**Attachment B**

**QUALIFICATION QUESTIONNAIRE**

***NOTE****: ALL FIELDS MAY NOT BE APPLICABLE TO EACH CONSULTANT’S FIRM AND, IN EACH SUCH CASE, THE FIELD SHOULD BE MARKED AS “N/A.”*

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| **CONSULTANT INFORMATION** | | | |
| Consultant’s company name: | | | |
| Address: | | | |
| Telephone: | | | |
| Mobile telephone: | | | |
| Email: | | | |
| Years in business under current company name: | | | |
| Years at the above address: | | | |
| Types of work performed with own forces: | | | |
| Gross revenue of the Consultant for the past three (3) years: | | | |
| $ | $ | $ |
| **Submit a financial statement for the past two (2) full fiscal years. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the financial statement.** | | | |
| Department of Industrial Relations (“DIR”) registration number, if any: | | | |
| Name of license holder exactly as on file: | | | |
| License classification(s): | | | |
| License Number(s): | | | |
| License expiration date(s): | | | |
| Responsible Managing Officer (RMO) or Employee (RME) for Consultant: | | | |
| Number of years license holder has held the listed license(s): | | | |
| Number of years Consultant has done business in California under **current** license: | | | |
| Has Consultant changed name(s) or license number(s) in the past five (5) years? ( Y / N ). If “yes”, explain on a separate signed sheet, including the reason for the change. | | | |
| Has there been any change in ownership of the Consultant at any time in the past five (5) years? **NOTE**: A corporation whose shares are publicly traded is not required to answer this question. ( Y / N ). If “yes,” explain on a separate signed sheet, including the reason for the change. | | | |
| Is the Consultant a subsidiary, parent, holding company, or affiliate of another firm?  **NOTE**: Include information about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of the Consultant holds a similar position in another firm. ( Y / N ). If “yes”, explain on a separate signed sheet, the name of the related company(ies) and the percent ownership. | | | |
| Indicate the form of Consultant (type of business entity):  \_\_\_\_ Individual  \_\_\_\_ Sole Proprietorship  \_\_\_\_ Partnership  \_\_\_\_ Limited Partnership  \_\_\_\_ Corporation, State:  \_\_\_\_ Limited Liability Company  \_\_\_\_ Joint Venture  \_\_\_\_ Other: | | | |

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| List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the Consultant’s type of entity. For joint ventures, include this information for each entity in the joint venture and the percent ownership of each joint venture. Attach all additional information on separate signed sheets as needed. | | | | | | | |
| **Name** | | **Position** | | **Years with Co.** | | **% Ownership** |
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| Identify every firm that the Consultant or any person listed above has been associated with (as officer, general partner, limited partner, owner, RMO, RME etc.) at any time during the **past five (5) years** (“Associated Consultant”). Include all additional references and/or information on separate signed sheets. NOTE: For this question, “owner” and “partner” refers to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock if the business is a corporation. Include all additional information on separate signed sheets as needed. | | | | | | | |
| **Name of Person at Associated Consultant** | **Name of Associated Consultant** | | **Consultant’s License No. of Associated Consultant** | | **Dates of Person’s Participation with Associated Consultant** | |
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| **CONSULTANT’S INSURANCE INFORMATION** | | | | |
| Name of insurance company(ies) Consultant has utilized over the past five (5) years (not broker or agency): | | | | |
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| Address of those insurance company(ies): | | | | |
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| “Best” rating(s) for those insurance company(ies): | | | | |
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| Number of years Consultant has been with those insurance company(ies): | | | | |
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| Name of broker/agent: | | | | |
| Address of broker/agent: | | | | |
| Telephone number of broker/agent: | | | | |
| E-mail of broker/agent: | | | | |
| Consultant’s current insurance limits for the following types of coverage: | | | | |
| Commercial General Liability | | Combined Single Limit (per occurrence) | | $ |
|  | | Combined Single Limit (aggregate) | | $ |
| Product Liability & Completed Operations | | (aggregate) | | $ |
|  | | (per occurrence) | | $ |
| Automobile Liability – Any Auto | | Combined Single Limit (aggregate) | | $ |
| Automobile Liability – Any Auto | | Combined Single Limit (per occurrence) | | $ |
| Employers’ Liability | |  | | $ |
| Builder’s Risk (Course of Construction) | |  | |  |
| Workers’ Compensation Experience Modification Rate for the past five (5) premium years: | | | | |
| (1) Current year: | (2) | | (3) | |
|  | (4) | | (5) | |

