



ATTACHMENT 1 - Addendum #1

(To be filled out and submitted)

Qualification Questionnaire for Facility Operation and Maintenance Service Provider

(Service Provider Firm)



JUDICIAL COUNCIL
OF CALIFORNIA

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Qualification Questionnaire
For
Facility Operation and Maintenance - Service Provider
(FOM Service Provider)

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 - California License
 - Contractors' Liability Insurance
 - Contactor's Workers' Compensation Insurance

1. GENERAL INSTRUCTIONS AND INFORMATION

A. GENERAL INFORMATION

A valid Class B General Contractor license will be a requirement with the response to the Step Two RFP. A contractor responding to this Qualification Questionnaire must possess a valid Class B license. Should the SPF not currently hold a Class B General Contractor license from the State of California, the SPF must provide evidence from the State of California that they have submitted their application for a Class B General Contractor license, at the time of the SOQ submittal.

The SPF responding to this Qualification Questionnaire must provide answers to questions contained in the attached questionnaire and any accompanying notes and supplemental information as noted. The Judicial Council of California (“JCC”) will use these documents as the basis of rating the SPF to qualify under this RFQ to propose to perform the scope of services in one or multiple regions. The JCC reserves the right to check other sources available that were not provided by the SPF in response to the RFQ. The JCC’s decision will be based on the evaluation criteria contained in this RFQ.

The JCC reserves the right to revise or rescind the qualification rating awarded an SPF under this RFQ based on subsequently learned information.

While it is the intent of the qualification questionnaire and required documents to assist the JCC in determining a prequalified list of SPF’s, neither the fact of prequalification for the proposal stage, nor any qualification rating, will preclude the JCC from considering and/or determining whether an SPF has the quality, fitness, capacity and experience to satisfactorily perform the proposed work, and has demonstrated the requisite trustworthiness to be awarded a contract.

B. DATA REQUIRED

All portions of Qualification Questionnaire Parts I through V must be completed, with additional information attached if the space provided does not suffice. Failure to include the information called for may result in disqualification. It is essential that facility operations and maintenance experience of the SPF be demonstrated, as such experience is considered critical in establishing prequalification.

C. MANDATORY REQUIREMENTS (PASS / FAIL)

The SPF's must provide verifiable information in their response that demonstrates meeting or exceeding with ALL requirement in Part II. Any submittal that does not meet or exceed ALL mandatory requirements will be deemed ineligible and no further review of the Qualification Statement will be conducted.

Each questionnaire must be signed under penalty of perjury in the manner designated at the end of the form, by an individual who has the legal authority to bind the SPF on whose behalf that person is signing. If any information provided by an SPF becomes inaccurate, the SPF must immediately notify the JCC and provide updated accurate information in writing, under penalty of perjury.

The JCC reserves the right to waive minor irregularities and omissions in the information contained in the qualification questionnaire submitted and to make all final determinations.

2. QUALIFICATION QUESTIONNAIRE

The specific documents that must be submitted are attached.

- Part I – Service Provider Firm Information and Affidavit
- Part II – Mandatory Requirements for Qualification
- Part III – Organization, History, Organizational Performance, Compliance with Civil and Criminal Laws
- Part IV – Organization’s Statement of Experience and Current / Recent Projects
- Part V – Attachments Required
 - California License
 - Service Providers’ Liability Insurance
 - Contactor’s Workers’ Compensation Insurance

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PART I. SERVICE PROVIDER FIRM INFORMATION and AFFIDAVIT (Evaluation Pass / Fail)

The following documents, Qualification Questionnaire, Parts I through V, are to be completed by the SPF:

SPF Name: _____ Check One: Corporation
(as it appears on license) Partnership
 Sole Prop.

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

If SPF is a sole proprietor or partnership:

Owner(s) of Company _____

SPF's License Number(s) and classification(s):

SPF's California Department of Industrial Relations Registration Number(s):

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the foregoing answers to this qualification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters, I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: _____

(Signature)

(Printed name and title)

PART II. MANDATORY REQUIREMENTS FOR QUALIFICATION (Evaluation Pass / Fail)

SPF will be subject to disqualification for consideration if it fails to meet the mandatory requirements contained in this RFQ.

1. A valid Class B General Contractor license will be a requirement with the response to the step 2 RFP. Should the SPF not currently hold a Class B General Contractor license from the State of California, the SPF must provide evidence from the State of California that they have submitted their application for a Class B General Contractor license, at the time of the SOQ submittal.

