agency violations related to safety or environmental issues within the past seven (7) years, and any/all fatalities or serious incidents per Cal/OSHA on a jobsite within the past ten (10) years. **Failure to truthfully complete this form, withhold information or show violations may deem the Contractor unqualified for the future bid opportunity.**
  
- o) List your firm's Experience Modification Rate (EMR) (California workers' compensation insurance) for each of the past three premium years:

Current year: \_\_\_\_\_

Previous year: \_\_\_\_\_

Year prior to previous year: \_\_\_\_\_

If your EMR for any of these three years is or was 1.00 or higher you may, if you wish, attach a letter of explanation.

**3. FINANCIAL BACKGROUND**

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

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b) What is your firm's current rating with Dun & Bradstreet? *(if applicable)*

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

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

Yes       No

If yes, describe:

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

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

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

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

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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)?

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

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

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

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

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m) Has the firm been refused any surety, bond, or liability insurance in the last 10 years?  Yes  No

If yes, describe:

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

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

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

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

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r) List on **Attachment H** 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**









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# Attachment A

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## JOINT VENTURE STATEMENT OF INTENT

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

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(Name of Project)

to be constructed in Riverside County.

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(Name of Firm A)

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(Signature)

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(Title)

If by a Corporation:

(Seal)

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(Name of Firm B)

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(Signature)

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(Title)

If by a Corporation:

(Seal)

**Notary Public Acknowledgment required for Firm A and Firm B**

# Attachment B

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## Drug and Alcohol Policy

Contractor to insert their Drug & Alcohol Policy.

# Attachment C

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## In-House Craft Training Program

Contractor to insert In-House Craft Training Program

# Attachment D

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## Safety

Contractor to insert Safety Program.

# Attachment E

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## QA/QC Program

Contractor to Insert QA/QC Program

# Attachment F

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## Organization SOQ

Contractor to Insert Organization SOQ.



# Attachment G

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## Equipment

Contractor to insert Major Items of Equipment.

# Attachment H

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## Current Construction Projects Under Contract

Contractor to insert Construction Projects Currently under Construction.



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Project 1 (Continued)

Name, Address, and Telephone Number of **Engineer**:

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Name, Address, and Telephone Number of **Construction Manager**:

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Amount and number of claims resulting in arbitration or litigation:

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Amount of Settlement: \_\_\_\_\_

Further Information of Claims: \_\_\_\_\_

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Project 2 (Continued)

Name, Address, and Telephone Number of **Engineer**:

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Name, Address, and Telephone Number of **Construction Manager**:

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Amount and number of claims resulting in arbitration or litigation:

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Amount of Settlement: \_\_\_\_\_

Further Information of Claims: \_\_\_\_\_

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Project 3 (Continued)

Name, Address, and Telephone Number of **Engineer**:

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Name, Address, and Telephone Number of **Construction Manager**:

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Amount and number of claims resulting in arbitration or litigation:

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Amount of Settlement: \_\_\_\_\_

Further Information of Claims: \_\_\_\_\_

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# Attachment I

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## List of Similar Projects



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Project 1 (Continued)

Name, Address, and Telephone Number of **Engineer**:

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Name, Address, and Telephone Number of **Construction Manager**:

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Amount and number of claims resulting in arbitration or litigation:

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Amount of Settlement:

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Further Information of Claims:

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Project Requirements:

- a) Was this a public work contract?  Yes  No
- b) Was the project an Advanced Water or Wastewater Treatment, with at least **one** project utilizing pressurized vessels featuring greensand filtration, GAC or Ion Exchange?  Yes  No
- c) Was the project Value \$5 Million or greater?  Yes  No
- d) Did the project include pressurized treatment vessels, valves, pumping systems, motors, piping, bag filters and storage tanks?  Yes  No



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Project 2 (Continued)

Name, Address, and Telephone Number of **Engineer**:

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Name, Address, and Telephone Number of **Construction Manager**:

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Amount and number of claims resulting in arbitration or litigation:

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Amount of Settlement: \_\_\_\_\_

Further Information of Claims: \_\_\_\_\_

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Project Requirements:

- a) Was this a public work contract?  Yes  No
- b) Was the project an Advanced Water or Wastewater Treatment, with at least **one** project utilizing pressurized vessels featuring greensand filtration, GAC or Ion Exchange?  Yes  No
- c) Was the project Value \$5 Million or greater?  Yes  No
- d) Did the project include pressurized treatment vessels, valves, pumping systems, motors, piping, bag filters and storage tanks?  Yes  No





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Project 3 (Continued)

Name, Address, and Telephone Number of **Engineer**:

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Name, Address, and Telephone Number of **Construction Manager**:

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Amount and number of claims resulting in arbitration or litigation:

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Amount of Settlement: \_\_\_\_\_

Further Information of Claims: \_\_\_\_\_

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Project Requirements:

- a) Was this a public work contract?  Yes  No
- b) Was the project an Advanced Water or Wastewater Treatment, with at least **one** project utilizing pressurized vessels featuring greensand filtration, GAC or Ion Exchange?  Yes  No
- c) Was the project Value \$5 Million or greater?  Yes  No
- d) Did the project include pressurized treatment vessels, valves, pumping systems, motors, piping, bag filters and storage tanks?  Yes  No

# Attachment J

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## **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 K

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## C-17 Contractor's Cal/OSHA Compliance History and SIC Code

## C-17 Contractor’s Cal/OSHA Compliance History and SIC Code

<b>Prequal Date:</b>		<b>Contractor’s Standard Industry Code:</b>	
<b>Specification No.</b>		<b>Project Name:</b>	
<b>Contractor name:</b>			
<b>Contractor Address:</b>			
<b>Contractor License No.</b>		<b>Phone No:</b>	
<b>Contact Person:</b>			
<b>Please answer the following questions:</b>			
<p><b>1. Has the Contractor been cited by Cal/OSHA or any regulatory agency for a violation related to safety or environmental issues within the past seven (7) years?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p style="text-align: center;"><i>If yes, please attach all documentation specific to each violation and what actions have been taken to ensure that there is not a repeat violation.</i></p>			
<p><b>2. Has the Contractor had a fatality or serious incident per Cal/OSHA on a jobsite within the past ten (10) years?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p style="text-align: center;"><i>If yes, please attach all documentation specific to each violation and what actions have been taken to ensure that there is not a repeat violation.</i></p>			
<p><b>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</b></p>			
<i>Contractor’s Representative signature:</i>			<i>Date:</i>
<p><b>Failure to fully divulge, complete and submit this form “may” deem your bid non-responsive</b></p>			
<b>FOR EMWD USE ONLY:</b>		<b>Field Engineering to forward to Risk Management for review</b>	
Approved:		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Reviewed by Risk Management <i>(signature required)</i>			<i>Date:</i>
Return to (Field Eng.CAR)			<i>By:</i>

# Attachment L

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## Claims/Litigation Pending

Contractor to list all claims and litigation pending against the firm

a)

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b)

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# Attachment N

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## Contractors Approach to The Project