

May 6, 2026



REQUEST FOR QUALIFICATIONS AS-NEEDED MECHANICAL CONTRACTING SERVICES (Fiscal Year 2027)

INTRODUCTION

In accordance with the California Uniform Public Construction Cost Accounting Act (CUPCCAA), as contained in Public Contract Code Section 22000, et seq., the Dublin San Ramon Services District (District) is seeking qualifications from contractors to perform as-needed mechanical improvements and/or repair work for the District's various water distribution, wastewater collection and wastewater treatment facilities located in the cities of Dublin, San Ramon and Pleasanton, California. The District's service area is shown in Exhibit A.

To be pre-qualified, Contractors must have a current and valid California Contractor State Licensing Board (CSLB) **Class A** general engineering contractors license. Contractors qualified through this Request for Qualifications (RFQ) process will be included on the District's list of prequalified contractors through June 30, 2027. **Prequalification, however, does not guarantee the award of any work.**

Each Worker performing work under this contract must be paid at a rate no less than the prevailing wages.

Per Public Contract Code Section 22034(a)(1), prequalified contractors will receive notification via email of any future informal bid opportunities for the District.

One (1) electronic copy of the Respondent's Statement for Qualifications (SOQ) must be submitted to the District by email to ryamamoto@dsrsd.com, **by 5 p.m. on Wednesday, May 20, 2026**. Late submissions will not be considered. In addition, all inquiries or questions regarding specificity to this RFQ document and process should be directed to Ryan Yamamoto, Project Manager.

Ryan Yamamoto, Project Manager
Dublin San Ramon Services District
Email: ryamamoto@dsrsd.com
Phone: (925) 875-2265

SCOPE OF WORK

As-needed mechanical contracting services are occasionally required to facilitate improvements and/or repairs for the District's water distribution, wastewater collection and wastewater treatment facilities. Typical work may include, but is not limited to:

- General mechanical installation/repair
- Major process equipment repairs
- Replacement of large meters/valves
- Above ground piping modifications
- Pump removal and/or installation
- Concrete work
- Millwright work
- Welding

MINIMUM QUALIFICATIONS

Statement of Qualifications (SOQ) will be reviewed to determine whether they meet the minimum qualification requirements outlined in this section per the CUPCAA. Respondents that do not satisfy all the following Minimum Qualification Requirements as specified in Attachment A will not be prequalified. At its sole discretion, the District may request clarification or additional information to address any questions that may arise in this regard.

- Performance and Payment Bonds. Ability of the Respondent to provide performance bond and payment bond, as specified in the District's Master Agreement for As-Needed Contracting Services, Section 9, Bonds.
- Insurance. Ability of the Respondent to procure and maintain insurance, as specified in Attachment A – CUPCAA Minimum Prequalification Requirements Questionnaire.
- Material Adverse Condition. The Respondent must not be subject to a material adverse condition, such as pending litigation, insufficient liquidity, weak operating net income or cash flow, or excessive leverage, that gives rise to reasonable doubt concerning its ability to continue to operate as an ongoing concern, to provide performance bonds or insurance, or to maintain sufficient financial strength to undertake and successfully complete work.
- Licensing and Registration. The Respondent must be licensed in California for the type of work to be performed, and registered with the California Department of Industrial Relations as a public works contractor. In accordance with the provisions of California Public Contract Code Section 3300, the District has determined that the Respondent shall possess, as a minimum, a valid **Class A** Contractor's License issued by the State of California.
- Labor Enforcement and Reporting. The work contemplated under this RFQ is subject to labor compliance monitoring and enforcement by the California Department of Industrial Relations. The District hereby advises the Respondent and its subcontractors at any tier, that they must:
 1. Employ the appropriate number of apprentices on the job site as set forth in California Labor Code 1777.5;
 2. Provide Workers' Compensation coverage, as set forth in California Labor Code Sections 1860 and 1861;
 3. Keep and maintain the records of work performed on the public works project, as set forth in California Labor Code Section 1812;
 4. Keep and maintain the records required under California Labor Code Section 1776 which shall be subject to inspection pursuant to California Labor Code Section 1776 and California Code of Regulations, Division 1, Chapter 8, Subchapter 3, Article 6, Section 16400 (e); and be subject to other requirements imposed by law;
 5. Be subject to other requirements imposed by law.