Yes No

2. The SPF shall demonstrate prior experience by presenting a minimum of three (3) FOM profiled programs meeting the criteria set forth below. These programs shall include the following:
 - a. Demonstrate that the SPF has successfully completed over the past five (5) years, or are currently delivering services, for the profiled FOM programs.
 - b. The FOM programs should include scopes of building operation and maintenance services substantially similar to the services required by this RFQ.
 - c. The SPF shall provide evidence that it has/had the responsibility for the delivery and performance of the similar scopes of building and maintenance services.
 - d. The SPF must provide evidence of its experience of each of items i, ii, and iii below, between its three (3) FOM profiled programs. If the SPF wishes to demonstrate one or more of items i, ii, and/or iii independently, within the three profiled programs, this is acceptable.
 - i. Portfolio of buildings consisting of at least 1,000,000 square feet in the aggregate.
 - ii. Demonstrate at least one building of 100,000 square feet or more.

- iii. Require concurrent service by the SPF at a minimum of ten (10) locations, performing similar related services required by this RFQ at each location monthly.

Yes No

- 3. SPF maintains insurance with policy limits consistent with all of the insurance requirements described in Attachment 8. The products completed operations liability insurance shall extend for two years after final completion of the work.

Yes No

- 4. Has your contractor's license been revoked at any time in the last five years?

Yes No

- 5. At the time of submitting this qualification form, is SPF ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to either Labor Code section 1777.1 or Labor Code section 1777.7?

Yes No

If the answer is "Yes," state the beginning and ending dates of the period of debarment:

- 6. At any time during the last five years, has SPF or any of its owners or officers been convicted of a crime involving a government contract or a government construction project, including but not limited to, fraud, false claims, kickback schemes. wage theft, etc.

Yes No

PART III. ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS (Evaluation Pass / Fail)

Organization and Structure of Business

1. State the following:
 - a. Name of SPF:

 - b. Type of business entity (i.e., corporation, partnership, sole proprietorship, joint venture);

 - c. Date of formation or incorporation:

 - d. Identify each person or entity with more than 10% ownership interest:

 - e. Identify any related business names, such as dba(s), or subsidiaries, etc.:

2. How many years has your organization been in business in California as a SPF under your present business name and license number? If the proposed SPF is a Joint Venture or Partnership, provide the information for the SPF as well as any business partners with a minimum of ten (10) percent interest in the entity.

_____ Years

3. **Has SPF been in bankruptcy at any time during the last five years?**

Yes No

If “yes,” please attach a copy of the bankruptcy petition, showing the case number and the date on which the petition was filed, and if applicable, a copy of the Bankruptcy Court’s discharge order, or of any other document that ended the case, if no discharge order was issued.

4. Are any corporate officers, partners or owners connected to any other facility services company?
NOTE: Include information about each company, describe relationship with other company, and state if an owner, partner, or officer of your company holds a similar position in another company.

Yes No

If “yes,” explain on a separate signed page.

Licenses

5. List all California business license numbers, classifications and expiration dates of the California licenses held by SPF:

6. If any of SPF's license(s) are held in the name of a corporation or partnership, list below the names of the qualifying individual(s) listed on the SPF's State Licensing Board (CSLB) records who meet(s) the experience and examination requirements for each license.

7. Has any Contractor State License Board (CSLB) license held by SPF, its Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended within the last five years?

Yes No

If "yes," please explain on a separate signed sheet.

Disputes

8. At any time in the last five years has SPF been assessed and/or paid damages in connection with any services that it has provided with either a public or private owner?

Yes No

If yes, explain on a separate signed page, identifying all such projects by owner, owner's address, and the date of completion of the project, amount of damages assessed and all other information necessary to fully explain the assessment and/or payment of such damages.

9. In the last five years has SPF, or any company with which any of SPF’s owners, officers or partners was or are associated with, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?

NOTE: “Associated with” refers to another facility services firm in which an owner, partner or officer of your firm held a similar position, and which is listed in response to question 1c or 1d on this form.

Yes No

If “yes,” explain on a separate signed page. State whether the firm involved was the firm applying for pre-qualification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project and the basis for the action.

10. At any time during the past five years, has any surety company made any payments on SPF’s behalf as a result of a default or to satisfy any claims made against a performance or payment bond issued on your firm’s behalf, in connection with a project, either public or private?

Yes No

If “yes,” explain on a separate signed page the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

11. Has SPF or any of its owners, officers or partners ever been found liable in a civil suit, administrative proceeding, or any other forum, for making any false claim, material misrepresentation, or any other fraudulent activity to any public agency or entity?

