SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

SUBMITTAL DATE:

FROM: Economic Development Agency

June 18, 2015

SUBJECT: Riverside Mental Health Crisis Service Center – Approval of Pre-Qualification Package for Prime Contractors and Approval of Plans and Specifications for Demolition, District 1, [\$0] **RECOMMENDED MOTION:** That the Board of Supervisors:

- 1. Approve and authorize the Economic Development Agency (EDA) to issue the attached Prime Contractors Bid Pre-Qualification Package for the purpose of establishing a list of Pre-Qualified Contractors for formal bids;
- 2. Approve and adopt the attached Contractors Bid Pre-Qualification Package, including the statement on system of rating bidders;
- 3. Approve the plans and specifications for the demolition of the existing buildings located at 9890 County Farm Road, Riverside, California to make way for the construction of the new Riverside Mental Health (MH) Crisis Service Center buildings in their place and authorize the Clerk of the Board to advertise for bids; and

(Continued)

Assistant County Executive Officer/EDA

| FINANCIAL DATA | Current Fiscal Year: | Next Fiscal Year: | | Total Cost: | | o | ngoing Cost: | | LICY/CONSENT er Exec. Office) |
|-----------------|----------------------|-------------------|---|-------------|------|----|-----------------|-------|----------------------------------|
| COST | \$ (| \$ | 0 | \$ | 0 | \$ | 0 | Conse | ent □ Policy 🗐 |
| NET COUNTY COST | \$ (| \$ | 0 | \$ | 0 | \$ | 0 | Consc | ant 🗀 T only |
| SOURCE OF FUN | DS: N/A | | | | | | Budget Adjustn | nent: | No |
| | | | | | | | For Fiscal Year | : | 2015/16 |
| C.E.O. RECOMME | ENDATION: | | _ | APF | ROVE | , | . ~ | ì- | |

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

Positions Added Change Order 4/5 Vote

Prev. Agn. Ref.: 3-12 of 5/12/15; 3-14 of 9/23/14; 3-40 of 6/17/14

District: 1

Agenda Number:

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

Economic Development Agency

FORM 11: Riverside Mental Health Crisis Service Center – Approval of Pre-Qualification Package for Prime

Contractors and Approval of Plans and Specifications for Demolition, District 1, [\$0]

DATE: June 18, 2015

PAGE: 2 of 2

RECOMMENDED MOTION: (Continued)

4. Delegate project management authority for the project to the Assistant County Executive Officer/EDA in accordance with applicable Board policies.

BACKGROUND:

Summary

On September 23, 2014, the Board of Supervisors approved the professional services agreement for architectural services between the County of Riverside and Lee, Burkhart, Liu, Inc., now Perkins Eastman Architects, for the Riverside MH Crisis Service Center project.

On May 12, 2015, the Board of Supervisors approved a contract with Tilden-Coil Constructors, Inc. to provide construction management multi-prime (CMMP) services for the project. As part of the CMMP, Tilden-Coil and EDA are in the process of advertising a Pre-Qualification of Prime Contractors for formal bids for the Riverside MH Crisis Service Center project. This process will result in a list of pre-qualified prime contractors for various trades that will be utilized for the MH Crisis Center project. The contractor's formal bid pre-qualification status will remain current one year from the time the contractor is deemed qualified. EDA seeks to utilize the various pre-qualified contractors for other county projects that are constructed through the design-bid-build delivery process.

It is recommended that the Board approve the Contractor's Formal Bid Pre-Qualification Package Instructions. Following a review of the pre-qualifications and the completion of the initial review process, EDA will return to the Board under separate cover to establish the Pre-Qualified Prime Contractor list for approval. These firms would be invited to submit bids for the construction projects for the county for up to one year following pre-qualification.

The demolition plans and specifications for the project are now complete; therefore EDA requests approval to solicit bids to demolish the three existing buildings to make way for the new Riverside MH Crisis Service Center. EDA will return to the Board under separate cover to approve the project budget and execute any project related agreements.

Impact on Citizens and Businesses

The Riverside MH Crisis Service Center project will provide a positive impact to the community by providing crucial crisis mental health services. These services are a component of the department's system of care aimed at improving the health and safety of consumers and the community. Approval of the pre-qualification of prime contractors will position the county to expedite the construction of various county wide projects by hiring responsible and responsive contractors with experience in the selected trades.

Attachments:

Specifications for the Mental Health Facility Demolition Contractors Bid Pre-Qualification Package Instructions

COUNTY OF RIVERSIDE CONTRACTOR'S FORMAL BID PREQUALIFICATION PACKAGE INSTRUCTIONS

REQUEST FOR PREQUALIFICATION OF CONTRACTORS FOR FORMAL BIDS Each contractor wishing to bid as a prime contractor for projects for the County of Riverside ("County") requiring formal sealed bids must fully complete this questionnaire and provide all materials requested herein. The contractor's formal bid prequalification status will remain current one year from the time Contractor is found qualified.

The following trade licenses are required to be prequalified prior to submitting a sealed bid for a project as a prime bidder.

| in ic blader, | | | |
|------------------|---|--|--|
| License Required | Trade Description | | |
| Α | General Engineering | | |
| В | General Contractor | | |
| В | Rough Carpentry/Wood Framing | | |
| C2 | Acoustical and/or Insulation | | |
| C6 | Casework | | |
| C8 | Concrete | | |
| C9 | Metal Stud/Drywall | | |
| C7 or C10 | Low Voltage / Audio Visual | | |
| C10 | Electrical | | |
| C13 | Fencing/Gates | | |
| C15 | Flooring | | |
| C16 | Fire Sprinklers | | |
| C17 | Glazing | | |
| C20 | Mechanical (HVAC) | | |
| C21 and/or C22 | Demolition/Hazardous Material Abatement | | |
| C27 | Landscaping and Irrigation | | |
| C28 or D28 | Doors/Frames/Hardware | | |
| C29 | Masonry | | |
| C33 | Painting | | |
| C35 | Plaster | | |
| C36 | Building Plumbing | | |
| A or C36 | Site Utilities | | |
| C39 | Roofing | | |
| C43 | Sheet Metal | | |
| C51 | Structural/Misc. Steel | | |
| C54 | Ceramic Tile | | |

The County reserves the right to update a contractor's rating based on subsequently learned information. Contractors whose rating changes are sufficient to disqualify them will be notified, and given an opportunity for a hearing consistent with the hearing procedures described below for appealing a prequalification rating. The contractor will receive advance notice from the County of upcoming projects for which it has been deemed prequalified to bid. The Contractor may choose to formally bid any or all of the projects for which it is prequalified.

