**2021-2022**

**Systemwide Annual Application for California State University Architectural Prequalification**

Effective from June 30, 2021 to July 1, 2022

The California State University (CSU) requires all Architectural firms seeking commissions on major capital projects to be prequalified. The CSU Office of the Chancellor has established a sytemwide annual prequalification process to fulfill this requirement for all campuses of the CSU. Individual campuses do not maintain individual prequalification programs. The 2021-22 prequalification does not roll over into the 2022-23 year and as the prequalification application form is revised each year, new application must be submitted for each year. **Do not use previous editions of the application**. There is no fee associated with the application currently.

**Instructions:**

1. Read and follow directions. Inability to submit application correctly may result in automatic disqualification of the application.
2. Save the file as a **WORD.docx** using your **FIRMNAME\_CITY.docx** (*do not use the current generic file name with date*). For example if your firm name is ABC Construction and you are filling out the application for your Los Angeles location, the file name would be ABC Construction\_Los Angeles.docx.
3. If firm maintains multiple offices, submit a separate application for each individual office containing information as it applies only to the qualifications of that local office.
4. Email the completed application to [**AppPrequal@share.calstate.edu**](mailto:AppPrequal@share.calstate.edu) as a docx file. **Do not send PDFs**.
5. **Do not include insurance certificates with your application**. Insurance certificates are only required in conjunction with a signed agreement for services*.*
6. Application open period begins **March 22, 2021** and runs through **May 28, 2021.**
7. Your application will be reviewed and if approved, your firm will be added to the searchable database.
8. After approval, your typed in answers will automatically populate the searchable database. Errors will affect the ability of your firm to be listed or appropriate information to be found.

**Clarifications:**

Firms seeking architectural prequalification must have an active, permanent, established office in the state of California with a registered California architect empowered to sign agreements on behalf of the firm. The firm must maintain an active California office for the duration of any given CSU project.

Firms seeking architectural prequalification must be primarily providing architectural services. Other service providers, i.e., Signage, Land Planning, Landscape, Structural, Mechanical, Electrical, Plumbing, Civil Engineering firms, etc. are not subject to systemwide prequalification and therefore are not included in this systemwide architectural listing.

All prequalified firms are eligible for any CSU project regardless of size, scope or whether self-ranked with a particular experience type.

Placement on the Architectural Prequalification Database does not guarantee work within the CSU system. It is the responsibility of individual architectural firms to establish and maintain professional relationships with the individual campuses in seeking project commissions.

|  |  |
| --- | --- |
| Date Submitted: | [DateSubmitted] |

1. **Firm:**

|  |  |
| --- | --- |
| Name of Firm: | [NameOfFirm] |

|  |  |
| --- | --- |
| Address: | [Address] |

|  |  |
| --- | --- |
| City [City] | County:[County] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State: | CA | Zip Code | [Zip Code] | Firm Year Established | [FirmYearEstablished] |

|  |  |
| --- | --- |
| Phone No.:[PhoneNo] | Contact Email: [ContactEmail] |

|  |  |  |
| --- | --- | --- |
| Main Office | Branch | If Branch, Main Office Location? \_[MainOfficeLocation]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Structure of practice:

General Corporation

Limited Liability Partnership (LLP)

Partnership

Professional Corporation

Sole Proprietor:

Check following box if Sole Proprietor is legally eligible to work in State of California

Limited Liability Company (Not accepted)

**C**. Web address that you would like referenced in our database:

|  |
| --- |
| [WebAddress] |

**D.** Personal Summary for Key Individuals in Firm: **(*Maximum of 3 individuals)***

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
|  |  |
| Title: | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Years of Experience | Click here to enter text. | Years with Firm | Click here to enter text. |

|  |  |
| --- | --- |
| California Architectural License No: | Click here to enter text. |

|  |  |
| --- | --- |
|  | Individual is not an architect or not an architect licensed in California |

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
|  |  |
| Title: | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Years of Experience | Click here to enter text. | Years with Firm | Click here to enter text. |

|  |  |
| --- | --- |
| California Architectural License No: | Click here to enter text. |

|  |  |
| --- | --- |
|  | Individual is not an architect or not an architect licensed in California |

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
|  |  |
| Title: | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Years of Experience | Click here to enter text. | Years with Firm | Click here to enter text. |

|  |  |
| --- | --- |
| California Architectural License No: | Click here to enter text. |

|  |  |
| --- | --- |
|  | Individual is not an architect or not an architect licensed in California |

**E**. Legal name of firm as it would appear on a contractual agreement.

|  |
| --- |
| [LegalName] |

**F.** Present full-time staff at this location:

Total Personnel: Choose an item.

