**ATTACHMENT B**

**Technical Proposal and Qualification Questionnaire Form**

**Attachment B, Part 1, Technical Proposal:**

1. **Technical Proposal Contents.** Technical Proposals should include all of, and be tabbed and numbered according to the following sections:

1.1 **Table of Contents:** Provide a table of contents of the material contained in the Proposal, which should list the Technical Proposal and Qualification Questionnaire Form, Proposed Price Quotation Form, and Attachment Forms.

1.2 **Executive Summary:** The executive summary should contain a brief summary of Proposer’s qualifications.

1.3 **Proposed Personnel/Project Team:**

1.3.1 Identify the key personnel that the Proposer would assign to the Project(s), including their roles. For each, describe that person’s experience with Direct Access as regulated by the CPUC projects, including identification of the ten (10) most recent of those projects. For the purpose of this request a project shall be defined as either a commercial building electricity service account or a collection of single entity’s electricity service accounts. Please provide project details such as investor owned utility territory, commencement date and current status. Include an organizational chart indicating all personnel and their positions. If the Proposer has projects that relate to provision of Direct Access services to public sector organizations, they may choose to outline details as they see fit.

1.3.2 Include resumes of key personnel who may be performing the delivery of retail Electricity for the Judicial Council. Key personnel resumes should be limited to one (1) page per person. Specifically, define the role of each person and outline his or her individual experience and responsibilities. Indicate personnel who will serve as primary contact(s) for the Judicial Council. Indicate Proposer’s and personnel’s availability to provide the delivery of Retail Electricity Services. Outline any processes currently in place to manage key personnel during periods of absence.

1.4 **Statement of Services:** Prepare a detailed Statement of Services for which Proposer is submitting its Qualifications Response, and briefly demonstrating Proposer’s understanding of the Retail Electricity Services and work required for the Projects (see RFQ Section 3, Scope of Services, for reference). Seller must specifically identify work or services which Seller is **excluding** from its Statement of Services or which are **not** included or provided by Proposer.

1.5 **Proposer Information:**

1.5.1 Provide a brief history of Proposer, and, if a joint venture, of each participating entity.

1.5.2 Describe Proposer’s philosophy and how Proposer will work with the Judicial Council staff in performing the delivery of the Retail Electricity Services.

1.6 **Prior Relevant Experience:**

1.6.1 Describe Proposer’s experience with delivering services as part of the Direct Access Program, regulated by the CPUC.

1.7 **Approach to Project Management:** Provide Proposer’s philosophy and approach to project management.

1.8 **Additional Data:** Provide additional information about the Proposer as it may relate to its Proposal. Indicate ongoing commitment to professional education of staff, total number of permanent employees, and any other data that may assist the Judicial Council in understanding Proposer’s qualifications and expertise.

1.9 **Proposer’s Current Work Commitments:** Specify the current and projected workload of Proposer and describe Proposer’s ability to complete the expected delivery of Retail Electricity Services as anticipated herein.

1.10 **Conflicts of Interest:** If applicable, provide a statement of any recent, current, or anticipated contractual obligations that relate in any way to similar work, the Project, or the Judicial Council that may have a potential to conflict with Proposer’s ability to deliver the Retail Electricity Services described herein to the Judicial Council. Proposers cannot submit, propose, bid, contract, sub-contract, consult, or have any other economic interests in the Project to which the Proposer may deliver Retail Electricity Services. The Proposers selected to deliver Retail Electricity Services and any subsidiary, parent, holding company, or affiliate of the selected Proposer may not perform any construction work or submit a bid for the Project.

1.11 **Primary Market Focus**:

1.11.1 What is the primary customer focus of the Proposer — residential, institutional, commercial, industrial and/or agricultural?

1.11.2 Does the Proposer have a primary geographic focus in California — North, Central, South?

1.11.3 Specify the Proposer’s currently available (annual MWh / California summer peak MW)additional electricity generation capacity for new commercial Direct Access customers, per IOU territory.

