



**REQUEST FOR PROPOSAL
FOR GEOTECHNICAL SERVICES
FOR SEISMIC UPGRADES, HOSPITAL/SNF RENOVATION
& EXPANSION**

Proposals must be submitted to: **RFPProposal@bvchd.com**

Questions must be sent to: **RFPProposal@bvchd.com**

Documents regarding this RFP may be found at: <https://bvchd.com/about-us/projects/>

DEADLINE: SEPTEMBER 07, 2025, BY 5:00 P.M.

PROPOSALS WILL NOT BE ACCEPTED AFTER THE DEADLINE

Note regarding the Public Records Act:

Government Code Sections 6550 et seq., the California Public Record Act, defines a public record as any writing containing information relating to the conduct of the public business. The Public Record Act provides that public records shall be disclosed upon written request and that any citizen has a right to inspect any public record unless the document is exempted from disclosure.

Be advised that any contract that eventually arises from this Request For Proposals is a public record in its entirety. Also, all information submitted in response to this Request For Proposals is itself a public record without exception. Submission of any materials in response to this Request For Proposals constitutes a waiver by the submitting party of any claim that the information is protected from disclosure. By submitting materials, (1) you are consenting to release of such materials by the District if requested under the Public Records Act without further notice to you and (2) you agree to indemnify and hold harmless the District for release of such information.

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I. INTRODUCTION

Bear Valley Community Healthcare District (“District”), located at 41870 Garstin Drive, Big Bear Lake, CA 92315, in San Bernardino County, seeks proposals from Geotechnical consulting firms (“proposer,” “you,” or “your”) for a proposed expansion of existing health facility (the “Project”) including:

- a. 28,000 SF, existing 30-bed acute care hospital to be Seismically upgraded from SPC-2 to SPC-4D and NPC-5
- b. Portion of existing Hospital to be renovated to SNF (Skilled Nursing Facility) unit.
- c. Expansion of existing hospital for ER & Med-Surg (approximately 10,000 to 15,000 sf).

The purpose of this RFP is to identify firms that are both interested in and qualified to provide Geotechnical consulting services (the (“Services”)).

The Geotechnical consultant will provide all the necessary Services required by Architect and Structural Engineer (both performed by Lianokis). The selected firm must have the resources and depth of expertise to meet or exceed schedule commitments.

The District was established in 1970 to serve the medical needs of the remote area surrounding Big Bear Lake. At an elevation of elevation 6,752', the City of Big Bear Lake is the commercial center in the alpine area of Southwest San Bernardino County, California. The District opened the current hospital opened July 5, 1974. The facility has had no major expansion or updates during its time of operation, causing it to receive a SPC-2 rating. The 30-bed facility currently serves as an acute care hospital with a standby emergency department and skilled nursing facility.

The District seeks proposals to provide the services of qualified, properly licensed consultants with expertise in all phases of Geotechnical compliance in the construction and renovation of health care facilities. The selected firm will perform the Services identified below related to the Project.

Posted with this RFP is the District’s draft form of Agreement, including the indemnification provision that the District will include in that agreement. PLEASE NOTE: the District does not intend to consider any substantive changes to the form of agreement if they are not submitted at or before the proposal due date. See Attachment 1 “Acceptance of Terms and Conditions,” for further information and direction.

You and your subconsultant(s), employees, or agents performing Services must have, at all times throughout the duration of the performance of the Services, all appropriate, valid license(s) required by law to perform the Services. If the possession of any license(s) including, without limitation, a valid California Professional Consulting Engineer, Professional Geologist, Engineering Geologist, or Professional Architect license is required by law for the performance of the Services, you must ensure that the Services will be performed either by an appropriately licensed individual or under the direct supervision of an appropriately licensed individual.