Answers to questions contained in the Contractor's Prequalification Package attached to these Instructions are required, including a complete statement of contractor's financial ability and experience in performing public construction projects. The County reserves the right to check other sources available.

While the County intends to use the formal bid prequalification process to assist in determining contractor qualifications prior to formal bid, neither the fact of prequalification, nor any prequalification rating, will preclude the County from a post-bid consideration and determination of whether a bidder has the quality, fitness, capacity and experience to satisfactorily perform the proposed work, and has demonstrated the requisite trustworthiness. Submitted formal bids will determine the lowest responsive and responsible bidder.

In addition to disqualification for failure to meet the County's criteria, a contractor may be automatically disqualified for any one of the following: (1) omission of requested information; (2) falsification of information; (3) excessive stop notices and/or prevailing wage violations; (4) debarment by the Division of Labor Standards Enforcement; (5) default on a contract that has caused a surety to suffer a loss in the past five (5) years; (6) failure to complete a public works contract due to default of the contractor; (7) declaration of bankruptcy or placement in receivership within the past seven (7) years.

The questionnaire responses and financial statements are <u>not</u> public records and are <u>not</u> open to public inspection pursuant to Public Contract Code 20101. All information provided will be kept confidential to the extent permitted by law. The contents may be disclosed, however, to third parties for purpose of verification, investigation of substantive allegations, or in the appeal hearing. The County reserves the right to reject any and all prequalification questionnaires, to waive any irregularities in the information contained therein, to make all final determinations, and to determine at any time that the prequalification procedures will not be applied to a project, or a separate prequalification procedure will be used for a specific project.

Each questionnaire must be signed <u>under penalty of perjury</u> 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 the County and provide updated accurate information in writing and under penalty of perjury.

SUBMISSION OF COMPLETED STATEMENTS

Mail completed Contractor's Statement of Experience and Financial Condition along with the following (see Contractor's Prequalification Package attached to these Instructions):

- Reviewed Financial Statement
- Letter of Bondability
- Certificate of Insurance issued to County
- Accountant's Release Letter
- Letter of Credit (optional)

Please Mail To: (Name/Title)

(Name/Title) (Address)

(City, State, Zip)

Please mark envelope "Confidential - County of Riverside Prequalification -

Questions:

(Name/Title)

(E-Mail Address)

(Phone #)

PRELIMINARY QUESTIONS - Should I fill out Contractor's Prequalification Package attached to these Instructions?

The following are screening statements which should be used to determine whether or not you pass the test to take part in the formal bid prequalification process.

You must be able to answer "YES" to each statement below.

- 1. I am bidding as the prime contractor.
- 2. I am appropriately licensed, insured and bondable.
- 3. I have a reviewed financial statement that is less than twelve (12) months old.
- 4. I have completed at least three (3) public building projects within the last five (5) years.
- 5. I am eligible to bid a public works contract per Section 1777.1 of the Labor Code.

If you can answer yes to all of the above statements, you may proceed with submission of Contractor's Prequalification Package attached to these Instructions.

COUNTY OF RIVERSIDE PREQUALIFICATION PROCESS

Contractors choosing to qualify for more than one Trade must submit separate references per trade. For an example, if the general contractor has a B, C7, and C8 licenses, contractor must submit a list of references for the B related work, a list of references for the C7 related work, and a list of references for the C8 related work. Each one will be reviewed on its own merit. Only provide experience information in each qualification package relative to that particular license/trade including the contract amounts. Contractor's pregualification application shall include:

- (1) Contractor's Statement of Experience
- (2) Appropriate California Contractor's License
- (3) Contractor's Financial Condition and Bondability
- (4) Certificate of Insurance
- (5) Certificate of Licensed Public Accountant
- (6) Accountant's Release Letter
- (7) Affidavit

Only one (1) copy of the prequalification package is required to be submitted. A new and current submittal shall be required each year. Additionally, the County may, at any time, specifically request a new statement, in which case, the contractor must comply within thirty (30) days, or the rating on file may, at the discretion of the County, be considered expired. A contractor may also file new statements at more frequent intervals if there is a substantial change in the contractor's financial status, and a new rating based on the latest statement will be issued. In no case will prequalification remain in effect longer than the calendar year for which contractor is qualified. The following items must be provided or the formal bid prequalification submittal will not be accepted.

FINANCIAL INFORMATION

A. Reviewed Statement Requirements

Contractor is required to submit a reviewed or audited financial statement with all qualification packages.

B. Financial Capacity

A financial rating will be based on <u>ten times working capital</u> (current assets less current liabilities). A financial rating may be augmented by submission of a Letter of Credit on the form included on Page 15 of the Contractor's Prequalification Package attached to these Instructions. If a Letter of Credit is submitted, the Letter of Credit shall be added to the initial working capital calculation such that the calculation for the augmented working capital shall be $WC = (((CA-CL) \times 10) + LOC)$.

Particular attention is called to the fact that the certificate of the certified public accountant must express an unqualified opinion in order to receive a "financial capacity" qualification. Working capital is an important factor in determining the bidding capacity of a contractor; therefore, the accountant must furnish, by a supplementary schedule or as a part of the accountant's certificate, any information not specifically called for by the statement which, in the accountant's opinion, might properly be taken into consideration.

C. Accountant's Certificate and Release

The certificate of a certified public accountant will be required for all audited/reviewed financials. The forms of certificate for both an audit and a review are included on Page 13 of the Contractor's Prequalification Package attached to these Instructions. Use whichever is appropriate to your submittal. It will be acceptable for the accountant to submit a certificate in the accountant's own words. However, such qualifications shall not be so extensive as to nullify the value of the statement or its usefulness to the County.

<u>Accountant's Release Letter will be required</u>. The responsible accountant must verify the validity of the applicant's financial statement. Use the form included on Page 14 of the Contractor's Prequalification Package attached to these Instructions.

