



## **Consultant Qualification Application**

### **I. Introduction**

California enacted Prop 35 in 2000 and it requires a competitive selection process for hiring Construction Consultants. Accordingly, the Board of Trustees of the San Mateo County Community College District has determined that construction consultants who wish to do business with the District, and its three colleges, College of San Mateo, Skyline College and Cañada College, should complete the Consultant Qualification Application. The completed and successful Application will allow consultants the opportunity to prequalify with the District. In broad terms a successful outcome of this process means that the District will consider Consultant's qualifications when assessing the need for professional expertise on future projects. The District will provide a complete listing of qualified Consultants on its website at:

<http://www.smccd.edu/accounts/facilities/planconstruct/ArchitecturalServices.html>

The District recently completed the first phase of its Capital Improvement Program (CIP) in Spring of 2007. Planning for the second phase of CIP began in the early 2006. The Construction Planning Department (CPD) expects that the \$468 million funding from Measure A will finance construction activities through the year 2013. In addition to the funds from Measure A, the District will supplement its budget with an additional, estimated \$85 million of State Capital Outlay funding.

### **II. General Conditions**

#### **A. Submittal Overview**

Professional consultants must complete the attached Application in order for the District to consider prequalification status. The District understands that all information submitted for evaluation is official information acquired in confidence. Accordingly, the District will maintain confidentiality to the extent permitted by law. All submitted Applications become the property of the District.

- The District's review includes an appraisal of the candidates' background, project experience and project successes. If necessary, the District may request a personal interview.
- Submission of an Application does not imply that the District will automatically provide District projects to the consultant. The District will base selection for future projects on the Consultants qualifications and the applicability of their skill set to the project requirements. However, without completion of this process, selection of the consultant for District project will not be a viable option for the District.
- Submitters may withdraw their Application by written request, or by telegraphic request confirmed in the manner specified above, at any time.
- Submission of a signed Application will be interpreted to mean that the Submitter has thereby agreed to all conditions, instructions, descriptions and specifications contained

herein. Further, by taking place in the prequalification process, the District understands that the consultants have read and agree to the District's Professional Services Agreement (PSA). Sample PSA's can be found at :

[http://www.smccd.edu/accounts/facilities/planconstruct/NTC\\_Default\\_1.html](http://www.smccd.edu/accounts/facilities/planconstruct/NTC_Default_1.html)

- At its discretion, the District reserves the right to reject submittals or waive any irregularities or informalities therein. The acceptance of a submitted application creates no obligation on the part of the District.
- If applicable, professional consultants who are submitting applications to the District must indicate deviations in a separate specification sheet attached to the Application.
- In the event of any conflicts or ambiguities between these instructions and State or Federal laws, regulations or rules, then the latter shall prevail.
- The consultant's completed application shall be clear and concise. It shall demonstrate fully that the consultant has considerable experience and expertise, in addition to the knowledge of the requirements to consult for the District.

## **B. Interpretation of Qualification Application**

Any explanation requested by an Applicant regarding the meaning or interpretation of this Request for Statements of Qualification must be requested in writing to [plan@smccd.edu](mailto:plan@smccd.edu) . Oral explanations or instructions will not be binding. In the interest of fairness and an open process, the District will furnish information provided to prospective Applicant concerning this Request for Qualification to all prospective Applicants as an Addendum to the application Documents on a designated web site [www.smccd.edu/plan](http://www.smccd.edu/plan).

If the District determines that a consultant does not qualify because of responses to this application form, the consultant retains the right to request a formal, written response from the Construction Planning Department of San Mateo Community College District explaining the decision. The District will work diligently to ensure that consultants are able to meet prequalification requirements based on their professional history.

## **C. Acknowledgement and Release**

The District reserves the right, for the sole purpose of evaluating consultants, to make inquiries as permitted by law.

