CSU The California State University

JOC Supplemental Prequalification Questionnaire Instructions to the Campus

*** REMOVE THIS INSTRUCTION PAGE PRIOR TO DISTRIBUTION***

Why Use a Fillable Form?

- Campus/Chancellor's Office will obtain uniform responses.
- Form is optimized to be filled out electronically.
- Precautions are embedded in the form to prevent contractor data entry mistakes.
- Firms that do not meet the desired criteria will learn immediately, thereby eliminating unnecessary applications.

Customizing the Form

- All information entered by the Contractor/Subcontractor will appear in **BLUE** text.
- The BLACK text in the form cannot be edited for uniformity. Any information that can be tailored to a specific project is in RED text.
- Any information in RED text is to be edited by the Campus prior to distributing to the contractors. Once the text has been
 appropriately edited, it can be locked and the text color will change to BLACK to correspond with the rest of the document
 and locked to prevent the Contractors from editing it.
 - Edit RED text for specific project/campus information and desired qualifications.
 - Click "Tools" → "Forms" → "Edit" → Right click on desired Text Box → "Properties" → "General" → Check the "Read Only box in the lower right hand corner → "Appearance" → Change text color to black → "Close" Repeat this process until all the RED text boxes have been edited.

Distributing the Form

- All JOC Supplemental Prequalification Questionnaires should be distributed to prospective bidders electronically, <u>after</u> the above edits have been made.
- Distributed forms should <u>not</u> contain any remaining **RED** text.
- When saving the form to be distributed, the form should be saved in a reader extended format as follows:

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1 C:\Users\tfaust\\1998 Major Contents.p	df	Press-Ready PDF (PDF/X)	commissioned for the project.
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Egit	Ctrl+Q	agreement entered into after the av	ward of the contract which alters or amends the

FOR ASSISTANCE WITH ANY OF THE ABOVE, CONTACT COCM.PREQUAL@CALSTATE.EDU *** **REMOVE THIS INSTRUCTION PAGE PRIOR TO DISTRIBUTION*****

SUPPLEMENTARY PREQUALIFICATION FORM

Bidders for the above contract must be prequalified with the Trustees. Contractors shall register and log in to "PlanetBids" to apply for prequalification at http://www.calstate.edu/contractor-prequalification, and shall have a prequalification rating of at least to bid this contract. Bidders must also meet the criteria contained in this Supplementary Prequalification Form in order to bid this contract. All bidders shall provide the information requested hereon and submit to the Prequalification Coordinator at the California State University, Chancellor's Office, via e-mail to cocm.prequal@calstate.edu ten business days prior to bid opening date.

Firm Name:

CSLB License Number:

The undersigned declares under penalty of perjury under the laws of the State of California that the information provided on and attached to this form is true and correct.

Executed on this ______, 20____, at _____, California.

Signature of Applicant Printed Name, Title

A. CONTRACTOR LICENSE HISTORY

Yes No

B. JOB ORDER CONTRACT PROJECT EXPERIENCE

If your firm has performed a job order contract anywhere in California, provide the following information for each job order contract held in the past five years (use additional sheets if necessary).

Owner/Agency name, location:	Contract start date:
Owner's contact name:	Contract completion date:
Contact current phone no.:	Minimum contract value:
Contact current e-mail address:	Maximum possible contract value:
Were claims filed? Yes (attach explanation) No	Actual amount of total contract*:
*If actual amount is less than 80% of Max give reason for lower value:	
Owner/Agency name, location:	Contract start date:
Owner's contact name:	Contract completion date:
Contact current phone no.:	Minimum contract value:
Contact current e-mail address:	Maximum possible contract value:
Were claims filed? Yes (attach explanation) No	Actual amount of total contract*:
*If actual amount is less than 80% of Max give reason for lower value:	
Owner/Agency name, location:	Contract start date:
Owner/Agency name, location: Owner's contact name:	Contract completion date:
Owner's contact name: Contact current phone no.: Contact current e-mail address:	Contract completion date: Minimum contract value: Maximum possible contract value:
Owner's contact name: Contact current phone no.:	Contract completion date: Minimum contract value:
Owner's contact name: Contact current phone no.: Contact current e-mail address:	Contract completion date: Minimum contract value: Maximum possible contract value:
Owner's contact name: Contact current phone no.: Contact current e-mail address: Were claims filed? Yes (attach explanation) No	Contract completion date: Minimum contract value: Maximum possible contract value:
Owner's contact name: Contact current phone no.: Contact current e-mail address: Were claims filed? Yes (attach explanation) No *If actual amount is less than 80% of Max give reason for lower value:	Contract completion date: Minimum contract value: Maximum possible contract value: Actual amount of total contract*:
Owner's contact name: Contact current phone no.: Contact current e-mail address: Were claims filed? Yes (attach explanation) No *If actual amount is less than 80% of Max give reason for lower value: Owner/Agency name, location:	Contract completion date: Minimum contract value: Maximum possible contract value: Actual amount of total contract*: Contract start date:
Owner's contact name: Contact current phone no.: Contact current e-mail address: Were claims filed? Yes (attach explanation) No *If actual amount is less than 80% of Max give reason for lower value: Owner/Agency name, location: Owner's contact name:	Contract completion date: Minimum contract value: Maximum possible contract value: Actual amount of total contract*: Contract start date: Contract completion date:
Owner's contact name: Contact current phone no.: Contact current e-mail address: Were claims filed? Yes (attach explanation) No *If actual amount is less than 80% of Max give reason for lower value: Owner/Agency name, location: Owner's contact name: Contact current phone no.:	Contract completion date: Minimum contract value: Maximum possible contract value: Actual amount of total contract*: Contract start date: Contract completion date: Minimum contract value:

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Firm Name:

)													
/													
<u>ult in disqualification of your firm from bi</u>	dding this contract.												
Project name, description:													
Completed contract value:													
Start date:	Completion date:												
Completed on time?	Were claims filed?												
Project name, description:													
Completed contract value:													
Start date:	Completion date:												
Completed on time?	Were claims filed?												
Project name, description:													
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Start date:	Completion date:												
Completed on time?	Were claims filed?												
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Completed contract value:													
Start date:	Completion date:												
Completed on time?	Were claims filed?												
	It in disqualification of your firm from bion Project name, description: Completed contract value: Start date: Completed on time? Project name, description: Completed contract value: Start date: Completed on time? Project name, description: Completed on time? Project name, description: Completed contract value: Start date: Completed on time? Project name, description: Completed contract value: Start date: Project name, description: Completed on time? Project name, description: Completed on time? Project name, description: Completed contract value: Start date: Project name, description: Completed contract value: Start date: Project name, description: Completed contract value:												

C. CONCURRENT PROJECT EXPERIENCE (PART 2)

The five projects listed in above Section C, are required to be performed concurrently. Select the applicable years from the dropdown menus. Mark each box for the month of construction start under the year it started, and continue marking until you reach the year and month of completion. At some point in construction, all five projects must have been under construction at the same time (*at least one month column should be completely filled vertically*). **Failure to provide this information will result in disqualification of your firm from bidding this contract.**

Construction Duration																								
Year	1																							
Project / Month	Jan	Feb	Mar	Apr	Ma	Jun	Jul	BuA	Sept	Oct	Vov	Dec	Jan	Feb	Mar	Apr	Ma	unſ	lul	BuA	Sept	Oct	Nov	Dec
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