D. Term of Financial Statements

The financial information is valid for a period of one (1) year after the date of submission. Statements will be held on file until contractor's prequalification package is eighteen: (18) months old at which time it will be destroyed. The County reserves the right to reject statements in which the financial information is more than one (1) year old. All applicable portions of the form should be completed with schedules attached if the space provided does not suffice.

EXPERIENCE REQUIREMENTS (Weighted Average)

General contractor's experience must include the successful completion of at least three (3) public projects within the last five (5) years.

Trade contractors must include the successful completion of at least three (3) public projects within the last five (5) years.

Contractor's "Experience Limit" shall be the average contract price for contracts completed in the State of California in the past five (5) years. For example - Project 1 contract value of \$16,275,110, plus Project 2 contract value of \$14,370,260, plus Project 3 contract value of \$11,543,980 equals an average contract value of \$14,063,116. This figure is rounded to the nearest \$100,000 for an Experience Limit of \$14,100,000. This process only provides the Experience Limit and does not necessarily set the final rating.

INSURANCE

A minimum combined commercial general single limit liability insurance policy of \$2,000,000 or an amount equal to or greater than the coverage identified in the County's bid documents, whichever is greater, is required. A <u>Certificate of Insurance</u> must be issued to the County of Riverside which states levels and dates of coverage and meets the other requirements of the County's bid documents.

BONDABILITY

The bonding surety is required to be an admitted surety in the State of California. The surety will be contacted to confirm willingness to bond to a particular limit. It is required that the contractor include an **original** and **notarized** <u>letter of bondability</u> from the surety indicating its support levels.

In the event that the contractor is unable to obtain a letter of bondability in the time prescribed by the County, the contractor may be suspended from the formal bid prequalified contractors' list and not be allowed to bid on County projects requiring formal bid until proof of bondability is provided.

AFFIDAVIT

An affidavit as to the veracity, accuracy and completeness of the Contractor's Prequalification Package being submitted must be completely executed **under penalty of perjury** by an authorized agent of the company. Use the form included on Page 17 of the Contractor's Prequalification Package attached to these Instructions.

NOTIFICATION OF PREQUALIFICATION RESULT

Completed prequalification forms should be submitted for contractors to be placed on the County's list of formal bid prequalified contractors for upcoming projects. Contractors will be notified of their prequalification rating as soon as possible. Bids can only be accepted from an entity that has an acceptable qualification rating in place prior to a bid advertisement date.

The prequalification process can take several months to complete. Please factor in this time frame when prequalifying to ensure adequate time to review and approve the prequalification packages prior to the submission of your firm's bid.

PROCEDURE FOR APPEAL OF PREQUALIFICATION RESULTS

If the contractor chooses to challenge a prequalification rating, the contractor shall first request a hearing by providing a written request within five (5) working days after notification of prequalification rating. The written request shall set forth in detail all grounds for the request including without limitation all facts, supporting documentation, legal authorities and arguments in support of the grounds for the request; any matters not set forth in the written request shall be deemed waived. All factual contentions must be supported by competent, admissible and creditable evidence. If no timely request for review is filed, the determination shall be final and all rights of the contractor to challenge the County's decision, whether by administrative process, judicial process, or any other legal process or proceeding shall be waived.

If the contractor files the request for review within the time limit, the County's staff and/or County representative shall schedule a time for a meeting to allow the contractor to rebut any evidence used as a basis for the rating and to present evidence as to why the contractor should be determined to be qualified to formally bid. The County's staff shall then review the contractor's evidence and subsequently notify contractor regarding whether the contactor is determined qualified to formally bid.

If the contractor chooses to challenge the County staff's determination regarding contractor's prequalification rating after presenting evidence as described above, the contractor may then, within five (5) working days of being notified of County staff's determination, request that the County establish a three (3) member committee for a hearing to review the facts and reconsider the prequalification rating. The contractor or his/her representative will be invited to appear in person to bring before the committee any information identified in the appeal. The contractor will then be released from the meeting and the committee members shall consider whether or not to recommend a change in the contractor's rating. The committee shall render a recommendation to the Deputy Director – County of Riverside – Economic Development Agency (EDA) who shall issue a final and binding decision.

County counsel may be in attendance or on call during the appeal. The contractor will be faxed notification of the Deputy Director – County of Riverside – Economic Development Agency (EDA) decision at least 24 hours prior to bid opening if possible.

COUNTY OF RIVERSIDE CONTRACTOR'S FORMAL BID PREQUALIFICATION PACKAGE 2015

CONTRACTOR'S STATEMENT OF EXPERIENCE AND FINANCIAL CONDITION

SECTION 1 - GENERAL INFORMATION

General Contractors or General Engineering Contractors choosing to qualify for more than one Trade **must submit separate** lists of references for each trade. Only provide reference information applicable to the relative trade for prequalification. Each one will be reviewed on its own merit.

| Contractor: | | Union I | Non Union |
|------------------|--|--|---------------|
| | (name as it appears on license) | ?===================================== | |
| Contact Person | : | Check One | : Corporation |
| Title: | Email: | - | Partnership |
| Address: | (Charact Address) | =: | Sole Prop. |
| | (Street Address) | | Joint Ven. |
| Dhonor (| (City, State, Zip Code) | | |
| License No. | Fax: () Class(es): | Evn Dato: | |
| Licerise No | Trade for Qualification | | |
| | | | |
| DIR Registration | n No | <u> </u> | |
| | Date | | |
| License Verified | : Yes No | | |
| Tax ID Number | : Date Business Forme | ed: | |
| Please check th | e following if they apply to your firm: | | |
| 1 In the past | DVBE Certified Large Business (500 or more employees) Small Business (Under 500 employees) Disadvantaged Business (Minority Owner Woman-Owned & Operated Sheltered Workshop Local (Office located within the County of | ed) | |
| principal or cor | porate officers been involved in? rate signed page if not enough space.) | 2 | |

