



**SAN FRANCISCO COMMUNITY COLLEGE DISTRICT  
CITY COLLEGE OF SAN FRANCISCO  
PREQUALIFICATION APPLICATION  
FOR  
MANAGEMENT OF CAPITAL PROGRAM**

**Responses due by September 4, 2009 3 pm**

## REQUEST FOR QUALIFICATIONS

City College of San Francisco will receive Responses to RFQ in the Reception Area, Office of the Vice Chancellor, 33 Gough Street, San Francisco, CA 94103

**September 4, 2009 until 3:00 PM for**

**Management of Capital Program  
City College of San Francisco  
San Francisco, CA**

**COST ESTIMATE: To Be Determined**

### **SCOPE OF WORK:**

The scope of work includes, but is not limited to, providing coordination and oversight for all construction projects currently underway in the College's Bond Funded Capital Projects Program, as well as day to day project management for two of the projects, on a temporary basis.

### **PROCESS:**

Request for Qualification documents will be available for download from the City College of San Francisco Office of Facilities Planning & Construction website at [www.ccsf.edu/build](http://www.ccsf.edu/build). Those firms that meet the Essential Requirements will be invited to an interview. Based on qualifications, financial strength, interviews and reference checks, a selection will be made, with final approval by the College's Board of Trustees.

### **HIRE LOCAL WORKERS POLICY:**

The Board of Trustees' has adopted a policy intended to target employment opportunities created by the District's construction contracts to its qualified students, particularly graduates of its construction job training programs. In addition, contractors bidding on this project are encouraged to recruit and hire qualified residents of the City and County of San Francisco for work created by this project, as feasible.

### **DISTRICT RIGHTS:**

The City College of San Francisco reserves the right to reject any or all qualification statements and to waive any irregularities.

**CONTACT:** Peter Goldstein Phone: (415) 241-2229  
Marian Lam Phone: (415) 452-5277

**City College is legally precluded from engaging in campaign activities. No contribution to a ballot measure or Board election is requested or required, and any contribution to a campaign, if known, will not be considered in awarding the contract or the City College's continued or future relationship with the vendor.**

## **Qualification Conditions**

By submittal of a proposal, the prospective CM commits to providing the key staff named in the submittal and that the assigned individual(s) will remain on the Project throughout design and construction, subject to their remaining with the firm. The proposed staff shall attend the interview during the proposal phase.

A CM services contract will be awarded in a contract form identified by SFCCD. Significant changes in terms of contract will not be considered.

SFCCD reserves the right to modify any portion, postpone or cancel this RFQ at any time, and/or reject any and all submissions without indicating any reason. No submission documents will be returned.

No compensation is offered for any work performed or expense incurred related to this Request for Qualifications, interviews or Request for Proposals process. Submissions are entirely voluntary. All original documents including electronic files become the property of SFCCD, and any materials submitted by any firm (other than the financial statements) may be used for any purpose by the SFCCD after the CM firm is selected. If any firm's submission is late or incomplete, the proposal may be rejected as non-responsive.

SFCCD reserves the right to modify the project schedule and/or budget.

## **PROJECT DESCRIPTION**

The College is currently in the construction phase of four projects:

- |  |               |
|--|---------------|
| • Chinatown/North Beach Campus                             | \$139,000,000 |
| • Joint Use Facility                                       | \$ 67,000,000 |
| • Americans with Disabilities Act (ADA)-related remodeling | \$ varies     |
| • Physical Education Field                                 | \$ 2,500,000  |

## **ANTICIPATED SCOPE OF SERVICES**

SFCCD is looking for an experienced Manager of Capital Programs to be a proactive team-member to guide City College staff in delivering these projects. The primary method the college uses for construction projects is "CM at Risk".

