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| RC2 |  | Attachment D Qualification Questionnaire forFurniture Vendor Services |

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Qualification Questionnaire For Vendors For Facilities Modification Projects

(ID/IQ Furniture Vendors )

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  + Vendor’s Liability Insurance
  + Vendor’s Workers’ Compensation Insurance
  + Vendor’s Bonding Capacity

**1. GENERAL INSTRUCTIONS AND INFORMATION**

#### **A. GENERAL INFORMATION**

Vendor and/or Vendor’s installation subcontractors must hold and maintain a valid Class B or C, Sub D contractor license(s) from the State of California. Vendor will be required at the time of award of a Project to provide documentation demonstrating the proper license for it and/or its installation subcontractors.

The vendor(s) responding to this Qualification Questionnaire must provide answers to questions contained in the attached questionnaire, information about current license, insurance, bonding capacity, and any accompanying notes and supplemental information as required. The Judicial Council of California (“Judicial Council” will use these documents as the basis of rating Vendors in respect to the size and scope of contracts upon which each Vendor is qualified. The Judicial Council reserves the right to check other sources available. The Judicial Council’s decision will be based on objective evaluation criteria.

The Judicial Council reserves the right to adjust, increase, limit, suspend or rescind the qualification rating based on subsequently learned information. Vendors whose rating change is sufficient to disqualify them, will be notified, and given an opportunity for a hearing consistent with the hearing procedures described below for appealing a qualification rating.

While it is the intent of the qualification questionnaire and required documents to assist the Judicial Council in determining a select list of Vendors neither the fact of qualification, nor any qualification rating, will preclude the Judicial Council from considering and/or determining whether a Vendor 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 should 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 furniture related projects and installation experience of the Vendor be demonstrated, as such experience is considered in establishing qualification.

**NOTE:** The qualification packages (questionnaire answers and verification of bonding capacity) submitted by Vendors are not public records and are not open to public inspection. All information provided will be kept confidential to the extent permitted by law. However, the contents may be disclosed to third parties for purpose of verification, or investigation of substantial allegations, or in the appeal hearing. To the extent that state law requires that the names of Vendors applying for qualification status be public record subject to disclosure, the first page of the questionnaire will be used for that purpose.

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 Vendor on whose behalf that person is signing. If any information provided by a Vendor becomes inaccurate, the Vendor must immediately notify the Judicial Council and provide updated accurate information in writing, under penalty of perjury.

The Judicial Council reserves the right to waive minor irregularities and omissions in the information contained in the qualification questionnaire submitted, to make all final determinations, and to determine at any time that the qualification procedures will not be applied to a specific future public works project.

**2. Qualification QUESTIONNAIRE**

The specific documents that must be submitted are attached.

* Part I – Vendor Information and Affidavit
* Part II – Essential Requirements for Qualification
* Part III – Organization, History, Organizational Performance, Compliance with Civil and Criminal Laws
* Part IV – Organization’s Statement of Experience and Recent Furniture Projects Completed
* Part V – Attachments Required
  + Vendor’s Liability Insurance
  + Vendor’s Workers’ Compensation Insurance
  + Vendor’s Bonding Capacity

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**PART I. VENDOR INFORMATION and AFFIDAVIT**

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

Vendor Name:

(as it appears on business license)

Check One:

Corporation

Partnership

Sole Prop.

Contact Person:

Address:

Phone: Fax: E-Mail:

If Vendor is a sole proprietor or partnership:

Owner(s) of Company

Vendor / sub-contractor’s License Number(s):

Vendor’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. ESSENTIAL REQUIREMENTS FOR QUALIFICATION**

**Vendor will be subject to disqualification if it fails to meet essential qualifications.**

1. Vendor’s installation subcontractors possess a valid and current California Contractor’s Class B or C, Sub D license for the project or projects for which it intends to submit a bid.

Yes  No

1. Vendor maintains commercial general liability insurance with a policy limit of not less than:

Each Occurrence Limit $2,000,000

Personal and Advertising Liability Limit $2,000,000

General Aggregate Limit $4,000,000

Per Project Products - Completed Operations Aggregate $2,000,000

The products completed operations liability insurance shall extend for three years after final completion of the work.

Yes  No

3. Vendor has current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq.

Yes  No

4. Vendor maintains business automobile liability insurance with a policy limit of at least $1,000,000.00 per accident.

Yes  No

5. Vendor can provide builders risk coverage or installation insurance that covers the work to be performed under the Contract for direct physical loss or damage while in the course of transportation, erection, installation and completion (limits of liability equal to the final completed project value).

Yes  No

6. Have you the Vendor or your sub-contractor’s license been revoked at any time in the last five years?

Yes  No

7. Has Vendor been terminated from a project (or otherwise failed to complete a project) which then required a surety to either complete the project on your behalf or pay for completion of the project within the last five (5) years?

Yes  No

8. At the time of submitting this qualification form, is Vendor 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:

9. At any time during the last seven years, has Vendor or any of its owners or officers been convicted of a crime involving a government contract or a government furniture installation 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**

**Organization and Structure of Business**

1. State the following:
   1. Name of Vendor:
   2. Type of business entity (ie, corporation, partnership, sole proprietorship, joint venture);
   3. Date of formation or incorporation:
   4. Identify each person or entity with more than 10% ownership interest:
   5. Identify any related business names, such as dba(s), or subsidiaries, etc.:

1. How many years has your organization been in business in California as a Vendor under your present business name and license number?

Years

1. Vendor’s gross revenues for each of the last three calendar years:

20\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has Vendor 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.

