Addenda 1

February 4, 2020

Zone 7 Water Agency

Operated Equipment Supply contract for Maintenance and Emergency Work for Flood Control Facilities - Project Number 286-20

Replace Document 00420 with the attached revised Document 00420.

Replace Document 00450 with the attached revised Document 00450.
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DOCUMENT 00420

BIDDER REGISTRATION FORM

INSTRUCTIONS

In order to register to undertake work for the Alameda County Flood Control and Water Conservation District, acting by and through its Zone 7 Water Agency, Bidder must provide the following:

INDEPENDENT CONTRACTOR REGISTRATION

Contractor’s License # ______________________________________________

California Registered Public Works Contractor # _______________________________________

Date: _________________________________________  Fed I.D. # ______________________________________

Full Corporate Name of Company:
____________________________________________________________________________________________
____________________________________________________________________________________________

Street Address: ______________________________________________________________________________
____________________________________________________________________________________________

Mailing Address: ______________________________________________________________________________
____________________________________________________________________________________________

Phone: _______________________________________ Fax: ___________________________________________

Name of Principal Contact: ______________________________________________________________________

Type of Business:

___ Sole Proprietor  ___ Partnership

___ Non-Profit 501 C3  ___ Corporation

___ Other (please explain: ____________________________________________________________ )
INSURANCE

Workers’ Compensation:

Carrier: ____________________________________________________________

Address: ___________________________________________________________

Phone and Fax: ______________________________________________________

Policy Number: ______________________________________________________

General Liability:

Carrier: ____________________________________________________________

Address: ___________________________________________________________

Phone and Fax: ______________________________________________________

Policy Number: ______________________________________________________

Policy Limits: $ ______________________________________________________

A.M. Best Rating: ____________________________________________________

Automotive Liability:

Carrier: ____________________________________________________________

Address: ___________________________________________________________

Phone and Fax: ______________________________________________________

Policy Number: ______________________________________________________

Policy Limits: $ ______________________________________________________

A.M. Best Rating: ____________________________________________________

All-risk Course of Construction:

Carrier: ____________________________________________________________

Address: ___________________________________________________________

Phone and Fax: ______________________________________________________

Policy Number: ______________________________________________________

Policy Limits: $ ______________________________________________________

A.M. Best Rating: ____________________________________________________
Professional Liability (if applicable):

Carrier: ____________________________________________________________

Address: __________________________________________________________

Phone and Fax: ______________________________________________________

Policy Number: ______________________________________________________

Policy Limits: $ ______________________________________________________

A.M. Best Rating: ____________________________________________________

Contractor’s Pollution Liability (if applicable):

Carrier: ____________________________________________________________

Address: __________________________________________________________

Phone and Fax: ______________________________________________________

Policy Number: ______________________________________________________

Policy Limits: $ ______________________________________________________

A.M. Best Rating: ____________________________________________________

BIDDER CERTIFIES, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS CURRENT AND ACCURATE AND AUTHORIZES ALAMEDA COUNTY, THE ALAMEDA COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT, ITS ZONE 7 WATER AGENCY AND THEIR AGENTS AND REPRESENTATIVES TO OBTAIN A CREDIT REPORT AND/OR VERIFY ANY OF THE ABOVE INFORMATION.

_________________________________
SIGNATURE

_________________________________
DATE

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DOCUMENT 00450

STATEMENT OF QUALIFICATIONS FOR CONSTRUCTION WORK

1. GENERAL INFORMATION

A. In Document 00100 (Advertisement for Bids) the Alameda County Flood Control and Water Conservation District, acting by and through its Zone 7 Water Agency (“District”), has indicated that it will receive sealed Bids for the Contract for the construction of the Operated Equipment Supply Contract for Maintenance and Emergency Work for Flood Control Facilities, No. 286-20. The Contract will require the supply of fully operated and maintained construction equipment and the furnishing of labor and material to maintain and implement as needed routine maintenance and emergency work for flood control facilities including, but not limited to, removal of sediment; installation of class II aggregate base and asphalt concrete on access roads and driveways, earthen or concrete V-ditches, drainage culverts and structures, drop inlets and pipes, outfall structures and miscellaneous work as directed by the District Representative.

