

# Exhibit A - Firm Information Form

Consultant Type \_\_\_\_\_

## Background

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

Yr Est. \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Principals/Officers to Contact:

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Is the firm authorized to do business in CA?  Yes  No

If Yes, on what basis?  CA Corp  CA Business License  Other: \_\_\_\_\_

Any former address or parent company?  Yes  No

If Yes, please specify: \_\_\_\_\_

Type of Firm:  Sole Owner  Partnership  Corporation  
 Joint Venture  Other: \_\_\_\_\_

DVBE Participant?  Yes  No

## Experience

Professional Service Fees (indicate index number corresponding to fees received in each noted year):

2014

2015

2016

2017

2018

### Index numbers for Professional Services Fees:

- |                        |                      |
|------------------------|----------------------|
| 1. Less than \$50,000  | 5. \$500,000-\$1M    |
| 2. \$50,000-\$100,000  | 6. \$1M-\$2M         |
| 3. \$100,000-\$250,000 | 7. \$2M-\$5M         |
| 4. \$250,000-\$500,000 | 8. Greater than \$5M |

Years of Service

K-12 \_\_\_\_\_

Personnel

Total # of Personnel: \_\_\_\_\_

Total # of Consultants: \_\_\_\_\_

	Name of Proposed Consultant	Level of Education/ Degree Obtained	Years of Experience	
			Similar Work	K-12 Work
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Sub-Consultants

	Name of Proposed Sub-Consultant	Area of Service	Years of Experience	
			Similar Work	K-12 Work
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

# Exhibit B - Firm Information Questionnaire

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ANSWER THE FOLLOWING QUESTIONS:

1. Is the company or its owners connected with other companies as a subsidiary, parent, affiliate, or holding company?  Yes  No

If yes, explain on a separate, signed sheet.

2. Does the company have an ongoing relationship or affiliation with a contractor or equipment manufacturer?  Yes  No

If yes, explain on a separate, signed sheet.

3. Has the company (or any owner) ever defaulted on a contract forcing a surety to suffer a loss?  Yes  No

4. In the past five (5) years, has the company had any project with disputed amounts more than \$50,000 or a project which was terminated by the owner, owner's representative or other contracting party and which required completion by another party?  
 Yes  No

If yes, explain on a separate, signed sheet. State the project name, location, owner/contact person, telephone number, contract value, disputed amount, date and reason for termination/dispute.

5. Has the company, an affiliate company, or any owner ever declared bankruptcy or been in receivership?  Yes  No

If yes, explain on a separate, signed sheet.

6. Has the company ever had arbitration on contracts in the past five (5) years?  
 Yes  No

If yes, explain on a separate, signed sheet. State the project name, location, owner/contact person, telephone number, contract value, disputed amount, a brief description and final resolution.

7. Does the company have any outstanding liens or stop notices for labor and/or materials filed against any contracts which have been done or are being done by the company?  Yes  No

If yes, explain on a separate, signed sheet. State the project name, location, owner/contact person, telephone number, amount of dispute, and brief description of the situation.

THE UNDERSIGNED DECLARES UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION SUBMITTED WITH THIS SOQ IS TRUE AND CORRECT. FAILURE TO PROVIDE BACK UP TO A "YES" ANSWER AND/OR FAILURE TO SIGN THIS DOCUMENT MAY RESULT IN A RESPONSE DISQUALIFICATION.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

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

# Exhibit C - Firm Experience Form

Minimum of seven (7) relevant K-12 projects completed within the last ten (10) years. Use multiple sheets as necessary.

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

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

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

Location (City, State): \_\_\_\_\_

**Client Contact Information:**

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

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

Phone: \_\_\_\_\_

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

**Project Summary:**

Type of Project <sup>(1)</sup>: \_\_\_\_\_

Delivery Method <sup>(2)</sup>: \_\_\_\_\_

Milestone Project Schedule: \_\_\_\_\_

DSA #: \_\_\_\_\_

**Project Narrative:**

(1) Type of Project: RE - Renovation/Remodel/Repurpose, ADD - Addition/Expansion, NEW - New Construction, FIX - Repair, PLAN – Planning, AC – Access Compliance.

(2) Delivery Method: DBB – Design-Bid-Build, D-B – Design-Build, L-LB – Lease-Leaseback.

# Exhibit D - Team Member Resume Form

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Proposed Consultant Name	Title		
Firm Name	Proposed Position		
Years w/Firm	Years w/Previous Firms	Years w/ K-12 Experience	Availability

Education Specific to Position (School/Year/Degree/Subject):

Other Training/Experience w/AUSD, DSA, K-12, Community Colleges, and other State Agencies (or equivalent):

Credentials/Certifications/Licenses/Registrations/LEED Accreditations (related to position and years acquired):

Skills Relevant to the Proposed Project:

List of School District's Consultant Has Worked For:

# Exhibit E - Team Member Experience Form

Minimum of five (5) relevant K-12 projects completed within the last five (5) years. Use multiple sheets as necessary.

