



REQUEST FOR STATEMENT OF QUALIFICATIONS (RFQ) B21/22-15
For
GENERAL CONTRACTORS, MECHANICAL,
ELECTRICAL AND PLUMBING SUBCONTRACTORS

LAS POSITAS COLLEGE (LPC)
AGRICULTURE SCIENCE VITICULTURE FACILITY

Due July 7, 2022 at 2pm
7600 Dublin Blvd. 3rd Floor
Dublin, CA

REQUEST FOR STATEMENT OF QUALIFICATIONS (RFQ) B21/22-15
For
GENERAL CONTRACTORS, MECHANICAL,
ELECTRICAL AND PLUMBING SUBCONTRACTORS

INTRODUCTION

The District is soliciting General Contractors, Mechanical, Electrical and Plumbing to provide comprehensive contracting services for the Agricultural Sciences: Viticulture Facility at the Las Positas College Campus, located at 3000 Campus Hill Drive in Livermore, California.

PROJECT DESCRIPTION

See Attachment A Qualification Form and Attachment B Plans.

Advertisement Dates: June 3, 2022 & June 10, 2022

RFI Date: June 17, 2022

Addendum (if Required) June 23, 2022

Submittal Due Date: July 7, 2022 at 2PM

Notice of Qualification: July 14, 2022

Tentative Project Bid: July 22, 2022

The District reserves the right to reject any or all qualifications and to waive any irregularities or informalities in the RFQ process.

SUBMITTAL AND SELECTION PROCEDURE

A. SUBMITTAL REQUIREMENTS

Applicants must follow and submit the required Qualification Application Format.

B. SELECTION PROCESS

The District shall review the respondents submitted Application to determine qualification.

To be considered by the Selection Committee, Respondents must submit a written response(s) to this RFQ which addresses each and all of the requirements of this RFQ for the services to which they are submitting. It is mandatory that responses to this RFQ be submitted to the following no later than **2:00 PM (Pacific Daylight Time), on Thursday, July 7, 2022.**

Chabot- Las Positas Community College District
7600 Dublin Boulevard, 3rd Floor Dublin CA 94568
Attention: Marie Hampton, Purchasing and Warehouse Manager
Email: MHampton@clpccd.org

Bids delivered by USPS, Fed Ex, or UPS are not guaranteed to be received by the Bond Buyer prior to submittal cut time. It is the bidder's responsibility to ensure delivery. Faxed or emailed Statement of Qualifications packages will not be accepted.

Submittals must be submitted in a sealed envelope labeled "Bid No.: B21/22-15 Las Positas College (LPC) Agriculture Science Viticulture Facility Project" including one (1) original hard copy and a complete electronic copy on a thumb drive.

No other collateral or reference materials should be submitted. Respondents are solely responsible for timely submission of RFQ responses to the designated location prior to the latest time for submission.

The District will reject summarily as Non-Responsive any RFQ response which are submitted after the date/time set forth above or which is considered by the District, in sole and absolute discretion, as Non-Responsive to the material requirements of the RFQ.

The District reserves the right to cancel or amend this RFQ by issuance of written addenda. If addenda(s) to this RFQ are issued, respondents must acknowledge receipt of addenda in their RFQ responses and RFQ responses must address materials/requirements relating to this RFQ as described in addenda(s) issued by the District. Failure to acknowledge and respond to any addenda(s) issued by the District may render the Respondent's RFQ submittal to be deemed Non-Responsive and it may be rejected.

There is no guarantee expressed or implied that the District will provide work to all or any of the Respondents that submit a response to this RFQ.

The District retains the sole discretion to determine issues of compliance and to determine whether a submittal to this RFQ is responsive, responsible and qualified, and waive any irregularities in any response received to this RFQ.

Inquiries regarding this RFQ should be directed to Marie Hampton, Manager of Purchasing and Warehouse Services (mhampton@clpccd.org) and Michael McClung, Buyer, Bond Program (mmcclung@clpccd.org). Reference "Bid No.: B21/22-15 Las Positas College (LPC) Agriculture Science Viticulture Facility Project" on all inquiries.

ATTACHMENT A

Introduction and Summary: The undersigned Applicant requests that Chabot-Las Positas Community College District ("District") pre-qualify the Applicant to bid on the District's Design-Bid-Build (DBB) at Las Positas College (LPC) Agriculture Science Viticulture Facility ("Project"). The Project is a Viticulture Facility, complete with a classroom facility, faculty space, a crush pad, equipment storage, and wine production facility with cold rooms to house the barrels of wine. It is estimated that the total area of the site is 2 Acres, with buildings estimated at 6,200SF. It is the expectation of the District that the Project will commence Fall 2022. Contractors are advised that Viticulture Facility construction is considered specialized construction. It is highly recommended that Contractor and Subcontractor applicants have some background in Viticulture Facility Construction.