II. SCOPE OF SERVICES

The scope of services awarded under this RFP include Geotechnical consulting for Geotechnical related services and other professional consulting services of a Geotechnical nature that may be logically or justifiably performed (the “Services”) for the expansion for ER and Med-Surg.,

including the following:

Geotechnical Engineering Investigation:

Consultant will drill required exploratory borings within the site to evaluate the subsurface soil conditions. The exploratory borings will be advanced to depths ranging from approximately 10 to 50 feet or auger refusal using a truck mounted drill rig. In addition, required bulk subgrade soil samples will also be collected for laboratory R-Value testing. Furthermore, required percolation tests will be constructed at depths of 3 to 8 feet below existing site grade. During drilling operations, penetration tests will be performed at regular intervals to evaluate the soil consistency and to obtain information regarding the engineering properties of the subsoils. Soil samples will be retained for laboratory testing. The soils encountered will be continuously examined and visually classified in accordance with the Unified Soil Classification System. All fieldwork will be done under the supervision of a Geotechnical Engineer.

Laboratory testing will be dependent on the results of the field testing and sampling program, as well as consideration of the foundation system most practical and cost-effective for the Project. These may include, among other things, dry density determinations, moisture contents, expansion tests, direct shear tests, R-Value tests, and consolidation tests. The results of the field exploration, laboratory testing, and engineering analysis will be presented in a formal report after thorough discussion of the Project findings with the other Separate Consultants.

Geotechnical Report and Additional Services:

The following information is provided as reference for use while creating a Geotechnical and Geological Hazard Report (this is directly from Lionakis (Structural Engineer) memo dated June 16, 2025 and is included as Attachment 3 to this RFP.

General Requirements

Please note that we are referencing the 2025 CBC which has not been published as of this date. References have been updated for the 2025 CBC based on the proposed amendments by the BSC dated February 22, 2024. Verify and use the equivalent updated 2025 CBC code as necessary.

The soil investigation and testing program shall be sufficient in scope to develop the foundation design criteria, differential settlement criteria and define any foundation and earth stability problems which may occur. Coordinate boring locations with owner based on site access and proposed construction to ensure an adequate representation of the site cross section.

The foundation recommendations within the report shall be complete and comprehensive, relating all factors influencing the design, construction, and performance of the foundation system. The report shall include recommended foundation options to allow for integrated value engineering considerations in conjunction with the superstructure construction. The report shall include recommendations for mediating soil stability, soil properties, water related problems, etc. As-built drawings dated Feb. 1, 1972 are available.

The report shall consist of geological hazard and Geotechnical report sections prepared by a California certified Engineering Geologist and a California registered Geotechnical Engineer. The report shall be in conformance with 2025 California Building Code (CBC), ASCE 7-22, and satisfy the requirements of CGS Note 48 in addition to the following:

- Seismic Parameters:

- At a minimum, provide seismic design parameters as required by ASCE 7-22 as modified by the 2025 CBC. Values shall address any local geologic features (such as nearby faults, etc.) as required. ASCE 7-22 Section 11.4.7 requires site-specific hazard analysis for some situations. While it is expected to utilize the exceptions in this code section to avoid a site-specific analysis, proposals for Geotechnical services shall include a line item for the additional cost for such an analysis. The requirement to perform the site-specific hazard analysis shall be based on preliminary seismic parameters and structural design methodology. Coordinate this requirement with the Structural Engineer.
- Foundation system recommendations at existing buildings:
 - Maximum allowable soil bearing pressure (Dead + Live) and increase for wind/seismic – specify if value varies with depth of footing. Include safety factors for allowable soil bearing pressures to allow structural engineer to comply with CBC 1605A.1.1.
 - Maximum allowable soil bearing pressure (Dead + Live) and increase for wind/seismic or snow for existing shallow footings where occurs.
 - Estimated total and differential settlement, both short term and long term.
 - Modulus of subgrade reaction for use in elastic foundation analysis.
 - Modulus of subgrade reaction for slab on grade.
 - Deep foundation load capacities for seismic load cases, non-seismic load cases, bearing, uplift, with recommend depth, and sizes.

