**CONTRACTOR PREQUALIFICATION DOCUMENTS**

**FOR**

**PROJECT NO. JOC 2026**

**GENERAL CONSTRUCTION**

**FACILITIES PLANNING AND DEVELOPMENT**

**UC DAVIS HEALTH**

**OCTOBER 2025**

# CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

**For**

**PROJECT NO. JOC 2026**

**GENERAL CONSTRUCTION**

**FACILITIES PLANNING & DEVELOPMENT**

**UC DAVIS HEALTH**

**SACRAMENTO, CALIFORNIA**

Each prospective bidder must have the appropriate contractor’s license required by the State of California and must complete and submit all portions of this Prequalification Questionnaire.

Each prospective bidder must answer all applicable questions and provide all requested information. Any prospective bidder failing to do so may, at the sole discretion of the University of California, be deemed to be not responsive and not responsible with respect to this Prequalification.

Each prospective bidder must submit all requested information on these forms only, with attachments if requested and applicable. All Bidders that have submitted a Prequalification Questionnaire will be notified in writing of whether or not they have successfully achieved Prequalification status.

The undersigned declares under penalty of perjury that the Prequalification information submitted with this form is correct, complete, and not misleading and that this declaration was executed

|  |  |  |  |
| --- | --- | --- | --- |
| in |  | County, California, on |  |

|  |
| --- |
|  |
| **(Bidder Name)** |
|  |
|  |
| **(Name and Title of Bidder’s Contact Person for Questions)** |
|  |
|  |
| **(Address)** |
|  |
|  |
| **(City, State, Zip Code)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **(Telephone Number)** |  | **(Fax Number)** |  | **(Email Address)** |

|  |
| --- |
|  |
| **(Signature)** |
|  |
|  |
| **(Typed Name and Title)** |

**Any bidder who fails to meet the criteria listed in this Prequalification Questionnaire will not be considered qualified and will be deemed as not responsive. Only those Bidders that have been determined to be prequalified will be eligible to submit a bid for this Project.** If the prospective Bidder is determined by the University not to be prequalified, the prospective Bidder may request a review by the University. Any such request must be received by Facilities Planning & Development (Attn: Leila Couceiro, Contracts Manager [lccouceiro@health.ucdavis.edu](mailto:lccouceiro@health.ucdavis.edu)) within 3 calendar days after receipt by the prospective Bidder of the determination. The decision resulting from such review is final and is not appealable within the University of California. Any person or entity not satisfied with the outcome of the prequalification must file a writ challenging the outcome within 10 calendar days from the date of the University's written notice regarding prequalification determination. Any assertion that the outcome of the prequalification process was improper will not be a ground for a bid protest.

Information submitted in response to Sections VII and IX of this Prequalification Questionnaire will be considered official information acquired in confidence, and the University of California will maintain its confidentiality unless (1) the University determines that it is required to release the information to a third party pursuant to the requirements of the California Public Records Act or (2) the University is required by court order to release the information to a third party pursuant to the requirements of the California Public Records Act. In the event that the University receives a request pursuant to the California Public Records Act and the University determines that it is required to disclose information marked “confidential” by the provisions of the California Public Records Act, the University will notify the prospective bidder of the pending disclosure at least 72 hours prior to such disclosure so that the prospective Bidder may seek a restraining order in advance of such disclosure. The University shall err on the side of transparency and will generally treat information provided by the prospective bidder that is not marked “confidential” as subject to disclosure pursuant to the California Public Records Act. Likewise, any decision by the University that any document is subject to disclosure pursuant to the California Public Records Act shall not prevent the University from making a subsequent determination that any document is not subject to disclosure pursuant to the California Public Records Act.

**In all instances in this form, "qualifying project" means a project which must meet ALL of the following:**

1. Project work took place in the following medical facility environment:
   1. Tenant Improvement or remodel in a licensed HCAI facility Type 1 that remained operational during your construction project.
2. Project work took place where infection prevention measures were required throughout construction following ICRA Class III or IV protocols.
3. Project had a full-time Supervisor present in the above described settings during ALL construction activities – days, evenings, swing, weekends.
4. Project was completed within the last five (5) years.
5. Your firm’s construction contract cost was at least $150,000 as awarded (excluding change orders).
6. Your firm investigated and verified facility existing conditions to develop and implement a documented process (e.g. MOPs) to complete project work.