## **SUBMISSION OF QUALIFICATIONS AND ANTICIPATED SCHEDULE**

### **Package**

In one package, include a bound original, two (2) bound copies and one compact disk containing all information in electronic (.pdf) format:

Firm's Prequalification Questionnaire including all sections and the required Project Data Sheets and all other attachments indicated. Response shall be organized in Sections 1 through 7 corresponding to the questionnaire. Supplemental sheets shall be included in the Section to which they relate and shall reference the question number. Include Drug Free Workplace Certification and Disbarment Certification.

- (1) Contact Information
  - (2) Essential Requirements
  - (3) Organization and History
  - (4) Performance, Compliance with Laws
- Etc. including APPENDIX A, B, C

**All materials due by September 4, 2009 3 pm**

To: San Francisco Community College District  
Attn: Peter Goldstein  
Vice Chancellor  
33 Gough Street  
San Francisco, CA 94103  
Office: 415-241-2229  
Fax: 415-241-2344

# QUESTIONNAIRE RESPONSE FORM

Please Type or Print Clearly

## **SECTION 1 - CONTACT INFORMATION**

This page is a public record.

Firm Name: \_\_\_\_\_  
(As name appears on license)

Check One: Corporation \_\_\_\_\_  
Partnership \_\_\_\_\_  
Sole Prop. \_\_\_\_\_  
Joint Venture \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

License # \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## **SECTION 2 – ESSENTIAL REQUIREMENTS FOR QUALIFICATION**

**Contractor will be immediately disqualified if the answer to any of the questions is “No”.**

Definition: The term “Associates” shall mean any and all of the following:

- The current qualifiers for all current Contractors State License Board contracting licenses held by the contractor.
- All current officers of a contractor, which is a corporation.
- All current partners of a contractor, which is a partnership.
- All current joint ventures of the joint venture contractor, which is seeking prequalification.

1. Does your firm possess a valid and current California contractor’s license for the project for which it intends to submit a proposal?  
 Yes       No

2. Does your firm have current workers' compensation insurance policy as required by the Labor Code or are legally self-insured pursuant to Labor Code sections 3700 et. seq.?

Yes       No

If yes, provide the following information. (Attach a separate signed page if more than one policy)

---

Insured

---

Carrier

---

Policy Number

3. Has the latest copy of an audited financial statement (no more than two years old) with accompanying notes been attached for your firm?

**End of Essential Requirements Section**

**SECTION 3 – ORGANIZATION AND HISTORY**

1. Name of Firm: \_\_\_\_\_
2. Type of entity: (Corporation, Sole Proprietorship, Partnership or Joint Venture):  
\_\_\_\_\_
3. Date of company incorporation, formation or commencement:  
\_\_\_\_\_
4. State of formation or incorporation: \_\_\_\_\_
5. How many persons does your firm currently employ? \_\_\_\_\_
6. Corporate Officers - Partners – Sole-proprietor - Owners: Provide the following information for each person who is either (a) an officer of the corporation (president, vice-president, secretary, treasurer), or (2) the owner of at least ten percent of the firm or of the corporation’s stock.

<b>Name</b>	<b>Position</b>	<b>Years w/ Firm</b>	<b>% of Ownership</b>	<b>Social Sec. #</b>

7. For firms that are part of a Joint Venture:

<b>Name of firm</b>	<b>% of Ownership of Joint Venture</b>

8. Tax ID Number: \_\_\_\_\_
9. In the past 10 years, in what other business has the officers, partners, sole proprietor, or owners been involved?  
\_\_\_\_\_
10. Has there been any change in ownership of the firm at any time during the last three years?  
Note: A corporation whose shares are publicly traded is not required to answer this question.  
 Yes       No      (If yes, explain on separate signed page.)

