

**SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE  
For**

**Southeastern Live Well Center  
Project No. 562055**

**SUBMITTED BY:**

**Company:** \_\_\_\_\_

**SUBMITTED TO:**

**PCL Construction Services, Inc  
4350 Executive Drive, Suite 270  
San Diego, CA 92121  
Attn: Anthony Le at [ale@pcl.com](mailto:ale@pcl.com) & [cabprequal@pcl.com](mailto:cabprequal@pcl.com)**

**ADVERTISEMENT DATE: ####/##/##  
PREQUAL DUE: ####/##/##**

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**NOTE:** *This questionnaire together with PCL’s online form (Oracle PQM) constitutes the Pre-Qualification forms needed to be considered for a pre-qualified Subcontractor. To be able to fill out the PCL form you need to email the following e-mail address: [cabprequal@pcl.com](mailto:cabprequal@pcl.com), with “Southeastern Livewell Pre-Qualification Request” in Subject Line. Upon receipt of this email, an invitation and instructions on how to fill out PCL PQM form will follow. Failure to fill out either one of these forms or submission of an incomplete and/or unclear Subcontractor Prequalification Questionnaire may result in the determination of the prospective Subcontractor as **NON-PREQUALIFIED**.*

**SUBMITTED BY:**

\_\_\_\_\_ (Name and Title) **Printed or Typed**

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Contact Name for all notices and correspondence)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip Code)

\_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (E-Mail Address)

Each prospective Subcontractor must have a valid California General Building Contractor’s License, current, active and in good standing with the California Contractor’s State License Board on the date and time of the Prequalification Questionnaire submittal is due.

All Subcontractors that have submitted a Prequalification Questionnaire will be notified in writing of either successfully or not successfully achieving prequalification status.

**1. PREQUALIFICATION DECLARATION**

I, \_\_\_\_\_, hereby declare that I am the  
(Printed Name)

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Firm)

submitting this Prequalification Questionnaire; that I am duly authorized to sign this Prequalification Questionnaire on behalf of the above-named firm; and that all information set forth in this Prequalification Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate and complete as of its submission date.

The undersigned declares under penalty of perjury that all of the prequalification information submitted with this form is true and correct and that this declaration was executed in

\_\_\_\_\_ (County), \_\_\_\_\_, (State)

on \_\_\_\_\_ (Date).

\_\_\_\_\_  
(Signature)

## 2. PROJECT DESCRIPTION

The County of San Diego is constructing a new 65,000 gross square foot building to include conference center and office space, outdoor amenities, and a minimum of 325 parking spaces in a parking structure and surface lot that will be unassigned for staff and visitors. The Project will provide office space for the following departments: Family Resource Center (FRC), Public Health Services, Behavioral Health Services, and Probation/Restorative Justice Services. The project includes street medians in Euclid Avenue and a Traffic Signal on Market Street in addition to typical street improvements. The work will include all required infrastructure, site improvements, surface parking and off-site improvements.

The project is designed to meet Zero Net Energy building standards and features enhanced program elements that include exterior phot murals, public art, a wellness garden, and extensions to the existing Chollas Creek Trail.

The project is expected begin construction in October 2021 and to be open to the public summer of 2023.

**Construction Period:** October 2021 – May 2023

## 3. ANTICIPATED BID PACKAGES TO BE PROPOSED: (Please check )

Bid Packages:

<input type="checkbox"/>	BP06.10 ARCHITECTURAL WOODWORK
<input type="checkbox"/>	BP09.20 ACOUSTICAL CEILING & ACOUSTICAL WALL PANELS
<input type="checkbox"/>	BP09.30 TILE
<input type="checkbox"/>	BP09.40 FLOORING
<input type="checkbox"/>	BP09.50 PAINT
<input type="checkbox"/>	BP10.20 TOILET PARTITIONS & ACCESSORIES
<input type="checkbox"/>	BP10.30 FEC
<input type="checkbox"/>	BP10.40 SIGNAGE
<input type="checkbox"/>	BP10.50 FLAG POLES
<input type="checkbox"/>	BP12.10 WINDOW TREATMENT
<input type="checkbox"/>	BP12.20 CANVAS

**4. LICENSE AND REGISTRATION**

A. Does your firm hold the following California Contractor's license, which is current, valid, and in good standing with the California Contractor's State License Board?

YES  NO

B. Provide the following information about your firm's contractor's license:

1. Name of license holder exactly on file with the California Contractor's State License Board:

\_\_\_\_\_

2. License Classification: \_\_\_\_\_

3. License Number: \_\_\_\_\_

4. Date Issued: \_\_\_\_\_

5. Expiration Date: \_\_\_\_\_

C. Is your firm currently registered with the California Department of Industrial Relations pursuant to California Labor Code Section 1725.5 and 1771.1?

YES  NO

If Yes, provide Public Works Contractor Registration Number: \_\_\_\_\_

If currently not registered, it will be required that to be registered at time of bid.

D. Can you truthfully state that your firm's contractor's license hasn't been suspended or revoked by the California Contractor's State License Board within the last five (5) years?

YES  NO

If answer is "No," please explain:

\_\_\_\_\_

E. Has a complaint ever been filed with the Contractor's State License Board against your company that required a formal hearing or inquiry?