Additional Services

The proposer is to provide a separate cost in addition to this RFP to provide additional services:

- Review plans and specifications during the design stage to see if recommendations have been properly interpreted.
- Foundation specific testing/inspection (pile testing, etc).
- Percolation testing for stormwater quality per County of San Bernardino and City of Big Bear requirements.
- Additional borings may be required to provide additional subsurface soil conditions against the proposed site and building layout and foundation systems. The proposer shall provide a separate cost to provide additional borings per location, if necessary. The proposal shall also include amendments and/or modification required to the original Geotechnical report. Unit prices for daily rates shall be provided with the additional borings proposal.
- The Geotechnical Engineer may be required to verify subsurface soil conditions during construction. The scope of work shall consist of confirming existing bearing strata and other subsurface conditions as required during construction to confirm soil conditions against the Geotechnical report provided for the design of the building. A total of four (4) site visits shall be assumed for this effort. Written field reports will be required for each visit.

III. SCHEDULE AND QUESTIONS

The District has developed the following list of key events from RFP issuance through performance start date (“Schedule”). All deadlines are subject to change at the District’s discretion.

| No. | Event | Key Date / Time (PT) |
|-----|---|----------------------|
| 1 | RFP Issued | August 11, 2025 |
| 2 | Pre-proposal Conference (optional) | Not required |
| 3 | Deadline for Consultants’ Requests for Clarifications, Modifications, or Questions sent to RFPProposal@bvchd.com | August 22, 2025 |
| 4 | Clarifications, Modifications, and/or Answers to Questions posted on the District Website | August 29, 2025 |
| 5 | Proposal Due Date and Time | September 05, 2025 |
| 6 | Notice of Award | September 19, 2025 |
| 7 | Full Performance Start Date (Estimated) | October 06, 2025 |

Proposers may submit written questions using Exhibit 2. Such questions must be submitted on or before the due date specified for submission of questions listed in the Schedule of this RFP. If the District deems it necessary in responding to the questions submitted, changes may be made to this RFP and an updated version will be posted to the website <https://bvchd.com/about-us/projects/> prior to the due date for Proposals via addendum. Written questions must be submitted by e-mail to **RFPProposal@bvchd.com** with your name, such as “ABC Geotechnical Consultants, BVCHD Geotechnical RFP,” in the subject line.

IV. RESPONDING TO THIS RFP

Responsive proposals will provide straightforward, concise information that satisfies the requirements specified. Please only submit documentation which has been specified in this RFP. Materials sent that fall outside of that required by this RFP may not be considered in proposal scoring.

Proposal Format. The District will only accept proposals in an electronic format. See below for instructions on submitting proposals electronically.

Method of Submission. Only electronically submitted proposals will be accepted. Proposals must be delivered by the date and time listed on the coversheet of this RFP but no more than three (3) days in advance of the proposal due date to the following e-mail address: **RFPProposal@bvchd.com**

Note: Indicate the “BVCHD Geotechnical RFP” and name of your organization in the subject line of the e-mails. For example, “ABC Geotechnical Consultants, BVCHD Geotechnical RFP.”

Submission Timelines. Late proposals will not be accepted.

V. PROPOSAL CONTENTS

1. Non-Cost Proposal. The following information must be included in the non-cost proposal. A proposal lacking any of the following information may be deemed non-responsive. Proposals shall be inclusive of résumés, forms, and pictures, and organized as reflected below.

- **Cover Letter** (not to exceed 1 page): A cover letter, signed by an authorized representative of proposer's organization, that provides the exact business name under which you propose to conduct business with the District, and proposer's address, telephone, e-mail address, and federal tax identification number. Provide a brief history of the entity, and, if a joint venture, of each participating entity. Identify legal form, ownership, and senior officials of company(ies). Describe number of years in business and types of business conducted. The cover letter must state that the Standard Agreement posted with this RFP is acceptable to the Consultant as posted except as otherwise specifically indicated, pursuant to the Acceptance of the Terms and Conditions, of this RFP.
- **Table of Contents:** A table of contents of the material contained in the Proposal should follow the cover letter.
- **Executive Summary** (not to exceed 1 page): The executive summary should contain a summary of the proposer's qualifications.
- **Prequalification Questionnaire:** All proposals shall include a completed Qualification Questionnaire with its Proposal, the form of which is attached hereto as Exhibit 1.