11. Are any corporate officers, partners, or owners connected with any other construction firms? Include information about other firms if an owner, partner or officer in your firm holds a similar position in another firm.
- Yes       No      (If yes, explain on separate signed page.)
12. Is your firm a subsidiary, parent, holding company or affiliate of another construction firm? (NOTE: Include information about other firms if one firm owns 50 percent or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.)
- Yes       No      (If yes, explain on separate signed page.)
13. State your firm's gross revenues for each of the last three years:
- |             |             |             |
|-------------|-------------|-------------|
| YEAR: _____ | YEAR: _____ | YEAR: _____ |
| \$ _____    | \$ _____    | \$ _____    |
14. Has your firm changed names or license numbers in the past five years?
- Yes       No If "yes," explain on a separate signed page.
15. Has any CSLB license held by your firm or its Responsible Managing Employee or Responsible Managing Officer been suspended under within the last five years?
- Yes       No      (If yes, explain on separate signed page.)

**SECTION 4 – ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS**

Definitions:

The term “Associates” shall mean any of the following:

- The current qualifiers for all current Contractors State License Board contracting licenses held by the contractor.
- All current officers of a contractor, which is a corporation.
- All current partners of a contractor, which is a partnership.
- All current joint ventures of the joint venture contractor, which is seeking prequalification.

1. How many years has your firm been licensed in California as a contractor under your present business name and license number?

Years: \_\_\_\_\_

2. Is your firm or its associates currently the debtor in a bankruptcy case?

Yes  No

If “yes,” indicate the case number, bankruptcy court, and the date on which the petition was filed.

\_\_\_\_\_ Case Number

\_\_\_\_\_ Bankruptcy Court

\_\_\_\_\_ Date Filed

3. Was your firm or its associates in bankruptcy at any time during the last five years? (This question refers only to a bankruptcy action that was not described in answer to the question above)

Yes  No

If “yes,” indicate the case number, bankruptcy court, and the date on which the petition was filed. Provide a copy of the Bankruptcy Court’s discharge order, or of any other document that ended the case, if no discharge was issued.

\_\_\_\_\_ Case Number

\_\_\_\_\_ Bankruptcy Court

\_\_\_\_\_ Date Filed

**Disputes**

4. At any time in the last five years has your firm, or any firm with which any of your firm’s owners, officers, partners or associates were associated, been assessed liquidated damages of more than \$5,000 on a construction contract with either a public or private owner?

Yes  No

If yes, explain on a separate signed page, identifying all such projects by owner, owner’s address, name of entity against whom assessment was made, the date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.

5. Has your firm or its associates ever defaulted on a construction contract?  
 Yes  No  
 If “yes,” explain on a separate signed page.
6. In the last five years has your firm, or any firm with which any of your firm’s associates were associated with, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?  
 Yes  No  
 If “yes,” explain on a separate signed page. State the name of the organization debarred, the year of the event, the owner of the project, and the basis for the action.
7. Has your firm or its associates ever been denied an award of a public works contract based on a finding by a public agency that they were not a responsible bidder?  
 Yes  No  
 If “yes,” on a separate signed page identify the year of the event, the entity denied the award, the owner, the project, and the basis for the finding by the public agency.

(NOTE: The following two questions refer only to disputes between contractors and owners of projects. You need not include information about disputes with suppliers, other contractors, or subcontractors. You need not include information about “pass-through” disputes in which the actual dispute is between a subcontractor and a project owner.)

8. In the past five years has any claim in excess of \$50,000 been filed in court or arbitration against your firm or its associates concerning their work on a construction project?  
 Yes  No  
 If “yes,” on a separate signed page identify the claim(s) by providing the project name, date of the claim, name of the claimant, the name of the entity the claim was filed against, a brief description of the nature of the claim, the court and case number, and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).
9. In the past five years has your firm or its associates made any claim against a project owner concerning work on a project or payment for a contract **and filed that claim in court or arbitration**?  
 Yes  No  
 If “yes,” on a separate signed page identify the claim by providing the name of claimant, the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court and case number, and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).
10. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?  
 Yes  No  
 If “yes,” on a separate signed page give name of the insured; name the insurance carrier, the form of insurance, the reason for refusal (i.e. due to non-payment or contractor losses), and the year of the refusal.