1. Applicant Information. Complete the following to provide information about the Applicant.

| | | |
|---|---|---|
| Firm/Company Name | _____ | |
| Physical Office Location | _____ (Address) _____ (City, State and Zip Code) | |
| Mailing Address (if different from physical office address) | _____ (Address) _____ (City, State and Zip Code) | |
| Applicant Contacts | _____ (Name) _____ (Phone) _____ (email) | _____ (Name) _____ (Phone) _____ (email) |
| Applicant California Contractors' License | _____ (License No.) _____ (Expiration Date) _____ (Classifications) | |
| Number of Years Applicant has held current License(s) | | |
| Number of Years Applicant has done business in CA under current listed license(s) | | |
| Applicant Self Performance Work | | |
| Applicant DIR Registration | _____ (DIR Registration No.) _____ (Expiration Date) | |

2. Applicant Annual Revenue. Complete the following. If the Applicant is engaged in business enterprises other than construction, responses to the following are limited to the Applicant's construction operations.

| Calendar Year/ Fiscal Year | Annual Gross Revenue | Average Dollar Value of all Contracts | Dollar Value of Largest Contract |
|-------------------------------|----------------------|--|-------------------------------------|
| 2019 (FY 2018/2019) | | | |
| 2020 (FY 2019/2020) | | | |
| 2021 (FY 2020/2021) | | | |

3. Applicant Insurance and Bonding. Complete the following for the Applicant's current General Liability Insurance, Workers Compensation Insurance, EIR and bonding capacity.

| | | |
|--|--|--|
| <p>General Liability Insurance</p> | <p>Insurer: _____</p> <p>Policy No. _____</p> <p>Broker _____</p> <p>_____ (Liability Insurance Broker Contact Name)</p> <p>_____ (Street Address)</p> <p>_____ (City, State & Zip Code)</p> <p>(____) _____ (____) _____ Telephone Fax</p> <p>_____ Email address</p> | <p><u>Coverage Limits:</u></p> <p>Per Occurrence: _____ Dollars (\$ _____)</p> <p>Aggregate: _____ Dollars (\$ _____)</p> |
| <p>Bid, Performance and Labor & Materials Payment Bonds</p> | <p>Surety: _____</p> <p>Surety Broker _____</p> <p>_____ (Surety Broker Contact Name)</p> <p>_____ (Street Address)</p> <p>_____ (City, State & Zip Code)</p> <p>(____) _____ (____) _____ Telephone Fax</p> <p>_____ (Email address)</p> | <p><u>Bonding Capacity:</u></p> <p>Maximum Per Project: _____ Dollars (\$ _____)</p> <p>Maximum All Projects _____ Dollars (\$ _____)</p> |
| <p>Workers Compensation Insurance</p> | <p>Insurer: _____</p> <p>Policy No. _____</p> <p>Broker _____</p> <p>_____ (Broker Contact Name)</p> <p>_____ (Street Address)</p> <p>_____ (City, State & Zip Code)</p> <p>(____) _____ (____) _____ Telephone Fax</p> <p>_____ (Email address)</p> | |
| <p>Experience Modification Rate</p> | <p>Please list your EMR Rate _____ If above 0.96 at any time during the past five (5) years, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s)</p> | |

PAGE INTENTIONALLY LEFT BLANK

4. **Current Public Works Projects.** Complete the following to identify all public works construction projects for which the Applicant is under contract as of the date of submitting this Application. Duplicate this page as necessary to identify **all** of the Applicant's current public works projects.

| Project Description | Owner and Owner Contact Information | Architect and Architect Contact Information | Contract Information |
|---------------------|---|---|--|
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Contract Value <hr/> Applicant Scope of Work <hr/> Percentage Complete; Applicant Work <hr/> Percentage Complete; Overall Project |
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Contract Value <hr/> Applicant Scope of Work <hr/> Percentage Complete; Applicant Work <hr/> Percentage Complete; Overall Project |
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Contract Value <hr/> Applicant Scope of Work <hr/> Percentage Complete; Applicant Work <hr/> Percentage Complete; Overall Project |

5. Prior Public Works Projects. Complete the following to identify all public works construction projects for which the Applicant completed in the three (3) years preceding the date of submitting this Application. Duplicate this page as necessary to identify ***all*** of the Applicant's public works projects completed in the preceding three (3) years.

| Project Description | Owner and Owner Contact Information | Architect and Architect Contact Information | Contract Information |
|---------------------|---|---|--|
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value |
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value |
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value |

6. Viticulture Facility Construction Experience: Complete the following to identify all Viticulture Construction Projects Applicant is currently working on or has worked on in the last five (5) years. Use additional sheets as necessary. In the description state whether the Project was for a public or private owner.

| Project Description | Owner and Owner Contact Information | Architect and Architect Contact Information | Contract Information |
|---------------------|---|---|--|
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value |
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value |
| <hr/> | <hr/> Owner Name <hr/> Owner Contact Person <hr/> Owner Contact Phone Number <hr/> Owner Contact email | <hr/> Architect Name <hr/> Architect Contact Person <hr/> Architect Contact Phone Number <hr/> Architect Contact email | <hr/> Applicant Scope of Work <hr/> Applicant's Original Contract Value <hr/> Applicant's Final Contract Value |