Proposers must update their Qualification Questionnaire if their status or information changes.

A Qualification Questionnaire shall be deemed nonresponsive if, without limitation, the Qualification Questionnaire is not submitted with its Proposal, does not provide all requested information, is not signed under penalty of perjury by an individual who has the authority to bind the proposer, is not updated as required, or is misleading or inaccurate in any material manner (e.g., financial resources are overstated, previous violations of law are not accurately reported, etc.).

- **Proposed Personnel/Project Team:** Identify the key personnel that will be assigned to the Project, including their roles. For each, describe his or her experience with public works projects, including identifying the ten (10) most recent of those projects. List license numbers and dates issued. Include an organizational chart indicating all personnel and their positions.

Include resumes of key personnel who may be performing Services for the District. Specifically, define the role of each person and outline his or her individual experience and responsibilities. Indicate personnel who will serve as primary contact(s) for the District. Indicate availability to provide the Services.

- **Statement of Services:** Prepare a detailed Statement of Services demonstrating an understanding of the Services and work required for the Project, including a schedule

showing the various steps and times anticipated for the Services and any documentation needed for the District's other consultants, such as the architect needed for the Services.

- **Reference Checks.** The Consultant shall provide three (3) client references that must be from recently completed projects. Please include the following with each client reference: name of entity/firm, contact person, their phone number/e-mail, project title, location, and start/end dates. The District will contact the references provided to conduct a customer satisfaction survey. Responding clients will be asked to score the following: Consultant's quality of work, scheduling practices, project and subcontractor management, working relationships, and paperwork processing. Reference responses will be scored from one (unsatisfactory) to five (excellent). Reference evaluation forms will be totaled and be applied as indicated in the "Non-Cost Proposal" selection scoring below.
- **Proposer's Information:** Provide your current contact information and e-mail address for sending notifications hereunder.

Describe your philosophy and how you will work with the District staff in performing the Services.

Provide proof of insurance coverage.

- **Prior Relevant Experience:** Describe your experience with the Geotechnical statutes and guidelines.

Provide a list of ALL California public entities, particularly health care entities, that you have provided the same or similar Services to in the past five (5) years. Limit responses to no more than the three (3) most recent public entities. Include the names of the entity, a description of services provided, and the name of the contact person and telephone number at the entity. Also, indicate your personnel that performed services for each entity.

- **Approach to Project Management:** Provide your philosophy and approach to project management.

Current Work Commitments: Specify your current and projected workload and describe your ability to complete the expected Services as anticipated herein.

- **Conflicts of Interest:** If applicable, provide a statement of any recent, current, or anticipated contractual obligations that relate in any way to the Project or District that may have a potential to conflict with your ability to provide the Services to the District. You cannot submit, propose, bid, contract, sub-contract, consult, or have any other economic interests in the Project. The entity selected to provide the Services and any subsidiary, parent, holding company, or affiliate may not perform any construction work or submit a bid for the Project.
- **Additional Data:** Provide additional information about you as it may relate to your proposal.
- **Acceptance of the Terms and Conditions:** On Attachment 1, you must check the

appropriate box and sign the form. If you mark the second box, it must provide the required additional materials. An “exception” includes any addition, deletion, or other modification. If exceptions are identified, the Consultant must also submit (i) a redlined version of the Standard Agreement that implements all proposed changes in Word format with tracked changes, and (ii) a written explanation and rationale for each exception and/or proposed change explaining why the change is necessary. PLEASE NOTE: The District will not consider any changes to the Contract if they are not submitted at or before the time the proposal is due. By submitting a proposal, you acknowledge you no objection to the form of Agreement unless exceptions are identified as required herein.