## **Criminal Matters and Related Civil Suits**

11. Has your firm or any of its associates ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?
- Yes  No

If “yes,” explain on a separate signed page, including identifying who was found liable or guilty, the court and case number, the name of the public entity, the civil or criminal verdict, the date and the basis for the finding.

12. Has your firm or its associates ever been convicted of a crime involving any federal, state, or local law related to construction?
- Yes  No

If “yes,” explain on a separate signed page, including identifying who was convicted, the name of the victim, the date of the conviction, the court and case number, the crimes, and the grounds for the conviction.

13. Has your firm or its associates ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?
- Yes  No

If “yes,” identify on a separate signed page, the person or persons convicted, the court (the county if state court, the district or location of federal court), case number, the criminal conduct, and the year convicted.

14. If your firm was required to pay a premium in excess of one percent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years, state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate exceeding one percent if you wish to do so.

Were all premiums one percent (1%) or less?

Yes  No

15. During the last five years, has your firm ever been denied bond coverage by a surety company, or has there ever been a period of time when your firm or its associates had no surety bond in place during a public construction project when one was required?
- Yes  No

If yes, provide details on a separate sheet indicating the period during which no surety bonds were in place, name of entity without the surety bond, the name of project owner, and if coverage was denied the date coverage was denied and the name of the company that denied coverage.

## **Compliance with Occupational Safety and Health (OSHA) Laws and with Other Labor Legislation Safety**

16. Has CAL OSHA cited and assessed penalties against your firm or its associates for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five years?

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

Yes  No

If “yes,” on separate signed page describe the citations, the party against whom the citation was made, date of citation, nature of the violation, project on which the citation was issued, owner of project, and the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and date of the decision.

17. Has the federal Occupational Safety and Health Administration cited and assessed penalties against your firm or its associates in the past five years?

NOTE: If an appeal of the citation has been filed and the Appeals Board has not yet ruled, or if there is a court appeal pending, you need not include information about the citation.

Yes  No

If “yes,” on separate signed page describe the citations, the party against whom the citation was made, date of citation, nature of the violation, project on which the citation was issued, owner of project, and the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and date of the decision.

18. Has the EPA, any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or its associates or the owner of a project during the time in which your firm or its associates was the contractor in the past five years?

NOTE: If an appeal of the citation has been filed and there is no ruling yet, or if there is a court appeal pending, you need not include information about the citation.

Yes  No

If “yes,” on separate signed page describe the citations, the party against whom the citation was made, date of citation, nature of the violation, project on which the citation was issued, owner of project, and the amount of penalty paid, if any. State the case number and date of any decision.

19. Within the last five years has there ever been a period when your firm or its associates had employees but was without workers’ compensation insurance or state-approved self-insurance?

Yes  No

If “yes,” please explain the reason for the absence of workers’ compensation insurance on a separate signed page. If “No,” please provide a statement by your current workers’ compensation insurance carrier that verifies periods of workers’ compensation insurance coverage for the last five years. (If your firm has been in business for less than five years, provide a statement by your workers’ compensation insurance carrier verifying continuous workers’ compensation insurance coverage for the period that your firm has been in business.)

20. Do agreements exist between your firm and registered apprenticeship programs which have been approved by the California Apprenticeship Council and have graduated apprentices in the preceding five years, for all apprenticable crafts which may be employed by your firm on this project?

(This graduation requirement shall not apply to programs providing apprenticeship training for any craft that has not been deemed by the Department of Labor and the Department of Industrial Relations to be an apprenticeship craft within the period of June, 1999 to June, 2003.)

Yes  No

21. Has your firm successfully managed a project over \$30,000,000 that included a significant goal for small and local business participation?

