

## **ATTACHMENT A: S202-RFP1**

### **CONTRACTOR STATEMENT OF QUALIFICATIONS QUESTIONNAIRE:**

#### **1. General Instructions and Information**

#### **2. Statement of Qualifications [documents to submit]**

- Part I – Organization 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 Construction Projects Completed
- Part V – Organization’s Surety and Bonding Requirements, and Insurance Requirements
- Part VI – Attachments Required

# 1. GENERAL INSTRUCTIONS AND INFORMATION

## GENERAL INFORMATION

Current California contractor's licenses required to bid the Project: Proposers shall possess a Class 'A' contractor's license. A current California Department of Industrial Relations registration number is required to bid on FORA projects. Contractor qualification is required to bid on FORA Hazardous Material and Building Removal Projects.

Qualification by Fort Ord Reuse Authority (FORA) shall remain valid until the FORA Capital Improvement Program Obligations are complete, or until FORA dissolution, or until responding firms are notified in writing by FORA in the unexpected event that no construction contract is awarded. It is mandatory that all Contractors who intend to submit bids fully complete the qualification questionnaire and provide all materials requested. **No bid will be accepted from a Contractor that has failed to comply with these requirements.**

FORA reserves the right to check other sources available. FORA's decision will be based on objective evaluation criteria. FORA reserves the right to adjust, increase, limit, suspend or rescind the qualification based on subsequently learned information.

It is the intent of the qualification questionnaire and required documents to assist FORA in determining the qualifications of Contractors. FORA reserves the right to determine whether a Contractor has the quality, fitness, capacity and experience to satisfactorily perform the proposed work, and has demonstrated the requisite trustworthiness to be awarded a contract.

### Data Required

All portions of Qualification Questionnaire, Parts I through VI, 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.

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

## 2. STATEMENT OF QUALIFICATION QUESTIONNAIRE

### PART I. ORGANIZATION INFORMATION and AFFIDAVIT

The following documents, Qualification Questionnaire, Parts I through V, are to be filed with FORA by the Organization requesting Qualification, for the aforementioned Project:

Firm Name: \_\_\_\_\_ Check One:  Corporation  
(as it appears on license)  Partnership  
 Sole Proprietor

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If firm is a sole proprietor or partnership:

Owner(s) of Company \_\_\_\_\_

Contractor's License Number(s):

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

Contractor's Department of Industrial Relations Registration Number

\_\_\_\_\_

### 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

**Contractor will be immediately disqualified if the answer to any of questions 1 through 7 is “no.”**

1. Firm possesses a valid and current California Contractor’s “A” license with C21 and C22 for the project or projects for which it intends to submit a bid?  
 Yes  No
2. Firm possesses a valid and active DIR Registration number for the project or projects for which it intends to submit a bid?  
 Yes  No
3. Firm has successfully started, and saw through to completion, within the last five (5) years, no less than three (3) hazardous material and building removal projects on former military base(s) in California, where the contracts were a minimum value of \$1,000,000  
 Yes  No
4. Firm maintains commercial general liability insurance policy limit of at least \$2,000,000 per occurrence and \$2,000,000 annual aggregate?  
 Yes  No
5. Firm has current workers’ compensation insurance policy for off Project site employees as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq.  
 Yes  No  Firm is exempt from this requirement, because it has no employees
6. Firm maintains business automobile liability insurance with policy limit of at least \$2,000,000 per accident.  
 Yes  No
7. Have you attached a notarized statement from an admitted surety insurer (approved by the California Department of Insurance) and authorized to issue bonds in the State of California, which states: (a) that your current bonding capacity is \$2,000,000 minimum?  
 Yes  No

**NOTE: Notarized statement must be from the surety company, not an agent or broker.**

**Contractor will be immediately disqualified if the answer to any of questions 8-11 is “yes.” If the answer to question 11 is “yes,” and if debarment would be the sole reason for denial of pre-qualification, any pre-qualification issued will exclude the debarment period.**

8. Has the firm or it’s Owners/Officers contractor’s license been revoked at any time in the last five years?  
 Yes  No
9. Has a surety firm completed a contract on the firm’s behalf, or paid for completion because your firm was default terminated by the project owner within the last five (5) years?  
 Yes  No
10. At any time during the last five years, has your firm or any of its owners or officers been convicted of a crime involving the awarding of a contract of a government construction project, or the bidding or performance of a government contract?  
 Yes  No
11. At the time of submitting this pre-qualification form, is your firm 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? If the answer is “Yes,” state the beginning and ending dates of the period of debarment:

Yes  No

### PART III. ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS

#### Licenses

1. List all California construction license numbers, classifications and expiration dates of the California contractor licenses held by your firm:  

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2. If any of your firm'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 (CLSB) records who meet(s) the experience and examination requirements for each license.  