Licensed Architects: Choose an item.

**G.** Related professional services firm provides in-house:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Land Planning |  | Civil Engineering |  | Structural Engineering |  | Mechanical Engineering |
|  |  |  |  |  |  |  |  |
|  | Electrical Engineering |  | Interior Design |  | Cost Estimating |  | Click here to enter text. |
|  |  |  |  |  |  |  |  |

**H.** Typical project construction cost in dollars ($): Choose an item.

I. Insurance coverage:  
*The following insurance requirements are for information purposes only. Do not include insurance certificates with your application. Insurance certificates are only required in conjunction with a signed agreement for services.*

Errors and Omissions insurance is a standard requirement of CSU. ***(See attachment A*)**

I have reviewed the attached insurance requirements required by CSU for major capital projects. This firm maintains or can obtain these coverages prior to potential award of a professional commission for CSU work.

|  |
| --- |
| Choose an item. |

J. Has this firm at this location previously provided professional services to the California State University? (Lack of previous experience with CSU is does not disqualify firm. For firms with CSU experience, we review and report (internally) as rated by campus and other project team members on prior performance.

|  |  |  |
| --- | --- | --- |
| Yes or No?  Choose an item. | If so, list below. | **Maximum of 5 Projects** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Campus** | **Project** | **Year** | **Internal Assessment** |
| [PastCampus1] | [PastProject1] | [PastYear1] |  |
| [PastCampus2] | [PastProject2] | [PastYear2] |  |
| [PastCampus3] | [PastProject3] | [PastYear3] |  |
| [PastCampus4] | [PastProject4] | [PastYear4] |  |
| [PastCampus5] | [PastProject5] | [PastYear5] |  |

K. Names and titles (up to 3) of principals that are authorized to consummate an agreement. ***(At least one of these individuals must be a California licensed architect. California Business and Professional Code, Section 5536.22 requires services provided by an architect must have an agreement signed by a California licensed architect. Please include their CA License Number after name where applicable.)***

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **License Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**L.** Projects: List recent projects indicative of architectural design or planning ability and experience. It is acceptable to list non-educational projects with traits that may lend themselves to university projects. Construction costs are approximate.  ***(List a maximum of 5 recent/current projects representative of current capabilities.)***

|  |  |  |  |
| --- | --- | --- | --- |
| Project 1 Name: | Click here to enter text. | | |
| City: | Click here to enter text. | State: | Click here to enter text. |
| Client’s Name: | Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Year Completed: | Click here to enter text. | | Project is in Progress: Choose an item. |
| Construction Cost: Choose an item. | |

|  |  |  |  |
| --- | --- | --- | --- |
| Project 2 Name: | Click here to enter text. | | |
| City: | Click here to enter text. | State: | Click here to enter text. |
| Client’s Name: | Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Year Completed: | Click here to enter text. | Project is in Progress: Choose an item. |

|  |
| --- |
| Construction Cost: Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Project 3 Name: | Click here to enter text. | | |
| City: | Click here to enter text. | State | Click here to enter text. |
| Client’s Name: | Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Year Completed: | Click here to enter text. | Project is in Progress: Choose an item. |

|  |
| --- |
| Construction Cost: Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Project 4 Name: | Click here to enter text. | | |
| City: | Click here to enter text. | State: | Click here to enter text. |
| Client’s Name: | Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Year Completed: | Click here to enter text. | Project is in Progress: Choose an item. |

|  |
| --- |
| Construction Cost: Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Project 5 Name: | Click here to enter text. | | |
| Project Location: | Click here to enter text. | State: | Click here to enter text. |
| Client’s Name: | Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Year Completed: | Click here to enter text. | Project is in Progress: Choose an item. |

|  |
| --- |
| Construction Cost: Choose an item. |

**M.** References:

Provide three (3) references, familiar with the work of your firm.

|  |  |  |
| --- | --- | --- |
| **Name**/**Title** | **Company** | **Phone** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**N.** Self Ranking of Recent Experience/Special Expertise

Review, check and mark boxes that correspond to project experience or bona fide expertise in a particular project type (Performing Arts Facility/Theater 500+ Seats). This self-ranking needs to reflect current capabilities and expertise. Regardless of self-ranking, a prequalified firm may contract for any CSU project of any size.