Yes  No

## **SECTION 5 - RECENT CONSTRUCTION PROJECTS COMPLETED**

Contractor shall provide information about its five most recently completed comparable projects. Names and references must be current and verifiable.

Comparable projects are preferably for higher education institutions and may be public or private. For comparable projects, each project should be selected to demonstrate at least one of the comparable features. Examples include but are not limited to: (1) urban site, (2) higher educational facility, (3) underpinning of foundations of adjacent properties, (4) multi-level underground parking.

Please complete a Project Data Sheet for a minimum of five projects that most closely relate to the Management of Capital Program as described above. More projects may be included if necessary to demonstrate requisite experience.

Project Data Sheet is in Appendix B.

**SECTION 6 – KEY STAFF AND TEAM ORGANIZATION FOR THIS PROJECT**

1. Provide the following information for key staff members who will be managing the project during design and/or construction of the project:

<b>General Contractor</b>	<b>License Number (if applicable)</b>	<b>Years of Experience</b>
Project Manager		
Design Manager		
Superintendent		
Project Executive or Director		

2. Attach resumes of key staff listed. More than one candidate may be suggested for a position.
3. Attach an organizational (reporting) chart for the team.

**SECTION 7 - AFFIDAVITS**

**SIGN ONE OF THE FOLLOWING AFFIDAVITS**

**AFFIDAVIT OF AN INDIVIDUAL  
FOR A SOLE PROPRIETORSHIP**

I, an individual, \_\_\_\_\_, doing business as \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the city of \_\_\_\_\_, county

of \_\_\_\_\_, state of \_\_\_\_\_, hereby certify and declare that I have read all the foregoing answers to this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the state of California that the foregoing is correct.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**PARTNERSHIP AFFIDAVIT**

I, a partner of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, in the city of \_\_\_\_\_, county of \_\_\_\_\_, state

of \_\_\_\_\_, hereby certify and declare that I have read all the foregoing answers to this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the state of California that the foregoing is correct.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**CORPORATION AFFIDAVIT**

I, the \_\_\_\_\_ of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the city of \_\_\_\_\_, county

of \_\_\_\_\_, state of \_\_\_\_\_, hereby certify and declare that I have read all the foregoing answers to this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the state of California that the foregoing is correct and that I have authority to bind the Contractor.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

# APPENDIX A - PROJECT DATA SHEET

(A separate set of sheets must be prepared for each project submitted.)

Applicant's reference checks and previous client's comments on performance and cooperativeness weigh heavily in this evaluation. Projects must demonstrate CM's performance in managing project cost and contract time for public works and comparable projects.

Is this project a public works project? YES  NO

Is the applicant submitting this as a comparable project as described in the questionnaire?

YES  NO

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Size (gross sq. ft.): \_\_\_\_\_

Business name of entity which constructed and managed this project:

\_\_\_\_\_

1. Was the project owner a college or institution for higher learning (whether public or private)?

YES  NO

2. Did your firm act as the prime CM/General Contractor during the construction phase for this project?

YES  NO

\_\_\_\_\_ Capacity (CM, subcontractor or GC)

3. Did your firm self-perform any of the work?

YES  NO

If yes, please specify the trades you self-performed

4. Did the project include construction of the following types of structures, facilities or features (check all that apply):

- Classrooms       Child care center       Library   
Garage       Food service       Retail space   
Large public space(s)       Laboratory space

5. Did the project include multistory steel frame construction?

YES       NO

6. Was the project under the jurisdiction of DSA (Division of the State Architect)?

YES       NO

7. Did the project include multiple groups of end-users?

YES       NO

8. Was the project completed on an urban site with access limitations?

YES       NO

9. Was construction of the project begun and completed within the last seven (7) years?

YES       NO

10. \_\_\_\_\_ Contract Time at bid date (Number of calendar days)

\_\_\_\_\_ Formally adjusted Contract Time (Number of calendar days; if not adjusted, state "Not Applicable")

