

SUPPLEMENTARY PREQUALIFICATION FORM

Bidders for the above contract must be prequalified with the Trustees. Contractors shall register and log in to "PlanetBids" to apply for prequalification at <http://www.calstate.edu/contractor-prequalification>, and shall have a prequalification rating of at least _____ to bid this contract. Bidders must also meet the criteria contained in this Supplementary Prequalification Form in order to bid this contract. All bidders shall provide the information requested hereon and submit to the Prequalification Coordinator at the California State University, Chancellor's Office, via e-mail to cocm.prequal@calstate.edu ten business days prior to bid opening date.

Firm Name: _____ CSLB License Number: _____

The undersigned declares under penalty of perjury under the laws of the State of California that the information provided on and attached to this form is true and correct.

Executed on this _____ day of _____, 20____, at _____, California.

Signature of Applicant _____ Printed Name, Title _____

A. CONTRACTOR LICENSE HISTORY

Yes No

B. JOB ORDER CONTRACT PROJECT EXPERIENCE

If your firm has performed a job order contract anywhere in California, provide the following information for each job order contract held in the past five years (use additional sheets if necessary).

Owner/Agency name, location:	Contract start date:
Owner's contact name:	Contract completion date:
Contact current phone no.:	Minimum contract value:
Contact current e-mail address:	Maximum possible contract value:
Were claims filed? Yes (attach explanation) No	Actual amount of total contract*:

*If actual amount is less than 80% of Max give reason for lower value:

Owner/Agency name, location:	Contract start date:
Owner's contact name:	Contract completion date:
Contact current phone no.:	Minimum contract value:
Contact current e-mail address:	Maximum possible contract value:
Were claims filed? Yes (attach explanation) No	Actual amount of total contract*:

*If actual amount is less than 80% of Max give reason for lower value:

Owner/Agency name, location:	Contract start date:
Owner's contact name:	Contract completion date:
Contact current phone no.:	Minimum contract value:
Contact current e-mail address:	Maximum possible contract value:
Were claims filed? Yes (attach explanation) No	Actual amount of total contract*:

*If actual amount is less than 80% of Max give reason for lower value:

Owner/Agency name, location:	Contract start date:
Owner's contact name:	Contract completion date:
Contact current phone no.:	Minimum contract value:
Contact current e-mail address:	Maximum possible contract value:
Were claims filed? Yes (attach explanation) No	Actual amount of total contract*:

*If actual amount is less than 80% of Max give reason for lower value:

Firm Name: _____

C. CONCURRENT PROJECT EXPERIENCE (PART 1)

Failure to provide this information will result in disqualification of your firm from bidding this contract.

1) Owner/Agency name, location:	Project name, description:	
Owner's contact name:	Completed contract value:	
Contact current phone no.:	Start date:	Completion date:
Contact current e-mail address:	Completed on time?	Were claims filed?
2) Owner/Agency name, location:	Project name, description:	
Owner's contact name:	Completed contract value:	
Contact current phone no.:	Start date:	Completion date:
Contact current e-mail address:	Completed on time?	Were claims filed?
3) Owner/Agency name, location:	Project name, description:	
Owner's contact name:	Completed contract value:	
Contact current phone no.:	Start date:	Completion date:
Contact current e-mail address:	Completed on time?	Were claims filed?
4) Owner/Agency name, location:	Project name, description:	
Owner's contact name:	Completed contract value:	
Contact current phone no.:	Start date:	Completion date:
Contact current e-mail address:	Completed on time?	Were claims filed?
5) Owner/Agency name, location:	Project name, description:	
Owner's contact name:	Completed contract value:	
Contact current phone no.:	Start date:	Completion date:
Contact current e-mail address:	Completed on time?	Were claims filed?

C. CONCURRENT PROJECT EXPERIENCE (PART 2)

The five projects listed in above Section C, are required to be performed concurrently. Select the applicable years from the dropdown menus. Mark each box for the month of construction start under the year it started, and continue marking until you reach the year and month of completion. At some point in construction, all five projects must have been under construction at the same time (*at least one month column should be completely filled vertically*).

Failure to provide this information will result in disqualification of your firm from bidding this contract.

Construction Duration																								
Project / Month	Year												Year											
	Jan	Feb	Mar	Apr	Ma	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1																								
2																								
3																								
4																								
5																								