## Background

Proposed Consultant Name \_\_\_\_\_ Title \_\_\_\_\_

Firm Name (at time of Project) \_\_\_\_\_

## Project Details

Project Name \_\_\_\_\_ Client/District \_\_\_\_\_

Project Lead Name/Title \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

DSA Project #	DSA Certified (Yes/No)	Project Scope <sup>(1)</sup>	School Type <sup>(2)</sup>	Project Start Date	Project Completion Date
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Total Cost \_\_\_\_\_ # Change Orders \_\_\_\_\_ Cost of Change Orders \_\_\_\_\_

Change Order Notes (include description and reason):

Consultant Title and Duties for this Project:

Project Narrative (firm's role, responsibilities, challenges, how Consultant met Client/District's needs, describe project and responsibilities in detail, demonstration of how this project experience contributes to thorough knowledge of Commissioning requirements for public school buildings in California, and demonstration of how this project experience contributes to familiarity with California building code requirements relating to school sites and buildings):

- (1) Project Scope: RE-Renovation/Remodel/Repurpose, ADD-Addition/Expansion, NEW-New Construction, FIX-Repair, PLAN-Planning.
- (2) School Type: ES-Elementary School, MS-Middle School, K8-Kindergarten-8th Grade School, HS-High School, CCD-Community College, HE-Other College, NS-Non-School/Other.

# Exhibit F - Billing Rate Form

(By Consultant Certification Approval)

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Firm Name \_\_\_\_\_

\*Please list and specify additional job titles and/or positions that are not identified as required.

Effective Date of Rates \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: Consultant will *propose* an all-inclusive hourly fee for all of the services. Any rates or fees not delineated in this fee schedule or proposal shall be reviewed, negotiated and *approved in advance* by the Alhambra Unified School District.

NOTE: All-inclusive hourly fees for all of the services listed include all overhead, mark-up, fees, insurance, travel time, and mileage. Alhambra Unified School District does not accept minimums. Hourly rates as stipulated herein are paid for hours worked and billed.

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**Asbestos/Lead Consulting Services**

Asbestos/Lead Principal, Project Manager/Hour Regular Shift	hourly rate _____	Daily rate _____	Project rate _____
Asbestos/Lead Principal, Project Manager/Hour 2nd Shift/Saturdays	hourly rate _____	Daily rate _____	Project rate _____
Asbestos/Lead Principal, Project Manager/Hour 3rd Shift	hourly rate _____	Daily rate _____	Project rate _____
Asbestos/Lead Principal, Project Manager/Hour Sunday/Holidays	hourly rate _____	Daily rate _____	Project rate _____
Certified Asbestos Consultant (CAC/CSST)/Hour Regular Shift	hourly rate _____	Daily rate _____	Project rate _____
Certified Asbestos Consultant (CAC/CSST)/Hour 2nd Shift/Saturdays	hourly rate _____	Daily rate _____	Project rate _____
Certified Asbestos Consultant (CAC/CSST)/Hour 3rd Shift	hourly rate _____	Daily rate _____	Project rate _____
Certified Asbestos Consultant (CAC/CSST)/Hour Sunday/Holidays	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____

**Project Design Services**

Project Surveys	hourly rate _____	NTE _____
Project Specifications & Scope of Work	hourly rate _____	NTE _____
Construction Plan Review	hourly rate _____	NTE _____
Project Meetings	hourly rate _____	NTE _____
Bid Analysis	hourly rate _____	NTE _____
Submittal Review	hourly rate _____	NTE _____
Other: _____		
Other: _____		
Other: _____		
Other: _____		



**Project Management Services (CAC/CSST)**

Project Manager/Hour Regular Shift	hourly rate _____	Daily rate _____	Project rate _____
Project Manager/Hour 2nd Shift/Saturdays	hourly rate _____	Daily rate _____	Project rate _____
Project Manager/Hour 3rd Shift	hourly rate _____	Daily rate _____	Project rate _____
Project Manager/Hour Sunday/Holidays	hourly rate _____	Daily rate _____	Project rate _____
Project Manager - Emergency Response within 3-hours	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____

**Laboratory Services**

Phase Contrast Microscopy (PCM) NIOSH 7400 Method

24-hour turn-around each \_\_\_\_\_  
 Rush - Same Day Analysis each \_\_\_\_\_

Polarized Light Microscopy with Dispersion Staining Bulk Sample Analysis

3-5 days turn-around each \_\_\_\_\_  
 Rush - Same Day Analysis each \_\_\_\_\_  
 Roofing Materials w/ Ashing 3-5 days each \_\_\_\_\_  
 Roofing Materials w/ Ashing (Rush) each \_\_\_\_\_