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3. Has your firm changed names or license number in the past five years? *If "yes," explain on a separate signed page, including the reason for the change.*  
 Yes  No
4. Has any owner, partner or (for corporations) officer of your firm operated a construction firm under any other name in the last five years? *If "yes," explain on a separate signed page, including the reason for the change.*  
 Yes  No
5. Has any CSLB license held by your firm or its Responsible Managing Employee or Responsible Managing Officer been suspended within the last five years? *If "yes," please explain on a separate signed sheet.*  
 Yes  No

#### Disputes

6. At any time in the last five years has your firm been assessed and paid liquidated damages after completion of a project under a construction 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 explain the assessment of liquidated damages.*
7. In the past five years has any claim against your firm concerning your firm's work on a construction project been filed in court or **arbitration or gone to mediation**?  
 Yes  No  
*If "yes," on separate signed sheets of paper identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).*
8. In the past five years has your firm made any claim against a project owner concerning work on a project or payment for a contract **and filed that claim in court or arbitration or taken it to mediation**?  
 Yes  No

If "yes," on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).

9. At any time during the past five years, has any surety company made any payments on your firm'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 construction 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.

10. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?  
 Yes  No

If "yes," explain on a separate signed page. Name the insurance carrier, the form of insurance and the year of the refusal.

### **Criminal Matters and Related Civil Suits**

11. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation 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.

12. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?  
 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 conviction and the grounds for the conviction.

13. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?  
 Yes  No

If "yes," identify on a separate signed page the person or persons convicted, the court (the county if a state court, the district or location of the federal court), the year and the criminal conduct.

### **Bonding**

14. Bonding capacity: Provide documentation from your surety identifying the following:

Name of bonding company/surety: \_\_\_\_\_

Name of surety agent, address and telephone number:

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

15. If your firm was required to pay a premium of more than one per cent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years, state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate higher than one per cent, if you wish to do so.

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16. List all other sureties (name and full address) that have written bonds for your firm during the last five years, including the dates during which each wrote the bonds:

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17. During the last five years, has your firm ever been denied bond coverage by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?

Yes  No

*If yes, provide details on a separate signed sheet indicating the date when your firm was denied coverage and the name of the company or companies, which denied coverage; and the period during which you had no surety bond in place.*

**Compliance with Occupational Safety and Health Laws and with Other Labor Legislation Safety**

18. Has the California Occupational Safety and Health Administration (CAL OSHA) cited and assessed penalties against your firm 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 decision date.*

19. Has the 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 your firm or the owner of a project on which your firm 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.*

20. List your firm’s Experience Modification Rate (EMR) (California workers’ compensation insurance) for each of the past three premium years:

Current Year \_\_\_\_\_

Previous Year \_\_\_\_\_

Year prior to previous year: \_\_\_\_\_

*NOTE: your workers’ compensation insurance carrier issues an Experience Modification Rate to your firm annually. A rating in excess of 1.00 may constitute grounds for disqualification as non-responsive; however, Bidder may provide additional information to explain a rating above 1.00. Bidders with a rating in excess of 1.5 shall be deemed to be non-responsive and their bid rejected.*

21. Attach a notarized statement from the Worker’s Compensation carrier specifying organization’s current Experience Modification rating for Worker’s Compensation in the State of California.

- 22.

How often does Bidder require documented safety meetings be held for:

Field Supervisor	Weekly _____	Bi-Weekly _____	Monthly _____	Less Than Monthly _____
Employees	Weekly _____	Bi-Weekly _____	Monthly _____	Less Than Monthly _____
New Hires	Weekly _____	Bi-Weekly _____	Monthly _____	Less Than Monthly _____
Subcontractors	Weekly _____	Bi-Weekly _____	Monthly _____	Less Than Monthly _____

How often does Bidder conduct documented safety inspections?  
 Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_\_ Annually \_\_\_\_\_ Other \_\_\_\_\_

Does Bidder have home office safety representatives who visit/audit the job site?  
 Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_\_ Annually \_\_\_\_\_ Other \_\_\_\_\_

**Prevailing Wage and Apprenticeship Compliance Record**

23. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the **state’s** prevailing wage laws?

NOTE: This question refers only to your own firm’s violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.

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 CONSTRUCTION PROJECTS COMPLETED**

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Name of Organization *(Name must correspond exactly with Contractor's License)*

### **1. Relevant Projects (Firm's Qualifications)**

Submit a list of no less than three (3) successfully completed public works projects in the \$150K to \$500K range of value for water and main line cut-off or repair projects.

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, construction value, and owner's name, owner's project manager's name and current contact information including phone number. Photos and other graphic materials would be helpful to delineate each project.