In accordance with the provisions of the California Labor Code Sections 1770, 1773, 1773.1, 1773.6 and 1773.7 as amended, the Director of the Department of Industrial Relations has determined the general prevailing rate of per diem wages in accordance with the standards set forth in Section 1773 for the locality in which the Work is to be performed. A copy of said wage rates is available on-line at http://www.dir.ca.gov/dlsr/statistics_research.html#PWD. It shall be mandatory upon the Contractor to whom the Work is awarded and upon any subcontractor to pay not less than said specified rates to all workers employed by them in the execution of the Work. Said prevailing rate of per diem wages will be made available to any interested party upon request, and a copy thereof shall be posted at the job site by the Contractor.

The District will not recognize any claim for additional compensation because of the payment by the Contractor (inclusive of its subcontractors at any tier) of any wage rate in excess of the prevailing wage rates on file as aforesaid. The possibility of a wage increase is one of the elements to be considered by the

Contractor in preparing an SOQ and will not, under any circumstances, be considered as the basis of a claim against the District on the contract.

- **Safety Qualification.** The Respondent's safety record shall be deemed acceptable if its experience modification rate (EMR) for the most recent three-year period is an average of 1.00 or less, and its average total recordable injury or illness rate and average lost work rate for the most recent three-year period does not exceed the applicable statistical standards for its business category or if the Respondent is a party to an alternative dispute resolution system as provided for in Section 3201.5 of the Labor Code. However, if the Respondent's EMR is greater than 1.0 and less than or equal to 1.25, the Respondent will be requested to submit additional information related to his/her EMR and safety record, including but not limited to OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" for the previous three (3) calendar years. If the Respondent's current Workers' Compensation Experience Modification Rate (EMR) is greater than 1.25 (125%), then the Respondent's will not be prequalified.
- **Firm and Project-Specific Experience.** The Respondent shall demonstrate that firm and its personnel have previous experience performing the work contemplated under this RFQ, as specified in Attachment B.

STATEMENT OF QUALIFICATIONS (SOQ) REQUIREMENTS

Statements of Qualifications (SOQ) are required to contain the following information and should be arranged in the following order:

Minimum Prequalification Requirements: Complete, sign and submit Attachment A: CUPCCAA Minimum Prequalification Requirements Questionnaire.

Additional Prequalification Requirements: Complete, sign and submit Attachment B: Certification of Contractor's Experience and Qualifications.

QUALIFICATION SCHEDULE

Contractors prequalified through this RFQ process will be notified no later than June 12, 2026.

