

ATTACHMENT A:

SUPPLEMENTAL INFORMATION FOR BASE QUALIFICATION QUESTIONNAIRE INFORMAL COMPETITIVE BIDDING

Instructions: Completion of this form is required to better assess your firm's healthcare project experience and to ensure that we provide a fair bidding experience for all firms.

1. COMPANY INFORMATION

Firm Name: _____

Please provide the following information:

Firm Size:	<u>SMALL</u>	<u>MEDIUM</u>	<u>LARGE</u>
	_____	_____	_____
Total 2016 Annual Revenue		\$ _____	
Total 2015 Annual Revenue		\$ _____	
Total 2014 Annual Revenue		\$ _____	

2. SELF-PERFORM WORK

Does your firm self-perform work? If yes, please list the trades **AND** Yes No
submit two (2) projects in which your firm has self-performed work in the
space provided below.

-
- Concrete Drywall
 Demolition Painting
 Doors Other:

List:

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GENERAL CONTRACTOR SELF-PERFORM PROJECT #1

Project Name: _____
Construction Cost: _____
Owner: _____
Contact Name: _____
Contact Phone & Email Address: _____

GENERAL CONTRACTOR SELF-PERFORM PROJECT #2

Project Name: _____
Construction Cost: _____
Owner: _____
Contact Name: _____
Contact Phone & Email Address: _____

3. OSHPD 1 PROJECT EXPERIENCE (INPATIENT HOSPITAL)

Does your firm have OSHPD 1 (Inpatient Hospital) experience? Yes No

If yes, please list two (2) projects in which your firm has performed work
in the space provided below.

OSHPD 1 PROJECT #1

Project Name: _____
Construction Cost: _____
Owner: _____
Contact Name: _____
Contact Phone & Email Address: _____

OSHPD 1 PROJECT #2

Project Name: _____
Construction Cost: _____
Owner: _____
Contact Name: _____
Contact Phone & Email Address: _____

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4. OSHPD 3 PROJECT EXPERIENCE (OUTPATIENT HOSPITAL)

Does your firm have OSHPD 3 (Outpatient Hospital) experience? Yes No

If yes, please list complete the information and submit two (2) projects in which your firm has performed work in the space provided below.

If yes, please complete the fields below.

Type of Facility: Hospital: Medical Office Building: Skilled Nursing Facility:
Rehabilitation Center: Other: List: _____

OSHPD 3 PROJECT #1

Project Name: _____
Construction Cost: _____
Owner: _____
Contact Name: _____
Contact Phone & Email Address: _____

OSHPD 3 PROJECT #2

Project Name: _____
Construction Cost: _____
Owner: _____
Contact Name: _____
Contact Phone & Email Address: _____

SUBMIT COMPLETED ATTACHMENT A WITH THE BASE QUALIFICATION QUESTIONNAIRE AND ANY REQUIRED DOCUMENTATION.

EMAIL COMPLETED DOCUMENTS TO:

Elita Dao, Principal Contract Administrator, ecjohnso@uci.edu or

Kim Kerwin, Project Governance Manager, khau@uci.edu