By signature and date on this document, the consultant authorizes any financial institution, credit reporting agency and/or service, legal firm or any other type of business, agency or individual named within this document to release to the District (or District's designated representative) any and all information as that information relates, or could relate, to their ability to evaluate the background, stability and general worthiness of this applicant to perform current or future architectural, engineering and professional service construction consultant activities if approved and awarded a contract by the District.

This Acknowledgement and Release shall remain in effect until the applicant, in writing, requests that the District cease any attempt to evaluate the potential approved applicant for architectural, engineering and professional construction consultant services on the campuses of the San Mateo Community College District. A photocopy of this page (with the applicant's signature and date) shall be deemed as valid as an original document with the applicant's original signature.

**D. Submittal**

Consultants shall submit Applications in the format specified, completed and signed. ALL submittals shall consist of two **(2) printed copies and one (1) digital copy** delivered on a Compact Disc to:

SMCCCD  
c/o College of San Mateo  
Construction Planning Department  
1700 W. Hillsdale Blvd, Building 27,  
San Mateo, CA 94402

Consultants seeking clarification of the Application process should submit their questions in writing to [plan@smccd.edu](mailto:plan@smccd.edu).

Cost of preparation of the submittal shall be borne by the submitter.

**E. Signature Block**

Application Prepared By:

Consultant's Name:

Consultant's Title:

Telephone:

Fax:

Email address:

Date:

### **III. Instructions for Application Submittal**

The purpose of this Application is to demonstrate your firm's ability to provide the required architectural, engineering and professional construction consultant services in the public works market. For consistency in response, **please index and number all pages.**

**A completed Application will include the following:**

1. **Cover Letter** – Consultants will submit a one-page **Introductory Letter** and include the following: the legal name of the Consulting firm or person, address, telephone, website and fax numbers, as well as email addresses of principal contacts.
2. **Table of Contents** - **A Table of Contents** of the material contained in the Application should follow the Cover Letter. Tabbed and labeled organization is appreciated.
3. **Executive Summary** - **The Executive Summary** should contain an outline of your business approach along with a brief summary (3 pages maximum) of your qualifications to engage in a professional relationship with the San Mateo Community College District.
4. **Completed Application.** Submitter shall include a completed Application attached to this document, as **Exhibit A and Exhibit B.**

**Exhibit A** should include the following sections:

- A. Contact Information
- B. Business License
- C. Safety
- D. Prevailing Wage Provisions
- E. Litigation & Arbitration History
- F. Fee Schedule
- G. Insurance

**Exhibit B** should include the following sections:

- A. Experience
- B. Resumes of Proposed Key Personnel
- C. Recent Projects
- D. Board Goals
- E. Additional Information

## EXHIBIT A

### Qualification Application

Consultants shall complete the Application below and submit it in accordance with Instructions provided by the District.

#### **A: CONTACT INFORMATION**

Firm/Consultant Name:

Business Address:

Telephone:

Fax:

Email:

**Type of Firm:** Corporation:

Proprietorship:

Partnership:

Joint Venture:

Other (please describe):

Name and title of person completing this questionnaire:

Telephone:

Fax:

Email:

#### **B: BUSINESS LICENSE**

The Firm/Consultant must be licensed in the State of California. Name of license holder on file with the California State License Board:

License Classification & Number:

Expiration Date:

Number of year's license has been issued under firm name:

1. Within the past five years, has the firm been subject to disciplinary action by the California State License Board?  
YES      NO      If yes, please provide details of each action on attached page.
2. Have officers or principals of the firm ever had their consultant's license suspended or revoked for any reason?  
YES      NO      If yes, please explain on attached page.