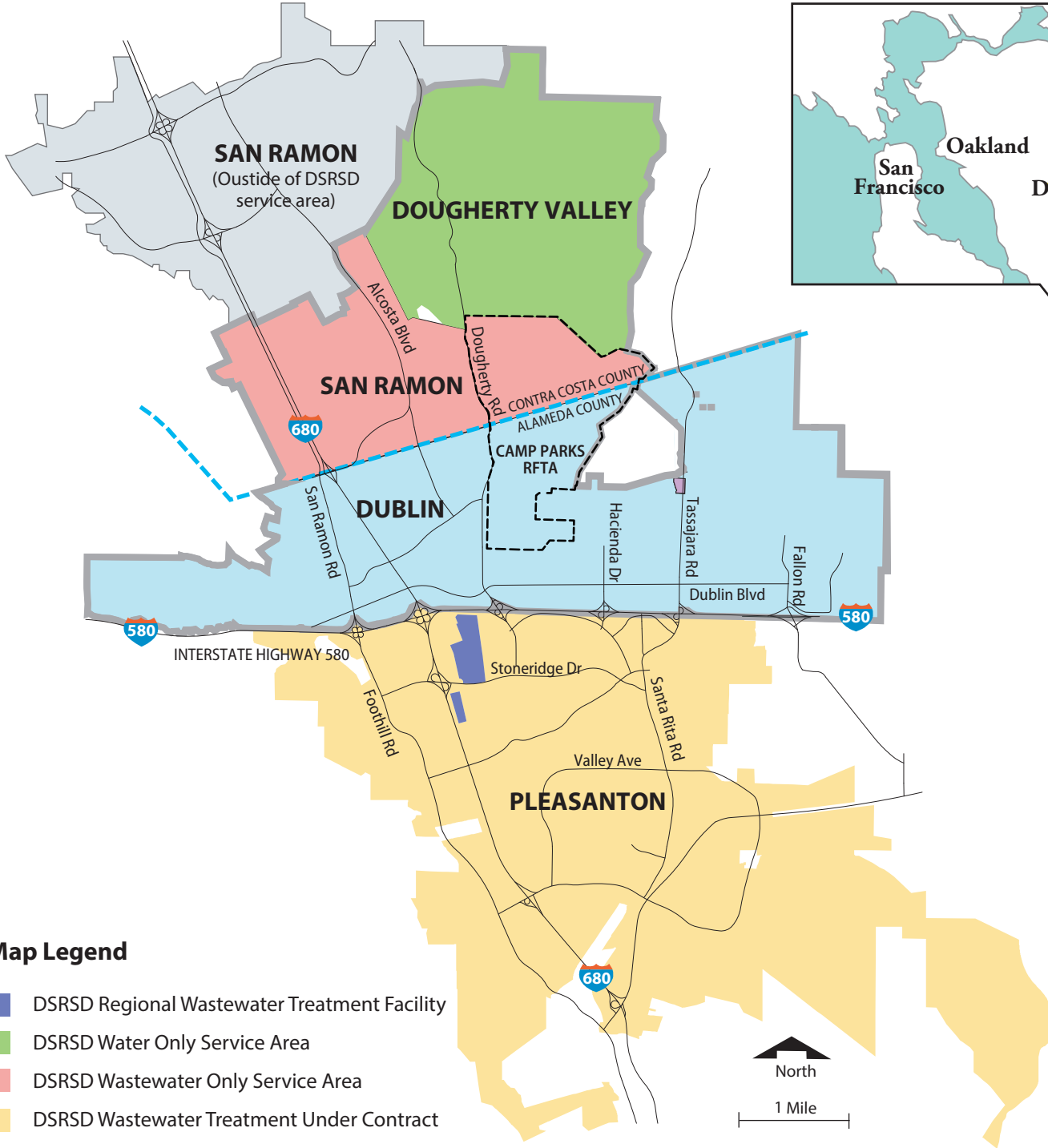
RFQ RESPONSE POLICY

This solicitation does not commit the District to pay any costs incurred in the preparation and presentation of submittals or to select any firm that responds. This solicitation covers only the work described herein and does not commit the District to any work beyond that described.



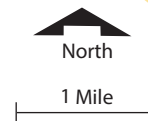
Exhibit A

Regional View/Service Area Map



Map Legend

- DSRSD Regional Wastewater Treatment Facility
- DSRSD Water Only Service Area
- DSRSD Wastewater Only Service Area
- DSRSD Wastewater Treatment Under Contract
- DSRSD Water & Wastewater Service Area
- Alameda Contra Costa County Dividing Line
- DSRSD Boundary
- Camp Parks (Parks RFTA) Boundary