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| **QUESTIONS** |

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| **Pass/Fail Questions (Essential Criteria)** | | |
| 1. | Has Consultant (including any Principal thereof) contracted for and completed a minimum of:   * **Two (2)** Post Occupancy Evaluations as either the prime consultant or sub-consultant at any tier, within the past **seven (7) years**?   (Please circle one). **NOTE**: Consultant **must** list these projects in the “Project References” Section. | YES NO  No = cannot qualify |
| 2. | Does Consultant currently hold all license(s) necessary to perform the Services and have those license(s) been consistently active for at least five (5) years without revocation or suspension? (Please circle one). | YES NO  No = cannot qualify |
| 3. | Has Consultant or an Associated Consultant been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years? (Please circle one). | YES NO  Yes = cannot qualify |
| 4. | Has Consultant or an Associated Consultant defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please circle one). | YES NO  Yes = cannot qualify |
| 5. | Has Consultant or an Associated Consultant or any of their owners or officers been convicted of a crime under federal, state, or local law involving:  (1) Bidding for, awarding of, or performance of a contract with a public entity;  (2) Making a false claim(s) to any public entity; or  (3) Fraud, theft, or other act of dishonesty  to any contracting party within the past **ten (10) years**? (Please circle one). | YES NO  Yes = cannot qualify |
| [Product image](http://images.google.com/aclk?sa=l&ai=CqqL_zkzKSpe8Ko22tQP11vDjDpmfp33L0OiCCYbIupEBCAAQAiCTrPsFKANQlbnowPz_____AWDJvvOGyKOgGaAB5Yqz7QPIAQGqBBlP0OX6P9_S7sP34Pb9Ov4WmnXqpIRjWmAI&sig=AGiWqtxBgF78CUxMlB0OOsm1PIcvyhT0cA&q=http://www.stopsignxpress.com/stop_signs.asp?engine%3Dadwords%26keyword%3DStop%2BSign)**If Consultant answered:**  **“NO” to questions 1-2 or “YES” to questions 3-5,**  **then STOP because Consultant is not eligible to perform the Services at this time.**  **Otherwise, continue to the General Questions section.** | | |

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| **General Questions** | | |
| 1. | Has Consultant paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s). | YES NO |
| 2. | Has any insurer had to pay amounts to third parties that were in any way related to Consultant’s performance of POE services of Consultant within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s). | YES NO |
| 3. | Has Consultant’s Workers’ Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s). | YES NO |
| 4. | Has there been a period when Consultant had employees but was without workers’ compensation insurance or state-approved self-insurance within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s). | YES NO |
| 5. | Has Consultant declared bankruptcy or been placed in receivership within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Consultant’s current recovery plan, and the applicable date(s). | YES NO |
| 6. | Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding $50,000 against Consultant, or has Consultant filed claim(s) in an amount exceeding $50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s). | YES NO |
| 7. | Has Consultant or an Associated Consultant been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years? (Please circle one).  If “YES,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s). | YES NO |
| 8. | Has Consultant been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past five (5) years? (Please circle one).  If “yes,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. | YES NO |
| 9. | Has CalOSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against Consultant, including any “serious,” “willful,” or “repeat” violations of safety or health regulations within the past five (5) years? (Please circle one).  If “yes,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision. | YES NO |

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| 10. | Has Consultant been required to pay either back wages or penalties for its failure to comply with California’s prevailing wage laws, with California’s apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years? (Please circle one).  If “yes,” indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that Consultant was required to pay. | YES NO |
| 11. | Does Consultant require weekly, documented safety meetings to be held for Consultant’s employees during the course of a project? | YES NO |

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| **FIRM’S PROJECT REFERENCES** | |
| List **ALL** Post Occupancy Evaluation projects in which Consultant has participated as the architect, engineer, construction manager, or other member of the POE team during the past **seven (7) years.**   * Consultant may limit its response to the ten (10) most-recently completed projects; if, however, Consultant has performed POE projects for any California public entities in the past seven (7) years, then Consultant **must** include at least the three (3) most recent such projects performed by Consultant for a California public entity. * Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary. | |
|  | Project name/identification: |
|  | Project address/location: |
|  | Project owner, contact person, and telephone: |
|  | Scope of work: |
|  | Original completion date: |
|  | Date completed: |
|  | Total fees for services: |
|  | Square footage and number of floors of building: |
|  | Designated as High-Rise building (Yes/No): |
|  | Description of building’s mechanical systems: |
|  | Provide list of all claims and values associated with those claims: |

**CERTIFICATION**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date:

Proper Name of Consultant:

Signature:

Print Name:

Title: