RFQ 712016-bc
Release date: 7-1-2016
Due date: 7-14-2016 3:00 PM PST
RFQ responses after the due date will not be accepted.

Response to this RFQ must be emailed to:
wcrcorbett@ucdavis.edu

PREQUALIFICATION DOCUMENTS

FOR

PROJECT NO. 9558200
HEALTH SCIENCES EDUCATION (BIMH)

BID PACKAGE: AUDIO VISUAL SYSTEMS INTEGRATION

UNIVERSITY OF CALIFORNIA
DAVIS HEALTH SYSTEM
FACILITIES DESIGN AND CONSTRUCTION
SCOPE OF SERVICES FOR THIS BID PREQUALIFICATION:

On July 18, 2016, the UC Davis Medical Center will be sending to the prequalified bidders a Request for Proposal for our new Betty Moore School of Nursing building located on the grounds of the UC Davis Medical Center at 2315 Stockton Blvd. Only the vendors who have met the pre-qualifications spelled out in this document (that will be scored by UC Davis staff) will be able to submit bids. This project is for audio visual and medical simulation equipment, systems, cabling, and programming for our new building. The approximate value is $1,800,000 base bid and $2,000,000 in potential alternates. There will be a walk-thru for this project July 21, 2016. Please fill out and return this document by the due date in order to be eligible to submit a bid. You can email wrcorbett@ucdavis.edu if you have any questions about this project.
PREQUALIFICATION QUESTIONNAIRE

FOR
PROJECT NO. 9558200 – HEALTH SCIENCES EDUCATION (BIMH)

BID PACKAGE: AUDIO VISUAL SYSTEMS INTEGRATION
UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM
FACILITIES DESIGN AND CONSTRUCTION
SACRAMENTO, CALIFORNIA

Each prospective bidder must have the appropriate contractor’s license required by the State of California, and must complete and submit all portions of this Prequalification Questionnaire.

Each prospective bidder must answer all applicable questions and provide all requested information. Any prospective bidder failing to do so may, at the sole discretion of the University of California, be deemed to be not responsive and not responsible with respect to this Prequalification, and its bid rejected.

The undersigned declares under penalty of perjury that the Prequalification information submitted with this form is correct, complete and not misleading and that this declaration was executed

in __________________________ County, California, on __________________________

(Bidder Name)

(Name and Title of Bidder’s Contact Person for Questions)

(Address)

(City, State, Zip Code)

(Telephone Number) (Fax Number) (Email Address)

(Signature)

(Typed Name and Title)

NOTICE

ANY BIDDER WHO FAILS TO MEET THE CRITERIA LISTED IN THIS PREQUALIFICATION QUESTIONNAIRE WILL NOT BE CONSIDERED QUALIFIED AND WILL BE DEEMED AS NOT RESPONSIVE WITH RESPECT TO THIS PREQUALIFICATION, AND ITS BID REJECTED.

All information submitted in response to this Prequalification Questionnaire will be considered official information acquired in confidence, and the University of California will maintain its confidentiality to the extent permitted by law. Any prospective bidder found not qualified will receive written notice of bid rejection from the University.

Each prospective bidder must submit all requested information on these forms only. Attachments are not allowed except for the project lists and the organizational chart requested on pages 7, 8 and 9.

IN ALL INSTANCES IN THIS FORM, "QUALIFYING PROJECT" MEANS A PROJECT WHICH MUST MEET ALL OF THE FOLLOWING:

1. Project work took place in one of the following educational facility environments:
a. Tenant improvement project in occupied building.
b. Educational facility that served at a minimum 300 students.

2. Project work included the integration of DM systems.
3. Project work included IP based AV control systems and programing, video and audio conferencing systems, and conference presentation systems.
4. Project was completed within the last five (5) years, and accepted as complete prior to May 30, 2016.
5. Construction contract cost was at least $500,000 as awarded.

I. License

A. Does your firm hold the following California Contractors license, which is current and in good standing with the California Contractors State License Board for work you propose to bid?

<table>
<thead>
<tr>
<th>License Classification:</th>
<th>Low Voltage Systems AND/OR Electrical Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Code:</td>
<td>C7 and/or C10</td>
</tr>
</tbody>
</table>

YES ☐ NO ☐

If yes, provide the following information about your firm's contractor's license:

(1) Name of license holder exactly as on file with the California Contractors State License Board: ________________________________

(2) License number: ____________________________

(3) Date issued: ____________________________

(4) Expiration date: ____________________________

B. List other active Contractor License(s) held by your firm: ________________________________

C. Can you truthfully state that your firm's contractor's license(s) listed above has not been suspended or revoked for any reason related to performance of work as a contractor by the California Contractors State License Board within the last ten (10) years?

YES ☐ NO ☐

D. Is your firm registered with the Department of Industrial Relations (DIR)?

YES ☐ NO ☐
II. Certifications

A. Does contractor or employee of contractor hold any or all of the below listed certifications. Please relevant certifications and provide expiration date if applicable.

(1) ☐ CTS  Exp. Date: ___________________
(2) ☐ CTS-D  Exp. Date: ___________________
(3) ☐ CTS-I  Exp. Date: ___________________
(4) ☐ DMC-E-4K  Exp. Date: ___________________
(5) ☐ DMC-I-4K  Exp. Date: ___________________
(6) ☐ RCDD  Exp. Date: ___________________
(7) ☐ Certified Crestron Control System Programmer  Exp. Date: ___________________
(8) ☐ Certified Biamp DSP Programmer  Exp. Date: ___________________
(9) ☐ Other: ____________________________  Exp. Date: ___________________

B. Number of Staff CTS certified: ☐ All  Number Of Staff Certified: ______________

III. Qualifying Project Experience

A. Has your firm successfully completed any projects in the past five (5) years including Medical Simulation solutions such as B-Line or equal?

YES ☐  NO ☐

IF YES, PROVIDE PROJECT NAME AND CONTACT INFORMATION FOR UP TO FIVE (5) OF THEM:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

B. Has your firm successfully completed at least two (2) qualifying project(s) in the past five (5) years? Refer to top of page for the definition of “qualifying project”. (Work completed as a subcontractor qualifies as a project).

YES ☐  NO ☐

IF YES, PROVIDE THE FOLLOWING INFORMATION FOR SUCH PROJECT(S) ON THE FOLLOWING QUALIFYING PROJECT DATA FORM PAGES ONLY (ATTACHMENTS ARE NOT ALLOWED):
PROJECT #1 DATA SHEET

1. Project Name:

2. Project Location (full address):
   City: State: Zip:

   Was work performed in an Educational Facility? 

3. Project Description, including type of Audio and Video Systems (be specific):

4. Did the project work include installation of Medical Simulation Systems? Y N

5. Did the project work include installation of control cabling? Y N

6. Did the project work include cable patching at panel and switches? Y N

7. Did the project work include installation of equipment? Y N

8. Did the project work include any of the below programming?
   a. AV control system software Y N
   b. Graphic User Interface Y N
   c. Digital Signal Processor programming? Y N

9. Did the project work include DM systems? Y N

10. Work completed as: Contractor Subcontractor

   a. Owner Name: __________________________
   b. Owner Address: __________________________
   c. Owner Telephone Number: __________________________
   d. Owner Contact Person's Name: __________________________
   e. Owner Contact Email Address: __________________________

10. Date Notice of Completion filed for qualifying project: __________________________

11. Original Construction Contract Amount as Awarded (without Change Orders): $

12. Final Construction Contract Amount: $

13. Original Contract Time (calendar days): __________________________

14. Final Contract Time (calendar days): __________________________

15. Number of Days Liquidated Damages Assessed (calendar days): __________________________

16. Name of your Project Manager: __________________________

17. Name of your Superintendent: __________________________
PROJECT #2 DATA SHEET

1. Project Name: ____________________________________________________________

2. Project Location (full address): ____________________________________________
   City: __________________________ State: _________ Zip: ________________
   Was work performed in an Educational Facility? ____________________________

3. Project Description, including type of Audio and Video Systems (be specific):
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Did the project work include installation of Medical Simulation Systems? Y □  N □
5. Did the project work include installation of control cabling? Y □  N □
6. Did the project work include cable patching at panel and switches? Y □  N □
7. Did the project work include installation of equipment? Y □  N □
8. Did the project work include any of the below programming?
   a. AV control system software Y □  N □
   b. Graphic User Interface Y □  N □
   c. Digital Signal Processor programming? Y □  N □
9. Did the project work include DM systems? Y □  N □
10. Work completed as: Contractor □  Subcontractor □
    a. Owner Name: _______________________________________________________
    b. Owner Address: _____________________________________________________
    c. Owner Telephone Number: __________________________________________
    d. Owner Contact Person’s Name: _______________________________________ 
    e. Owner Contact Email Address: ________________________________________
10. Date Notice of Completion filed for qualifying project: _____________________
11. Original Construction Contract Amount as Awarded (without Change Orders): $ __________
12. Final Construction Contract Amount: $ ____________________
13. Original Contract Time (calendar days): _________________________________
14. Final Contract Time (calendar days): _________________________________
15. Number of Days Liquidated Damages Assessed (calendar days): ______________
16. Name of your Project Manager: ________________________________
17. Name of your Superintendent: _______________________________________
IV. Staff Experience

a. Is your firm willing to commit to assigning to the position of full-time Project Manager and full-time Superintendent, so long as the candidate remains in your employ, the candidate identified in Paragraphs B & C?

YES ☐  NO ☐

b. PROPOSED LEAD PROJECT ENGINEER/SYSTEM DESIGNER CANDIDATE:

• Name: ________________________________

• Years employed by your firm: ________________ years

• Present position/job function within your firm: ________________________________

• Years in present position/job function: _________ years

• Is candidate either ☐ DM certified ☐ CTS-D certified or ☐ Other (Please list below)

________________________________________________________________________

• Name of qualifying project successfully completed within the last five (5) years. Refer to top of page 3 for the definition of “qualifying project”.

(1) Project Name & Location: ________________________________

________________________________________________________________________

(2) Project Description: ________________________________

________________________________________________________________________

________________________________________________________________________

(3) Original Construction Contract Award Amount (as awarded): $________________________

(4) Project completion date: ________________________________

(5) Name, telephone number, and email address of Owner: ________________________________

________________________________________________________________________

(6) List of other projects successfully completed within the last five (5) years. (Please attach.)

c. PROPOSED PROJECT MANAGER CANDIDATE:

• Name: ________________________________

• Years employed by your firm: ________________ years

• Present position/job function within your firm: ________________________________

• Years in present position/job function: _________ years
• Is candidate either ☐ DM certified ☐ CTS certified or ☐ Other (Please list below)

• Name of qualifying project successfully completed within the last five (5) years. Refer to top of page 3 for the definition of “qualifying project”.

  (1) Project Name & Location: ____________________________________________________________

  (2) Project Description: ________________________________________________________________

  (3) Original Construction Contract Award Amount (as awarded): $__________________________

  (4) Project completion date: ____________________________________________________________

  (5) Name, telephone number, and email address of Owner: ________________________________

  (6) List of other projects successfully completed within the last five (5) years. (Please attach.)

  d. PROPOSED SUPERINTENDENT CANDIDATE

  • Name: __________________________________________________________________________

  • Years employed by your firm: ________________ years

  • Present position/job function within your firm: ____________________________________________________________________

  • Years in present position/job function: __________ years

  • Is candidate either ☐ DM certified ☐ CTS-I certified or ☐ Other (Please list below)

  • Name of qualifying project successfully completed within the last five (5) years. Refer to top of page 3 for the definition of “qualifying project”.

  (1) Project Name & Location: ____________________________________________________________

  (2) Project Description: ________________________________________________________________

  (3) Original Construction Contract Award Amount (as awarded): $__________________________
(4) Project completion date: ________________________________

(5) Name, telephone number, and email address of Owner: _______________________________________________________

(6) List of other projects successfully completed within the last five (5) years. (Please attach.)

e. ORGANIZATIONAL CHART: Provide an organizational chart with personnel titles and names specifically for this project.

V. Prior Disqualification

A. Has your firm been formally disqualified from performing work for any public entity for poor performance or alleged fraud within the last ten (10) years?

   YES ☐  NO ☐

VI. Claims History

a. Has your firm had four (4) or more unsuccessful claims within the last ten (10) years? As used in the preceding sentence, an unsuccessful claim means:

   (a) a claim in excess of $50,000 filed against Contractor, its surety, subcontractor, supplier and/or manufacturer by Owner for damages, defects, breach of contract, breach of warranty, poor workmanship, incomplete performance or delays which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for binding decision with the result that Contractor, its surety, insurer, subcontractor, supplier and/or manufacturer was required to make payment (payments include amounts deducted from back-charged or credited against Contractor's Contract and are calculated by adding together the total amounts paid by Contractor, sureties, insurers, subcontractors, suppliers and manufacturers) to Owner in an amount equal to or exceeding eighty percent of the amount claimed,

   OR

   (b) a claim in excess of $50,000 filed against an Owner by Contractor, its surety, insurer or subcontractor, excluding claims to the extent such claims seek enforcement of a stop notice against Contractor's undisputed Contract Balance, which was resolved by arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision or by settlement after the commencement of arbitration, litigation, or other type of proceeding where disputes are submitted to a third party for a binding decision with the result that the total amount received by Contractor, its surety, insurer and subcontractor did not equal or exceed twenty percent of the amount claimed.

   References to subcontractors, suppliers and manufacturers in paragraphs (a) and (b) above include all tiers, whether or not the subcontractor, supplier or manufacturer has a contract directly with the Contractor.

   YES ☐  NO ☐

VII. Safety

a. Does your firm have a written safety program that you will commit to using for this project?

   YES ☐  NO ☐
b. Do you conduct and document project safety inspections?

   YES ☐    NO ☐

   If yes, who conducts and documents the inspection (name and title):

   Name: __________________________________________________________

   Title: __________________________________________________________

   How often? Weekly _____ Biweekly _____ Monthly _____

c. Name of Company Safety Director: _________________________________

   Safety Director will report directly to: _______________________________

     (Name and Title)

VIII. Maintenance

   a. Does your firm offer a maintenance program?

      YES ☐    NO ☐

IX. Completed Questionnaire

   a. Have you answered all questions and provided all information required in this PREQUALIFICATION QUESTIONNAIRE?

      YES ☐    NO ☐

   b. Have you signed the Declaration on the front page of this PREQUALIFICATION QUESTIONNAIRE?

      YES ☐    NO ☐

   [END OF PREQUALIFICATION QUESTIONNAIRE]