\_\_\_\_\_ Actual Elapsed Time between issuance of Notice To Proceed and date of final completion (Number of calendar days)

If completion did not occur within the Contract Time at bid date or within the formally Adjusted Contract Time, then explain the reason or reasons for the delay:

Name of Project Director: \_\_\_\_\_

Name of Project Superintendent: \_\_\_\_\_

Name of Project Manager: \_\_\_\_\_

**City College of San Francisco intends to contact references. It is your firm's responsibility to verify telephone numbers stated for references.**

Client Firm Name: \_\_\_\_\_

Client Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Client E-mail Address: \_\_\_\_\_

Architect/Engineer/  
Consultants: \_\_\_\_\_

Architect/Engineer  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Architect/Engineer  
E-mail Address: \_\_\_\_\_

*(Attach additional pages with other pertinent project information as necessary.)*

## APPENDIX B- DRUG-FREE WORKPLACE CERTIFICATION

I, \_\_\_\_\_, am the \_\_\_\_\_  
of \_\_\_\_\_

(Print Name) (Title)

\_\_\_\_\_. I declare, state and certify to all of the following:

(Supplier Name)

I am aware of the provisions and requirements of California Government Code §§8350 et seq., the Drug Free Workplace Act of 1990.

I am authorized to certify, and do certify, on behalf of Supplier that a drug free workplace will be provided by Supplier by doing all of the following:

Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in Supplier's workplace and specifying actions which will be taken against employees for violation of the prohibition;

Establishing a drug-free awareness program to inform employees about all of the following:

- (i) The dangers of drug abuse in the workplace;
- (ii) Supplier's policy of maintaining a drug-free workplace;
- (iii) The availability of drug counseling, rehabilitation and employee-assistance programs; and
- (iv) The penalties that may be imposed upon employees for drug abuse violations;

Requiring that each employee engaged in the performance of the Contract be given a copy of the statement required by subdivision (A), above, and that as a condition of employment by Supplier in connection with the Work of the Contract, the employee agrees to abide by the terms of the statement.

Supplier agrees to fulfill and discharge all of Supplier's obligations under the terms and requirements of California Government Code §8355 by, publishing a statement notifying employees concerning: (a) the prohibition of any controlled substance in the workplace, (b) establishing a drug-free awareness program, and (c) requiring that each employee engaged in the performance of the Work of the Contract be given a copy of the statement required by California Government Code §8355(a) and requiring that the employee agree to abide by the terms of that statement.

Supplier and I understand that if the District determines that Supplier has either: (a) made a false certification herein, or (b) violated this certification by failing to carry out and to implement the requirements of California Government Code §§8355, the Contract awarded herein is subject to termination, suspension of payments, or both. Supplier and I further understand that, should Supplier violate the terms of the Drug-Free Workplace Act of 1990, Supplier may be subject to debarment in accordance with the provisions of California Government Code §§8350, Supplier and I acknowledge that Supplier and I are aware of the provisions of California Government Code §§8350,

and hereby certify that Supplier and I will adhere to, fulfill, satisfy and discharge all provisions of and obligations under the Drug-Free Workplace Act of 1990.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

(City and State)

\_\_\_\_\_  
(Printed Name) (Signature) \_\_\_\_\_

**APPENDIX C** Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - **as** per Federal OMB Circular A-110 Executive

Order 12549 and 12689

By signing and submitting this proposal, the prospective contractor is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. The prospective contractor certifies that it has not and will not provide any gratuities to any agency elected or appointed official, employee, representative, or consultant in connection with the award or administration of the contract that is expected to result from this solicitation.
3. The prospective contractor shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principle,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective contractor agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective contractor further agrees by submitting this proposal that it will include this clause title, “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion — Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, Subpart 9.4, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The

knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under Paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, Subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

10. The prospective contractor certifies, by submission of this proposal, that neither it nor its principals, nor its prospective subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

11. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this proposal.

Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_