STATEMENT OF QUALIFICATIONS
Project Inspector Services
RFQ No. #7-1112

Firm Name: _____

1. Business Address: _____

   _____

2. Year Firm Established: _____

3. Contact Information: Principal Contact: _____

   Telephone: _____ Fax: _____

   Email: _____

4. Federal Tax ID No.: _____

5. Type of Organization (Check one):
   a. Sole Proprietorship ( ) b. Partnership ( ) c. Corporation ( ) d. Joint Venture ( )

6. Current number and prior five-year average number of staff employed by Respondent.

	Current	Prior 5-year average
Class 1 DSA Project Inspector	_____	_____
Class 2 DSA Project Inspector	_____	_____
Class 3 DSA Project Inspector	_____	_____
Class 4 DSA Project Inspector	_____	_____
Assistant Inspectors	_____	_____

7. List five (5) Projects subject to DSA jurisdiction undertaken by the Respondent within the last three (3) years as the Project Inspector that demonstrate the Respondent's capacity to complete the Project Inspector Services set forth in the Project Inspector Services Agreement.

PROJECT	OWNER & CONTACT	YEAR	BUILDING COST (Construction Cost Only)

8. Number of years your organization has been in business providing project inspector services for public works projects: _____

9. Number of years your organization has conducted business under its present name: _____

10. If your organization has conducted business under a name or name style different than your organization's present name, identify all prior name(s) or name style(s): _____
_____
_____

11. Within the past five (5) years, have any lawsuits or other administrative, legal, arbitration or other proceedings, ever been brought or commenced against your organization or any of its principals, officers or equity owners in connection with any project inspector services contract or project inspector services in connection with a construction project?
    _____ Yes _____ No
    If so, describe the circumstances, the amount demanded or other relief demand and the disposition of each such lawsuit or other proceeding.

12. Within the past five (5) years, has your organization ever filed a lawsuit or commenced other administrative, legal or other proceedings in connection with any project inspector services contract or project inspector services in connection with a construction project?
    _____ Yes _____ No
    If so, describe the circumstances, the amount demanded or other relief demand and the disposition of each such lawsuit or other proceeding.

13. Are there currently any judgments, orders, decrees or arbitration awards pending or outstanding against your organization or any of the officers, directors, employees or principals of your organization?
    _____ Yes _____ No
    If so, describe each such judgment, order, decree or arbitration award and the present status of the satisfaction or discharge thereof.

14. Has your organization ever refused to sign a project inspector services contract awarded to it?
    _____ Yes _____ No
    If so, on a separate attachment, state the following: (i) describe each such contract; (ii) the owner's name, address, telephone number and contact person; and (iii) the circumstances of your refusal to sign such contract.

15. Has your organization ever failed to complete a project inspector services contract?
    _____ Yes _____ No
    If so, on a separate attachment, state the following: (i) describe each such contract; (ii) the owner's name, address, telephone number and contact person; and (iii) the circumstances of your failure to complete such contract.

16. Has your organization ever been declared in default of a project inspector services contract?
    _____ Yes _____ No
    If so, on a separate attachment, state the following: (i) describe each such contract; (ii) the owner's name, address, telephone number and contact person; and (iii) the circumstances of each such declaration of default.

17. Has any project inspector services contract to which your organization is a party been terminated for the convenience of the project owner?

___Yes ___No

If so, identify the project and project owner along with a description of the circumstances under which the convenience termination occurred.

18. Has your organization or any predecessor to your organization been charged with a violation of the California False Claims Act or similar federal statute within the past ten (10) years?

_____ Yes ____ No

If yes, on a separate attachment, provide the following: (i) a detailed description of the circumstances upon which charges were based; (ii) the public agency involved, including name, address, telephone and email address of contact person(s) at such public agency; and (iii) disposition of such charges.

19. Has any individual or entity who owns ten percent (10%) or more of the equity interest of your organization been an equity owner of ten percent (10%) or more of the equity interest of any other entity or organization, within the past ten (10) years, which has been charged with a violation of the California False Claims Act or similar federal statute within the past ten (10) years?

_____ Yes ____ No

If yes, on a separate attachment, provide the following: (i) the name(s) of each such other entity or organization; (ii) a detailed description of the circumstances upon which charges were based; (iii) the public agency involved, including name, address, telephone and email address of contact person(s) at such public agency; and (iv) disposition of such charges.

20. Has any individual or entity who owns ten percent (10%) or more of the equity interest of your organization been charged with a violation of the California False Claims Act or similar federal statute within the past ten (10) years?

_____ Yes ____ No

If yes, on a separate attachment, provide the following: (i) the name of such individual(s) or entity(ies); (ii) a detailed description of the circumstances upon which charges were based; (iii) the public agency involved, including name, address, telephone and email address of contact person(s) at such public agency; and (iv) disposition of such charges.

21. References (public works owners only, preferably other California Community College Districts or K-12 School Districts). For each reference, provide telephone/fax/email of the principal contact individual.

a. _____

b. _____

c. _____

The undersigned is duly authorized to execute this Statement of Qualifications under penalty of perjury on behalf of the above-identified Project Inspector Firm. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Statement of Qualifications and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Statement of Qualifications. The undersigned declares and certifies that the responses to this Statement of

Qualifications are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses.

This Statement of Qualifications is executed this___ day of _____ 20__ at_____.
(City and State)

I declare under penalty of perjury under California law that the foregoing is true and correct.

By: _____ Date: _____

Title: _____