Yes No

If “yes,” explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.

12. In the last five years has your firm been denied an award of a public contract based on a finding by a public agency that your company was not a responsible bidder?

Yes No

If “yes,” explain on a separate signed page. Identify the year of the event, the owner, the project and the basis for the finding by the public agency.

**Compliance with Occupational Safety and Health Laws and with Other Labor Legislation
Safety**

13. Has a state or federal Occupational Safety and Health Administration (OSHA) cited and/or assessed penalties against SPF for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five years?

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

Yes No

If “yes,” attach a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.

14. Has a state or federal Environmental Protection Agency (EPA) or any local/regional Air Quality Management District or any Regional Water Quality Control Board cited and/or assessed penalties against either SPF or the owner of a project on which your company was the SPF, in the past five years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

Yes No

If "yes," attach a separate signed page describing each citation.

Labor Law, Prevailing Wage and Apprenticeship Compliance Record

15. Has there been more than one occasion during the last five years in which SPF was required to pay either back wages or penalties for a failure to comply with state or federal labor laws, including but not limited to, overtime wages, prevailing wage laws, or apprenticeship requirements?

Yes No

If "yes," attach a separate signed page or pages, describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay.

PART IV. Organization’s Statement of Experience and Current / Recent Projects

Name of Organization (Name must correspond exactly with License)

1. Executive Summary (Evaluation 6 Points)

SPF must summarize their compliance with the mandatory minimum requirements of Part II of this Qualification Questionnaire regarding having operated at least three (3) FOM programs. In addition, the SPF shall provide an executive summary of why they should be prequalified for the JCC FOM program and what organizational and administrative qualities they possess to ensure their commitment to responsiveness, professionalism, provision of qualified personnel, quality customer support services and solutions, and innovation using an owner-partnered approach.

Executive Summary should be a maximum of three (3) pages.

2. Relevant Projects / Programs (Evaluation 12 Points – 2 points each project)

Submit at least six (6) examples of your organization’s current and/or recent projects. Provide information for projects currently in progress, or completed with the past 24 months, that demonstrate your organization’s experience with projects of similar scope, size and complexity.

Note that at least three (3) projects / programs should demonstrate compliance with the mandatory requirements of Part II.2 above. Provide specific project related experience, relevance of scope of services, multiple facility concurrent provision of services, size and complexity. Please label responses consistent to the categories listed below and include project name, location, annual value, number of facility locations, square footage of services facilities and owner contact information (current phone and email).

At least three (3) projects / programs should demonstrate the SPF’s relevant experience with public and private clients to deliver the scope of services. Relevant projects shall include as many of the following components as applicable; including at least one (1) facility project for a public / private entity in the State of California (e.g. State of California, cities, counties, school districts, and special districts, etc.):

- Facilities with a minimum of 100,000 gross square footage area
- Court facilities
- Secure facilities
- Projects with complex interrelated building systems such as building and energy management, distribution and other related sub-systems
- Occupied buildings with Senior level personnel (i.e. Judges, Directors, Department Heads, C-Suite, etc.)

Clearly identify the relevance of each project to the potential work for the JCC. The response must be specific as to the nature and extent of all self-performed work and the role of your organization in the management of the overall project / program. List each project by name, location, year of completion, and owner's name, owner's project manager's name and current contact information including phone number. Include a description of the project / program scope of work and facility type, contract duration (start and end dates (identify optional extensions)), number of personnel associated with the project / program (on-site, mobile, account management, corporate oversight), contract type (fixed sum, cost plus, etc.) and the annual contract value of the work performed for each year the contract has been / is in effect. Photos and other graphic materials are encouraged to be submitted to help delineate each project / program.

Provide a listing of all current contracts with an annual contract value exceeding \$1,000,000. Provide the Owner name, location(s) serviced, brief description of work (i.e. engineering, maintenance, custodial, construction, on-call, etc.), commence of services date, current contract expiration date.

Relevant Project submittals should be no more than eighteen (18) pages total. The listing of current contracts is not page limited.

3. Client References. (Evaluation 12 Points – 2 points each client reference)

SPF's shall provide six (6) client references that must be from current and/or recently completed projects. Please include the following with each client reference: name of entity/firm, contact person, their phone number/email, project title, location, and start/end dates. (Client references may be duplicated from IV.2 above)

Client Reference submittals should be no more than one (1) page total.

