

Attachment C - Form for Submission of Questions



ADMINISTRATIVE OFFICE
OF THE COURTS

OFFICE OF COURT CONSTRUCTION
AND MANAGEMENT

Request for Proposals Form for Submission of Questions

RFQ Number: OCCM-FY-2009-09-JMG

Your Organization's Name:			
#	Solicitation Reference	Question	Response
1			
2			
3			
4			
5			
6			
7			
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9			
10			
11			
12			
13			
14			
16			
17			

ATTACHMENT D

DVBE PARTICIPATION FORM

Propser Name: _____

RFP Project Title: _____

RFP Number: _____

The State of California Executive Branch’s goal of awarding of at least three percent (3%) of the total dollar contract amount to Disabled Veterans Business Enterprise (DVBE) has been achieved for this Project. *Check one:*

Yes _____ *(Complete Parts A & C only)*

No _____ *(Complete Parts B & C only)*

“Contractor’s Tier” is referred to several times below; use the following definitions for tier:

0 = Prime or Joint Contractor;

1 = Prime subcontractor/supplier;

2 = Subcontractor/supplier of level 1 subcontractor/supplier

PART A – COMPLIANCE WITH DVBE GOALS

Fill out this Part ONLY if DVBE goal has been met; otherwise fill out Part B.

PRIME CONTRACTOR

Company Name: _____

Nature of Work _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost: DVBE _____%

SUBCONTACTORS/SUBCONTRACTOR/PROPOSERS/SUPPLIERS

1. Company Name: _____

Nature of Work: _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost: DVBE _____%

2. Company Name: _____

Nature of Work: _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

3. Company Name: _____

Nature of Work: _____ Tier: _____

Claimed Value: DVBE \$ _____

Percentage of Total Contract Cost DVBE _____%

GRAND TOTAL: DVBE _____%

I hereby certify that the "Contract Amount," as defined herein, is the amount of \$_____.

I understand that the "Contract Amount" is the total dollar figure against which the DVBE participation requirements will be evaluated.

<i>Firm Name of Proposer</i>	
<i>Signature of Person Signing for Proposer</i>	
<i>Name (printed) of Person Signing for Proposer</i>	
<i>Title of Above-Named Person</i>	
<i>Date</i>	

PART B – ESTABLISHMENT OF GOOD FAITH EFFORT

Fill out this Part ONLY if DVBE goal will not be met but you have made a good faith effort to meet such goal.

1. List contacts made with personnel from state or federal agencies, and with personnel from DVBEs to identify DVBEs.

<i>Source</i>	<i>Person Contacted</i>	<i>Date</i>

2. List the names of DVBEs identified from contacts made with other state, federal, and local agencies.

<i>Source</i>	<i>Person Contacted</i>	<i>Date</i>

3. If an advertisement was published in trade papers and/or papers focusing on DVBEs, attach proof of publication.

<i>Publication</i>	<i>Date(s) Advertised</i>

4. Solicitations were submitted to potential DVBE contractors (list the company name, person contacted, and date) to be subcontractors. Solicitation must be job specific to plan and/or contract.

<i>Company</i>	<i>Person Contacted</i>	<i>Date Sent</i>

5. List the available DVBEs that were considered as subcontractors or suppliers or both.
(Complete each subject line.)

<i>Company Name:</i>	
<i>Contact Name & Title:</i>	
<i>Telephone Number:</i>	
<i>Nature of Work:</i>	
<i>Reason Why Rejected:</i>	

<i>Company Name:</i>	
<i>Contact Name & Title:</i>	
<i>Telephone Number:</i>	
<i>Nature of Work:</i>	
<i>Reason Why Rejected:</i>	

<i>Company Name:</i>	
<i>Contact Name & Title:</i>	
<i>Telephone Number:</i>	
<i>Nature of Work:</i>	
<i>Reason Why Rejected:</i>	

PART C – CERTIFICATION *(to be completed by ALL Contractors)*

I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representations made herein and, to the best of my knowledge and belief, each firm set forth in this bid as a Disabled Veterans Business Enterprise complies with the relevant definition set forth in section 1896.61 of Title 2, and section 999 of the Military and Veterans Code, California Code of Regulations. In making this certification, I am aware of section 10115 *et seq.* of the Public Contract Code that establishes the following penalties for State Contracts:

Penalties for a person guilty of a first offense are a misdemeanor, civil penalty of \$5,000, and suspension from contracting with the State for a period of not less than thirty (30) days nor more than one (1) year. Penalties for second and subsequent offenses are a misdemeanor, a civil penalty of \$20,000 and suspension from contracting with the State for up to three (3) years.

IT IS MANDATORY THAT THE FOLLOWING BE COMPLETED ENTIRELY.

<i>Firm Name of Proposer:</i>	
<i>Signature of Person Signing for Proposer</i>	
<i>Name (printed) of Person Signing for Proposer</i>	
<i>Title of Above-Named Person</i>	
<i>Date</i>	

Attachment E

Consultant Qualifications Questionnaire

1. **REQUIRED QUALIFICATION INFORMATION:** The Administrative Office of the Courts, Office of Court Construction and Management requires prospective consultants for the Project to answer all the questions contained in this standard form of questionnaire.
2. **AOC QUALIFICATION PROCEDURES:** Prospective consultants for the Project shall complete this form and submit to the AOC 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 Proposal.
 - 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.
3. **PERIOD OF QUALIFICATION:** This Qualifications Questionnaire is valid only for this Request for Qualifications, and must be resubmitted for other solicitations.
 4. **CORRECT AFFIDAVIT:** The correct affidavit on page 6 must be completely executed.
 5. **REVIEW OF QUALIFICATIONS:** The AOC 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 Proposal.
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 ten years, has (or is) your firm been involved in any dispute associated with a project that did not result in litigation (i.e. that was not already included on the Litigation History you have submitted?)

Yes _____ No _____

If Yes, attach a brief explanation and results of each dispute

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 Technical 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 AOC 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 Technical Qualifications Questionnaire

Attachment F

PAYEE DATA FORM

(Note – the Payee Data Form is only to be found in the .PDF file version of this RFQ)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

- From within the United States, call.....1-800-852-5711
- From outside the United States, call.....1-916-845-6500
- For hearing impaired with TDD, call....1-800-822-6268

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.