B. District will accept Bids only from Bidders duly licensed in accordance with the California Business & Professions Code. Additionally, Bidder shall substantially meet the following requirements in order to be considered by District to be qualified for award of the Contract:

1. Three (3) project experiences as a continuously operating entity engaged in the performance of similar work. If joint ventures, each party shall have three (3) project experiences as a continuously operating entity engaged in the performance of similar work.

2. Within the past five (5) years completed three (3) public construction projects of similar work with construction dollar amounts of at least $500,000 each.

C. Bidder’s compliance with the minimum qualification requirements in Paragraph 1.B of this Document 00450 will also be measured by the experience of the supervisory personnel who will have responsible charge of the various major components of the Work.

1. If Bidder subcontracts portions of the Work, District, in its determination of whether the minimum qualification requirements have been met, will consider the qualifications of the Subcontractor’s supervisory personnel.

2. The qualifications of the Key Personnel are to be submitted with the SOQ, by providing the information described in paragraph 0 of this Document 00450.

2. REQUIRED CONTENTS OF SOQ SUBMISSION

A. Transmittal Letter. The Transmittal Letter shall name the proposed prime contractor and it its legal structure (i.e., corporation, partnership, limited partnership, joint venture). If a joint venture or partnership is proposed, Bidder shall identify each partner and/or member of the joint venture and their roles and responsibilities.

B. Capability to Provide Required Performance and Payment Bonds. Bidder shall include a letter from a surety duly licensed to do business in the State of California, indicating that the surety has agreed to provide Bidder with the required performance and payment bonds in accordance with the requirements set forth in Documents 00610 (Construction Performance Bond) and 00620 (Construction Labor and Material Payment Bond). Corporate sureties on these bonds and on bonds accompanying Bids shall meet all of the State of California bonding requirements, as defined in Code of Civil Procedure Section 995.120. Such performance and payment bonds shall be in the minimum penal sums provided therein. Bidder shall include authorization that gives the District the right to verify with the surety that the surety, based upon the Bid prices, will issue the required bonds under the conditions stated.
C. **Capability to Provide the Required Insurance.** Bidder shall provide a letter from an insurance underwriter(s), having a financial rating from A. M. Best Company of A VII, or better, confirming that the insurer will provide Bidder the required coverage and amounts specified in Document 00700 (General Conditions).

D. **Human and Physical Resources.** Bidder shall identify, describe, and quantify for itself, the following technical resources for the construction work:

1. Description of field organization(s), naming skills and equipment;
2. Description of safety program, quality control procedures, and safety experience; and
3. Evidence of a current California Class “A” – General Engineering Contractor license and required licenses of all licensees of persons who are Key Personnel of the Bidder or any designated Subcontractor(s).

E. **Completed Questionnaire.** Bidder shall include a completed “Statement of Qualification Questionnaire” in the form attached to this Document 00450 as Attachment “A”. Bidder shall make sure its answers to the Questionnaire describe for itself, its Key Personnel proposed, and its designated Subcontractor(s), their public works construction projects of a value of at least $500,000 per year. Add supplementary information if necessary.

F. **Resumes of Proposed Key Personnel.** Bidder shall provide a resume for each named Key Personnel of Bidder, to include the following:

1. Name and proposed assignment of Key Personnel; do not include home addresses or phone numbers
2. Years of experience;
3. Education - degrees, schools and years obtained;
4. Professional registration(s);
5. Fluency in English (Yes/No);
6. Experience directly related to above proposed assignment;
7. At least two client references, including contact names, addresses, telephone numbers, and emails; and
8. Description of projects of a similar nature worked on in the past five years.

G. **Litigation History.** Description of litigation history for the past five years, including names of involved parties, nature of dispute, and disposition.