Polarized Light Microscopy - '1000 Point Counting Method'

24-hour turn-around each \_\_\_\_\_  
 72-hour turn-around each \_\_\_\_\_  
 Rush - Same Day Analysis each \_\_\_\_\_

Chatfield Method - Gravimetric Reduction (1000 Points)

24-hour turn-around each \_\_\_\_\_  
 72-hour turn-around each \_\_\_\_\_

Rush - Same Day Analysis each \_\_\_\_\_  
Sample Processing and Lab Delivery trip \_\_\_\_\_

Transmission Electron Microscopy (TEM)

# of samples in set \_\_\_\_\_  
24-hour turn-around each set \_\_\_\_\_  
72-hour turn-around each set \_\_\_\_\_  
Rush - Same Day Analysis each set \_\_\_\_\_  
Weekend Analysis each set \_\_\_\_\_  
Laboratory Processing & Delivery each set \_\_\_\_\_

Micro-Vac Sample Analysis (Dust) ASTM Method 5755

24-hour turn-around each \_\_\_\_\_  
Weekend Analysis each \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Lead Based Paint (LBP) Inspection Services - XRF**

Project Survey hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
Lead Survey - Spot location each \_\_\_\_\_  
Lead Survey - Classroom hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
Lead Survey - Building hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
Lead Survey - Site - Elementary School hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
Lead Survey - Site - High School hourly rate \_\_\_\_\_ NTE \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Lead Based Paint (LBP) Project Design Services**

Lead Abatement Specifications including Scope of Work hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
 Project Specifications & Scope of Work hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
 Construction Plan Review hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
 Project Meetings hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
 Bid Analysis hourly rate \_\_\_\_\_ NTE \_\_\_\_\_  
 Submittal Review hourly rate \_\_\_\_\_ NTE \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Lead Based Paint (LBP) Project Management Services**

DHS Lead Inspector/Monitor/Hour Regular Shift hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_  
 DHS Lead Inspector/Monitor/Hour 2nd Shift/Saturdays hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_  
 DHS Lead Inspector/Monitor/Hour 3rd Shift hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_  
 DHS Lead Inspector/Monitor/Hour Sunday/Holidays hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_

Other: \_\_\_\_\_ hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_

Other: \_\_\_\_\_ hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_

Other: \_\_\_\_\_ hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_

Other: \_\_\_\_\_ hourly rate \_\_\_\_\_ Daily rate \_\_\_\_\_ Project rate \_\_\_\_\_

**Outside Laboratory Services - Lead**

Airborne Sample Analysis

24-hour turn-around each \_\_\_\_\_  
 48-hour turn-around each \_\_\_\_\_  
 72-hour turn-around each \_\_\_\_\_  
 Rush - Same Day Analysis each \_\_\_\_\_

Rush - Same Day Analysis After 1:00 pm Saturday each \_\_\_\_\_  
Background Wipe Samples, Clearance Wipe Samples, Confirming Paint  
Chip Analysis and Clearance Soil

24-hour turn-around each \_\_\_\_\_

48-hour turn-around each \_\_\_\_\_

72-hour turn-around each \_\_\_\_\_

Rush - Same Day Analysis each \_\_\_\_\_

Rush - Same Day Analysis After 1:00 pm Saturday each \_\_\_\_\_

Waste Characterization

Total Threshold Limit Concentration TTLC - Standard turn-around each \_\_\_\_\_

Total Threshold Limit Concentration TTLC - Standard turn-around / Saturday each \_\_\_\_\_

Soluble Threshold Limit Concentration STLC - Standard turn-around each \_\_\_\_\_

Toxicity Concentration Leaching Procedure TCLP - Standard turn-around each \_\_\_\_\_

Sample Processing and Lab Delivery per trip \_\_\_\_\_

Lead in Water Testing - 10 business days

1st Location (1st and 2nd Draw Minimum) each \_\_\_\_\_

Remaining Fixtures at 1 Draw Each each \_\_\_\_\_

Lead in Water Testing - 4 business days

1st Location (1st and 2nd Draw Minimum) each \_\_\_\_\_

Remaining Fixtures at 1 Draw Each each \_\_\_\_\_

Lead in Water Testing - 3 business days

1st Location (1st and 2nd Draw Minimum) each \_\_\_\_\_

Remaining Fixtures at 1 Draw Each each \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Certified Industrial Hygienist (CIH) Consulting  
Indoor Air Quality/Mold/Hygiene Services**