YES  NO

**5. INSURER**

Prospective Subcontractor desiring to be prequalified are informed they will be subject to and must fully comply with bid conditions including the following insurance coverage and associated limits.

- A. Is the insurer to be used listed by Best with a rating of A- or better and a financial classification of XII or better (or an equivalent rating by Standard & Poor's or Moody's)?

YES  NO

Indicate Best Rating: \_\_\_\_\_

Indicate Best Financial Classification: \_\_\_\_\_

- B. Is the prospective Subcontractor able to obtain insurance in the following limits for each of these construction contracts?

YES  NO

Commercial General Liability	
Each Occurrence	\$2,000,000.00
General Aggregate	\$5,000,000.00
Products and Completed Operations Aggregate	\$5,000,000.00
Personal and Advertising Injury	\$2,000,000.00
Automobile Liability	
Combined Single Limit Each Accident	\$2,000,000.00
*Owned, Hired, All Autos	
Workers' Compensation / Employers Liability	
Worker's Compensation	Statutory
Bodily Injury - Each Accident	\$1,000,000.00
Bodily Injury - Disease Each Employee	\$1,000,000.00
Bodily Injury - Disease Aggregate	\$1,000,000.00
Umbrella / Excess Liability	
Combined Single Limit - Aggregate	
Contractor Pollution Liability ( <i>If Applicable</i> )	
Each Occurrence / Aggregate	\$1,000,000.00
Professional Liability Insurance ( <i>If Applicable</i> )	
Each Occurrence	\$2,000,000.00
General Aggregate	\$5,000,000.00

**6. DIVERSITY AND INCLUSION GOALS**

The County has a vision for the Southeastern Live Well Center project to be built for the community by the community. As a result, they have established goals for Diversity and Inclusion. To carry out this vision, it is essential that all of our subtrade partners understand the commitments that every subcontractor on site will be expected to participate in.

**Local Community Commitment:**

- Minimum \$6,000,000 spend (10% of contract) within the local community. This will come from dollars spent with Local Contractors, Businesses, and Vendors as well as dollars spent to Local Workers.
- In addition, the team has a goal to hire 5% of the project’s workforce from the local community.

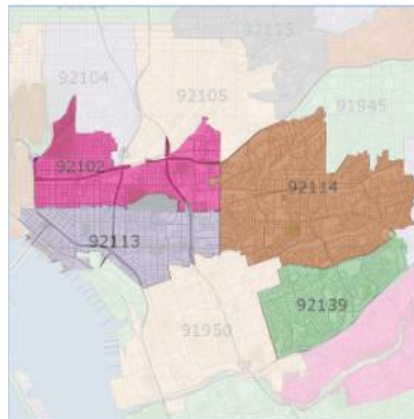
**Local Business (LB)**

A business that has one of more of the following located within the zip codes 92102, 92113, 92114, or 92139 (Figure 1):

- Business Office Address;

**Local Worker:**

An individual who resides within the following zip codes 92102, 92113, 92114, or 92139 (Figure 1).



**FIGURE 1- MAP OF LOCAL BUSINESS AND LOCAL WORKER ZIP CODES**

**Disabled Veteran Business Commitment:**

- Minimum \$1,800,000 spend (3% of Contract) on Disabled Veteran Business Enterprise (DVBE)

While the project and bidding process is open. Subcontractor commitment to these goals will be a factor in bid review and determination of successful bidders. Local Commitment will be reviewed based on the Percentage Value of Contract coming from the Local Zip Codes and Onsite Worker Percentage coming from the Local Zip Codes. DVBE Commitment will be reviewed based on the Percentage Value of Contract coming from Certified DVBE Companies.

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### PROJECT DATA SHEET

1. Have you worked on a project comparable to the Southeastern Live Well Center?

YES  NO

2. Project Name: \_\_\_\_\_

3. Project Location: \_\_\_\_\_

4. Project Description: \_\_\_\_\_

5. Client/Owner: \_\_\_\_\_

6. Contract Delivery Method: \_\_\_\_\_

7. Size (gross square feet): \_\_\_\_\_

8. What was your company's role on this project?

Prime (General) Contractor   
Subcontractor to GC   
2<sup>nd</sup> Tier Subcontractor   
Other: \_\_\_\_\_

9. How is this project comparable to the Southeastern Live Well Center project?

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

10. Was the project for a public institution?

YES  NO

**NOTE: After completing this Subcontractor Prequalification Questionnaire, please proceed to email the following e-mail address: [cabprequal@pcl.com](mailto:cabprequal@pcl.com) and [ale@pcl.com](mailto:ale@pcl.com) with "Southeastern Live Well Center" in Subject Line. Upon receipt of this email, an invitation, and instructions on how to fill out the PCL PQM form will follow. Failure to fill out either these two forms or submission of an incomplete and/or unclear Subcontractor Prequalification Questionnaire may result in the determination of prospective Subcontractor as NON-PREQUALIFIED. After a subcontractor is pre-qualified, the bid manual will be shared on or before April 26, 2021.**

Questions regarding PCL's Subcontractor Qualification Form or Link contact:

Shane Lundeberg @ [slundeberg@pcl.com](mailto:slundeberg@pcl.com) @ 818-265-5342