**I. License**

A. Does your firm hold the following California Contractors license, which is current, active and in good standing with the California Contractors State License Board for work you propose to bid?

|  |  |
| --- | --- |
| License Classification: | General Building Contractor |
|  |  |
| License Code: | B |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

If yes, provide the following information about your firm's contractor’s license:

(1) Name of license holder exactly as on file with the California Contractors State License Board:

(2) License number:

(3) Date issued:       (4) Expiration date:

B. List other active Contractor License(s) held by your firm:

1. Can you truthfully state that your firm's contractor’s license(s) listed above has not been suspended or revoked for any reason related to performance of work as a contractor by the California Contractors State License Board within the last ten (10) years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

1. Is your firm registered with the Department of Industrial Relations (DIR)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

Registration No.:

**II. Qualifying Project Experience**

1. Has your firm successfully completed at least three (3) qualifying projects in the past five (5) years? Refer to top of page for the definition of "qualifying project".

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**If yes, provide the following information for such project on the following qualifying project data form pages only.**

**PROJECT 1 DATA SHEET**

1. Project Name:
2. Project Location (full address):

City:       State:       Zip:

Was work done in a hospital or licensed outpatient clinic?

1. Project Description (be specific):

1. Description of Work performed (be specific):

5. Class of Infection Control Risk Assessment:

6. Describe ICRA containment procedures and protocols used throughout the project and who was responsible for maintaining daily requirements:

7. Did the project work include construction performed concurrently on another floor where the work area was occupied?

Yes:  No:

1. Did the project include requirements for interim life safety measure protocols (ILSM)?

Yes:  No:

1. Did the project have a full-time Superintendent present in the above described settings during ALL construction activities – days, evenings, swing-shift, weekends?

Yes:  No:

1. Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns and tie-ins, ILSMs, Inspection Requests and coordinate ongoing Inspections?

Yes:  No:

|  |  |  |
| --- | --- | --- |
| 11. | Work Completed As: | Contractor  Subcontractor |
| a. | Owner Name: |  |
| b. | Owner Address: |  |
| c. | Owner Telephone Number: |  |
| d. | Owner Contact Person’s Name: |  |
| e. | Owner Contact Email Address: |  |
| 12. | Date Notice of Completion filed for qualifying project: |  |
| 13. | Original Construction Contract Award amount as awarded (without Change Orders): | $ |
| 14. | Final Construction Contract Amount: | $ |
| 15. | Original Contract Time (calendar days): |  |
| 16. | Final Contract Time (calendar days): |  |
| 17. | Number of Days Liquidated Damages Assessed (calendar days): |  |
| 18. | Name of your Project Manager: |  |
| 19. | Name of your Superintendent: |  |

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**PROJECT 2 DATA SHEET**

1. Project Name:
2. Project Location (full address):

City:       State:       Zip:

Was work done in a hospital or licensed outpatient clinic?

1. Project Description (be specific):

1. Description of Work performed (be specific):

5. Class of Infection Control Risk Assessment:

6. Describe ICRA containment procedures and protocols used throughout the project and who was responsible for maintaining daily requirements:

7. Did the project work include construction performed concurrently on another floor where the work area was occupied?

Yes:  No:

1. Did the project include requirements for interim life safety measure protocols (ILSM)?

Yes:  No:

1. Did the project have a full-time Superintendent present in the above described settings during ALL construction activities – days, evenings, swing-shift, weekends?

Yes:  No:

1. Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns and tie-ins, ILSMs, Inspection Requests and coordinate ongoing Inspections?