3. **GENERAL CONDITIONS**

A. **General Conditions for Content.** The SOQ shall be clear and concise to enable management-oriented personnel to make a thorough evaluation and arrive at a sound determination as to whether the SOQ meets District’s requirements. To this end, the SOQ should be as specific, detailed and complete as to demonstrate clearly and fully that the Bidder has a thorough understanding of and has demonstrated knowledge of the requirements to perform the Work (or applicable portion thereof). District reserves the right to verify information provided by Bidder, require Bidder to provide supplemental information and/or to obtain additional information from other sources.
B. **Explanations to SOQ.** Any explanation requested by a Bidder regarding the meaning or interpretation of this Document 00450 shall be requested in writing and with sufficient time allowed for a reply to reach Bidder before the submission of its SOQ. Oral explanations or instructions will not be binding. Any information provided to any prospective Bidder concerning this Document 00450 will be furnished to all prospective Bidders as an Addendum to the Bidding Documents.

C. **Definitions.** Except as set forth herein, all abbreviations and definitions of terms used in this Document 00450 are as set forth in Document 00700 (General Conditions) or Section 01420 (References and Definitions).

STATEMENT OF QUALIFICATIONS QUESTIONNAIRE FOLLOWS ON NEXT PAGE
ATTACHMENT “A” -- STATEMENT OF QUALIFICATION QUESTIONNAIRE

Bidders shall complete the entire Statement of Qualification Questionnaire and submit it in accordance with Document 00200 (Instructions to Bidders) and Document 00450 (Statement of Qualifications). Failure to complete the questionnaire or inclusion of any false or erroneous statement(s) may render the Bid nonresponsive or affect the District’s determination of a Bidder’s responsibility.

CONTACT INFORMATION

Firm Name: _________________________________ Check One: Corporation
(as it appears on license) Partnership
Sole Prop.

Corporate Tax Identification Number: _________________________________

Contact Person: _________________________________

Address: __________________________________________

Phone: _________________________________ Fax: _________________________________

E-mail Address: _________________________________

If firm is a sole proprietor or partnership:

Owner(s) of Company _________________________________

Prospective Bidder’s License Number(s):
__________________________________________
__________________________________________
__________________________________________
PART A: GENERAL INFORMATION

Complete Part A before proceeding to Part B.

1. Does Bidder possess a valid and current California Contractor’s “A” license for the work proposed? Yes ______ No ______
2. Does Bidder possess a valid and current California Public Works Contractor Registration number? Yes ______ No ______
3. Does Bidder have minimum insurance coverage as shown in Document 00821? Yes ______ No ______
4. Has Bidder’s California contractor’s license been revoked at any time in the last five (5) years? Yes ______ No ______
5. Has Bidder been “default terminated” by an owner (other than for convenience), or has a Surety completed a contract for Bidder within the last five years? Yes ______ No ______
6. Has Bidder been cited more than three (3) times for failure to pay prevailing wages in the last five (5) years? Yes ______ No ______

Bidder’s bid will be automatically disqualified if any answer to questions 1, 2 or 3 is “No”.

Bidder’s bid will be automatically disqualified if any answer to questions 4, 5 or 6 is “Yes”, unless compelling evidence of non-culpability is provided which District may evaluate in its sole discretion.

PART B: SAFETY, PREVAILING WAGE, DISPUTES AND BONDS

SAFETY:

Zone 7 finds worker-safety to be of utmost importance and therefore requires its Contractors to demonstrate that it possesses the skill and experience to foresee and to adopt protective measures to adequately and safely perform the construction work with respect to such hazards. Bidder acknowledges that there are certain inherent conditions existent in the construction of the particular facilities which may create, during the construction program, unsafe conditions hazardous to persons and property. The following information will be used to determine if Bidders meet the minimum safety requirements for this project.