ATTACHMENT A

CUPCAA MINIMUM REQUIREMENTS QUESTIONNAIRE

Name of Contractor: _____

ATTACHMENT A

CUPCAA MINIMUM PREQUALIFICATION REQUIREMENTS QUESTIONNAIRE

INSURANCE REQUIREMENTS

Minimum Insurance Coverage Requirements for Fiscal Year 2027 Prequalification

Contractor Insurance. The Contractor shall obtain and maintain the following insurance coverages with minimum coverage amounts as set forth in the table below:

INSURANCE POLICY	MINIMUM COVERAGE AMOUNT (\$)
Commercial General Liability Including: 1. Products and completed operations 2. Property damage, 3. Bodily injury; and 4. Personal & advertising injury	Per Occurrence: Five Million Dollars (\$5,000,000) Aggregate: Twice the required occurrence limit
Automobile Liability	Per Accident: Five Million Dollars (\$5,000,000) for bodily injury and property damage.
Workers Compensation	Per Claim: One Million Dollars (\$1,000,000) in accordance to the laws of the State of California
Builder's Risk	"All Risk" coverage with limits equal to completed value of project
Professional Liability (if Design/Build)	Per Occurrence: Two Million Dollars (\$2,000,000) Aggregate: Two Million Dollars (\$2,000,000)
Contractor's Pollution Liability	Per Occurrence: One Million Dollars (\$1,000,000) Aggregate: Two Million Dollars (\$2,000,000)

As required (per job):

The insurance policies are to contain the following provision.

Additional Insured Status: The District, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations.

Name of Contractor: _____

FISCAL YEAR 2027 CONTRACTOR INFORMATION – CUPCCAA

Firm Name: _____
(AS IT APPEARS ON THE LICENSE)

Check One: Corporation
 Partnership
 Sole Proprietorship

DBA: _____

Address: _____

Contact Person(s): _____

Phone: _____ Fax: _____

Email: _____

DIR Registration #: _____

CSLB License Number:	Classification(s):	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contractors State License Board (CSLB) Trade Classifications

Check CSLB trade class(es) in which your firm is licensed.

- | | |
|--|---|
| <input type="checkbox"/> A – General Engineering Contractor | <input type="checkbox"/> C31 – Construction Zone Traffic Control Contractor |
| <input type="checkbox"/> B – General Building Contractor | <input type="checkbox"/> C32 – Parking and Highway Improvement Contractor |
| <input type="checkbox"/> C2 – Insulation and Acoustical Contractor | <input type="checkbox"/> C33 – Painting and Decorating Contractor |
| <input type="checkbox"/> C4 – Boiler, Hot Water Heating and Steam Fitting Contractor | <input type="checkbox"/> C34 – Pipeline Contractor |
| <input type="checkbox"/> C5 – Framing and Rough Carpentry Contractor | <input type="checkbox"/> C35 – Lathing and Plastering Contractor |
| <input type="checkbox"/> C6 – Cabinet, Millwork and Finish Carpentry Contractor | <input type="checkbox"/> C36 – Plumbing Contractor |
| <input type="checkbox"/> C7 – Low Voltage Systems Contractor | <input type="checkbox"/> C38 – Refrigeration Contractor |
| <input type="checkbox"/> C8 – Concrete Contractor | <input type="checkbox"/> C39 – Roofing Contractor |
| <input type="checkbox"/> C9 – Drywall Contractor | <input type="checkbox"/> C42 – Sanitation System Contractor |
| <input type="checkbox"/> C10 – Electrical Contractor | <input type="checkbox"/> C43 – Sheet Metal Contractor |
| <input type="checkbox"/> C11 – Elevator Contractor | <input type="checkbox"/> C45 – Sign Contractor |
| <input type="checkbox"/> C12 – Earthwork and Paving Contractors | <input type="checkbox"/> C46 – Solar Contractor |
| <input type="checkbox"/> C13 – Fencing Contractor | <input type="checkbox"/> C47 – General Manufactured Housing Contractor |
| <input type="checkbox"/> C15 – Flooring and Floor Covering Contractors | <input type="checkbox"/> C50 – Reinforcing Steel Contractor |
| <input type="checkbox"/> C16 – Fire Protection Contractor | <input type="checkbox"/> C51 – Structural Steel Contractor |
| | <input type="checkbox"/> C53 – Swimming Pool Contractor |
| | <input type="checkbox"/> C54 – Ceramic and Mosaic Tile Contractor |