- **Certifications, Attachments, and Other Required Materials:** You are required to complete and sign the following Certifications and attachments and submit signed forms with your proposal:
 - General Certifications Form (Attachment 2)
 - If Contractor is a California corporation, limited liability company (“LLC”), limited partnership (“LP”), or limited liability partnership (“LLP”), proof that Contractor is in good standing in California. If Contractor is a foreign corporation, LLC, LP, or LLP, and Contractor conducts or will conduct (if awarded the contract) intrastate business in California, proof that Contractor is qualified to do business and in good standing in California. If Contractor is a foreign corporation, LLC, LP, or LLP, and Contractor does not (and will not if awarded the contract) conduct intrastate business in California, proof that Contractor is in good standing in its home jurisdiction.
 - The District does not believe Department of Industrial Relations (DIR) public works registration is required for this Project. If there is a change in law, however, you must provide a current DIR public works registration number.

2. Cost Proposal. Provide a flat fee proposal based on the information provided.

VI. SELECTION PROCESS

An evaluation panel composed of the District’s Project team will review and score the proposals, based on the selection criteria given in this RFP. The District may, in its discretion, hold interviews with the proposers. If you are interviewed, you will be notified of the time and place. Notifications will be made via e-mail. Interviews will be held remotely via video conference.

After the interviews, if any, the ranking of the proposers according to the selection criteria will be adjusted and the highest-scoring proposer will be contacted regarding contract execution. The names of the selected proposer will be issued in writing by the District.

At any time, District may contact previous clients and owners to verify your experience and performance, key personnel, and subconsultants.

VII. EVALUATION OF PROPOSALS

At the time proposals are opened, each proposal will be reviewed for minimum requirements and

the presence or absence of the required proposal contents.

Proposals will be evaluated on the basis of qualifications and cost proposal. The District will evaluate and score the submitted Proposal according to the following criteria and with the following weights:

| Points | Criteria | 100 points maximum |
|---------------------------|---|--------------------|
| NON-COST PROPOSAL: | | |
| 10 | 1. Project Team Expertise with Public Projects Project team's demonstrated experience with public works projects, including roles, individual experience and responsibilities, and demonstrated ability to work with District staff in performing the Services. | |
| 10 | 2. Statement of Services Demonstrated understanding of what is required to complete the Services described in this RFP. | |
| 10 | 3. Reference Evaluation The District will contact three (3) references to evaluate previous client satisfaction. | |
| 5 | 4. Proposer's Information Your history, including number of years in business and types of business conducted. | |
| 15 | 5. Consultant's Prior Relevant Experience Past five years of relevant experience for health care projects. | |
| 10 | 6. Approach Your approach towards project management. | |
| COST PROPOSAL: | | |
| 40 | 7. Cost Proposal Provide a flat fee proposal based on the information provided. The lowest Cost Proposal submitted will receive the maximum points available. The points awarded for the remaining cost proposals will be calculated by identifying the ratio of the lowest cost proposal to the cost proposal being evaluated and multiplying that ratio by the maximum number of points available. | |

Before the proposal due date and time listed in the Schedule of this RFP, the District may cancel

the RFP for any or no reason. After the proposal due date and time listed in the Schedule of this RFP, the District may reject all proposals and cancel the RFP if the District determines that: (i) the proposals received do not reflect effective competition; (ii) the cost is not reasonable; (iii) the cost exceeds the amount expected; or (iv) awarding the contract is not in the best interest of the District.

A proposer may be disqualified at any time for failure to meet minimum requirements, including, but not limited to, required licenses, certifications, etc., regardless of overall scoring.

VIII. ADDITIONAL REQUIREMENTS

Incomplete proposals will be rejected without review. Proposals received after the deadline date and time set forth in the schedule will be rejected without review.

The District does not issue communications confirming its receipt of proposals and participants are asked to refrain from such requests. If you require a confirmation, please utilize your e-mail provider's delivery receipt and/or read receipt options.