1. To qualify to bid and be awarded the project Bidder must not have been cited by CAL OSHA for any “serious,” “willful,” or “repeat” violations of its safety or health regulations more than three (3) times in the past five (5) years, unless compelling evidence of non-culpability is provided which Zone 7 may evaluate in its sole discretion. Similarly, Bidder must not have been cited by the federal OSHA for more than three (3) violations in the past five (5) years, unless compelling evidence of non-culpability is provided which Zone 7 may evaluate in its sole discretion.

   (a) Has CAL OSHA cited your firm for any “serious,” “willful,” or “repeat” violations of its safety or health regulations in the last five (5) years?

      Yes ______ No ______

      If the answer is “Yes,” attach description of each citation and a detailed explanation of the circumstances.  (If answer is “Yes,” and the number of citations exceed three (3), Bidder’s bid will be automatically disqualified, unless compelling evidence of non-culpability is provided which District may evaluate in its sole discretion.)
(b) Has the federal OSHA cited and assessed penalties against your firm in the last five (5) years?

Yes _____ No _____

If the answer is “Yes,” attach description of each citation and a detailed explanation of the circumstances. (If answer is “Yes,” and the number of citations exceed three (3), Bidder’s bid will be automatically disqualified, unless compelling evidence of non-culpability is provided which District may evaluate in its sole discretion.)

2. How often does Bidder require documented safety meetings be held for:
   - Field Supervisor  Weekly ____ Bi-weekly ____ Monthly ____ Less than monthly ____
   - Employees  Weekly ____ Bi-weekly ____ Monthly ____ Less than monthly ____
   - New Hires  Weekly ____ Bi-weekly ____ Monthly ____ Less than monthly ____
   - Subcontractors  Weekly ____ Bi-weekly ____ Monthly ____ Less than monthly ____

3. How often does Bidder conduct documented safety inspections?
   - Quarterly _____ Semi-annually ________ Annually _____ Other ___

4. Does Bidder have home office safety representatives who visit/audit the job site?
   - Quarterly _____ Semi-annually ________ Annually _____ Other ___

5. (a) List Bidder’s Interstate Experience Modification Rate for the last five years.
   - 2014: _______
   - 2015: _______
   - 2016: _______
   - 2017: _______
   - 2018: _______

(b) Use Bidder’s last year’s Cal/OSHA 300 log to fill in the following:
   - i) Number of lost workday cases ______________
   - ii) Number of medical treatment cases ______________
   - iii) Number of fatalities ______________

(c) Employee hours worked last year ______________

(d) State the name of Bidder’s safety engineer/manager or Site Safety Officer (for this Project):

   NAME: ____________________________
   TITLE: ____________________________

   Attach a resume or outline of this individual’s safety and health qualifications and experience.

PREVAILING WAGE AND LABOR CODE PROVISIONS

6. Has Bidder been fined, penalized or otherwise found to have violated any prevailing wage or labor code provision?

   Yes _____ No _____ If “Yes”, attach detailed description of each occurrence.
LICENSE PROVISIONS

7. Has Bidder changed names or license numbers in the past 10 years?
   Yes _____ No _____
   If “Yes”, please state reason for change, previous name and/or license number:

   ___________________________________________________________
   ___________________________________________________________

DISPUTES

8. Have any claims or legal actions been filed against Bidder in court or arbitration in the past five years?
   Yes _____ No _____
   If Bidder answers “Yes”, Bidder shall identify any claims or legal action filed in court or arbitration against Bidder in the past five years which concerned Bidder’s work on a construction project. For each claim, if any, the Bidder shall provide the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution). Are there any pending claims against your company that should you lose the claim(s), would adversely affect your financial position or your ability to meet your obligations if awarded the contract for this project? If so, please explain.

9. Have any claims or legal actions been filed by Bidder against a project owner in the past five years?
   Yes _____ No _____
   If Bidder answers “Yes”, Bidder shall identify any claims or legal actions filed in court or arbitration by Bidder against a project owner in the past five years concerning work on a project or payment for a contract. For each claim, if any, the Bidder shall provide the project name, date of the claim, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution). Are there any pending claims filed by your company against a project owner that should you lose the claim(s), would adversely affect your financial position or your ability to meet your obligations if awarded the contract for this project? If so, please explain.

BONDING

10. Bonding Capacity - Provide documentation from Bidder’s surety identifying the following:

    Name of bonding company/surety: ____________________________________________

    Name of Surety Agent: ______________________________________________________

    Surety Agent address: _______________________________________________________

    Surety Agent phone number: ________________________________________________

    Is surety a California-admitted surety? Yes _____ No _____

    What is Bidder’s total bonding capacity? ______________________________________

    What percentage rate does Bidder pay for bonds? _______________________________
PART C: EXPERIENCE

The unique nature of this Project requires prior similar experience of the firm and the Key Personnel assigned. Summarize similar project experience below and provide the detailed project information requested:

List three (3) completed public construction projects of similar work within the last five years, with construction dollar amounts of at least $500,000 per year, and indicate the superintendent.

<table>
<thead>
<tr>
<th>Project name</th>
<th>Project Cost ($)</th>
<th>Year began &amp; completed</th>
<th>Name of Contractor’s Project Superintendent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

List Key Personnel that will be assigned to the Work:

Project Manager: __________________________________________________________

Project Superintendent: _________________________________________________

EXPERIENCE OF PRIME CONTRACTOR: Bidder shall provide information for three (3) of its most recently completed construction projects of a similar nature and complexity with a contract dollar amount of at least $500,000 each, completed within the last five (5) years.

Names and references shall be current and verifiable. If a separate sheet is used, it shall contain all of the following information:

1. Project Name: ________________________________________________________

   Location: ___________________________________________________________

   Owner: ____________________________________________________________

   Owner Contact (name, phone number and email): ________________________

   Architect/Engineer: _________________________________________________

   Architect/Engineer Contact (name and phone number): __________________

   Const. Mgr. or Project Mgr. (name and phone number): _________________

   Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: ____________________________

   ___________________________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

Total Construction Cost: ________________________________________________

Total Change Order Amount: ____________________________________________

Operated Equipment Supply Contract for Maintenance and Emergency Work for Flood Control Facilities 00450-8 Statement of Qualifications for Construction Work
Original Scheduled Date of Completion:____
Time Extensions Granted (number of Days):____________________________________
Actual Date of Completion:______________________________________________
Number of Stop Notices filed by subcontractors or suppliers:____________________

2. Project Name:________________________________________________________
Location:______________________________________________________________
Owner:________________________________________________________________
Owner Contact (name and phone number):__________________________________
Architect/Engineer:______________________________________________________
Architect/Engineer Contact (name and phone number):________________________
Const. Mgr. or Project Mgr. (name and phone number):________________________
Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Total Construction Cost:__________________________________________________
Total Change Order Amount:_______________________________________________
Original Scheduled Date of Completion:____
Time Extensions Granted (number of Days):__________________________________
Actual Date of Completion:______________________________________________
Number of Stop Notices filed by subcontractors or suppliers:____________________

3. Project Name:________________________________________________________
Location:______________________________________________________________
Owner:________________________________________________________________
Owner Contact (name and phone number):__________________________________
Architect/Engineer:______________________________________________________
Architect/Engineer Contact (name and phone number):________________________
Const. Mgr. or Project Mgr. (name and phone number):________________________
Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Operated Equipment Supply Contract for Maintenance and Emergency Work for Flood Control Facilities
EXPERIENCE OF PROJECT MANAGER/SUPERINTENDENT: Bidder shall name below the Project Manager who will be assigned to this Project.

Name of Project Manager: ________________________________

Number of Years of Total Construction Experience as a Project Manager/Superintendent: __________________________

Number of Years as a Project Manager for your company: _____ years

To demonstrate experience of the Project Manager/Superintendent, Bidder shall submit information for at least three (3) projects below where the individual named above held the position of Project Manager/Superintendent. Within the past five (5) years, two of the projects shall be of similar nature and complexity with a contract value of at least $500,000 each.

1. **Project Name:** ________________________________
   
   **Location:** ________________________________
   
   **Owner:** ________________________________
   
   Owner Contact (name, phone number and email): ________________________________
   
   **Architect/Engineer:** ________________________________
   
   **Architect/Engineer Contact (name and phone number):** ________________________________
   
   **Const. Mgr. or Project Mgr. (name and phone number):** ________________________________
   
   Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project:
   
   ____________________________________________________________________________
   
   ____________________________________________________________________________
   
   ____________________________________________________________________________

   Total Construction Cost: ________________________________
   
   Total Change Order Amount: ________________________________
   
   Original Scheduled Date of Completion: ______
   
   Time Extensions Granted (number of Days): ________________________________
   
   Actual Date of Completion: ________________________________
   
   Number of Stop Notices filed by subcontractors or suppliers: ________________________________

2. **Project Name:** ________________________________
   
   **Location:** ________________________________
   
   **Owner:** ________________________________
   
   **Architect/Engineer:** ________________________________
   
   **Architect/Engineer Contact (name and phone number):** ________________________________
   
   **Const. Mgr. or Project Mgr. (name and phone number):** ________________________________
   
   Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project:
   
   ____________________________________________________________________________
   
   ____________________________________________________________________________
   
   ____________________________________________________________________________

   Total Construction Cost: ________________________________
   
   Total Change Order Amount: ________________________________
   
   Original Scheduled Date of Completion: ______
   
   Time Extensions Granted (number of Days): ________________________________
   
   Actual Date of Completion: ________________________________
   
   Number of Stop Notices filed by subcontractors or suppliers: ________________________________
Owner Contact (name and phone number): __________________________________________

Architect/Engineer: ___________________________________________________________

Architect/Engineer Contact (name and phone number): ______________________________

Const. Mgr. or Project Mgr. (name and phone number): _____________________________

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Total Construction Cost: _______________________________________________________

Total Change Order Amount: ___________________________________________________

Original Scheduled Date of Completion: _____

Time Extensions Granted (number of Days): _________________________________

Actual Date of Completion: _________________________________________________

Number of Stop Notices filed by subcontractors or suppliers: ______________________

3. Project Name: _____________________________________________________________

Location: __________________________________________________________________

Owner: _____________________________________________________________________

Owner Contact (name and phone number): _______________________________________

Architect/Engineer: ___________________________________________________________

Architect/Engineer Contact (name and phone number): ____________________________

Const. Mgr. or Project Mgr. (name and phone number): ____________________________

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Total Construction Cost: _______________________________________________________

Total Change Order Amount: ___________________________________________________

Original Scheduled Date of Completion: _____

Time Extensions Granted (number of Days): _________________________________

Actual Date of Completion: _________________________________________________

Number of Stop Notices filed by subcontractors or suppliers: ______________________
PART D: FINANCIAL INFORMATION

1. Has Bidder ever reorganized under the protection of the bankruptcy laws?
   Yes____ No _____   If yes, please state when ______________

2. If Bidder has had the general liability carrier identified in Document 00420 (Bidder Registration Form) for less than 5 years, please provide additional information below for general liability coverage during balance of the past 5 years.

   Agency Name: ________________________________________________________________
   Contact Name: _______________________________________________________________
   Phone Number: ________________________________________________________________
   Carrier: __________________________________ A.M. Best Rating _______________________
   Carrier: __________________________________ A.M. Best Rating _______________________
   Carrier: __________________________________ A.M. Best Rating _______________________  

3. Has Bidder ever had insurance terminated by a carrier? Yes _____ No _____
   If yes, explain on separate signed sheet marked with correlating cross-reference to this paragraph of the questionnaire.

Bidder hereby declares under penalty of perjury that all the information provided in this questionnaire is true and correct.

____________________________________
SIGNATURE

____________________________________
TITLE

END OF DOCUMENT