Certified Industrial Hygienist	hourly rate _____	Daily rate _____	Project rate _____
Overtime Rate/Holiday	hourly rate _____	Daily rate _____	Project rate _____
Industrial Hygienist	hourly rate _____	Daily rate _____	Project rate _____
Overtime Rate/Holiday	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____
Other: _____	hourly rate _____	Daily rate _____	Project rate _____

**Outside Laboratory Services/Equipment - Mold/IAQ**

Air Sample Mold and/or Spore, standard	each _____
Air Sample Mold and/or Spore, rush	each _____
Bulk/Surface - Mold and/or Total Spore, standard	each _____
Bulk/Surface - Mold and/or Total Spore, rush	each _____
Indoor Air Quality Meters	day _____
Sample Processing and Lab Delivery	trip _____
Other: _____	
Other: _____	
Other: _____	
Other: _____	

**South Coast Air Quality Management District**

Procedure 5 hourly rate \_\_\_\_\_ NTE \_\_\_\_\_

# Exhibit G - Certification Form

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I certify that I have read and received a complete set of documents including the instructions for submitting an SOQ regarding the attached REQUEST FOR STATEMENT OF QUALIFICATIONS – HAZARDOUS MATERIALS SURVEY TESTING CONSULTING SERVICES. I further certify that I must submit five (3) single-sided copies in a white 3-ring "D" binder, along with one (1) thumb drive EACH containing a complete, single-document PDF version of the Statement of Qualifications in response to this request and that I am authorized to commit the firm to the qualifications submitted.

I consent to Alhambra Unified School District contacting references included in this SOQ, including but not limited to other school districts listed herein for the purposes of obtaining information about the Consultant's relevant hazardous material consulting services experience.

**FAILURE TO SIGN THIS DOCUMENT MAY RESULT IN A RESPONSE DISQUALIFICATION.**

_____ Signature	_____ Typed Name
_____ Title	_____ Company
_____ Street Address	_____ City, State and Zip Code
_____ Telephone	_____ Fax
_____ Date	

If you are submitting as a corporation, please provide your corporate seal here.

## Exhibit H - Statement of Non-Conflict of Interest

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The undersigned, on behalf of the consulting firm set forth below (the "Consultant"), does hereby certify and warrant that, if selected, the Consultant while performing the consulting services required by the Request for Statement of Qualifications, shall do so as an independent contractor and not as an officer, agent or employee of the Alhambra Unified School District ("the District").

The undersigned further certifies and warrants that:

- 1) no officer or agent of the Consultant has been an employee, officer or agent of the District within the past two (2) years;
- 2) the Consultant has not been a source of income to pay any employee or officer of the District within the past twelve (12) months;
- 3) no officer, employee or agent of the District has exercised any executive, supervisory or other similar functions in connection with the Consultant Agreement or shall become directly or indirectly interested in the Consultant Agreement;
- 4) the Consultant shall receive no compensation and shall repay the District for any compensation received by the Consultant under the Consultant Agreement should the Consultant aid, abet or knowingly participate in violation of this statement; and
- 5) during the qualifications process (i.e. from the date the RFQ and/or RFP is released to the conclusion of the selection process) any Interested Vendor, Firm, Contractor and/or Consultant, if it is determined that any such individual(s) who work and represents such companies for business purposes communicates, contacts and/or solicits Board Members in any fashion shall be disqualified from the RFQ and/or RFP selection process, and may result in the removal of the Vendor, Firm, Contractor and/or Consultant from any pre-existing established pre-qualified list, as well as the removal from the "interested vendors list."

**FAILURE TO SIGN THIS FORM MAY RESULT IN A RESPONSE DISQUALIFICATION.**

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

Printed Name: \_\_\_\_\_

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

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

# Exhibit I - Statement of Intent to Meet DVBE Participation Goals

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The Alhambra Unified School District has a participation goal for disabled veteran business enterprises ("DVBE") of 3 percent, per year.

Set forth below is a list of the anticipated participation of DVBEs which \_\_\_\_\_ (the "Consultant") intends to use as part of its Agreement for Services, School Facilities Improvement Program (the "Program"). Although it is not specifically required, you are encouraged to include DVBE participation.

Prior to, and as a condition precedent for, final payment under an Agreement, the Consultant shall provide appropriate documentation to the District identifying the amount paid to DVBEs in conjunction with the Agreement, so that the District can assess its success in meeting the 3 percent goal.

The Consultant anticipates: (a) that \_\_\_\_\_ percent of the total dollar amount awarded to the Consultant shall be paid to DVBEs' and (b) using the following DVBE subcontractors and/or suppliers:

Names of Sub-Consultants:

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Names of Suppliers:

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Signature of Consultant

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Date