**C: SAFETY**

1. Has there been an inquiry or charge by the U.S. Department of Labor, Division of Industrial Relations against your firm within the past five (5) years?  
YES            NO            If yes, attach description of inquiry or charge and its status. Include: Project Name, Project Address, Date of Inquiry/Violation, Description of Inquiry/Violation, Current Status and/or Resolution.
3. Does your firm have any outstanding judgments, demands or liens resulting from violations of the California Labor Code, California Business and Professions Code or State Licensing laws?  
YES            NO            If yes, attach description of outstanding judgment(s), demand or lien and its status. Include: Project Name, Project Address, Date of Inquiry/Violation, Description of Inquiry/Violation, Current Status and/or Resolution.
4. Is your firm currently under investigation by any Federal or state agency for failing to comply with Federal or state laws, including but not limited to the California Labor Code, California Business and Professions Code or State Licensing laws?  
YES            NO            If yes, attach description of investigation and its status. Include: Project Name, Project address, Date of Inquiry/Violation, Description of Inquiry/Violation, Current Status and/or Resolution.

Name and title of person:

Telephone:

Fax:

Email:

**D: PREVAILING WAGE PROVISIONS**

1. Has Submitter been fined, penalized or otherwise found to have violated any prevailing wage or labor code provision?  
YES            NO            If yes, attach description of violation and its status. Include: Project Name, Project Address, Date of Inquiry/Violation, Description of Inquiry/Violation, Current Status and/or Resolution.

**E: LITIGATION AND ARBITRATION HISTORY**

List all current or pending projects within the last ten (10) years where claims were made against your firm, including the nature of the dispute and the disposition. Further, include claims you made against an Owner or General Consultant, resulting in litigation, arbitration, mediation or settlement (attach additional sheets, if necessary).

## **F: FEE SCHEDULE**

1. Please provide a listing of all applicable billing rates on your **company's letterhead**.
2. In addition to providing a unit price list, submit an itemized hourly fee schedule for:
  - a) Field time--Minimum charge and interval of calculation
  - b) Regular business hours and hourly rates outside of regular business hours
  - c) Report preparation charges
  - d) Reimbursement markup
  - e) Other miscellaneous charges not outlined in the Application, as applicable
  - f) The unit prices shall include all associated inspection services, material sampling, testing, repairs, expenses, insurance, printing, plotting, communications, shipping, travel, overhead and profit. In addition, please indicate a minimum call out charge, overtime rates for inspection services and expedited rates for testing results. Indicate clearly when overtime and expedited rates apply. If this calculation for unit prices does not apply to your profession, please indicate so.

Any diagrams or supplementary supporting materials should be included as appendices with appropriate references.

If your company is approved through this process the prices provided shall be in effect for one year from the date of notification. These prices shall be in effect whether the consultant(s) are billed directly by the District or not.

## **G: INSURANCE INFORMATION**

1. Required Insurance.

Submitter shall provide a letter from an insurance company/insurance underwriter confirming that the insurer will provide Submitter the minimum coverage(s) and amount(s) included herein:

- a) Comprehensive General Liability, Insurance coverage amount(s) shall be no less than: Comprehensive General Liability - \$2,000,000 for each occurrence - \$4,000,000 general aggregate limit.
- b) Comprehensive Automobile Liability, covering all owned, non-owned, and hired vehicles. Insurance coverage amount(s) shall be no less than: \$1,000,000 each person Bodily Injury - \$1,000,000 each occurrence Bodily Injury - \$1,000,000 each occurrence Property Damage.
- c) Worker's Compensation Insurance, in accordance with the most recently amended version of the "Workers' Compensation Insurance and Safety Act". Insurance coverage amount(s) shall be that amount established by the State.
- d) Professional Liability ("Errors and Omissions") Insurance covering consultant's activities, in the amount not less than \$1,000,000.00 with an insurance carrier satisfactory to District for the period covered by this Agreement. Immediately upon execution of this Agreement and before commencing any services hereunder, consultant shall furnish to district satisfactory proof that consultant has such insurance. In addition, to the extent that the activities and services of engineers or consultants are not covered under consultant's professional liability insurance, consultant shall cause each engineer and consultant, before the time such engineer or consultant commences any services related to this Agreement, to obtain and maintain a policy of professional liability insurance in an amount of not less than \$500,000.00 with an insurance carrier satisfactory to District.