COUNTY OF RIVERSIDE - FORMAL BID PREQUALIFICATION PACKAGE - 2015

| | Has there been any recent empany? <i>(If yes, explain on</i> | | | Yes _ | No |
|----|--|---|--|---|--|
| CO | Is the company or its own empanies as a subsidiary, pa f yes, explain on separate s usiness addresses, and phor | arent, holding or affiliate igned page, listing comp | ? | Yes _ | No |
| 4. | Corporate Officers - Partne | ers - Proprietor - Owner | s - Key Personne | <u>:</u> | |
| | Name | Position | Years W/Firm | % of Ownership | Social Sec. # |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5. | If a corporation: Date inc | orporated | | State | |
| 6. | If a partnership: Date of a | organization Limit | | State Association | |
| | In what type of construction | | | | - |
| 8. | List annual gross income | for last three (3) years: | | \$ | |
| | | | Year: Year: | \$ \$ | |
| 9. | Are you currently prequali | fied with any other coun | ties or public ag | encies in Southern | California? |
| | YesNo | If yes, list the Coun | ty and dollar rati | ng: | |
| | | | | | |
| | | | ı | | |
| | I hereby authorize the C the Agencies above to di verify my company's fitn | County of Riverside ("Cou iscuss my rating/prequa | unty") or a repre lification and to | sentative of the Co obtain any informa | ounty to contact ation necessary to |
| | Signed: | | | Date: | |
| | Name/Title: | = | | | |

COUNTY OF RIVERSIDE - FORMAL BID PREQUALIFICATION PACKAGE - 2015

SECTION 2 - QUESTIONS

A. ESSENTIAL EVALUATION CRITERIA

| | | YES | N O |
|-----|--|-----|--------|
| 1 | Contractor possesses a valid and current California Contractor's license for the project(s) for which it intends to submit a bid and has possessed such license for at least the last five (5) years. | | |
| 2 | Is your firm and RMO/RME in good standing with the Contractors State License Board? (If no, please explain on separate piece of paper. If no, than contractor is not qualified unless acceptable explanation.) | | |
| 3. | Has the Contractor ever had their contractors license suspended, put on probation, or revoked? (If yes, please explain on separate piece of paper. If yes, than contractor is not qualified unless acceptable explanation.) | | |
| 4. | Contractor has a liability insurance policy with a policy per project limit of at least \$ 1,000,000 per occurrence and \$ 2,000,000 aggregate. | | |
| 5. | Contractor has a current workers' compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq. | | |
| | Check here if you are exempt from this requirement – no employees | | |
| 6. | Has your firm been assessed liquidated damages in the past 5 years? (If yes, please answer the additional questions on a separate piece of paper; 1. How many times has Liquidated damages been assessed? 2. What were the dollar amounts of the assessment(s)? (If yes, then Contractor is not qualified unless an acceptable explanation). | | |
| 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 your current bonding capacity? Notarized statement must be from the surety company, not an agent or broker, and must be specific to this prequalification. (If no, then Contractor is not qualified). | | |
| 8. | Has your firm defaulted on a contract or declared bankruptcy or been placed in receivership within the past seven (7) years? (If yes, please explain on separate piece of paper. If yes, than contractor is not qualified unless acceptable explanation.) | | |
| 9. | Has your firm been disqualified, debarred, forbidden, or found non-responsible or otherwise prohibited from performing work and/or bidding on work for any other public agency in the State of California within the past five (5) years? (If yes, please explain on separate piece of paper. If yes, than contractor is not qualified unless acceptable explanation.) | | |
| 10. | Has your firm been terminated for cause by any public agency on any project in the State of California within the past five (5) years? (If yes, please explain on separate piece of paper. If yes, than contractor is not qualified unless acceptable explanation.) | | |
| 11. | Is your firm ineligible to bid on or be awarded a public contract, or perform as a subcontractor on a public contract, pursuant to either Labor Code section 1777.1 or Labor Code section 1777.7? (If yes, please explain on separate piece of paper. If yes, than contractor is not qualified unless acceptable explanation.) | | |
| 12. | 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 entity or agency? (If yes, please explain on separate piece of paper. If yes, then contractor is not qualified unless acceptable explanation.) | | |

B. RATING QUESTIONS

A score less than 55 points in this section disqualifies you from formally bidding projects proposed by the County that use this prequalification process as a condition of bidding.

| Qı | iestion | Response | Points (For Office Use Only) |
|----|---|---------------------|------------------------------------|
| 1. | How many years has your firm been in business in California as a contractor under your present business name and license number? (less than 3 Yrs. = 0 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.) | Years | pts. |
| 2. | How many years' experience does your RMO/ RME have as a licensed contractor? (less than 3 Yrs. = 0 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.) | Years | pts. |
| 3. | How many years has your firm performed construction for the County of Riverside? (less than 3 Yrs. = 0 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.) | Years | pts |
| 4. | How many stop notices have been defended in court by your firm and proceeded to judgment against your firm and/or the owner? $(0 = 6 \text{ pts.}, 1-3 = 4 \text{ pts.}, >3 = 0 \text{ pts.})$ | Stop Notices | pts |
| 5. | How many legal proceedings, including arbitration, has your firm initiated against an owner? (0 = 6 pts., 1-3 = 4 pts., >3 = 0 pts.) | Legal Proceed | pts |
| 6. | Has a client ever made a demand on your performance bond? (Yes = 0 pts., No = 6 pts.) | Yes No | pts |
| 7. | Has your firm had insurance terminated by a carrier in the past 5 years due to an excessive claims history and/or nonpayment of premium? (Yes = 0 pts., No = 5 pts.) | Yes No | pts |
| 8. | Does your firm currently have a safety plan which complies with the current OSHA standards? (Yes = 2 pts., No = 0 pts.) | Yes No | pts |
| 9. | What is your current Worker's Compensation Experience Modification Rate (EMR)? $(<1=5 \text{ pts.}, 1.0-1.25=3 \text{ pts.}, 1.25-1.50=2 \text{ pts.}, >1.50=0 \text{ pts.})$ | Rate | pts |
| 10 | . How many public works projects has your firm completed in California in the past 5 years? $(5+=5 \text{ pts.}, 4=4 \text{ pts.}, 3=3 \text{ pts.}, 2=2 \text{ pts.}, 1 \text{ or less}=0 \text{ pts.})$ | College/School Work | pts |
| 11 | . Within the past 5 years, have any of your employees or another entity filed a complaint against your firm with the California Contractors State License Board? If yes, how many complaints were filed? (No = 5 pts., $1 = 4$ pts., $2 = 3$ pts., $3 = 2$ pts., $>3 = 0$ pts.) | Yes No Complaints | pts |

