



**RFQ 10-001J  
ON-CALL PROFESSIONAL SERVICES**

**Reference Section: 7.1**

**STATEMENT OF QUALIFICATIONS  
SUPPLEMENTAL INFORMATION FORM**

**The Respondent shall furnish the following information. Failure to comply with this requirement will render the submittal informal and may cause its rejection. Additional sheets may be attached if necessary.**

1. Firm name and address: \_\_\_\_\_
2. Telephone: \_\_\_\_\_
3. Facsimile: \_\_\_\_\_
4. Primary Mailing Address: \_\_\_\_\_
5. Primary E-mail Address: \_\_\_\_\_
6. Names and titles of not more than two officers of the firm:

|       | NAME  | TITLE |
|-------|-------|-------|
| 6.1.1 | _____ | _____ |
| 6.1.2 | _____ | _____ |

7. Type of ownership (Check one)
  - 7.1 Specify (Check One)
    - 7.1.1  Individual
    - 7.1.2  Partnership
    - 7.1.3  Corporation
    - 7.1.4  Joint Venture
    - 7.1.5  Other (Specify) \_\_\_\_\_
    - 7.1.6 Taxpayer Identification \_\_\_\_\_
  - 7.2 If a corporation, state the following:
    - 7.2.1 State of incorporation: \_\_\_\_\_



- 7.2.2 Date of incorporation: \_\_\_\_\_
- 7.2.3 President/CEO: \_\_\_\_\_
- 7.2.4 Secretary: \_\_\_\_\_
- 7.2.5 Treasurer/CEO: \_\_\_\_\_

8. Professional Disciplines/Consulting Services provided by the Respondent. To the extent possible, Respondents are requested to utilize those discipline/consulting categories identified in the RFQ, Qualifications, Section 7.2:

- 8.1 \_\_\_\_\_
- 8.2 \_\_\_\_\_
- 8.3 \_\_\_\_\_
- 8.4 \_\_\_\_\_
- 8.5 \_\_\_\_\_

Respondents are also to identify those services to be provided in accordance with the North American Industry Classification System (NAICS), by both NAICS Code and NAICS Title. (Example: NAICS Code: 54310; NAICS Title: Architectural Services) The North American Classification System, Revisions for 2002, may be found on the U.S. Census Bureau website at <http://www.census.gov/epcd/www/naics.html>.

|      | NAICS Code | NAICS Title |
|------|------------|-------------|
| 8.6  | _____      | _____       |
| 8.7  | _____      | _____       |
| 8.8  | _____      | _____       |
| 8.9  | _____      | _____       |
| 8.10 | _____      | _____       |

9. Business Category – types to be identified by Respondents’ completion of attached “Business Category, Self-Certification Form.”

10. Number of years the Respondent has been in business: \_\_\_\_\_

11. Number of years the Respondent has conducted business under the present name:  
 \_\_\_\_\_

12. Number of years experience in California Community College, University or educational facility projects \_\_\_\_\_.



13. Has the Respondent been in litigation on an issue pertaining to any contract during the past three years? \_\_\_\_\_  
If yes, explain and provide case name and number. \_\_\_\_\_
14. Has the Respondent been ever failed to complete a project, design through construction phases, in the past three years? \_\_\_\_\_  
If so, give owner and details: \_\_\_\_\_
15. Do you now or have you ever had any direct or indirect business, financial or other connection with any official, employee or consultant of the District? \_\_\_\_\_ If so, please elaborate. \_\_\_\_\_
16. Respondent acknowledges that it may be required to subsequently review the District's Professional Services Agreement and that only the District's Agreement, in its form and content, will be utilized as the form of Agreement for the services required by District's RFQ. \_\_\_\_\_



### LIST OF REFERENCES

The following information should contain persons or entities familiar with the Respondent's Work:

1. Name of Agency: \_\_\_\_\_  
Agency Address and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Type of Construction Project: \_\_\_\_\_  
\_\_\_\_\_  
Contract Amount: \_\_\_\_\_
2. Name of Agency: \_\_\_\_\_  
Agency Address and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Type of Construction Project: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_
3. Name of Agency: \_\_\_\_\_  
Agency Address and Telephone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Type of Construction Project: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_ [city and county], State of \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
[Title]



### SELF-CERTIFICATION

Dear Consultant/Contractor/Vendor/Supplier:

The Yuba Community College District seeks Local, Small, Emerging, and Disabled Veteran-Owned Business Enterprises to participate in the Measure J Bond Program. Please self-certify your business by checking the appropriate boxes below, in order to identify the criteria under which your business qualifies.

**My business qualifies as the following (check all that apply):**

**Small Business** – Please check all that apply:

- My company's annual gross sales are less than \$1 million.
- My business is certified with the Small Business Administration (SBA).
- My business is an Architectural/Engineering firm with annual gross sales of \$4 million or less.
- My business is a Landscape Architectural firm with annual gross sales of \$6 million or less.
- My business is a Specialty Trade Contractor with annual gross sales of \$12 million or less.
- My business is a General Contractor with annual gross sales of \$17.5 million or less.

**Emerging Business** – defined as one who has been in business less than five years. I started my business on \_\_\_\_\_.

**Veteran-Owned Business** – (current certification on file with \_\_\_\_\_ (agency)).

**Service-Disabled Veteran-Owned Business** \_\_\_\_\_

**Local Business** – Please check if applicable:

- My business is located within Colusa, Glenn, Lake, Sutter, Yolo or Yuba counties.

My business also qualifies as (check all that apply). Include Agency where certificate is currently on file:

**Minority Business Enterprise** \_\_\_\_\_

**Woman-Owned Business Enterprise** \_\_\_\_\_

**HUB-Zone Business Enterprise** \_\_\_\_\_

**Disadvantaged Business Enterprise** \_\_\_\_\_

**Other Business** – defined as one that does not meet any of the other definitions above.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Street Address, City, State ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

If you would like to receive notifications of business opportunities via email, please provide email address.

\_\_\_\_\_