\_\_\_\_\_\_\_\_\_\_\_\_\_ PG&E – annual MWh / California summer peak MW

\_\_\_\_\_\_\_\_\_\_\_\_\_ SCE – annual MWh / California summer peak MW

\_\_\_\_\_\_\_\_\_\_\_\_\_ SDGE – annual MWh / California summer peak MW

1.12 **Customer Service:**

1.12.1 Does the Proposer have a headquarters or other physical presence established in the State of California, such as a marketing office?

1.12.2 Does the Proposer have a Customer Service capability? What is it? How does the Proposer intend to service this account?

1.13 **Trade Associations:**

1.13.1 List any relevant memberships in associations or trade groups.

1.13.2 Is the Proposer or its affiliate a member of the following organizations, indicate yes or no:

\_\_\_\_\_\_\_\_\_\_\_\_\_ Western Systems Power Pool (WSPP)

\_\_\_\_\_\_\_\_\_\_\_\_\_ Western Regional Transmission Association (WRTA)

\_\_\_\_\_\_\_\_\_\_\_\_\_ Western Systems Coordinating Council (WSCC)

1.14 **Renewables Certification and Supply:**

1.14.1 Is the Proposer a certified renewable energy provider with the California Energy Commission? If so, what is the registration number?

1.14.2 Does the Proposer intend to service this transaction from a portfolio of renewable energy sources?

1.14.3 Please provide in a table the details the most recent available annual percentage of energy resources utilized for the power generation needs of your portfolio.

1.14.4 Please detail the most recently available blended annual carbon emissions in lbs. CO2 per MWh for your generation portfolio.

1.14.5 If available, please provide a spreadsheet with the most recent twelve (12) calendar months’ blended generation portfolio carbon intensity in lbs. CO2 per MWh for each of the 8760 hours of the year. Please specify which year that your data relates to.

1.14.6 What is the approximate percentage mix of the Proposer’s supply portfolio (bilateral in-state, bilateral out-of-state, Power Exchange, own generation, etc.)?

1.15 **Wholesale Electric Activity:**

1.15.1 Does the Proposer or its affiliate have experience in buying/selling in wholesale electric markets in California or the West? If so, what is the current estimated annual volume (MWh) of wholesale electric transactions in California or the West, as reported to the FERC?

1.15.2 Is the Proposer or its affiliate a FERC-certified wholesale electric power marketer? Date of certification?

1.15.3 Please provide a list of current Utility Distribution Company (UDC) Agreement(s).

1.15.4 Does the Proposer have in place an executed Direct Access Service Agreement with PG&E/SCE/SDGE, indicate yes or no:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PG&E / Date of Agreement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCE / Date of Agreement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SDGE / Date of Agreement

1.15.5 How many DASRs (by type - pending, active and rejected) does the ESP currently have with PG&E? Please provide details in a table format.

1.15.6 If not, does it have any pending Direct Access Service Requests (DASRs) with SCE? Please provide details.

1.15.7 How many DASRs (by type - pending, active and rejected) does the ESP currently have with SCE? Please provide details in a table format. .

1.15.8 If not, does it have any pending Direct Access Service Requests (DASRs) with SDGE? Please provide details.

1.15.9 How many DASRs (by type - pending, active and rejected) does the Proposer currently have with SDGE? Please provide details in a table format.

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**See Qualifications Questionnaire on next page]**

**QUALIFICATIONS QUESTIONNAIRE**

**Attachment B, Part 2, Qualifications Questionnaire:**

|  |  |  |
| --- | --- | --- |
| **Direct Access Electric Service Provider (“Seller” / “Proposer”) Information** | | |
| Exact business name under which Proposer conduct’s business: | | |
| Address: | | |
| Telephone: | | |
| Mobile telephone: | | |
| E-mail: | | |
| Years in business under current company name: | | |
| Years at the above address: | | |
| Types of work performed with own forces: | | |
| Gross revenue of the Proposer 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.** | | |
| Responsible Managing Officer (RMO) or Employee (RME) for Proposer: | | |
| Has there been any change in ownership of the Proposer 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 Proposer 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 Proposer 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 legal form of company (type of business entity):  \_\_\_\_ Individual  \_\_\_\_ Sole Proprietorship  \_\_\_\_ Partnership  \_\_\_\_ Limited Partnership  \_\_\_\_ Corporation, State:  \_\_\_\_ Limited Liability Company  \_\_\_\_ Joint Venture  \_\_\_\_ Other: | | |