| 12. Within the past 5 years, have any of your employees filed a complaint with the Labor Board? If yes, how many complaints were filed? If yes, how was it resolved? Were back wages paid to workers? | Yes No | |
|--|--------------|-----|
| (No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 1 pts., >3 = 0 pts.) | Complaints | pts |
| 13. Within the past 3 years, has your firm or any principal of your firm paid penalties for a Labor Code violation? | Yes No | |
| (No = 5 pts., $1 = 3$ pts., $2 = 2$ pts., $3 = 1$ pts., $>3 = 0$ pts.) | Violations | pts |
| 14. Within the past 3 years, has your firm or any principal ever settled a claim for under payment of wages with a worker or the Labor Board? | Yes No | pts |
| (No = 5 pts., $1 = 3$ pts., $2 = 2$ pts., $3 = 2$ pts., $>3 = 0$ pts.) | Claims | |
| 15. Has your firm or any principal of your firm* been cited or found guilty of violating any federal, state or local law, rule or regulation regarding a construction contract? (Yes = - 5 pts., No = 5 pts.) | Yes No | pts |
| | TOTAL POINTS | |

Applicant shall attach explanations on a separate signed sheet for each answer for which you received less than the maximum number of points. – <u>Must be Provided</u>

^{*} Principals of the firm are defined as any officers, directors, partners, RMO/RMEs, or any others having an ownership interest in the firm.

SECTION 3 - PERFORMANCE

1. Please provide <u>valid and current</u> contact information for all references provided. Three references will be contacted. If information for a reference is not valid and current; **10** points from that reference will be deducted. **Please provide information on this form** <u>only</u> or add additional copies if needed.

2. List the five (5) largest <u>public</u> contracts completed in the past five (5) years:

(Provide project information only for the specific license/scope of work you are qualifying for)

| | nation only for the specific | | Contract | Complete |
|-----------------------------------|---------------------------------|-------------------------------|------------------------|--------------------------|
| Owner & Project Name or Number | Contact Name, Phone# & Email | Description of Work Performed | Amount: Original \$ | Date: <u>Original</u> |
| Name or Number | & Eman | Periorinea | Completed \$ | Actual |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | I | | - | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 3. What size proje | cts do you feel your co | ompany has the capacity | and capability to perform | : |
|--------------------|-------------------------|-------------------------|---------------------------|---|
| Single job: \$ | | Total wo | ork in progress: | |

SECTION 4 - SAFETY RECORD

| 1. | recent years. Your EMR | Compensation Experience Modifications should be obtained from your insudentifying the EMR rate for the past | rance agent. Att | ach a letter | from the |
|----|--|---|------------------|---------------|----------|
| | 2012 | 2013 | 2014 | | |
| | | as of | | | |
| 2, | | | | | |
| | | l information in all boxes ~ Do : nts will be calculated based on | not <u>2012</u> | 2013 | 2014 |
| | Number of fatalities: | | | | |
| | 1 or more = 0 pts, 0 = | 5 pts | | | |
| | Workers Compensation | Experience Modification Rate (EMF | ₹) | | |
| | <1= 10 pts, (1.1-1.4) (1.8-2.) = 4 pts, >2 = | = 8 pts, (1.5-1.7) = 6 pts, 0 pts | | | |
| | OSHA Violations | 1 | | | |
| | <0=5 pts, 1-2 = 3 pts, | >2 = 0 pts | | | |
| | | employee (direct hire) hours work e-work time even though paid) | ked | | |
| | | | TOTAL POINT | s | |
| 3. | Do you hold safety meet | ings for field supervisors and emplo | oyees? | Yes | No |
| | How often? | Weekly Bi-Weekly | Monthly _ | As Ne | eded |
| 4. | Does your company cond | luct project safety inspections? | | Yes | No |
| 5. | Does your company have (If yes, provide a copy o | e a written safety program? f Safety Program) | | Yes | No |
| 6. | Does your company have (If yes, provide a copy o | e a safety orientation program for r f Safety Program) | new employees? | Yes | No |
| | | s of your company's safety progra 's evaluation. (Please use the spa | | at you feel v | would be |
| 8. | | SHA violations in the last five (5) y HA letter describing violation and r | | Yes | No |

SECTION 5 - INSURANCE

| Do you currently have a minimum of \$2 , Insurance? Yes No <u>Plea</u> | ,000,000 Combined a <u>se <i>provide a Certifi</i></u> | d Commercial General Single Limit Liability icate of Insurance as verification |
|--|--|---|
| AMOUNT OF INSURANCE \$ | | Years with Ins. Co.: |
| Insurance Company Information | Name: | |
| | | <u>C</u> |
| | Phone # : <u>(</u> |) |
| | Contact: | |
| Note: If less than five (5) years with you companies below, including phone numb | | |
| Previous Insurance Company | Name: | |
| | Address: | |
| | Phone #: <u>(</u> |) |
| | Contact: | |
| | Years with Ir | ns. Co. _s |
| Previous Insurance Company | Name: | |
| Trevious insurance company | | |
| | - | |
| | Phone #:(|) |
| | Contact: | |
| | Years with Ir | ns. Co. |
| County Use Only: | | |
| Verified by | Date | |
| Insurance Verified: Yes No _ | | |
| Date of Insurance Expiration: | | |
| Certificates Attached: Yes No _ | | |
| AM's Best Rating: | CA Admitted: | |
| Meets Required Limits: Yes No | | |

<u>Applicant shall exchange this page for a current original certificate of insurance reflecting all coverages.</u>

SECTION 6 - SURETY INFORMATION

A. List <u>all surety companies</u>, not agencies, utilized by your company in the last five (5) years. <u>Please provide a letter stating bondability from Surety Company</u>.

| Company | Contact & Phone # | Largest Bond | List Years Used |
|---------|-------------------|--------------|--------------------|
| | | | 2 |
| | | | > |
| | | | |

Please explain on a separate page, with dates of occurrences, any positive answer to the following questions.

| В. | Has your company, any owner, or affiliated company ever: | <u>No</u> | <u>Yes</u> |
|-----|--|-----------|------------|
| 1. | Been unable to obtain a bond or been denied a bond for a contract? | | |
| 2. | Defaulted on a contract resulting in a tender to a surety? | - | |
| 3. | Failed to complete a contract within the authorized contract time? | | - |
| 4. | Declared bankruptcy? | | |
| 5. | Been in receivership? | - | |
| 6. | Had any arbitration (not litigation) on a contract? | - | |
| 7. | Had any outstanding liens/stop notices for labor and/or material filed against your firm on any contracts which have been completed or are being completed by your firm? | | |
| 8. | Been in litigation related to construction? | | - |
| 9. | Had any of the sureties bonding your jobs required or requested to complete any part of your work during the last five (5) years? | - | |
| 10. | For how many projects is your company currently bonded? | , | |
| 11. | Current Dollar amount of bonding capacity used | | |

| | W. | | | | | |
|----------------|-----------------------------------|----------------------------------|--------------|----------------------------------|-------------------------------------|--------------------------|
| Applicant show | hall exchange t s bonding ager | his page for a ncy's estimate | of largest s | ginal notarized ingle bond am | letter of bonda ount most likely | bility which approvable. |
| | | | | | | F1 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | * | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SECTION 7 - FINANCIAL INFORMATION

Financial Statement: Submit the appropriate financial statement with this completed application. A
Compilation is not acceptable.

Reviewed statements will be required for all trades of work.

- 2. <u>Accountant's Certificate of Audited or Reviewed of Financial Statement</u>: Your accountant must complete and sign one of the following certificates on page 14 of this packet, depending on the type of financial statement you are submitting with this application. Include the certificate with your completed application.
- 3. <u>Accountant's Release Letter</u>: Please complete the form on page 15 of this packet to permit the County or County's representative (Tilden-Coil Constructors, Inc.) to contact your accountant to verify that the financial statement you have submitted is the most recent one. (*Must be original wet signed signature copies are not acceptable*)
- 4. <u>Financial Institution Release Letter</u>: Please complete the form on page 15 of this packet to permit the County or County's representative (Tilden-Coil Constructors, Inc.) to contact the financial institution that provided a Letter of Credit for this application. You <u>only</u> need to complete this form if you have submitted a Letter of Credit with your application.
- 5. <u>General Letter of Credit</u>: If you wish the County to consider your letter of credit as part of its calculation of your financial capacity, you must submit a Letter of Credit from your financial institution with your application. The financial institution may use the form on page 15 of this packet or it may use its own form as long as it certifies the credit amount and agrees that the credit will not be withdrawn or reduced without 45 days prior written notice to the County.

| Date | |
|--------|-----------------------------|
| No | |
| udited | |
| No | |
| Αι | Date No Audited No |

APPLICANT'S INDEPENDENT ACCOUNTING FIRM SHALL COMPLETE THIS CERTIFICATE FOR AN AUDIT OF FINANCIAL STATEMENT:

| STATE OF: | |
|--|--|
| We have examined the Financial Statement of Our examination was made in standards, and accordingly included such tests of the acprocedures as we considered necessary in the circumstate. | accordance with generally accepted auditing counting records and such other auditing |
| In our opinion, the accompanying financial statement in fairly, in all material respects, the financial position of, and the results of their open ended in conformity with generally accepted accounting | acluded on pages to inclusive, presents as of erations and their cash flows for the year(s) then principles. |
| Print name of Firm | Accountant's Signature |
| Telephone No. | License No. |
| APPLICANT'S INDEPENDENT ACCOUNTING FIRM SERVIEW ONLY OF FINANCIAL STATEMENT: I (we) have reviewed the accompanying financial stater as of The information include of the management of the above firm. Based on my (our) review with the exception of the management (we are) not aware of any material modifications the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements in order for them to be in conformity with general modern and the statements are statements. | nent ofed in the financial statement is the representation tter(s) described in the following paragraphs(s), I at should be made to the accompanying financial |
| Print name of Firm | Accountant's Signature |
| Telephone No. | License No. |
| (Note: this review consists principally of inquiries of ma applied to this financial data. It is substantially less in s generally accepted auditing standards, the objective of the financial statements taken as a whole. Accordingly, | scope than an examination in accordance with of which is the expression of an opinion regarding |
| Special note to Accountant: The above Certificates of A who is in the regular employ or owner of the individual, statement. All financial statements must be reviewed or Accountant/Accounting Firm. | partnership, or corporation submitting the |

ACCOUNTANT'S RELEASE LETTER

(Must be an original signature)

By signing the form below, I authorize the County of Riverside or a representative acting on behalf of the County (Tilden-Coil Constructors, Inc.) to contact our company's licensed accounting firm to verify our most recent Reviewed or Audited financial statement. I understand the financial statement is confidential information and is not open to public inspection.

| Name | Contractor's Signature |
|--|--|
| | |
| Title | |
| Company N | ame |
| Date | |
| FINANCIAL INSTITUTION | N RELEASE LETTER |
| (For use only when augmenting financial By signing the form below, I authorize our financial institute a representative of the County of Riverside. I understand | al rating with a Letter of Credit) ution to verify our Letter of Credit information to |
| By signing the form below, I authorize our financial institu | al rating with a Letter of Credit) ution to verify our Letter of Credit information to this information is confidential information and |
| By signing the form below, I authorize our financial institute a representative of the County of Riverside. I understand | al rating with a Letter of Credit) ution to verify our Letter of Credit information to |
| By signing the form below, I authorize our financial institute a representative of the County of Riverside. I understand is not open to public inspection. | al rating with a Letter of Credit) ution to verify our Letter of Credit information to this information is confidential information and |

Date

Your financial institution may augment your financial rating by issuing a Letter of Credit. Please forward a form of your financial institution's Letter of Credit for the County's review. The Letter of Credit will have to be addressed to the County's representative and bear an original signature. A Letter of Credit is optional, not mandatory. It may be used to increase your financial capacity by the value of the Letter of Credit.