1. Are any corporate officers, partners or owners connected to any other Furniture 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**

1. List all California contractor’s license numbers, classifications and expiration dates of the California contractor licenses held by Vendor / sub-contractor(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If any of Contractor’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 Contractors State Licensing Board (CSLB) records who meet(s) the experience and examination requirements for each license.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has any Contractor State License Board (CSLB) license held by Vendor / sub-contractor(s), 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**

1. At any time in the last five years has Vendor been assessed and paid liquidated damages after completion of a project under a furniture installation contract 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 liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.

1. In the last five years has Vendor, or any company with which any of Vendor’s owners, officers or partners was associated, 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 furniture 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.

1. At any time during the past five years, has any surety company made any payments on Vendor’s behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm’s behalf, in connection with a furniture installation 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.

1. Has Vendor 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.

1. In the last five years has your firm been denied an award of a public works 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**

1. Has a state or federal Occupational Safety and Health Administration (OSHA) cited and assessed penalties against Vendor 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.

1. 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 assessed penalties against either Vendor or the owner of a project on which your company was the contractor, 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**

1. Has there been more than one occasion during the last five years in which Vendor was required to pay either back wages or penalties for your 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**

**RECENT FURNITURE VENDOR INSTALLATION PROJECTS COMPLETED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Organization (Name must correspond exactly with name listed on

business license)

Provide information on projects completed or currently in progress that demonstrate your organization’s experience with projects of similar scope, size and complexity. Provide specific project related experience, relevance of scope, size and complexity. Please label responses consistent to the categories listed below and include project name, location, furniture and installation value, and owner contact information.

**1. Relevant Projects**

Submit at least six (6) examples of your organization’s relevant projects with furniture and installation costs ranging between $25,000 and up to $25,000,000 that have been completed within the last five (5) years. Relevant projects shall include as many of the following components and furniture types, as applicable; including at least one (1) furniture and installation project for a public entity in the State of California (e.g. State of California, cities, counties, school districts, and special districts, etc.):

* Facilities with a minimum of 5,000 gross square footage area and furniture and installation costs up to $ 25,000,000.00
* Court facilities
* Secure facilities
* New Construction
* Projects requiring completion of the project in phases, possibly allowing owner occupancy of portion of completed phase(s) prior to final completion of whole project
* Projects requiring work in existing site/facility that remains occupied and operational, while new work is constructed in the existing facility

Clearly identify the relevance of each project and be specific as to the nature of any self-performed work and the role of your organization in the management of the overall project. 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 furniture type, project schedule, and the furniture and installation value of the work performed. Photos and other graphic materials would be helpful to delineate each project. For purposes of meeting the requirement of one (1) furniture and installation project for a public entity in the State of California, work as either the primary vendor or a first tier subcontractor will suffice. A sample format is included.

**Relevant Project submittals should be no more than six (6) pages total.**

**2. Client References.**

Vendors shall provide five (5) client references that must be from 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 Reference submittals should be no more than one (1) page total.**

**3. Project Management Expertise**

Indicate how your organization has managed, directed or participated in projects of similar scope. Indicate your organization’s management structure, lines of authority and hierarchy. Provide information on how schedules, costs, and quality are maintained throughout a project. Indicate how communications between the various stakeholders (owner, project design consultants, tenants and inspectors) and the General Contractor are managed to ensure all project requirements are addressed and met. This should include both on-site personnel and home office staff.

**4. Quality Control**

Describe your organization’s philosophy for producing quality projects and your approach to quality control. Provide information on how you handle minimizing warranty callbacks and typical response time for warranty callbacks. (Typical response time is from initial request by Owner to final resolution of issue to Owner’s established requirements.) Describe how coordination has been achieved and communicated to the client, subcontractors and other tradespersons on projects of similar size, scope and complexity.

**5. Key Personnel**

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 responsibility, as well as on-site project manager(s), schedule manager(s), and all others involved in the management of the project. Provide an overview of how your organization intends to manage and interface with the home office, owner, specialty subcontractors and Judicial Council representatives during the installation of the project.

**6. Safety**

Ability of the Vendor to provide effective management oversight of safety services and programs in connection with the performance of Work on projects of similar scope and size.

**SAMPLE FORMAT - Example Project Description and Information**

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

Project Name:

Location:

Owner:

Owner Contact (name and current phone number):

Architect or Engineer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Architect or Engineer Contact (name and current phone number):

Project Manager (name and current phone number):

Description of Project, Scope of Work Performed:

Total Value of Project (including change orders):

Original Scheduled Completion Date:

Time Extensions Granted (number of days):

Actual Date of Completion:

**NOTE: Include information to address all the previously listed categories;**

**project management, quality control, key personnel and safety program.**

**PART V. ATTACHMENTS REQUIRED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Organization (Name must correspond exactly with Contractor’s License)

**The following documents,** Attachments 1 **and** Attachment 2  **are to be provided to the Judicial Council by the Organization.**

**Provide all of the attachments listed below**

* Attachment 1 **– Current Copy of Vendor / sub-contractor(s) California Contractor’s License(s)**
* Attachment 2 **– Proof of Vendor’s Liability Insurance (i.e. Certificate of Insurance)**
* Attachment 3 **–** **Notarized Statement from Worker’s Compensation Insurance Carrier**
* Attachment 4 **– Evidence of Vendor’s Bonding Capacity**

**Attachment 1** – Current Copy Vendor / sub-contractor(s) California Contractor License(s)

Exchange this page for a current copy of your Vendor / sub-contractor(s) California Contractor License(s).

**Attachment 2** – Evidence of Vendor’s Liability Insurance

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

**Attachment 3** – Notarized Statement from Worker’s Compensation Insurance Carrier

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

**Attachment 4** – Evidence of Vendor’s Bonding Capacity

Exchange this page for documentation which demonstrates Vendor’s current bonding capacity.