7. References. Complete the following to identify Applicant's references.

| DSA Inspectors References | | | |
|---------------------------|--|----------------|---|
| DSA Inspector Firm Name | Address | Contact Person | Contact information |
| _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ | _____ (Contact Phone Number) _____ (Contact email) |

| Material Supplier References | | | |
|------------------------------|--|----------------------------------|---|
| Material Supplier Name | Material Supplier Address | Material Supplier Contact Person | Material Supplier Contact information |
| _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ | _____ (Contact Phone Number) _____ (Contact email) |

| Public Agency Owners (California K-12 or Community College Owners Preferred) | | | |
|--|----------------------|--|---|
| Owner Name | Owner Contact Person | Owner Address | Owner Contact information |
| _____ | _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ (Contact Phone Number) _____ (Contact email) |

| Architect References | | | |
|----------------------|--------------------------|--|---|
| Architect Name | Architect Contact Person | Architect Address | Architect Contact information |
| _____ | _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ (Contact Phone Number) _____ (Contact email) |
| _____ | _____ | _____ (Street Address) _____ (City, State and Zip Code) | _____ (Contact Phone Number) _____ (Contact email) |

8. Essential Questions. An Applicant will not be pre-qualified if the response to any of the following essential questions results in a “Not Qualified” designation.

- 5.1. The Applicant possesses a valid and currently in good standing California Contractors’ license for the trade category (ies) for which the Applicant requests pre-qualification.
 Yes No (Not Qualified)
- 5.2. The Applicant is a DIR registered contractor.
 Yes No (Not Qualified)
- 5.3. Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$2,000,000 per occurrence and \$4,000,000 in the aggregate.
 Yes No (Not Qualified)
- 5.4. Applicant has a current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code § 3700.
 Yes No (Not Qualified)
 Applicant is exempt from this requirement, because it has no employees
- 5.5. Applicant has bonding capacity of at least Two Hundred Thousand Dollars (\$200,000) per project and One Million Dollars (\$1,000,000) in the aggregate for all projects.
 Yes No (Not Qualified)
- 5.6.** Within the past twenty-four (24) months, has the Applicant provided public works construction services under a direct contract with a public owner where the value of the construction services provided:
- 5.6.1. by the Applicant serving as a General (Prime) Contractor was greater than \$8,000,000?
 Yes No (Not Qualified)
- 5.6.2. by the Applicant serving as a subcontractor and requesting prequalification as a subcontractor was greater than \$500,000?
 Yes No (Not Qualified)
- 5.7. The Applicant is ineligible or debarred from submitting bid proposals for public works projects or public works contracts pursuant Labor Code § 1777.1 or Labor Code § 1777.7.
 Yes (Not Qualified) No
- 5.8. Within the past five (5) years, a public agency has determined that the Applicant or any predecessor to the Applicant is not a “responsible” bidder for a public works project or a public works contract.
 Yes (Not Qualified) No
- 5.9. During the past five (5) years, the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant been convicted of a federal or state crime involving fraud, theft, or any other act of dishonesty.
 Yes (Not Qualified) No
- 5.10. During the past five (5) years a Surety has completed any project or the Applicant’s obligations under a construction contract.
 Yes (Not Qualified) No

- 5.11. During the past five (5) year's, has the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant paid Liquidated Damages (LD's) on a construction contract?
 Yes (Not Qualified) No

- 5.12. During the past five (5) year's has the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant had a subcontractor or supplier filed liens or stop notices for Labor and/or materials on a construction contract.
 Yes (Not Qualified) No

- 5.13. The Applicant's Worker's Compensation Insurance prior five (5) year average Experience Modification Rating ("EMR") rating over the past five (5) years is more than 0.96.
 Yes (Not Qualified) No

- 5.14. The Applicant's Worker's Compensation Insurance current average Experience Modification Rating ("EMR") rating is more than 0.96
 Yes (Not Qualified) No

- 5.15. CAL OSHA or OSHA has cited and assessed penalties against the Applicant for "serious and willful" or "repeat" violations of its safety or health regulations in the past five (5) years.
 Yes (Not Qualified) No

9. Authority and Certification. The undersigned is duly authorized to execute this Pre-Qualification Application under penalty of perjury on behalf of the above-identified Applicant. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Pre-Qualification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Pre-Qualification Application. The undersigned declares and certifies that the responses to this Pre-Qualification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading; and there are no misstatements of fact in any of the responses. The Applicant acknowledges and agrees that if the District determines that any response herein is false or misleading or contains misstatements of fact, the Applicant will not be deemed qualified to participate in the District's Project.

Executed this ____ day of _____, 2022_ at _____
(City and State)

I declare under penalty of perjury under California law that the foregoing is true and correct.

By: _____

Title: _____