

**ATTACHMENT D**

**QUALIFICATIONS QUESTIONNAIRE  
 FOR CONSULTING SERVICES**

<b>CONSULTANT INFORMATION</b>			
Consultant's company name:			
Address:			
Telephone:			
Mobile telephone:			
E-mail:			
Years in business under current company name:			
Years at the above address:			
Types of work performed with own forces:			
Gross revenue of the Consultant for the past three (3) years:	2020	\$	
	2021	\$	
	2022	\$	
<b>Submit a financial statement for the past two (2) full fiscal years. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the financial statement.</b>			
Department of Industrial Relations ("DIR") registration number:			
DIR registration expiration date:			
Name of license holder exactly as on file:			
License classification(s):			
License Number(s):			
License expiration date(s):			
Responsible Managing Officer (RMO) or Employee (RME) for Consultant:			
Number of years license holder has held the listed license(s):			
Number of years Consultant has done business in California under contractor's license law:			
Number of years Consultant has done business in California under <b>current</b> license:			
Has Consultant changed name(s) or license number(s) in the past five (5) years? If "yes", explain on a separate signed sheet, including the reason for the change.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any change in ownership of the Consultant at any time in the past five (5) years? <b>NOTE:</b> A corporation whose shares are publicly traded is not required to answer this question. If "YES", explain on a separate signed sheet, including the reason for the change.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Consultant a subsidiary, parent, holding company, or affiliate of another firm? <b>NOTE:</b> Include information about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of the Consultant holds a similar position in another firm. If "yes", explain on a separate signed sheet, the name of the related company(ies) and the percent ownership.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the form of Consultant (type of business entity):			
<input type="checkbox"/> Individual			
<input type="checkbox"/> Sole Proprietorship			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Limited Partnership			
<input type="checkbox"/> Corporation, State: _____			
<input type="checkbox"/> Limited Liability Company			
<input type="checkbox"/> Joint Venture			
<input type="checkbox"/> Other: _____			

<b>CONSULTANT INFORMATION</b>			
List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the Consultant's type of entity. For joint ventures, include this information for each entity in the joint venture and the percent ownership of each joint venture. Attach all additional information on separate signed sheets as needed.			
Name	Position	Years with Co.	% Ownership
Identify every firm that the Consultant or any person listed above has been associated with (as officer, general partner, limited partner, owner, RMO, RME etc.) at any time during the <b>past five (5) years</b> ("Associated Consultant"). Include all additional references and/or information on separate signed sheets. NOTE: For this question, "owner" and "partner" refers to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock if the business is a corporation. Include all additional information on separate signed sheets as needed.			
Name of Person at Associated Consultant	Name of Associated Consultant	Consultant's License No. of Associated Consultant	Dates of Person's Participation with Associated Consultant

<b>CONSULTANT'S INSURANCE INFORMATION</b>			
Information of insurance company(ies) Consultant has utilized over the past five (5) years (not broker or agency):			
	#1	#2	#3
Company Name:			
Address:			
City, ST ZIP:			
"Best" rating(s):			
Years with this company:			
Name of broker/agent:			
Address of broker/agent:			
Broker/agent phone number:			
Broker/agent email:			
Consultant's current insurance limits for the following types of coverage:			
Commercial General Liability	Combined Single Limit (per occurrence)	\$	
	Combined Single Limit (aggregate)	\$	
Product Liability & Completed Operations	(aggregate)	\$	
	(per occurrence)	\$	
Automobile Liability – Any Auto	Combined Single Limit (aggregate)	\$	
Employers' Liability	Combined Single Limit (per occurrence)	\$	
Builder's Risk (Course of Construction)		\$	
Workers' Compensation Experience Modification Rate for the past five (5) premium years:			
(1) Current Year:		(2):	
		(3):	
		(4):	
		(5):	