This RFP process and RFP schedule are subject to change at any time. Changes will be posted to the RFP website <https://bvchd.com/about-us/projects/>, and no other notifications of changes will be provided. Prospective participants are urged to consult the website in a timely manner throughout the duration of the proposal, evaluation, and award processes to remain apprised of any changes. Staying abreast of changes regarding this RFP is the sole responsibility of a proposer. The District will not address individual parties directly during this RFP's solicitation period.

IX. CONTRACT TERMS

All submitted Proposals shall constitute and be an irrevocable offer by the Consultant that is valid for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this ninety (90) day period, the District reserves the right to negotiate extensions to this period with proposers. The District may release all offers not selected under this RFP upon issuance of a Notice of Intent to Award.

A contract with the successful proposer will be formed according to the District's draft Agreement form posted with this RFP and included as Attachment 1.

If a satisfactory contractual agreement has not been signed within 30 calendar days of notice of an award, the District reserves the right to terminate the award.

Bear Valley Community Healthcare District

By _____
Evan Rayner, Chief Executive Officer

EXHIBIT 1 - QUALIFICATIONS QUESTIONNAIRE

| CONSULTANT INFORMATION | | | |
|---|--|----|---|
| Consultant's company name: | | | |
| Address: | | | |
| Telephone: | | | |
| Mobile telephone: | | | |
| E-mail: | | | |
| Years in business under current company name: | | | |
| Years at the above address: | | | |
| Types of work performed with own forces: | | | |
| Gross revenue of the Consultant for the past three (3) years: | 2024 | \$ | |
| | 2023 | \$ | |
| | 2022 | \$ | |
| Submit a financial statement for the past two (2) full fiscal years. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the financial statement. | | | |
| Department of Industrial Relations ("DIR") registration number, if any: | | | |
| Name of license holder exactly as on file: | | | |
| License classification(s): | | | |
| License Number(s): | | | |
| License expiration date(s): | | | |
| Responsible Managing Officer (RMO) or Employee (RME) for Consultant: | | | |
| Number of years license holder has held the listed license(s): | | | |
| Number of years Consultant has done business in California under contractor's license law: | | | |
| Number of years Consultant has done business in California under current license: | | | |
| Has Consultant changed name(s) or license number(s) in the past five (5) years? If "yes", explain on a separate signed sheet, including the reason for the change. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has there been any change in ownership of the Consultant at any time in the past five (5) years? NOTE: A corporation whose shares are publicly traded is not required to answer this question. If "YES", explain on a separate signed sheet, including the reason for the change. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the Consultant a subsidiary, parent, holding company, or affiliate of another firm? NOTE: Include information about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of the Consultant holds a similar position in another firm. If "yes", explain on a separate signed sheet, the name of the related company(ies) and the percent ownership. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indicate the form of Consultant (type of business entity): | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation, State: <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: | | |

CONSULTANT INFORMATION

List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the Consultant's type of entity. For joint ventures, include this information for each entity in the joint venture and the percent ownership of each joint venture. Attach all additional information on separate signed sheets as needed.

| Name | Position | Years with Co. | % Ownership |
|------|----------|----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Identify every firm that the Consultant or any person listed above has been associated with (as officer, general partner, limited partner, owner, RMO, RME etc.) at any time during the **past five (5) years** ("Associated Consultant"). Include all additional references and/or information on separate signed sheets. NOTE: For this question, "owner" and "partner" refers to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock if the business is a corporation. Include all additional information on separate signed sheets as needed.

| Name of Person at Associated Consultant | Name of Associated Consultant | Consultant's License No. of Associated Consultant | Dates of Person's Participation with Associated Consultant |
|---|-------------------------------|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CONSULTANT'S INSURANCE INFORMATION

Information of insurance company(ies) Consultant has utilized over the past five (5) years (not broker or agency):

| | #1 | #2 | #3 |
|----------------------------|----|----|----|
| Company Name: | | | |
| Address: | | | |
| City, ST ZIP: | | | |
| "Best" rating(s): | | | |
| Years with this company: | | | |
| Name of broker/agent: | | | |
| Address of broker/agent: | | | |
| Broker/agent phone number: | | | |
| Broker/agent email: | | | |