- e) Other Requirements:
  - 1) Consultant shall furnish the District a Certificate of Insurance prior to commencement of work. Upon request by the District, Consultant shall provide a certified copy of any insurance policy to the District within ten (10) working days.
  - 2) The insurance company or companies shall provide signed copies of the specified endorsements for each policy. Consultant shall submit endorsement copies within thirty (30) days of execution of this Agreement. Said endorsement must name San Mateo Community College District, its agents and representatives as additionally insured.
  - 3) Certificates and policies shall state that the policies not be canceled or reduced in coverage or changed in any other material aspect without thirty (30) days prior written notice to the District.
- f) Consultants shall complete the following application:
  - 1) Provide details of consultant's insurance history for previous 5 years:

Agency Name:

Contact Name:

Telephone:

Fax:

Email:

Carrier:

A.M. Best Rating:

- 2) Has Submitter ever had insurance terminated by a carrier?
 

YES	NO	If yes, explain on a separate signed sheet marked with correlating cross-reference to this paragraph of the questionnaire.
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3) Insurance Declaration:  
 The undersigned declares under penalty of perjury that the insurance limits indicated above are true and correct and that this declaration was executed in

County:

State:

Signature:

Date:

Name and Title - Printed or Typed

Representing Insurance Company Name

Firm Name

Address

Telephone:

Fax:

Email:

- 2. Include a copy of your insurance firm's Certificate of Liability (ACORD form GC-20 10 11 85 or equivalent) and accompanying endorsement form. (Please see sample Insurance form noted as Appendix 1 on page 12).



## **EXHIBIT B**

### **Description of Qualifications**

#### **A. EXPERIENCE**

Provide a **Comprehensive Narrative** of the architectural, engineering and professional construction consultant services offered by your firm. The narrative should contain the information listed in the below.

1. Detail your firm's experience in higher education, including community colleges, state colleges, and universities.
2. Describe your firm's knowledge of K – 14 constructions in California, including understanding and knowledge of Field Act requirements, as related to construction in community colleges.
3. Provide a description of budgeting, cost and quality control methods that your firm employs.
4. Describe your firm's philosophy of designing within budget and provide specific examples from these projects.
5. Depict your firm's experience and approach to value engineering.
6. Explain your firm's approach and experience with the Division of the State Architect (DSA).
7. Describe in general your firm's experience in and approach to
  - a. planning and design
  - b. cost estimating
  - c. bidding and awarding construction contracts.
  - d. construction administration.
  - e. project management.
8. Shed light on how your firm approaches modernization projects vs. new construction projects.
9. Describe how your firm shares information with the project team throughout the life of a project.
10. Clarify how your firm handles discipline coordination.
11. Describe your firm's philosophy of integrated design, sustainability, and environmental stewardship.
12. Provide examples of sustainable/green design projects that your firm has accomplished. Discuss your LEED certification experience and your firm's approach to sustainability.
13. Explain how your firm incorporates the commissioning process into design requirements.
14. Let us know if your firm has been disqualified from working for the District or any other public entity.
15. Detail your experience with design build construction.

Consultants may add supplementary information if such information would assist in the analysis of the Consultant's application.

#### **B. RESUMES OF PROPOSED KEY PERSONNEL**

The District is interested in knowing more about the managerial and supervisory people associated with the consultant and their backgrounds. Accordingly, Consultants should describe experiences including a minimum of three public educational projects. Include the description, scope of projects, and construction costs. Provide contact names and phone numbers. Describe your experience with the Division of State Architect (DSA) on recent projects.

Summarize similar project experience below and provide the detailed project information requested (attach additional sheets, if necessary).