### **2. Project Management Expertise**

Provide a summary of the following key indicators of project management expertise:

- Indicate how your organization has managed, directed or participated in the relevant projects submitted under Section 1 above.
- 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 biologists, project industrial hygienists, and inspectors) and the contractor are managed. This should include on-site personnel and home office staff.
- Outline how your organization will work with the local community to address concerns over noise, duct, traffic impacts of construction, etc.
- Discuss how your personal ensure customer satisfaction, and resolve conflicts.

### **3. Quality Control & Technology**

Describe your organization's philosophy for producing quality work and your approach to quality control. Provide information on how you handle minimizing warranty callbacks and typical response time for warranty callbacks. Describe how coordination has been achieved and communicated to subcontractors and other tradespersons on projects of similar size, scope and complexity. Explain how your organization controls information hand-offs between personnel, departments, subcontractors, and team partners.

### **4. Key Personnel (Personnel Qualifications)**

Provide resumes of proposed key personnel highlighting 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), superintendent(s), project controls engineer(s), schedule manager(s), safety compliance manager(s), and all others involved in the management of the project. Provide an overview of how your organization intends to structure on-site management operations and interface with the home office, owner, specialty subcontractors and FORA representatives.

### **5. Safety Program**

FORA is committed to the safety of all employees, the existing staff on-site, the surrounding community, visitors and the environment. While FORA has the responsibility for conducting our business in a manner that strives to prevent accidents, the contractor will have primary responsibility for the safety at the project site. Describe your organization's Safety Management Plan and provide an overview of your safety program. Identify how your organization's safety program is implemented, and the lines of authority and communication.

**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):

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

Project Manager, Architect or Engineer: \_\_\_\_\_

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

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

Construction Manager (name and current phone number):

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

Description of Project, Scope of Work Performed:

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

Total Value of Construction (including change orders): \_\_\_\_\_

Original Scheduled Completion (in Calendar Days): \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

Actual Time Until Completion (in Calendar Days): \_\_\_\_\_

**NOTE: Include information to address all the previously listed categories; Relevant Projects, Project Management Expertise, Quality Control & Technology, Key Personnel and Safety Program.**

**PART V. ORGANIZATION’S BONDING AND INSURANCE REQUIREMENTS**

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

**Surety and Bonding Requirements**

- A. Attach a notarized statement from the bonding company your firm proposes to use indicating their commitment to provide a Performance and Payment Bond for the full amount of the contract.
- B. List the names of the Bonding firms utilized by your organization in the last five (5) years, for projects over \$200,000.00

**Name of Bonding Company No. 1** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

**Name of Bonding Company No. 2** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

**Name of Bonding Company No. 3** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Bonded: \_\_\_\_\_ % Completed \_\_\_\_\_

**PART V. ORGANIZATION'S BONDING AND INSURANCE REQUIRMENTS**

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Name of Organization *(Name must correspond exactly with Contractor's License)*

**Insurance History**

List the workers compensation and commercial general liability insurance companies that have provided your firm with insurance over the past five (5) years.

**Workers Compensation of Insurance Company No. 1**

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best's Rating: \_\_\_\_\_

**Commercial General Liability Insurance Company No. 1**

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best's Rating: \_\_\_\_\_

**Workers Compensation of Insurance Company No. 2**

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best's Rating: \_\_\_\_\_

**Commercial General Liability Insurance Company No. 2**

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best's Rating: \_\_\_\_\_

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## PART VI. ATTACHMENTS REQUIRED

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Name of Organization *(Name must correspond exactly with Contractor's License)*

The following documents, Attachments 1 through 6, are to be provided to FORA by the Organization requesting Qualification, for the aforementioned project.

Provide all of the attachments listed below

- Attachment 1** – Notarized Statement from Bonding Company
- Attachment 2** – Notarized Statement from Worker's Compensation Insurance Carrier
- Attachment 3** – Current Copy of Organization's California Contractor's License(s)
- Attachment 4** – Certification declaring that the applying Organization has not had a surety company finish work on any project within the last five (5) years.
- Attachment 5** – Certification declaring that the applying Organization, in the last five (5) years has not been found by a judge, arbitrator, jury, or a nolo contendere plea to have submitted a false or fraudulent claim to a public agency
- Attachment 6** – Certification declaring that the applying Organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of violations of law or a safety regulation.
- Attachment 7** - Certification declaring 1) place of business and the length of time at that location, and 2) the total number of project team employees claiming residence within the tri-county area (Monterey County, Santa Cruz County, San Benito County), and 3) commits to hire no less than 30% of its work force from the tri-county (Monterey, San Benito, Santa Cruz) area.
- Attachment 8** – Reference Letter Summary

**Attachment 1 – Notarized Statement from the Bonding Company**

***Exchange this page for a notarized statement from the bonding company that your organization proposes to use, indicating their commitment to provide Performance and Payment bonds for the full amount of the contract.***

