



CITY COLLEGE OF SAN FRANCISCO

NOTICE TO CONTRACTORS

December 3, 2024

Gerth A. Kwiecien
Sr. Director of Administrative Services
City College of San Francisco
Bungalow 712
50 Frida Kahlo Way
San Francisco, CA 94112

Attachment:
Pre-Qualification Fillable Form (December 2024)

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
PRE-QUALIFICATION QUESTIONNAIRE- PART 1
(CUPCAA)

PART I – ESSENTIAL REQUIREMENTS FOR QUALIFICATION

NOTE: Contractor shall be disqualified if the answer to questions number 1 through 3 is “NO”

1. Do you have a liability insurance policy with policy limit of at least \$1 Million per occurrence and \$2 Million aggregate?
 YES NO

2. Do you have a current Workers Compensation Insurance policy as required by the State of California Labor Code or is legally Self Insured pursuant to Labor Code Section 3700 et seq? YES NO

3. Do you have a current DIR Registration Number as required by the Department of Industrial Relations under SB 887?
 YES NO

NOTE: Contractor shall be disqualified if the answer to questions number 4 through 6 is “YES”

4. Has your license been revoked at any time in the last five (5) years?
 YES NO

5. Has the Surety firm completed a contract on your behalf, or paid for completion because your firm was default terminated by the Owner within the last five (5) years?
 YES NO

6. At the time of submitting this Pre-Qualification form, is your firm ineligible to bid on or be awarded a public works contract, or perform as a Subcontractor on a public works contract, pursuant to either Labor Code

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

___ YES ___ NO

(NOTE: If you have filed an appeal of a citation and the Appeal Board has not yet ruled on it, OSHA (OS 245) - W (18) 13 (10) 10

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PART 4- ADDITIONAL INFORMATION

Please indicate which size project you would like to be considered for by checking the appropriate box below:

CONSTRUCTION PROJECT COST	\$0-\$75,000	\$75,000-\$220,000	\$220,001+(FORMAL BID)
Please mark which column you want to be considered for			

Please indicate if your firm is a SLBE firm

YES NO

If Yes, please indicate City and County of San Francisco's Contract Monitoring Division's (CMD) certification number:

