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REQUEST FOR QUALIFICATIONS
FOR
CONSTRUCTION MANAGEMENT SERVICES

RFQ ISSUED BY:

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UC Irvine Health – Planning, Design & Construction
Building 27, Route 131
101 The City Drive South
Orange, CA 92868

DUE: May 7, 2025 @ 2pm

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I. BACKGROUND INFORMATION

The University of California, Irvine Medical Center is the only academic medical center serving Orange County. It was established in 1976 and is located on 52 acres of land in Orange, 12 miles from the UCI campus. As one of five University of California medical centers throughout the state, UCI Medical Center is recognized not only for specialized, high quality patient care, but also for the expertise of its physicians and researchers.

UC Irvine Medical Center's 459-bed facility is Orange County's only designated comprehensive emergency service and level I trauma center. Services include:

- General Acute and Psychiatric Inpatient Hospitals
- Outpatient Imaging Center
- Comprehensive Neuropsychiatric Center
- 45 Bed Infant Special Care Unit
- The Chao Family Comprehensive Cancer Center
- The Chao Digestive Disease Center
- Primary and Specialty Care Outpatient Services

The main Medical Center, four outpatient pavilions, the Chao Family Comprehensive Cancer Center and Chao Family Comprehensive Digestive Disease Center are located at 101 The City Drive, Orange, CA 92868-3298. Other UC Irvine Medical Center facilities include:

- Family Health Center, Anaheim located at 300 W. Carl Karcher Way, Anaheim, CA
- Family Health Center, Santa Ana located at 800 N. Main Street, Santa Ana, CA
- Gottschalk Medical Plaza located at 1 Medical Center Drive, Irvine, CA
- Gavin Herbert Eye Institute, UC Irvine campus, Irvine, CA
- Susan Samueli Integrative Health Institute located at 856 Health Sciences Road, Irvine, CA
- Outpatient Clinics & Administrative Offices located at 200 S. Manchester, Orange, CA
- Distribution Center located at 650 E. Dyer Rd., Santa Ana, CA 92705
- Off-Site Outpatient Clinical Clinics:
 - Laguna Hills located at 23961 Calle de la Magdalena, Suite 200, Laguna Hills, CA 92653
 - Newport Beach located at 2161 San Joaquin Hills Road, Newport Beach, CA 92660
 - Newport Beach MacArthur located at 4000 MacArthur Blvd., Suite 110, Newport Beach, CA 92660
 - Orange Main Street located at 293 S. Main St., Suite 200, Orange, CA 92868
 - Pacific Breast Care Center located at 1640 Newport Blvd., Suite 200, Costa Mesa, CA
 - Tustin located at 1451 Irvine Blvd., Tustin, CA 92780
 - Yorba Linda located at 18637 Yorba Linda Blvd., CA 92886

Acquisition of Tenet Healthcare's Pacific Coast Network in March 2024 to include the following four (4) Hospitals:

- Fountain Valley Regional Hospital (FVH). FVH is located in Fountain Valley, California and consists of a 340,000-square-foot hospital on 27.9 acres with 400 licensed beds, 13 operating rooms, and a 24-hour emergency department.
- Lakewood Regional Medical Center (LMC). LMC is located in Lakewood, California and consists of a 462,000-square-foot hospital on 8.4 acres with 172 licensed beds and seven operating rooms.
- Los Alamitos Medical Center. Los Alamitos Medical Center is located in Los Alamitos, California and consists of a 335,000-square-foot hospital on 16.9 acres with 172 licensed beds and six operating rooms.
- Placentia-Linda Hospital ("PLH"). PLH is located in Placentia, California and consists of a 113,000-square-foot hospital on 14.5 acres with 114 licensed beds and five operating rooms.

New Medical Buildings at UCI Health – Irvine Medical Complex:

- **Joe C. Wen & Family Center for Advanced Care** - Supported by a \$20 million gift from Joe C. Wen and his family — the largest gift to UCI Health by a donor under age 50 and among the largest-ever gifts to UCI — the Joe C. Wen & Family Center for Advanced Care brings specialty clinical expertise closer to coastal and south Orange County residents on the UCI campus.
The five-story, 168,000-square-foot outpatient facility on Jamboree Road is part of the new UCI Health — Irvine medical complex, which includes the Chao Family Comprehensive Cancer Center & Ambulatory Care as well as the new Acute Care Hospital.
- **Chao Family Comprehensive Cancer Center and Ambulatory Care** - The new 193,000-square-foot NCI-designated comprehensive cancer center and ambulatory care in Irvine will feature four floors of the most advanced cancer screening, diagnostics and treatments in the region. A brand-new space designed for cancer care needs are in one modern, eco-friendly facility.
- **Opening late 2025: Acute Care Hospital** – This seven-story, 350,000 square-foot, 144-bed hospital will offer the following services:
 - 10 Operating Suites
 - 144 Inpatient Units
 - Interventional Radiology
 - Cath Lab
 - Advanced Imaging
 - Observation Unit
 - Pharmacy
 - Laboratory and Blood Bank

II. PROJECT INFORMATION

The project scope consists of providing Construction Management Services to support Material Testing; SPC compliance with the Alquist Hospital Facilities Seismic Safety Act and construction under a building permit obtained through HCAI; NPC-4/4D building meeting the criteria for mechanical and electrical systems, and hospital equipment meeting the bracing and anchorage requirements of Part 2, Title 24; NPC 5 building meeting the criteria for onsite supplies of water and holding tanks for sewage and liquid waste, sufficient to support 72 hours of emergency operations, and integrated into the building plumbing systems in accordance with California Plumbing Code for the four UCIH Community Hospitals, recently acquired from Tenet Healthcare.

III. SUMMARY OF SERVICES

The University of California Irvine Health (“UCIH” or “University”) and the department of Planning, Design & Construction is seeking (1) consulting firm to provide services that may include full range of Construction Management services from early investigations through construction completion for UCI Health capital improvement projects at the four UCIH Community Hospitals.

Services may include, programming review, estimating, scheduling, constructability review, design management, project management, preparation of bid documents, bid review, contractor outreach, construction administration, change order negotiations and project close out.

The University wishes to engage the selected Construction Management Consultant for services including, but not limited to, the following:

Integrated Design Management: CM Services for Investigation and Preconstruction phases of Capital Projects. The primary focus of this category of work is integrated design management and approvals for new capital projects. Coordination with construction phase implementation teams required. Work includes both HCAI (formerly OSHPD) and Non-HCAI projects with scopes of varying scales and complexities.

Healthcare Projects: CM Services for healthcare projects that fall under the jurisdiction of HCAI. The primary focus of this category of work are renovations that impact public areas, patient bedrooms, surgical suites, treatment rooms and accessory areas. Work typically will involve aging infrastructure, strict air quality and dust controls and complicated phasing that require extensive coordination with University staff in several departments. Example projects include code compliance upgrade work, whole floor renovations, partial floor reconfigurations, system replacements and general finish upgrades. Projects could include both building renovations and expansions.

Seismic Projects CM Services for seismic retrofit projects that are required for compliance with state mandates of both HCAI and Non-HCAI buildings, including NPC and SPC compliance by 2030. Work typically will involve aging infrastructure, strict air quality and dust controls and complicated phasing that require extensive coordination with University staff in several departments. Adherence to state mandated compliance deadlines is required.

Ambulatory Care Projects: CM Services for Non-HCAI healthcare projects that require renovation, remodels, or expansions to existing Ambulatory Care Buildings. Work typically requires minimizing impacts to adjacent operations and falls under the jurisdiction of the UCIH Building Official.

Quality Assurance and Cost Management: CM Services for quality assurance and control support for Capital Projects. The primary focus of this category of work includes cost estimating, scheduling, cash flow, constructability reviews and feasibility recommendations, as well as QA of work performed by contractor to make sure it conforms with approved plans. Work may also include, but not be limited to, independent peer reviews of cost estimates, schedules, and constructability analysis. Program includes both HCAI and Non-HCAI projects with scope of varying scales and complexities.

IV. CONTRACT REQUIREMENTS

The selected firm will be expected to sign a Professional Services Agreement that will include a 2-year duration with a fee of \$650,000 for the provision of all basic services, and it will also include hourly rates for potential Additional Services. Depending on the number and scope of the renovation projects that are requested by PD&C, all or part of the maximum fee amount may be expended. Fees for individual projects or groups of projects will be negotiated as the projects are initiated. The University intends to the best qualified engineering firm.

Due to the vital need for these facilities, great emphasis will be placed on proven ability to deliver similar projects in a timely manner, including active, successful management of the HCAI review process.

The University will authorize professional services on Exhibit A "Work Authorization". The University's issuance of Work Authorizations may be subject to project approvals and availability of funding.

Estimated Contract Value: Greater than (>) \$650,000

Estimated Contract Duration: 24 months, contract may be extended based on the quality of services delivered by the consulting firm

V. STATEMENT OF QUALIFICATIONS: ORGANIZATION AND CONTENT REQUIREMENTS

Please carefully read the instructions and information provided in the Request for Qualifications package in its entirety. Responsiveness to these instructions will be considered an indication of the likely responsiveness of the applicant to project requirements.

Firms shall submit Statement of Qualifications in the following format:

TAB 1 – COVER LETTER & CONSULTANT PROFILE FORM – 10 POINTS

1. Submit a cover letter with general statements about the organization's qualifications for the services described in this RFQ. Include at least the following:
 - a. Firm name, business address, telephone, email address, website address and fax numbers
 - b. Location of main office and the local office which will serve this project
 - c. Key personnel who will staff this project
 - d. Highlight relevant experience delivering comparable projects.
 - e. Highlight any relevant experience with University of California system or UCI Health, and HCAI projects.
 - f. Cover Letter should be addressed to Maryann Gonzales, Contracts Administrator.
2. Submit the UCIMC's Consultant Profile Form (see **Attachment A** to this Request for Qualifications). **FAILURE TO COMPLETE THE FORM IN ITS ENTIRETY MAY BE CAUSE TO ELIMINATE YOUR FIRM FROM FURTHER CONSIDERATION.**

TAB 2 – PROJECT EXPERIENCE NARRATIVE – 30 POINTS

Proposer shall prepare a written statement summarizing firm's qualifications. The narrative shall describe relevant project experience in healthcare, public works, and/or collegiate academic facilities. A responsive narrative will demonstrate success in completing projects of similar scope, complexity and cost, on time and on budget, including significant projects completed within the last five (5) years. Demonstrated track record of meeting schedule and budget requirements, including proven success managing regulatory reviews by the State Fire Marshal and HCAI.

1. The narrative shall address a maximum of three (3) completed projects by your firm with relevance to the desired qualifications previously described in the preceding paragraph in **Attachment B, Project Experience**.
2. Supplemental project descriptions and photos may be attached Project Experience Narrative. Supplemental materials shall not be used in lieu of the written narrative.

TAB 3 – KEY PERSONNEL – 30 POINTS

Clear and appropriate definition of roles including a project organizational chart and resumes. Proven staff experience and expertise to manage and deliver projects with a variety of scope and complexity. Proposers shall prepare a résumé that details their professional experience in Construction Management.

Resumes should include the following:

1. Job title and functions
2. Educational background
3. Employment history
4. Number of years the staff member has been with your firm, if an individual, number of years working as a sole proprietor
5. A list of projects completed for your company
6. Percentage of time the staff member will be committed to this project

TAB 4 – OWNER’S REPRESENTATIVE EXPERIENCE – 20 POINTS

Previous experience in representing the University/Owner in all phases of a project. Ability to lead design consultants and construction teams, demonstrated track record collaborating with various University stakeholders, ensuring conformance with University requirements/guidelines and monitoring the overall health of the project. Proven ability to manage a project process within a defined budget and schedule.

TAB 5 – RECOMMENDATION LETTERS, CLIENT TESTIMONIALS & REFERENCES – 10 POINTS

It is University policy to ensure that all persons, regardless of race, religion, sex, color, ethnicity and national origin have equal access to contracts and other business opportunities with the University. Provide a statement describing your firm’s equal opportunity policy.

TAB 6 – CONFIRMATION OF CERTIFICATION FORM – NO POINTS

Complete and submit the Confirmation of Certification form (provided as **Attachment D** to this Request for Qualifications)

VI. EVALUATION PROCESS

A. Statutory Requirement

Selection by the University of California for professional services is made on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required (Public Contract Code §10510.4 - 10510.9).

The University reserves the right to reopen the qualification process to other interested firms if it determines that the number of respondents to the Request for Qualifications is insufficient to support the selection process. If the University elects to reopen the qualification process, firms that have already submitted their qualifications need not submit a second Statement of Qualifications. If the qualification process is reopened, all respondents will be evaluated according to the same standards. The University reserves the right to augment the evaluation criteria for the additional applicants.

B. Statement of Qualifications Evaluation Process

The University’s Screening Committee will review and score the Statements of Qualifications received by the submittal deadline to determine which firms or individuals are best qualified to perform the work. The proposers will be ranked in the order of their qualification evaluation scores, and the highest scoring proposers will be shortlisted and scheduled for an interview.

SCREENING CRITERIA & POINTS:

TAB 1 - Cover Letter & Consultant Profile Form	10
TAB 2 - Project Experience Narrative	30
TAB 3 - Key Personnel	30
TAB 4 - Owner's Representative Experience	20
<u>TAB 5 - Recommendation Letters, Client Testimonials</u>	<u>10</u>

Total Available Points per Work Scope = 100

C. Interview Evaluation Process

The University's Selection Committee will evaluate the shortlisted firms during the selection interview process. Firms will be evaluated based on their oral responses to the committee's selection questions. The proposers who demonstrate the competence and qualifications required for this scope of work will be awarded a contract for Construction Management Services.

VIII. SUBMITTAL DEADLINE AND DELIVERY REQUIREMENTS

- 1) Provide one (1) original and two (2) copies & an electronic copy in PDF format on a USB of the Statement of Qualifications. Submittals shall be in 8.5" x 11" bound packages with appropriate tabs. THREE RING BINDERS ARE NOT REQUIRED.
- 2) Markings and Identification: Submittals shall be clearly marked as follows:
"UCIH Construction Management Services".
- 3) Delivery date and designated location for receipt of Statement of Qualifications

Submittals must be received by 2 p.m. (PST) on May 7, 2025 to:

Attention:

Maryann Gonzales, Contracts Administrator
University of California, Irvine Medical Center
Planning, Design & Construction
101 The City Drive South, Rt. 131, Building 27 (Rm. 136)
Orange, CA 92868
Phone: (714) 456-8842
Email: maryacg1@hs.uci.edu

ONLY HARD COPY SUBMITTALS WILL BE ACCEPTED.
EMAIL OR FASCIMILE SUBMITTALS ARE NOT PERMITTED

SUBMITTALS FAILING TO CLEARLY PRESENT ALL OF THE REQUESTED INFORMATION
OR FAILING TO BE IN THE FORMAT REQUESTED MAY BE CONSIDERED NON-
RESPONSIVE AND REJECTED.

DO NOT INCLUDE ANY PRICING OR FEE SCHEDULES WITH YOUR SOQ SUBMITTAL
PACKAGE

I. ATTACHMENTS

Attachment A	Consultant Profile Form
Attachment B	Project Experience
Attachment C	Litigation History
Attachment D	Confirmation of Certification

Professional Services Agreement Template (*separate file*)

ATTACHMENT A

CONSULTANT PROFILE FORM

Do not leave any spaces blank. Responses such as "N/A" or "See attached" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "None".

FIRM INFORMATION:

Firm Name: _____ Date: _____
Address: _____ Year Established: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Fax: _____
Name and Title of Principal-in-Charge, Managing Director, or
CEO: _____
Email Address: _____

TYPE OF ORGANIZATION:

- ☐ Sole Proprietorship ☐ Partnership
☐ Corporation ☐ Association
☐ Joint Venture

NUMBER OF STAFF EMPLOYED FIRM-WIDE:

Architects (Licensed) _____
Project Managers/ Project Arch. _____ Engineers _____
Job Captain _____ Other _____
CAD Drafters _____

COMPLETE THE FOLLOWING INFORMATION FOR THE OFFICE THAT WILL PERFORM THE WORK: (If not the same as above)

Address: _____ Year Established: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Fax: _____
Name and Title of Principal-in-Charge, Managing Director, or CEO: _____
Email Address: _____

Architects (Licensed) _____
Project Managers/ Project Arch. _____ Engineers _____
Job Captain _____ Other _____
CAD Drafters _____

LIST THE TYPE OF SPECIALTY SERVICES PROVIDED BY YOUR FIRM:

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

ATTACHMENT B

PROJECT EXPERIENCE: PROJECT #1

Do not leave any spaces blank. Responses such as "N/A" or "See attached" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "None".

LIST THREE (3) RELEVANT PROJECTS COMPLETED WITHIN THE PAST FIVE (5) YEARS. (Make additional copies as needed.)

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____ Contact Person: _____
Owner's Name Name & Title

Address: _____ , _____ , _____
Street Address City & State Zip Code

Telephone: _____ Facsimile: _____

Address of Firm's Office that Performed the Work:

_____ , _____ , _____
Street Address City & State Zip Code

Name of Firm's Project Manager for project: _____

CONTRACT TIME:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

CONSTRUCTION COST:

\$ _____ Base Amount	\$ _____ Adjustment Due to Change Orders	\$ _____ Final Contract Amount
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CONSULTANT FEE:

\$ _____ Base Fee	\$ _____ Adjustment Due to Change Orders	\$ _____ Final Contract Amount
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Project Description

Please check all applicable services supported by your firm for this project. (Refer to Section III. Summary of Services for description of services)

- ☐ Integrated Design Management
- ☐ Healthcare Project
- ☐ Seismic Project
- ☐ Ambulatory Care Project
- ☐ Quality Assurance & Cost Management

Optional: Attach supplemental project description documents behind this page.

ATTACHMENT B

PROJECT EXPERIENCE: PROJECT #2

Do not leave any spaces blank. Responses such as "N/A" or "See attached" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "None".

LIST THREE (3) RELEVANT PROJECTS COMPLETED WITHIN THE PAST FIVE (5) YEARS. (Make additional copies as needed.)

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____ Contact Person: _____
Owner's Name Name & Title

Address: _____ , _____ , _____
Street Address City & State Zip Code

Telephone: _____ Facsimile: _____

Address of **Firm's** Office that Performed the Work:

_____ , _____ , _____
Street Address City & State Zip Code

Name of **Firm's** Project Manager for project: _____

CONTRACT TIME:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

CONSTRUCTION COST:

\$ _____ Base Amount	\$ _____ Adjustment Due to Change Orders	\$ _____ Final Contract Amount
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CONSULTANT FEE:

\$ _____ Base Fee	\$ _____ Adjustment Due to Change Orders	\$ _____ Final Contract Amount
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Project Description

Please check all applicable services supported by your firm for this project. (Refer to Section III. Summary of Services for description of services)

- ☐ Integrated Design Management
- ☐ Healthcare Project
- ☐ Seismic Project
- ☐ Ambulatory Care Project
- ☐ Quality Assurance & Cost Management

Optional: Attach supplemental project description documents behind this page.

ATTACHMENT B

PROJECT EXPERIENCE: PROJECT #3

Do not leave any spaces blank. Responses such as "N/A" or "See attached" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "None".

LIST THREE (3) RELEVANT PROJECTS COMPLETED WITHIN THE PAST FIVE (5) YEARS. (Make additional copies as needed.)

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____ Contact Person: _____
Owner's Name Name & Title

Address: _____ , _____ , _____
Street Address City & State Zip Code

Telephone: _____ Facsimile: _____

Address of **Firm's** Office that Performed the Work:

_____ , _____ , _____
Street Address City & State Zip Code

Name of **Firm's** Project Manager for project: _____

CONTRACT TIME:

Start Date: _____ Scheduled Completion Date: _____
Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
Month/Day/Year

CONSTRUCTION COST:

\$ _____ Base Amount	\$ _____ Adjustment Due to Change Orders	\$ _____ Final Contract Amount
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CONSULTANT FEE:

\$ _____ Base Fee	\$ _____ Adjustment Due to Change Orders	\$ _____ Final Contract Amount
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Project Description

Please check all applicable services supported by your firm for this project. (Refer to Section III. Summary of Services for description of services)

- ☐ Integrated Design Management
- ☐ Healthcare Project
- ☐ Seismic Project
- ☐ Ambulatory Care Project
- ☐ Quality Assurance & Cost Management

Optional: Attach supplemental project description documents behind this page.

ATTACHMENT C

LITIGATION HISTORY

LITIGATION HISTORY FORM 1 (Client Against Firm Claim)

Use one Form per Lawsuit or Arbitration. Make Copies as Needed

Are there claims that meet the criteria listed under the Litigation History section of this RFQ?

Yes ☐ No ☐

If yes, please complete the following:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____

Name & Title

Telephone

Highest Amount Sought for All Claims: \$ _____
(Amount in Figures)

Amount Recovered: \$ _____
(Amount in Figures)

Method of Resolution (Check One): Judgment: ☐ Arbitration Award: ☐ Litigation: ☐

Settled by Contracting Parties without Litigation or Arbitration: ☐

Other: ☐ List: _____

Date of Claim Resolution: _____

Basis for Claim: _____

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by the client against the respondent firm and/or persons or entities associated with the firm:

Signature:

by Principal-in-Charge, Managing Director, or CEO _____

Printed Name & Title: _____

ATTACHMENT C

LITIGATION HISTORY

LITIGATION HISTORY FORM 2 (Firm Against Client Claim)

Use one Form per Lawsuit or Arbitration. Make Copies as Needed

Are there claims that meet the criteria listed under the
Litigation History section of this RFQ?

Yes ☐ No ☐

If yes, please complete the following:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____

Street Address

City & State

Zip Code

Name of Owner: _____

Contact Person: _____

Name & Title

Telephone

Highest Amount Sought for All Claims: \$ _____
(Amount in Figures)

Amount Recovered: \$ _____
(Amount in Figures)

Method of Resolution (Check One): Judgment: ☐ Arbitration Award: ☐ Litigation: ☐

Settled by Contracting Parties without Litigation or Arbitration: ☐

Other: ☐ List: _____

Date of Claim Resolution: _____

Basis for Claim: _____

If the lawsuit or arbitration was resolved for more than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by the client against the respondent firm and/or persons or entities associated with the firm:

Signature: _____

by Principal-in-Charge, Managing Director, or CEO _____

Printed Name & Title: _____

ATTACHMENT D

CONFIRMATION OF CERTIFICATION

For the Consultant and each Sub-consultant, the following must be completed.

Indicate all Business category(ies) that apply by checking the box next to the applicable category(ies), providing the Certification Agency and Certification Number along with attached proof of certification.

<p><input type="checkbox"/> Small Business Enterprise (SBE) - an independently owned and operated concern certified as a small business by the California Department of General Services Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) or other accepted certifying agency as listed here. https://ucop.edu/sbe-dvbe-certifications</p> <p>Certifying Agency: _____</p> <p>Certification Number: _____ (Attach documentation of certification to this form)</p>
<p><input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE) - an independently owned and operated concern certified as a DVBE by the State of California Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) or other accepted certifying agency as listed here. https://ucop.edu/sbe-dvbe-certifications</p> <p>Certification Type: _____</p> <p>Certification Number: _____ (Attach documentation of certification to this form)</p>

The below information is being collected post-award for statistical purposes only. Please check all Business category(ies) that apply:

<p><input type="checkbox"/> Disadvantaged Business Enterprise (DBE) - a business concern that is at least 51% owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as members of a group without regard to their individual qualities. Economically disadvantaged individuals are those socially disadvantaged individuals whose ability to compete in the free private enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged. Business owners who certify that they are members of named groups (Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans) are to be considered socially and economically disadvantaged.</p>
<p><input type="checkbox"/> Women-Owned Business Enterprise (WBE) - a business concern that is at least 51% owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management.</p>
<p><input type="checkbox"/> None of the above categories apply</p>

ATTACHMENT D

CONFIRMATION OF CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that I have read this certification and know the contents thereof, and that the business category indicated above reflects the true and correct status of the business. I understand that falsely certifying the status of this business, may result in suspension from participation in University of California business contracts for a period up to five (5) years and the imposition of any civil penalties allowed by law.

INFORMATION FURNISHED BY:

(Print or Type Name of Owner and/or Principal)

(Name of Business or Firm)

a

(Insert type of business e.g. corporation, sole proprietorship, partnership, etc.)

By:

(Print Name)

(Title)

(Signature)

(Date)