4. Project Management Expertise (Evaluation 24 Points)

Indicate how your organization has managed, directed or participated in projects and/or programs of similar scope. **(5 Points)**

Indicate your organization's management structure, lines of authority and hierarchy. **(4 Points)**

Provide information on how work management, preventative maintenance and reactive maintenance is managed. Indicate Service Level Agreement (SLA) best practices and demonstrated experience in meeting or exceeding SLA, Key Performance Indicator (KPI) management and reporting. Provide project and/or program costs management and reporting, quality management and how Corporate / Management involvement in account management are maintained throughout a project and/or program. **(5 Points)**

Indicate how communications between the various stakeholders (owner, occupants, and inspectors) and the SPF are managed to ensure all project requirements are addressed and met. This should include both on-site personnel and home office staff. **(4 Points)**

Provide a minimum of one sample monthly and one quarterly reporting format for a relevant project and/or program above. **(3 Points)**

Provide reporting dashboard graphics and/or examples for portfolio reporting and for a facility within that portfolio. **(3 Points)**

Project Management Experience should be no more than ten (10) pages total. No limit to the sample reports and dashboard(s) example(s).

5. Quality Control (Evaluation 18 Points)

Describe your organization's philosophy for producing quality service and your approach to quality control. **(6 Points)**

Provide information on how you handle minimizing work callbacks and typical response time(s) for callbacks. (Typical response time is from initial request by Owner to final resolution of issue to Owner's established requirements.) **(6 Points)**

Describe how coordination is achieved and communicated to technicians, managers, SPF personnel and Owner personnel on projects and/or programs of similar size, scope and complexity. **(6 Points)**

Quality Control should be no more than four (4) pages total.

6. Key Personnel / Organizational Approach (Evaluation 20 Points)

Provide proposed key personnel's qualifications, experience, length of employment with company, and training to competently manage this project. Key personnel shall include principal(s), or officer(s) having overall project and/or program responsibility and others involved in the overall management of the Contract. (10 Points)

Provide an overview of how your organization intends to structure on-site management operations and interface with the home office, owner, specialty contractors and JCC representatives during the delivery of facility services for a Region or multiple Regions. **(5 Points)**

The SPF is to state the minimum qualifications and experience, by position, for technicians and other personnel that will be directly working on JCC facilities / assets. **(5 Points)**

Key Personnel resumes should each be a maximum of two (2) pages per individual, with a limit of ten (10) resumes. In addition, the overview of organization should be a maximum of ten (10) pages.

7. Safety Program (Evaluation 8 Points)

Describe in general terms your organization’s safety program. The JCC is committed to the safety of the work being done, all employees, the existing staff on-site, the surrounding community, visitors and the environment. While the JCC has the responsibility for conducting business in a manner that strives to prevent accidents, the SPF will have primary responsibility for safety in the area that they are performing work and with the associated system(s) that they may be performing service on.

Safety Program should be a maximum of four (4) pages.

SAMPLE FORMAT - Example Project and/or Program Description and Information

Names and references must be current and verifiable. Use separate sheets that contain all of the following information:

Project / Program Name: _____

Location(s) Served: _____

Annual Volume (\$): _____

Total Value of Base Project / Program (identify scope additions / extensions):

Number of Facilities Served: _____

Square Footage of Facilities Served: _____

Description of Project / Program, Scope of Work Performed:

Relevance of Project / Program and Scope of Services to the JCC FOM Program:

Owner Entity: _____

Owner Contact with direct knowledge of delivery of services (name, current phone number and email):

Owner Contact with contractual oversight of project / program (if different) (name, current phone number and email):

NOTE: Include information to address all the previously listed categories.

PART V. ATTACHMENTS REQUIRED

Name of Organization (Name must correspond exactly with License)

The following documents are to be provided to the JCC by the Organization.

- Exhibit 1 - Current Copy of Organization’s California License(s)**
- Exhibit 2 - Proof of Contractor’s Liability Insurance (i.e. Certificate of Insurance)**
- Exhibit 3 - Notarized Statement from Worker’s Compensation Insurance Carrier**

Exhibit 1 – Current Copy Organization’s California License(s)

Exchange this page for a current copy of your organization’s California Contractor’s License(s).

Exhibit 2 – Evidence of Contractor’s Liability Insurance

Exchange this page for documentation of Contractor’s current liability insurance, including commercial liability coverage, automobile coverage, excess liability coverage, etc. (i.e. Certification of Insurance).

Exhibit 3 – Notarized Statement from Worker’s Compensation Insurance Carrier

Exchange this page for a Notarized Statement from your Workers Compensation Carrier providing evidence of Contractor Workers Compensation Coverage.