***(Note: CSU will scrutinize applications that have all boxes checked or checked boxes that appear incongruous, i.e. stadiums and farm buildings. Providing an accurate representation of current capabilities/expertise will benefit all parties.)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Schedule 1*** | |  |  | ***Schedule 3 – continued*** | | | |
|  | 101 | Monuments |  |  | 311 |  | Corporation Yard (shops) |
|  | 102 | Entrance Structure |  |  | 312 |  | Education |
|  | 103 | Bridges |  |  | 313 |  | Engineering |
|  | 104 | Other |  |  | 314 |  | Faculty Offices |
|  | |  |  |  | 315 |  | Home Economics |
| ***Schedule 2*** | |  |  |  | 316 |  | Humanities |
|  | 201 | Biological Science |  |  | 317 |  | Industrial Arts |
|  | 202 | Cafeteria |  |  | 318 |  | Language Arts |
|  | 203 | College Union |  |  | 319 |  | Music |
|  | 204 | Computer Facility |  |  | 320 |  | Physical Education/Gymnasium/Dance Studios |
|  | 205 | Health Clinic |  |  | 321 |  | Psychology |
|  | 206 | Little Theater & Auditorium (<500 seats) |  |  | 322 |  | Social Science |
|  | 207 | Library/Information Resource Center |  |  | 323 |  | Other |
|  | 208 | Museum & Gallery |  |  | |  |  |
|  | 209 | Performing Arts Facility/Theatre (500+seats) |  | ***Schedule 4*** | |  |  |
|  | 210 | Physical Science |  |  | 401 |  | Amphitheater |
|  | 211 | Student Recreation Center |  |  | 402 |  | Parking Lot |
|  | 212 | Other |  |  | 403 |  | Parking Structure |
|  | |  |  |  | 404 |  | Residence/Student Housing |
| ***Schedule 3*** | |  |  |  | 405 |  | Site Development |
|  | 301 | Administration |  |  | 406 |  | Stadium |
|  | 302 | Agriculture |  |  | 407 |  | Utilities/Infrastructure/Telecom |
|  | 303 | Aquatic Facility |  |  | 408 |  | Other |
|  | 304 | Art |  |  | |  |  |
|  | 305 | Asbestos Abatement/Alterations |  | ***Schedule 5*** | |  |  |
|  | 306 | Bookstore |  |  | 501 |  | Corporation Yard (warehouses) |
|  | 307 | Business Admin./Student Business Services |  |  | 502 |  | Farm-Building (simple) |
|  | 308 | Central Heating and Cooling Plant |  |  | 503 |  | Other |
|  | 309 | Child Care |  |  | |  |  |
|  | 310 | Cogeneration Buildings & Equipment |  |  | |  |  |

**O.** Identify project delivery methods that the firm is willing to work under (check all that apply):

Design Bid Build

Construction Manager at Risk

Design-Build

Collaborative Design-Build

P. Identify if firm is willing to work under CSU Task Order Service Agreements when there is an opportunity.

Choose an item.

**Q. Select all the counties that the firm is willing to work at (multiple selections may be made):**

|  |
| --- |
| Alameda County |
| Alpine County |
| Amador County |
| Butte County |
| Calaveras County |
| Colusa County |
| Contra Costa County |
| Del Norte County |
| El Dorado County |
| Fresno County |
| Glenn County |
| Humboldt County |
| Imperial County |
| Inyo County |
| Kern County |
| Kings County |
| Lake County |
| Lassen County |
| Los Angeles County |
| Madera County |
| Marin County |
| Mariposa County |
| Mendocino County |
| Merced County |
| Modoc County |
| Mono County |
| Monterey County |
| Napa County |
| Nevada County |
| Orange County |
| Placer County |
| Plumas County |
| Riverside County |
| Sacramento County |
| San Benito County |
| San Bernardino County |
| San Diego County |
| San Francisco County |
| San Joaquin County |
| San Luis Obispo County |
| San Mateo County |
| Santa Barbara County |
| Santa Clara County |
| Santa Cruz County |
| Shasta County |
| Sierra County |
| Siskiyou County |
| Solano County |
| Sonoma County |
| Stanislaus County |
| Sutter County |
| Tehama County |
| Trinity County |
| Tulare County |
| Tuolumne County |
| Ventura County |
| Yolo County |
| Yuba County |

|  |  |
| --- | --- |
|  | By checking this box, we authorize the Trustees of the CSU to make appropriate inquiries as necessary to verify the information presented herein. Material misappropriation will be grounds for denial - revocation of application. The Board of Trustees may seek additional information relative to the experience or qualification of applicant or firm. |

*The following insurance requirements are for information purposes only.* ***Do not include insurance certificates with your application****. Insurance certificates are only required in conjunction with a signed agreement for services.*

**ATTACHMENT A**

**SERVICE PROVIDER’S INSURANCE REQUIREMENTS**

(Excerpted from CSU Service Provider Agreement)

**Service Provider’s Insurance:** The Service Provider shall not commence work until the Trustees have received evidence of the insurance required in this section and approved it.