General lines of credit are not accepted. A Letter of Credit <u>must</u> be issued specifically to the County and contain the basic information outlined below.

| то: | (Company Name / Depart (Address) (City, State, Zip) | ment) | |
|------------------------|--|--------------------|---------------------------------------|
| ATTENTION: | (Name/Title) | | |
| SUBJECT: | LETTER OF CREDIT | | |
| Reference is made to t | he prequalification of: | Name of Contractor | · · · · · · · · · · · · · · · · · · · |
| exceed \$ | ove-identified Contractor has be and written notice to the County. | | |
| Name | of Financial Institution | | Institution No. Code |
| Address: | | 91 | |
| Signature/Date: | * | | |
| Print Name & Title: | | | |

SECTION 8 - AFFIDAVIT

DECLARATION

| I _r | , hereby declare that I am the |
|--|---|
| (printed n | ame) |
| (title) | of (name of applicant firm) |
| Package on behalf of the above nar | kage; that I am duly authorized to execute this Prequalification med contractor; and that all information set forth in this Prequalification o are, to the best of my knowledge, true, accurate, and complete as of |
| I declare, under penalty of perjury, | , that the foregoing is true and correct and that this declaration was |
| Subscribed at | (location and city), County of |
| £ | , \$tate of |
| on | (date). |
| Signature of Applicant: (must be originated by other than the sole process.) | |
| (If signed by other than the sole pr notarized power of attorney or corp | ophietor, a general partner, or corporate officer, attaches original |
| | for prequalification evaluation will be considered official information nty will maintain its confidentiality to the extent permitted by law. |
| same and it is true to the best of inducing the County to supply the vendor, or other agency named information necessary to verify cease to properly and truly represent material respect, the Application | statement of experience and financial condition has read the of his or her knowledge. The statement is for the purpose of he Applicant with plans and specifications and any depository, therein is hereby authorized to supply the County with any the statement. Should the foregoing statement at any time resent the experience and financial condition of the Applicant in cant will notify County of said material change and refrain from any work until a revised and corrected statement is submitted. |
| Applicant shall provide a copy o indicating the standing of the Co | of the most recent certificate from the Secretary of State orporation or partnership. |
| County Use Only: | |
| Verified by | Date |
| Certificate from Secretary of State | Attached: Yes No |

| Applicant shall | | | |
|--------------------------|------------------------------------|--|--|
| include, but not well | inancial statem itional informa | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

COUNTY OF RIVERSIDE PREQUALIFICATION EVALUATION PROCEDURE 2015 (TO BE USED IN CONJUNCTION WITH PREQUALIFICATION PACKAGE)

EVALUATION WORKSHEET

| Na | me of Contrac | ctor: | | | |
|----|---|--|--|--|--|
| Da | te of Evaluation | on: | | | |
| | | | | | |
| Co | nfirm Essent | tial Criteria | | | |
| 1. | Does Contrac | Section 2.A.1.) ctor possesses a valid and current California Contractor's license for the project(s) ntends to submit a bid and has possessed such license for at least the last five (5) | | | |
| | Yes | No | | | |
| | (If no, then (| Contractor is not qualified) | | | |
| 2. | License (See | Section 2.A.2.) | | | |
| | Are the Contr Yes | ractor and its RMO/RME in good standing with the Contractors State License Board No | | | |
| | (If no, then (| Contractor is not qualified) | | | |
| 3. | License | | | | |
| | Has the Cont revoked? | ractor ever had their contractor's licenses suspended, put on probation, or | | | |
| | Yes | No | | | |
| | (If no, then (| Contractor is not qualified) | | | |
| 4. | General Liabi | lity Insurance (See Section 2.A.3.) | | | |
| | Does the Contractor currently hold a general liability insurance policy with limits of at least \$1,000,000 per occurrence and \$2,000,000 aggregate? | | | | |
| | Yes | No | | | |
| | (If no, then (| Contractor is not qualified) | | | |
| 5. | Workers' Compensation Insurance (See Section 2.A.4.) | | | | |
| | | ntractor hold a current workers' compensation insurance policy or is the Contractor pursuant to Labor Code section 3700 et seq.? | | | |
| | Yes | No | | | |
| | (If no, then C | Contractor is not qualified - with exception to CSLB Approved WC Exception) | | | |

| о. | Liquidated Da | amages (See Section 2.A.S.) |
|----|------------------|---|
| | Has the Cont | ractor been assessed liquidated damages in the past 5 years? |
| | Yes | No |
| | How many tir | mes has liquidated damages been assessed? |
| | What was the | e dollar amount of the assessment(s)? |
| | (If yes, then | Contractor is not qualified unless an acceptable explanation) |
| 7. | Notarized Sta | atement from Surety (See Section 2.A.6.) |
| | by the Califor | ractor included a notarized statement from an admitted surety insurer (approved raia Department of Insurance and authorized to issue bonds in the State of which states the contractor's current bonding capacity? |
| | Yes | No |
| | (If no, then C | Contractor is not qualified) |
| 8. | Default or Ba | nkruptcy (See Section 2.A.7.) |
| | | ractor defaulted on a contract or declared bankruptcy or been placed in within the past seven (7) years. |
| | Yes | No |
| | (If yes, then | Contractor is not qualified unless an acceptable explanation) |
| 9. | Disqualification | on (See Section 2.A.8.) |
| | from perform | ractor been disqualified, debarred, or found non-responsible or otherwise prohibited ing work and/or bidding on work for any public agency within the State of hin the past five (5) years. |
| | Yes | No |
| | (If yes, then | Contractor is not qualified unless an acceptable explanation) |
| 10 | .Termination (| (See Section 2.A.9.) |
| | | ractor been terminated for cause by any public agency on any project within the ornia within the past five (5) years? |
| | Yes | No |
| | (If yes, then | Contractor is not qualified unless an acceptable explanation) |
| 11 | . Prevailing Wa | age Violations (See Section 2.A.10.) |
| | awarded a pu | f submitting its Prequalification Packet, was the Contractor ineligible to bid on or be ablic contract, or perform as a subcontractor on a public contract, pursuant to eithe ection 1777.1 or Labor Code section 1777.7? |
| | Yes | No |
| | (If yes, then | Contractor is not qualified) |

12. False Claims and Material Misrepresentations (See Section 2.A.11.)

Has the Contractor 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 entity or agency?