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| --- | --- | --- | --- | --- |
| **Direct Access Qualifications** | | | | |
| Provide the Seller’s CPUC Registration Number. If not registered, explain why. | | | | Reg. #: |
| Has the Seller’s registration ever been suspended by the CPUC? If suspended, for what reason? Is this suspension still in effect? | | | | |
| Does the Seller currently comply with all consumer protection standards mandated by the CPUC in D.98-03-072 related to proof of financial viability and technical and operational ability? If not currently in compliance, does it intend to comply? If it does not intend to comply, why not? | | | | |
| Provide copies submitted to the CPUC, or in their current draft form, of the Seller’s Standard Service Plan and Section 394.5 Notice, as well as the Seller Registration Application and attachments currently on file with the CPUC, or in its current draft form in response to the requirements of D.98-03-072. | | | | |
| Does the Seller currently have any customer complaints lodged against it with the CPUC? If so, provide a copy of each complaint. | | | | |
| Identify every firm that the Seller has been associated with (as officer, general partner, limited partner, owner, RMO, RME etc.) at any time during the **past five (5) years** (“Associated Seller Parties”). 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 Seller** | **Name of Associated Seller** | **Seller’s License No. of Associated Consultant** | **Dates of Person’s Participation with Associated Consultant** | |
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| **SELLER’S INSURANCE INFORMATION** | | | | | |
| Name of insurance company(ies) ~~Seller 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): | | | | | |
|  |  | |  | |
| Number of years Seller has been with those insurance company(ies): | | | | | |
|  |  | |  | |
| 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. | Does the Seller have a current CPUC Registration Number? | YES NO  No = cannot qualify |
| 2. | Does Seller currently hold all license(s) necessary to perform the delivery of retail electricity 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 Seller or an Associated Seller 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 Seller or an Associated Seller 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 Seller or an Associated Seller 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 Seller answered:**  **“NO” to questions 1-2 or “YES” to questions 3-5,**  **then STOP because Seller is not eligible to perform the delivery of electricity services at this time. Otherwise, continue to the Scored Questions section.** | | |

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| **Scored Questions** | | |
| 1. | Has Seller 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 Direct Access Electrical services of Seller 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 Seller’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 Seller 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 Seller 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 Seller, or has Seller 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 Seller or an Associated Seller 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 Seller 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 |

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| 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 |
| 10. | Has Seller 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 Seller was required to pay. | YES NO |
| 11. | Does Seller require weekly, documented safety meetings to be held for construction employees and field supervisors during the course of an applicable project? | YES NO |

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| **SELLER’S PROJECT REFERENCES** | |
| List five (5) references using the below format for Direct Access Electric projects in which Seller has participated as the ESP during the past **two (2) years** where the annual contract value was more than **$100,000.00.**   * For each reference, include all information indicated below on each on a separate page as necessary, and explain or clarify any response as necessary. | |
|  |  |
|  | Project name/identification: |
|  | DSP Territory (PG&E, SCE, or SDGE): |
|  | Project address/location: |
|  | Project owner, contact person, and telephone: |
|  | Project contractor name and telephone number: |
|  | Scope of work: |
|  | Original completion date: |
|  | Date completed: |
|  | Initial contract value (as of time of award): |
|  | Final contract value: |
|  | Total fees for services: |
|  | Provide list of all claims and values associated with those claims: |
|  | Did the project include constructing or modernizing an earthquake resistant building? |

**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 Proposer:

Signature:

Print Name:

Title:

**END OF ATTACHMENT B**