
PREQUALIFICATION FORMS

FOR

**PERRIS NORTH BASIN GROUNDWATER
CONTAMINATION**

**PREVENTION AND REMEDIATION PROGRAM -
GROUNDWATER TREATMENT FACILITIES**

Due to COVID-19, the District is closed to public access. Sealed prequalification packages for the Groundwater Treatment Facilities needed to support the Perris North Program 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**

PERRIS NORTH GROUNDWATER TREATMENT FACILITIES

Email: Scott Lopian, Senior Construction Administrator,
lopian@emwd.org
CC: Brian Dietrick bdietrick@woodardcurran.com

SUBMITTED BY: _____
(Name of firm)

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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: **Perris North Groundwater Treatment Facilities**

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) Provide a written project management approach for construction of the noted Projects, include as **Attachment O**. Based on the project description, outline the task, any special approaches and the plans for completion. Include a description of the roles and responsibilities of the proposer’s Project Team members and how the team will work together to achieve the objectives of the project. Innovation and alternatives to the proposed project scope are welcome. Include approach to overall schedule, challenges and market trends and how you will tackle these items to ensure you meet the required schedule. This item will be weighted at 20 or approximately 25% of the total score.

- h) Describe your firm’s approach to Contracts and prior claims history. Include information on prior claims on change orders stemming from a dispute settled after completion or before mediation. Add additional pages as needed to fully describe approach.

- 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

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?

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
 - 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:

- 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) 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?

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

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 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

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

GENERAL

CONTRACTOR weight	Size of Firm 2	EOE 1	Drug and Alcohol Policy 1	Training Program 2	Scheduling Tools 2	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 5	Organiz. Struct. 1	Successful Proj. Completion 5	Outstanding Judgments, Lawsuits 3	Litigation Record 3	Equipment Available 2	Work Now Under Contract 3	Similar Projects 5	Safety Record 5	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 3 of 3

FINANCIAL

CONTRACTOR weight	Size of Contracts 1	Working Capital 1	Bankruptcy 4	Bonding Capacity 2	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)

(Name of Firm B)

(Signature)

(Title)

If by a Corporation:

(Seal)

Notary Public Acknowledgment required for Firm A and Firm B

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

Current Construction Projects Under Contract

Contractor to insert Construction Projects Currently under Construction.

List of Current Projects Under Contract

Current Project 1

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Contract Completion Time: _____ Days

Amount and Number of Change Orders: _____

Actual Completion Time: _____ Days

Description of Work: _____

Names and Titles of Key Contractor Personnel:

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

Project 1 (Continued)

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

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

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement: _____

Further Information of Claims: _____

Current Project 2

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Contract Completion Time: _____ Days

Amount and Number of Change Orders: _____

Actual Completion Time: _____ Days

Description of Work: _____

Names and Titles of Key Contractor Personnel:

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

Project 2 (Continued)

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

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

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement:

Further Information of Claims:

Current Project 3

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Contract Completion Time: _____ Days

Amount and Number of Change Orders: _____

Actual Completion Time: _____ Days

Description of Work: _____

Names and Titles of Key Contractor Personnel:

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

Project 3 (Continued)

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

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

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement: _____

Further Information of Claims: _____

Attachment I

List of Similar Projects

Similar Project 1

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Contract Completion Time: _____ Days

Amount and Number of Change Orders: _____

Actual Completion Time: _____ Days

Description of Work: _____

Names and Titles of Key Contractor Personnel:

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

Project 1 (Continued)

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

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

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement:

Further Information of Claims:

Project Requirements:

- a) Was this a public work contract? Yes No
- b) Was the project Advanced Water or Wastewater treatment? Yes No
- c) Was the project Value \$10 Million or greater? Yes No
- d) Did the project have granular activated carbon system? Yes No
- e) Did the project have ion exchange system? Yes No
- f) Did the project have Chemical feed systems, electrical and control systems, instrumentation, HVAC systems, CMU block structures, and related appurtenances? Yes No
- g) Did the project have valves, pumping systems, motors, piping, bag filters and storage tanks? Yes No

Similar Project 2

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Contract Completion Time: _____ Days

Amount and Number of Change Orders: _____

Actual Completion Time: _____ Days

Description of Work: _____

Names and Titles of Key Contractor Personnel:

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

Project 2 (Continued)

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

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

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement: _____

Further Information of Claims: _____

Project Requirements:

- a) Was this a public work contract? Yes No
- b) Was the project Advanced Water or Wastewater treatment? Yes No
- c) Was the project Value \$10 Million or greater? Yes No
- d) Did the project have granular activated carbon system? Yes No
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- f) Did the project have Chemical feed systems, electrical and control systems, instrumentation, HVAC systems, CMU block structures, and related appurtenances? Yes No
- g) Did the project have valves, pumping systems, motors, piping, bag filters and storage tanks? Yes No

Similar Project 3

Project Name and Location: _____

Bid Amount: _____

Final Contract Amount: _____ Year Completed: _____

Contract Completion Time: _____ Days

Amount and Number of Change Orders: _____

Actual Completion Time: _____ Days

Description of Work: _____

Names and Titles of Key Contractor Personnel:

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

Project 3 (Continued)

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

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

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement: _____

Further Information of Claims: _____

Project Requirements:

- a) Was this a public work contract? Yes No
- b) Was the project Advanced Water or Wastewater treatment? Yes No
- c) Was the project Value \$10 Million or greater? Yes No
- d) Did the project have granular activated carbon system? Yes No
- e) Did the project have ion exchange system? Yes No
- f) Did the project have Chemical feed systems, electrical and control systems, instrumentation, HVAC systems, CMU block structures, and related appurtenances? Yes No
- g) Did the project have valves, pumping systems, motors, piping, bag filters and storage tanks? Yes No

Attachment J

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

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

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

Prequal Date:		Contractor’s Standard Industry Code:	
Specification No.		Project Name:	
Contractor name:			
Contractor Address:			
Contractor License No.		Phone No:	
Contact Person:			
Please answer the following questions:			
<p>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?</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>2. Has the Contractor had a fatality or serious incident per Cal/OSHA on a jobsite within the past ten (10) years?</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>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>			
<i>Contractor’s Representative signature:</i>			<i>Date:</i>
<p>Failure to fully divulge, complete and submit this form “may” deem your bid non-responsive</p>			
FOR EMWD USE ONLY:		Field Engineering to forward to Risk Management for review	
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

Claims/Litigation Pending

Contractor to list all claims and litigation pending against the firm

a)

b)

c)

d)

e)

f)

g)

h)

i)

j)

k)

l)

m)

n)

o)

p)

q)

r)

s)

Attachment O

Contractor Approach to The Project