Yes

No

(If yes, then Contractor is not qualified)

Review Rating Questions (See Section 2.B. in Prequalification Package)

| • | Insert total score from Rating Questions worksheet. |
|---|--|
| (| Contractor must have 55 points or higher to qualify. |
| ļ | [Maximum is 75 points.] |

TOTAL POINTS

PERFORMANCE

Contact References (See Section 3. In Prequalification Package)

The County of Riverside or a representative acting on behalf of the County will contact at least three (3) of Contractor's references from a minimum of five (5) of its most recent public projects including the three (3) largest public projects completed in the last five (5) years, unless the Contractor has not completed three (3) public projects, in which case, the County of Riverside or a representative acting on behalf of the County will contact all of the Contractor's references for public projects plus the most recent references from other projects so that the County of Riverside or it's representative contacts a minimum of three (3) references for Contractor.

Numerical Rating (Complete this form for each reference verified)

If the contact person rates the Contractor unsatisfactory in any area, please attempt to provide written comments in Section I to explain the rating(s) assigned.

| | | Unsatisfactory | Below Average | Average | Above Average | Rating |
|---|--------------|---|------------------|---------|------------------|--------|
| 1. Quality of Worl | • | 0 | 8 | 16 | 24 | |
| 2. Performance an Accountability | nd | | | | | |
| a. Scheduling | | 0 | 3 | 7 | 10 | |
| b. SubcontractorMgt. | or (project) | 0 | 3 | 7 | 10 | |
| c. Change Orde | ers | 0 | 3 | 7 | 10 | |
| d. Working Rela | ationship | 0 | 2 | 4 | 6 | |
| e. Paperwork P | rocessing | 0 | 2 | 4 | 6 | |
| | | *************************************** | | | Total | |

Total Numerical Rating

| | | | Unsatisfactory | Below Average | Average | Above Average | Rating |
|----|----------|-------------------------------|---|------------------|---------|------------------------------|--------|
| 1. | Qu | ality of Work | 0 | 8 | 16 | 24 | |
| 2. | | rformance and countability | | | | | - |
| | a. | Scheduling | 0 | 3 | 7 | 10 | |
| | b. Mg | Subcontractor (project) t. | 0 | 3 | 7 | 10 | |
| | c. | Change Orders | 0 | 3 | 7 | 10 | |
| | d. | Working Relationship | 0 | 2 | 4 | 6 | |
| | e. | Paperwork Processing | 0 | 2 | 4 | 6 | |
| 21 | | | Y — — — — — — — — — — — — — — — — — — — | | | Total Numerical Rating | |

Reference #3:

Reference #2;

| | | Unsatisfactory | Below Average | Average | Above Average | Rating |
|----|---|----------------|------------------|---------|------------------------------|--------|
| 1. | Quality of Work | 0 | 8 | 16 | 24 | |
| 2. | Performance and Accountability | | | | | |
| | a. Scheduling | 0 | 3 | 7 | 10 | |
| | b. Subcontractor (project)Mgt. | 0 | 3 | 7 | 10 | |
| | c. Change Orders | 0 | 3 | 7 | 10 | |
| | d. Working Relationship | 0 | 2 | 4 | 6 | |
| | e. Paperwork Processing | 0 | 2 | 4 | 6 | |
| | | , | | | Total Numerical Rating | |

PREQUALIFICATION EVALUATION WORKSHEET

| 1. Essential Criteria If any one of the Essential Criteria above is not met, there is no need to complete the remainder of the evaluation. |
|---|
| Pass Fail |
| 2. Review Rating – (Must have a minimum 55 Points) |
| [75 points maximum] |
| Total Points from above Points |

| for each contractor. Insert the average | of all the scores from all |
|---|--|
| references for each contractor. [66 point | |
| Average Numeric Rating from | Points |
| Evaluation Reference Forms | |
| | |
| 4. Safety Record - Must have 80% to o | ualify |
| Review the Contractor's safety record in Prequalification Packet and rate their saf | |
| [60 points maximum] | cty record. |
| Safety Record Score | Points |
| Carety Necond Coord | |
| | · |
| | Maximum = 201 Points: |
| | TOTAL POINTS |
| PREQUALIFICATION LIMIT | |
| PREGOALITICATION LIMIT | |
| Determination of Qualification Limit: The | Qualification Limit for a Contractor will be the |
| lesser of the Experience Limit or Finar | |
| Experience Limit: | |
| Weighted Average \$ | (See Section 3 of Prequalification Package) |
| Weighted Average 4 | (See Section 5 of Frequalification Fackage) |
| Financial Strength: | |
| | |
| | ating the Contractor's Working Capital (current assets |
| minus current liabilities) multiplying Worki | ating the Contractor's Working Capital (current assets ng Capital x10 (See Section 7 of Prequalification to augment the Working Capital calculation. |
| minus current liabilities) multiplying Worki Package). A letter of credit may be added | ng Capital x10 (See Section 7 of Prequalification |
| minus current liabilities) multiplying Worki Package). A letter of credit may be added Inability to meet this Financial Strength ra | ng Capital x10 (See Section 7 of Prequalification to augment the Working Capital calculation. |
| minus current liabilities) multiplying Worki Package). A letter of credit may be added Inability to meet this Financial Strength rafor a project. | ng Capital x10 (See Section 7 of Prequalification to augment the Working Capital calculation. ting for a specific project may disqualify a Contractor |
| minus current liabilities) multiplying Worki Package). A letter of credit may be added Inability to meet this Financial Strength ra for a project. Based on an Audit | ng Capital x10 (See Section 7 of Prequalification to augment the Working Capital calculation. ting for a specific project may disqualify a Contractor or Review |
| minus current liabilities) multiplying Worki Package). A letter of credit may be added Inability to meet this Financial Strength rafor a project. Based on an Audit Dated: | ng Capital x10 (See Section 7 of Prequalification to augment the Working Capital calculation. ting for a specific project may disqualify a Contractor or Review |
| minus current liabilities) multiplying Worki Package). A letter of credit may be added Inability to meet this Financial Strength ra for a project. Based on an Audit Dated: X : | ng Capital x10 (See Section 7 of Prequalification to augment the Working Capital calculation. ting for a specific project may disqualify a Contractor or Review 10 = \$ |

3. References