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|  |  | Request for QualificationsQualifications Questionnaire**Architectural & Engineering Services**  |
|  |  | Superior Court of California County of Sacramento  |
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### Consultant Qualifications Questionnaire

1. REQUIRED QUALIFICATION INFORMATION: The Judicial Council of California, Operations and Services Division, Capital Program Office requires prospective consultants for the Project to answer all the questions contained in this standard form of questionnaire.
2. Judicial Council QUALIFICATION PROCEDURES: Prospective consultants for the Project shall complete this form and submit to the Judicial Council as part of their Statement of Qualifications.

The answers to the questions on the standard form of questionnaire shall reflect the prospective consultant’s experience in performing public works projects. The document, when completed, shall be verified under oath by the prospective consultant.

Joint Venture: If two or more consultants wish to propose on a project as a joint venture:

 a. All firms involved must submit separate questionnaires in the SOQ.

 b. The firms must also submit an Affidavit of Joint Venture.

 c. The Joint Venture must have the required license in the name of the Joint Venture at the time of award.

1. PERIOD OF QUALIFICATION: This Qualifications Questionnaire is valid only for this Request For Qualifications, and must be resubmitted for other solicitations.
2. CORRECT AFFIDAVIT: The correct affidavit on page 6 must be completely executed.
3. REVIEW OF QUALIFICATIONS: The Judicial Council will review the information contained in the standard form of questionnaire and the performance of the prospective consultant on public works projects and private sector construction projects. The firm’s references may be selected at random and reference checks performed.

INSTRUCTIONS FOR COMPLETION OF SECTIONS 4 AND 5:

1. Name of Firm: Use same name as indicated in SOQ.
 Contact Person: Name of person who completed the qualification questionnaire.
2. Address: Use address appropriate for contracting purposes. If firm contracts from more than one office in California, then attach the additional address(es).
3. State of Organization: Provide information concerning the state where your firm was first organized, the date first organized, and the date initially authorized to do business in California.
4. Types of Licenses: Include all valid California licenses and certifications.
5. Provide name of professional liability insurance company, contact, the insurance company A.M. Best rating, and the professional liability insurance capacity per claim and in the aggregate limits of liability.
6. Indicate whether or not professional liability claims (or an incident with a payment by your firm or an insurance company) claims have ever been made against your firm in the past ten (10) years and the disposition of each claim.
7. Officers or Principals of firm: List names of officers of the firm. One of these must sign the affidavit on page 6.

 8-9. Suspension from Project: If applicable, include brief explanation if a principal of your firm has had license suspended, and if your firm has ever been suspended or terminated from a project.

10. Denied Prequalification or Disqualification from Bidding: If applicable, include a brief explanation if your firm has ever been denied prequalification or was disqualified from proposing on a public works project.

11. Claims and Disputes on Private and Public Works: If applicable, include a brief explanation and results of each unresolved job dispute or owner – consultant dispute and/or litigation your firm, joint venture, Partnership, association or any combination thereof, your firm has been involved with in the past 5 years. For this purpose, claims do not include ordinary construction administration documentation such as change orders, requests for additional fees, requests for information, etc.

12. For each project cited in Form 330 Part 1 (F), provide the Project Construction Budget or AE’s Estimate at the start of the AE’s contract, the Contract Amount upon award to the General Contractor, and the Final Project completion cost. Provide the final amount of change orders issued during construction noting any portion attributable to Owner changes to the work. Indicate if the project completed ahead of the original; GC contract schedule, on schedule, or behind schedule, and approximate days in advance or delay. Additional pages may be attached.

# **CONSULTANT’S STATEMENT OF EXPERIENCE**

1. Name of firm:

 Contact Person:

2. Mailing address of firm:

 Physical address of firm:

 Telephone No. (area code) ( ) Fax No. (area code) ( )

 Company Web Site URL:

3. State of organization: Date established:

 Date Authorized to do business in California; ------------------------------------------------------------------

4. California state license no.: Types of valid California professional licenses:

5. Professional Liability Insurance company:

 Current Professional Liability Insurance Limits: Insurance Co. Best Rating:

6. Have claims ever been filed with the professional liability insurer? If Yes, attach statement of explanation.

7. Officers or Principals of firm:

8. Have Principals ever had licenses *suspended*? If Yes, attach explanation.

9. Has firm ever been *suspended or terminated* from a project? If Yes, attach explanation.

10. Has firm ever been denied prequalification or disqualified from bidding public works? If Yes, attach explanation.

11. In the past five years, has your firm been involved in an unresolved job dispute or an owner-consultant dispute

 and/or litigation on a public works project? Yes No \_\_\_\_\_\_\_ If Yes, attach a brief explanation and results of each dispute and/or litigation.

12. Project Title from Form 330 Part 1 (F):

 Project Construction Budget at inception :

 Construction Cost at Bid Award:

 Construction Cost at Completion: % of Change Orders:

 Project completed: Ahead of Schedule\_\_\_\_\_On Schedule\_\_\_\_\_ Behind Schedule\_\_\_\_\_\_: By \_\_\_\_+/-Days

**AFFIDAVIT**

The submitter of the foregoing statements contained on this Qualifications Questionnaire has read the same, and it is true to the best of the submitter’s knowledge. Any reference named therein is hereby authorized to supply the Judicial Council with any information necessary to verify the statements.

By signing below, the proposer certifies and declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

# SIGNATURE OF AN INDIVIDUAL

Executed this day of , in the

 (Day) (Month) (Year)

City of , County of ,

State of

Signature of Applicant

An individual, doing business as

# SIGNATURE OF A PARTNER

Executed this day of , in the

 (Day) (Month) (Year)

City of , County of ,

State of

Signature of Applicant

A partner of

 (Name of Firm)

# SIGNATURE OF AN OFFICER OF A CORPORATION

Executed this day of , in the

 (Day) (Month) (Year)

City of , County of ,

State of

Signature of Applicant

An officer with the title of of

 (Title of Corporation Officer) (Corporation Name)

**End of Qualifications Questionnaire**