## QUESTIONS

### Pass/Fail Questions (Essential Criteria)

1.	Has Consultant (including any Principal thereof) contracted for and completed a minimum of: <ul style="list-style-type: none"> <li>• <b>Five (5)</b> California Public Works projects, as defined in Labor Code § 1720, providing fire life and safety consulting services as either the prime consultant or sub-consultant at any tier. (Please check one box).</li> </ul> <b>NOTE:</b> Consultant <b>must</b> list these projects in the “Project References” Section.	<input type="checkbox"/> Yes <input type="checkbox"/> No = cannot qualify
2.	Does Consultant currently hold all license(s) necessary to perform the Services and have those license(s) been consistently active for at least five (5) years without revocation or suspension? (Please check one box).	<input type="checkbox"/> Yes <input type="checkbox"/> No = cannot qualify
3.	Has Consultant or an Associated Consultant been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years? (Please check one box).	<input type="checkbox"/> Yes = cannot qualify <input type="checkbox"/> No
4.	Has Consultant or an Associated Consultant defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please check one box).	<input type="checkbox"/> Yes = cannot qualify <input type="checkbox"/> No
5.	Has Consultant or an Associated Consultant or any of their owners or officers been convicted of a crime under federal, state, or local law involving: <ol style="list-style-type: none"> <li>(1) Bidding for, awarding of, or performance of a contract with a public entity;</li> <li>(2) Making a false claim(s) to any public entity; or</li> <li>(3) Fraud, theft, or other act of dishonesty to any contracting party within the past ten (10) years?</li> </ol> (Please check one box).	<input type="checkbox"/> Yes = cannot qualify <input type="checkbox"/> No



**If Consultant answered:**

- “NO” to questions 1-2, or
- “YES” to questions 3-5,

**then STOP because Consultant is not eligible to perform the Services at this time. Otherwise, continue to the Scored Questions section.**

<b>Scored Questions</b>		
1.	Has Consultant paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any insurer had to pay amounts to third parties that were in any way related to environmental consulting services of Consultant within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has Consultant’s Workers’ Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has there been a period when Consultant had employees but was without workers’ compensation insurance or state-approved self-insurance within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has Consultant declared bankruptcy or been placed in receivership within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Consultant’s current recovery plan, and the applicable date(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding \$50,000 against Consultant, or has Consultant filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has Consultant or an Associated Consultant been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has Consultant been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has CalOSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against Consultant, including any “serious,” “willful,” or “repeat” violations of safety or health regulations within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Has Consultant been required to pay either back wages or penalties for its failure to comply with California’s prevailing wage laws, with California’s apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> <li>If “YES”, indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that Consultant was required to pay.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Scored Questions</b>		
11.	Does Consultant require weekly, documented safety meetings to be held for construction employees and field supervisors during the course of a project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## REFERENCES

### FIRM'S PROJECT REFERENCES

List **ALL** new construction or renovation projects in which Consultant has participated as the Fire Protection Engineering and Fire and Life Safety consultant during the past **five (5) years** with a Consultant contract value of more than **\$20,000**.

- Consultant may limit its response to the ~~ten (10)~~ most-recently completed projects, but Consultant **must** include at least the ~~five (5)~~ most recent California public works projects with a contract value of more than **\$20,000** performed by Consultant providing Fire Protection Engineering and Fire and Life Safety services.
- Include all information indicated below on separate signed sheets as necessary and explain or clarify any response as necessary.

<b>FOR EACH REFERENCE:</b>	
Project name/identification:	
Project owner, contact person, and telephone:	
Scope of work:	
Date completed:	
Final contract value:	
Provide list of all claims and values associated with those claims:	
Project address/location:	
Project contractor name and telephone number:	
Original completion date:	
Initial contract value (as of time of award):	
Total fees for services:	
Did the project include constructing or modernizing an earthquake resistant building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:	
Date:	
Proper Name of Consultant:	
Signature:	
Printed Name:	
Title:	

**END OF FORM**