**Attachment 2 – Notarized Statement from the Worker’s Compensation Carrier**

***Exchange this page for a notarized statement from the Worker’s Compensation carrier that your organization proposes to use, specifying Contractor’s current Experience Modification Rating for Workers’ Compensation for the State of California.***

**Attachment 3 – Current Copy Organization’s California Contractor’s License(s)**

*Exchange this page for a current copy of your organization’s California Contractor’s License(s).*



**Attachment 4 – Certification Declaring Applying Organization Has Not Had Surety Finish Work on any Project within last Five Years**

***Exchange this page for a certification declaring that the applying organization has not had a surety company finish work on any project within the last five (5) years.***

Sample Declaration

I, \_\_\_\_\_, authorized agent of \_\_\_\_\_  
(Name of Organization)

hereby certify, under penalty of perjury under the laws of the State of California, that the organization has not has surety company finish work on any project within the last five (5) years.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**A) Each project referenced shall provide the following:**

- a. Project Name
- b. General description of project performed
- c. Value of the project team's contract
- d. Indicate if the prime contractor acted as a subcontractor on the project
- e. Start date & completion date
- f. Was the contract completed on time? If no, provide explanation
- g. Project Owner/Agency Name, location
- h. Project Owner/Agency contact person, individual with knowledge of the project
- i. Project Owner/Agency phone number & POC's phone number
- j. Project Owner/Agency e-mail & POC's email.

## Attachment 5 – False or Fraudulent Claim

***Exchange this page for a certification declaring that the applying organization in the last five (5) years has not been found by a judge, arbitrator, jury, or nolo contendere plea to have submitted a false or fraudulent claim to a public agency.***

### Sample Declaration

I, \_\_\_\_\_, authorized agent of \_\_\_\_\_  
(Name of Organization)

hereby certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. In the last five (5) years that the organization, any affiliate, parent or subsidiary company has not been found by a judge, arbitrator, jury, or nolo contendere plea to have submitted a false or fraudulent claim to a public agency.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## Attachment 6 – Disqualification or Removal

***Exchange this page for a certification declaring that the applying organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of violations of law or a safety regulation.***

Sample Declaration

I, \_\_\_\_\_, authorized agent of \_\_\_\_\_  
(Name of Organization)

hereby certify, under penalty of perjury under the laws of the State of California, that the organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state or local government project because of violations of law or a safety regulation.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## Attachment 7 – Local Place of Business and Local Hire Percentage

***Exchange this page for a certification declaring 1) place of business and the length of time at that location, and 2) the total number of project team employees claiming residence within the tri-county area (Monterey County, Santa Cruz County, San Benito County).***

Sample Declaration

I, \_\_\_\_\_, authorized agent of \_\_\_\_\_  
(Name of Organization)

hereby certify, under penalty of perjury under the laws of the State of California, that the organization has maintained an office within the tri-county (Monterey, San Benito, Santa Cruz) area for more than two years, and

hereby certify, under penalty of perjury under the laws of the State of California, that the organization has \_\_\_\_\_% of its work force currently claiming residency in the tri-county (Monterey, San Benito, Santa Cruz) area.

hereby certify, under penalty of perjury under the laws of the State of California, that the organization commits to hire no less than \_\_\_\_\_% of its work force from the tri-county (Monterey, San Benito, Santa Cruz) area.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## Attachment 8 – Reference Letter Summary

Use this page to Summarize your References for each project.

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Project Name

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A) General description of project

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B) Value of the project contract

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C) Was the referee a subcontractor?

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D) Start date & completion date

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E) Project Owner/Agency Name, location

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F) Project Owner/Agency contact person,

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G) Project Owner/Agency phone number

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H) Project Owner/Agency e-mail &

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I) Was the contract completed on time?  
If no, provide explanation

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Project Name

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A) General description of project

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B) Value of the project contract

---

C) Was the referee a subcontractor?

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D) Start date & completion date

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E) Project Owner/Agency Name, location

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F) Project Owner/Agency contact person,

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G) Project Owner/Agency phone number

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H) Project Owner/Agency e-mail &

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I) Was the contract completed on time?  
If no, provide explanation

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Project Name

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A) General description of project

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B) Value of the project contract

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C) Was the referee a subcontractor?

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D) Start date & completion date

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E) Project Owner/Agency Name, location

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F) Project Owner/Agency contact person,

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G) Project Owner/Agency phone number

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H) Project Owner/Agency e-mail &

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I) Was the contract completed on time?  
If no, provide explanation

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# FORT ORD REUSE AUTHORITY

920 2<sup>ND</sup> Avenue, Suite A, Marina, CA 93933

Tel: 831 883 3672 | Fax: 831 883 3675 | [www.fora.org](http://www.fora.org)

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