Yes:  No:

|  |  |  |
| --- | --- | --- |
| 11. | Work Completed As: | Contractor  Subcontractor |
| a. | Owner Name: |  |
| b. | Owner Address: |  |
| c. | Owner Telephone Number: |  |
| d. | Owner Contact Person’s Name: |  |
| e. | Owner Contact Email Address: |  |
| 12. | Date Notice of Completion filed for qualifying project: |  |
| 13. | Original Construction Contract Award amount as awarded (without Change Orders): | $ |
| 14. | Final Construction Contract Amount: | $ |
| 15. | Original Contract Time (calendar days): |  |
| 16. | Final Contract Time (calendar days): |  |
| 17. | Number of Days Liquidated Damages Assessed (calendar days): |  |
| 18. | Name of your Project Manager: |  |
| 19. | Name of your Superintendent: |  |

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**PROJECT 3 DATA SHEET**

1. Project Name:
2. Project Location (full address):

City:       State:       Zip:

Was work done in a hospital or licensed outpatient clinic?

1. Project Description (be specific):

1. Description of Work performed (be specific):

5. Class of Infection Control Risk Assessment:

6. Describe ICRA containment procedures and protocols used throughout the project and who was responsible for maintaining daily requirements:

7. Did the project work include construction performed concurrently on another floor where the work area was occupied?

Yes:  No:

1. Did the project include requirements for interim life safety measure protocols (ILSM)?

Yes:  No:

1. Did the project have a full-time Superintendent present in the above described settings during ALL construction activities – days, evenings, swing-shift, weekends?

Yes:  No:

1. Was your firm responsible to pre-coordinate, schedule, and submit formal utility shutdowns and tie-ins, ILSMs, Inspection Requests and coordinate ongoing Inspections?

Yes:  No:

|  |  |  |
| --- | --- | --- |
| 11. | Work Completed As: | Contractor  Subcontractor |
| a. | Owner Name: |  |
| b. | Owner Address: |  |
| c. | Owner Telephone Number: |  |
| d. | Owner Contact Person’s Name: |  |
| e. | Owner Contact Email Address: |  |
| 12. | Date Notice of Completion filed for qualifying project: |  |
| 13. | Original Construction Contract Award amount as awarded (without Change Orders): | $ |
| 14. | Final Construction Contract Amount: | $ |
| 15. | Original Contract Time (calendar days): |  |
| 16. | Final Contract Time (calendar days): |  |
| 17. | Number of Days Liquidated Damages Assessed (calendar days): |  |
| 18. | Name of your Project Manager: |  |
| 19. | Name of your Superintendent: |  |

**[This space intentionally left blank]**

**III. Staff Experience**

1. Is your firm willing to commit to assigning to the position of Project Manager and full-time Superintendent, so long as the candidate remains in your employ, the candidate identified in Paragraphs B & C below for the UC Davis Health JOC contract?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

B. PROPOSED PROJECT MANAGER CANDIDATE

(1) Name:

(2) Years employed by your firm:       years

(3) Present position/job function within your firm:

(4) Years in present position/job function:       years

(5) Name of qualifying project successfully completed within the last five (5) years. Refer to top of page 2 for the definition of "qualifying project".

(5a) Project Name & Location:

(5b) Project Description:

(5c) Description of work performed (be specific):

(5d) Original Construction Contract Award Amount (as awarded): $

(5e) Project completion date:

(5f) Name, telephone number, and email address of Owner:

1. List of other projects successfully completed within the last five (5) years. (Please attach.)

C. PROPOSED SUPERINTENDENT CANDIDATE

1. Name:

(2) Years employed by your firm:       years

(3) Present position/job function within your firm:

(4) Years in present position/job function:       years

(5) Name of qualifying project successfully completed since within the last five (5) years. Refer to top of page 2 for the definition of "qualifying project".

(5a) Project Name & Location:

(5b) Project Description:

(5c) Description of work performed (be specific):

(5d) Original Construction Contract Award Amount (as awarded without Change Orders): $

(5e) Project completion date:

(5f) Name, telephone number, and email address of Owner:

(6) List of other projects successfully completed within the last five (5) years. (Please attach.)