List Key Personnel that will be assigned to the Work on the District projects:

Project Manager:

Project Architect or Engineer:

**C. RECENT PROJECTS**

In addition to getting to know the personnel assigned the District, the District is interested in knowing the breadth and reaches of the consultant's portfolio and work history. On your letterhead, please list a minimum of **three recent projects** completed for an Educational or Public entity in the past five years. The Attached sheets **must** contain all of the following information on the check list below:

- Project Name                      Location                      Owner                      Owner Contact Name
- Owner Contact Telephone/Fax                      Email
- Architect/Engineer:                      Architect/Engineer Contact Name
- Architect/Engineer Telephone/Fax                      Email
- Const. Mgr. or Project Mgr. Name
- Const. Mgr. or Project Mgr. Telephone/Fax                      Email
- Description of Project, Scope of Work Performed
- Total Construction Cost                      Total Change Order Amount
- Original Scheduled Date of Completion                      Time Extensions Granted (number of days)
- Actual Date of Completion
- Number of Stop Notices filed by Sub-consultants or Suppliers
- DSA Experience

**D. BOARD GOALS**

The Board of Trustees for SMCCCD has specific board goals that it wishes for the campus construction. These goals include:

- The use of Local Firms on District projects,
- The use of emerging and underrepresented businesses,
- The use of apprentices and graduates of the District colleges on projects,
- Sustainable construction methods

Please describe in two or three paragraphs how your firm will assist the District in reaching these goals.

**E. ADDITIONAL INFORMATION**

The District is requesting the following information for statistical and demographic purposes only. Completion of Section E is optional.

**Composition of Firm Ownership, circle appropriate answer:**

**Ethnicity:**

African American or Black (greater than 50%)	YES	NO
American Indian or Alaskan Native (greater than 50%)	YES	NO
Asian or Asian American (greater than 50%)	YES	NO
Caucasian or White (greater than 50%)	YES	NO
Hispanic or Latino (greater than 50%)	YES	NO
Native Hawaiian/Pacific Islander (greater than 50%)	YES	NO
Multi-Ethnic Ownership (50% minority, 50% non-minority)	YES	NO
Filipino (greater than 50%)	YES	NO

**Gender:**

Female (greater than 50%)	YES	NO
Male (greater than 50%)	YES	NO

**Disabled Veteran Business:**

YES            NO

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<p>PRODUCER</p> <p><b>Insurance Agent's name</b></p> <div style="background-color: #ccccff; padding: 10px; text-align: center; font-size: 24px; font-weight: bold;">Sample</div>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>												
<p>INSURED</p> <p><b>Contractor's name</b></p>	<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>	GENERAL LIABILITY		11/01/04	11/01/05	EACH OCCURRENCE	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$100,000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$5,000</b>
	<input checked="" type="checkbox"/> PD Ded:1,000				PERSONAL & ADV INJURY	<b>\$1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	<b>\$4,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>
<b>B</b>	AUTOMOBILE LIABILITY		11/01/04	11/01/05	COMBINED SINGLE LIMIT (Ea accident)	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<b>C</b>	GARAGE LIABILITY		11/01/04	11/01/05	AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
<b>D</b>	EXCESS/UMBRELLA LIABILITY		11/01/04	11/01/05	EACH OCCURRENCE	<b>\$5,000,000</b>
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	<b>\$5,000,000</b>
	<input type="checkbox"/> DEDUCTIBLE					\$
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		11/01/04	11/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	<b>\$1,000,000</b>
<b>D</b>	OTHER		11/01/04	11/01/05	E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>
	Installation Floa Rented/Leased				E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**For the project (identify project name(s)) San Mateo County Community College District, its Board of Trustees, their employees, representatives, consultants, and agents are named as additionally insured under the this General Property and Liability policy as required by written contract.**

**The Certificate of Insurance must have the language and the name of the District as shown here.**

**CERTIFICATE HOLDER**

**CANCELLATION**

**San Mateo County Community College District  
3401 CSM Drive  
San Mateo, CA 94402**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*A. DaSilva*

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

CG 20 10 11 85

**ADDITIONAL INSURED—OWNERS, LESSEES OR CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

San Mateo County Community College District, its Board of Trustees, employees, representatives, consultants, and agents named as an additional insured under an "Insured Contract" and evidenced by certificate of insurance on file with us.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.