1. **Policies, Coverage and Amounts:** Service Provider shall obtain the following policies and coverage. The insurance furnished by the Service Provider under this section shall provide coverage in amounts not less than the following, unless a different amount is stated in the Scope of Work Description (Exhibit-A):
2. **Comprehensive or Commercial Form General Liability Insurance:**

On an occurrence basis, cover work done or to be done by or on behalf of the Service Provider and shall provide insurance coverage for bodily injury, personal injury, property damage, and contractual liability. The aggregate limit shall apply separately to the work. Limits of Liability:

$2,000,000.00 General Aggregate

$2,000,000.00 Each Occurrence - combined single limit for bodily injury and property damage

Service Provider’s liability is not limited to recoverable insurance.

1. **Business Automobile Liability Insurance:** On an occurrence basis, cover owned, scheduled, hired, and non-owned automobiles used by or on behalf of the Service Provider and shall provide insurance coverage for bodily injury, property damage, and contractual liability. Use Insurance Service Office (ISO) Form Number CA 0001 covering any automobile. Limits of Liability:

$1,000,000 Each Accident - combined single limit for bodily injury and property damage.

1. **Workers’ Compensation Insurance:** This insurance shall include Employers Liability limits of $1,000,000 and other limits required under California law.
2. **Professional Liability (Errors and Omissions) Insurance:** Insurance on an occurrence basis is preferred, covering work done or to be done by or on behalf of the Service Provider and providing insurance for professional liability in the amount of $2,000,000 each occurrence. The Service Provider shall obtain and maintain professional liability insurance on a claims-made basis for no less than $2,000,000 each claim and

$2,000,000 annual aggregate, and certification of coverage shall be submitted to the Trustees upon signing of an Agreement. If the total contract amount exceeds $1,000,000 the Service Provider shall renew and keep such insurance in effect for at least ten (10) years after the recordation of the notice of completion.

For any of the insurance described in the paragraphs above, the amount of limits can be satisfied by a combination of primary and excess or umbrella insurance.

* + 1. **Verification of Coverage:**

1. The Service Provider shall submit to the Trustees copies of certificates of insurance and endorsements to the policies of insurance required by the Agreement as evidence of the insurance coverage.
2. The scope of coverage shall be shown on the certificate of insurance.
3. The Service Provider shall provide written notice of cancellation of coverage within thirty (30) days to the Trustees.
4. The Service Provider shall notify the Trustees in writing of any material change in insurance coverage.
5. Renewal certifications shall be timely filed by the Service Provider for coverage until the work is accepted as complete.
6. Trustees reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these provisions, at any time.
7. **Insurance Provisions:** The insurance policies shall contain, or be endorsed to contain, the following provisions:
8. For the general policies, the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall be covered as additional insureds.
9. For claims related to the work, the Service Provider’s insurance coverage shall be primary insurance as respects the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents. Insurance or self-insurance maintained by the State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall be in excess of the Service Provider’s insurance and shall not contribute with it
10. Each insurance policy required by this section shall state that coverage shall not be canceled, except after thirty days prior written notice by certified mail, return receipt requested, has been given to the Trustees.
11. The State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall not by reason of their inclusion as additional insureds incur liability to the insurance carriers for payment of premiums for such insurance.
    1. **Acceptability of Insurers:** Insurers shall be authorized in the State of California to transact insurance and shall hold a current A.M. Best’s rating of no less than **A: VII** or alternatively a carrier acceptable to the Trustees.
    2. **Miscellaneous:**
       1. Any deductible under any policy of insurance required in this section shall be the Service Provider’s liability.
       2. Acceptance of certificates of insurance by the Trustees shall not limit the Service Provider’s liability under the Agreement.
       3. In the event the Service Provider does not comply with these insurance requirements, the Trustees may, at their option, provide insurance coverage to protect the Trustees. The Service Provider shall pay the cost of the insurance and, if the insurance carrier does not receive prompt payment from the Service Provider, the Trustees may pay for the insurance from Agreement sums otherwise due the Service Provider.
       4. If the Trustees are damaged by the failure of Service Provider to provide or maintain the required insurance, the Service Provider shall pay the Trustees for such damages.
       5. The Service Provider’s obligations to obtain and maintain required insurance are non-delegable duties under an Agreement with the Trustees.