Consultant's current insurance limits for the following types of coverage:

| | | |
|--|--|----|
| Commercial General Liability | Combined Single Limit (per occurrence) | \$ |
| | Combined Single Limit (aggregate) | \$ |
| Product Liability & Completed Operations | (aggregate) | \$ |
| | (per occurrence) | \$ |
| Automobile Liability – Any Auto | Combined Single Limit (aggregate) | \$ |
| Employers' Liability | Combined Single Limit (per occurrence) | \$ |
| Builder's Risk (Course of Construction) | | \$ |

Workers' Compensation Experience Modification Rate for the past five (5) premium years:

| | | | | | | | | | |
|-------------------|--|------|--|------|--|------|--|------|--|
| (1) Current Year: | | (2): | | (3): | | (4): | | (5): | |
|-------------------|--|------|--|------|--|------|--|------|--|

CONSULTANT'S INSURANCE INFORMATION

QUESTIONS

Pass/Fail Questions (Essential Criteria)

| | | |
|--|---|--|
| 1. | Has Consultant (including any Principal thereof) contracted for and completed a minimum of: <ul style="list-style-type: none"> Five (5) California Public Works projects providing Geotechnical consulting services as either the prime consultant or sub-consultant at any tier. (Please check one box). NOTE: Consultant must list these projects in the "Project References" Section. | <input type="checkbox"/> Yes <input type="checkbox"/> No = cannot qualify |
| 2. | Does Consultant currently hold all license(s) necessary to perform the Services and have those license(s) been consistently active for at least five (5) years without revocation or suspension? (Please check one box). | <input type="checkbox"/> Yes <input type="checkbox"/> No = cannot qualify |
| 3. | Has Consultant or an Associated Consultant been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years? (Please check one box). | <input type="checkbox"/> Yes = cannot qualify <input type="checkbox"/> No |
| 4. | Has Consultant or an Associated Consultant defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please check one box). | <input type="checkbox"/> Yes = cannot qualify <input type="checkbox"/> No |
| 5. | Has Consultant or an Associated Consultant or any of their owners or officers been convicted of a crime under federal, state, or local law involving: <ul style="list-style-type: none"> (1) Bidding for, awarding of, or performance of a contract with a public entity; (2) Making a false claim(s) to any public entity; or (3) Fraud, theft, or other act of dishonesty to any contracting party within the past ten (10) years? (Please check one box). | <input type="checkbox"/> Yes = cannot qualify <input type="checkbox"/> No |
| <div style="display: flex; align-items: center;"> <div> <p>If Consultant answered:</p> <ul style="list-style-type: none"> "NO" to questions <u>1-2</u>, or "YES" to questions <u>3-5</u>, <p>then STOP because Consultant is not eligible to perform the Services at this time.</p> <p>Otherwise, continue to the Scored Questions section.</p> </div> </div> | | |

Scored Questions

| | | |
|----|---|--|
| 1. | Has Consultant paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Has any insurer had to pay amounts to third parties that were in any way related to Geotechnical consulting services of Consultant within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Has Consultant's Workers' Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please check one box). <ul style="list-style-type: none"> If "YES", explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Scored Questions | | |
|------------------|--|--|
| 4. | Has there been a period when Consultant had employees but was without workers' compensation insurance or state-approved self-insurance within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Has Consultant declared bankruptcy or been placed in receivership within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", explain and indicate on separate signed sheet(s) the type of bankruptcy, the Consultant's current recovery plan, and the applicable date(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding \$50,000 against Consultant, or has Consultant filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Has Consultant or an Associated Consultant been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Has Consultant been cited and/or assessed penalties by any agency within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Has CalOSHA and/or federal Occupational Safety and Health Administration cited and assessed penalties against Consultant, including any "serious," "willful," or "repeat" violations of safety or health regulations within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Has Consultant been required to pay either back wages or penalties for its failure to comply with California's prevailing wage laws, with California's apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years? (Please check one box). <ul style="list-style-type: none"> If "YES", indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that Consultant was required to pay. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Does Consultant require weekly, documented safety meetings to be held for construction employees and field supervisors during the course of a project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