D. Provide an organizational chart with personnel titles and names specific to this project.

**IV. Management Plan**

A. Does your firm have a written project management plan that you will commit to using for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**V. Quality Assurance/Quality Control (QA/QC)**

A. Does your firm have a written Quality Assurance/Quality Control program that you will commit to using for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**VI. Prior Disqualification**

A. Has your firm been formally disqualified from performing work for any public entity for poor performance or alleged fraud within the last ten (10) years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**VII. Claims History**

A. Has your firm had four (4) or more unsuccessful claims within the last ten (10) years?

As used in the preceding sentence, an unsuccessful claim means:

(a) a claim in excess of $50,000 filed against Contractor, its surety, subcontractor, supplier and/or manufacturer by Owner for damages, defects, breach of contract, breach of warranty, poor workmanship, incomplete performance or delays which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision with the result that Contractor, its surety, insurer, subcontractor, supplier and/or manufacturer was required to make payment (payments include amounts deducted from back-charged or credited against Contractor's Contract and are calculated by adding together the total amounts paid by Contractor, sureties, insurers, subcontractors, suppliers and manufacturers) to Owner in an amount equal to or exceeding eighty percent of the amount claimed, **or**

(b) a claim in excess of $50,000 filed against an Owner by Contractor, its surety, insurer or subcontractor, excluding claims to the extent such claims seek enforcement of a stop notice against Contractor's undisputed Contract Balance, which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision with the result that the total amount received by Contractor, its surety, insurer and subcontractor did not equal or exceed twenty percent of the amount claimed.

References to subcontractors, suppliers and manufacturers in paragraphs (a) and (b) above include all tiers, whether or not the subcontractor, supplier or manufacturer has a contract directly with the Contractor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**VIII. Safety**

A. Does your firm have a written safety program that you will commit to using for this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

B. Do you conduct and document project safety inspections?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

If yes, who conducts and documents the inspection (**Name and Title**):

How often? Weekly  Biweekly  Monthly

1. Name of Company Safety Director:

Safety Director will report directly to (**Name and Title**):

**IX. Surety**

A. Is your firm able to obtain bonding for $5,000,000 if awarded the Job Order Contract?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

1. Can you truthfully state that NO SURETY has paid out any monies on claims on the performance bond issued for the benefit of the Owner arising out of the construction activities within the last 5 years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**X. Ability to Work in Concurrent Contracts**

Your firm must demonstrate experience in performing at least five projects concurrently, each with a minimum value of $50,000 and completed in the past five years with overlapping schedules. List five (5) renovation/repair projects in California that meet these requirements. One of the five projects must have been performed for a public agency. If claims were filed on any project listed, attach an explanation. Provide all requested information on this form. Ensure all contact information is current and correct; references will be secured. Failure to provide this information will result in disqualification of your firm from bidding this contract.

|  |  |  |
| --- | --- | --- |
| 1) Owner/Agency name, location: | Project name, description: | |
| Owner’s contact name: | Completed contract value: | |
| Contact current phone no.: | Start date: | Completion date: |
| Contact current e-mail address: | Completed on time? | Were claims filed? |
|  | | |
| 2) Owner/Agency name, location: | Project name, description: | |
| Owner’s contact name: | Completed contract value: | |
| Contact current phone no.: | Start date: | Completion date: |
| Contact current e-mail address: | Completed on time? | Were claims filed? |
|  | | |
| 3) Owner/Agency name, location: | Project name, description: | |
| Owner’s contact name: | Completed contract value: | |
| Contact current phone no.: | Start date: | Completion date: |
| Contact current e-mail address: | Completed on time? | Were claims filed? |
|  | | |
| 4) Owner/Agency name, location: | Project name, description: | |
| Owner’s contact name: | Completed contract value: | |
| Contact current phone no.: | Start date: | Completion date: |
| Contact current e-mail address: | Completed on time? | Were claims filed? |
|  | | |
| 5) Owner/Agency name, location: | Project name, description: | |
| Owner’s contact name: | Completed contract value: | |
| Contact current phone no.: | Start date: | Completion date: |
| Contact current e-mail address: | Completed on time? | Were claims filed? |
|  | | |

**XI. Liquidated Damages**

A. Has your company ever been assessed liquidated damages for delaying a project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**XII. Terminations**

A. Has your firm been terminated from any University of California contract in the last five years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**XIII. Completed Questionnaire**

A. Have you answered all questions and provided all information required in this PREQUALIFICATION QUESTIONNAIRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

B. Have you signed the Declaration on the front page of this PREQUALIFICATION QUESTIONNAIRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES: |  |  | NO: |  |

**[End of Contractor Prequalification Questionnaire]**