REFERENCES

| FIRM'S PROJECT REFERENCES |
|---|
| <p>List <u>ALL</u> new construction or renovation projects in which Consultant has participated as the Geotechnical consultant for Hospital projects in CA during the past <u>five (5) years</u>.</p> <ul style="list-style-type: none"> Consultant may limit its response to the ten (10) most-recently completed projects, but Consultant <u>must</u> include at least the five (5) most recent California public works projects. Include all information indicated below on separate signed sheets as necessary and explain or clarify any response as necessary. |

| FOR EACH REFERENCE: | |
|---|--|
| Project name/identification: | |
| Project owner, contact person, and telephone: | |
| Scope of work: | |
| Date completed: | |
| Final contract value: | |
| Provide list of all claims and values associated with those claims: | |
| Project address/location: | |
| Project contractor name and telephone number: | |
| Original completion date: | |
| Initial contract value (as of time of award): | |
| Total fees for services: | |
| Did the project include constructing or modernizing an earthquake resistant building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| CERTIFICATION | |
|--|--|
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct: | |
| Date: | |
| Proper Name of Consultant: | |
| Signature: | |
| Printed Name: | |
| Title: | |

END OF EXHIBIT 1

EXHIBIT 2 – PROPOSER’S SUBMISSION OF QUESTIONS

Questions regarding this RFP must be documented in this form and sent to the District by email to _____ by the date and time listed in the timeline of the RFP.

| Proposer Name: <input type="text"/> | | |
|-------------------------------------|----------|---|
| Q # | Question | RFP Reference (Document & Page-Section-Item) |
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END OF EXHIBIT 2

**ATTACHMENT 1 - PROPOSER'S ACCEPTANCE OF TERMS
AND CONDITIONS**

Instructions: Mark the appropriate choice below and sign this attachment. If proposer marks the second box, it must provide the required additional materials. An “exception” includes any addition, deletion, or other modification.

- ☐ 1. Proposer accepts Appendix B: Standard Agreement (“Appendix B”) without exception.

OR

- ☐ 2. Proposer proposes exceptions or changes to Appendix B. Proposer must also submit (i) a red-lined version of Appendix B that implements all proposed changes (preferably a Word document with tracked changes), and (ii) a written explanation or rationale for each exception or proposed change.

| |
|---|
| BY (<i>Authorized Signature</i>) <input style="width: 100px; height: 20px; margin-top: 5px;" type="text"/> |
| PRINTED NAME OF PERSON SIGNING |
| TITLE OF PERSON SIGNING |

END OF ATTACHMENT 1

ATTACHMENT 2 - GENERAL CERTIFICATIONS FORM

Check the box below, if agreed, and sign this attachment. Please note that the District will reject a proposal that does not indicate acceptance of these clauses.

Conflict of Interest. Proposer has no interest that would constitute a conflict of interest under the California Public Contract Code (; Government Code sections 1090 et seq. or 87100 et seq.

Suspension or Debarment. Proposer certifies that neither proposer nor any of proposer's intended subcontractors is or has been suspended or debarred from contracting with the federal government, state, or local agency.

Tax Delinquency. Proposer certifies that it is not on either (i) the California Franchise Tax Board's list of 500 largest state income tax delinquencies, or (ii) the California Board of Equalization's list of 500 largest delinquent sales and use tax accounts.

☐

Check this box to indicate acceptance of the clauses above.

| |
|--|
| <i>BY (Authorized Signature)</i> <input type="checkbox"/> |
| <i>PRINTED NAME OF PERSON SIGNING</i> |
| <i>TITLE OF PERSON SIGNING</i> |

END OF ATTACHMENT 2