Name of Contractor: _____

- | | |
|---|---|
| <input type="checkbox"/> C17 – Glazing Contractor | <input type="checkbox"/> C55 – Water Conditioning Contractor |
| <input type="checkbox"/> C20 – HVAC Contractor | <input type="checkbox"/> C57 – Well Drilling Contractor |
| <input type="checkbox"/> C21 – Building Moving/Demolition Contractor | <input type="checkbox"/> C60 – Welding Contractor |
| <input type="checkbox"/> C22 – Asbestos Abatement Contractor | <input type="checkbox"/> C61 – Limited Specialty |
| <input type="checkbox"/> C23 – Ornamental Metal Contractor | <input type="checkbox"/> ASB – Asbestos Certification |
| <input type="checkbox"/> C27 – Landscaping Contractor | <input type="checkbox"/> HAZ – Hazardous Substance Removal
Certification |
| <input type="checkbox"/> C28 – Lock and Security Equipment Contractor | |
| <input type="checkbox"/> C29 – Masonry Contractor | |

Bonding Capacity (per contract): _____

Name of Bonding Company: _____

CERTIFICATION OF THE CUPCAA PREQUALIFICATION STATEMENT

The Contractor certifies under penalty of perjury under the laws of the State of California that all of the information contained in this pre-qualification statement is true and correct based upon facts known to the Contractor.

Signature (required): _____

Print Name: _____

Date: _____

Title: _____

Name of Contractor: _____

ESSENTIAL REQUIREMENTS FOR QUALIFICATION

NOTE: Contractor shall be disqualified if one or more of the answers to questions number 1 through 3 is "NO"

- 1. Do you have a liability insurance policy with policy limit of at least five million (\$5,000,000) per occurrence or twice the required occurrence limit in general 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. Are you a DIR Registered contractor?
 YES NO

NOTE: Contractor shall be disqualified if one or more of the answers 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 Sub-Contractor on a public works contract, pursuant to either Labor Code Section 1777.1 (Violation of public works labor laws) or Labor Code Section 1777.7 (Violation of apprenticeship requirements)?
 YES NO

If YES, state beginning and ending dates of the period of debarment.

Beginning: _____ Ending: _____

Name of Contractor: _____

ORGANIZATION, HISTORY, PERFORMANCE COMPLIANCE WITH CIVIL AND CRIMINAL LAW

NOTE: If answer to any of the following questions is "YES", please explain on a separate signed sheet.

1. Is your firm currently the debtor in a bankruptcy case? Has your firm been in a bankruptcy case at any time during the last five (5) years?
 YES NO

2. Has your license(s) been suspended by the California State License Board (CSLB) or any of your Responsible Managing Employee (RME) or Officer (RMO) been suspended within the last five (5) years?
 YES NO

3. Has your firm been assessed and paid Liquidated Damages after completion of a project under a construction contract with either public or private owner within the last five (5) years?
 YES NO

4. In the last five (5) years, has your firm, or any firm with which any of your company's owners, officers, or partners were "associated with", been debarred, disqualified, removed, or otherwise prevented from bidding on, or competing at any government agency or public works project for any reason?
 YES NO
(NOTE: "Associated With" refers to another construction firm in which an owner, partner, or officer of your firm held similar position.)

5. In the last five (5) years, has your firm been denied an award of a public works contract based on a finding by a public agency that your firm was **NOT** a **RESPONSIBLE** bidder?
 YES NO

6. In the past five (5) years, has any claim **against** your firm or any firm with which any of your company's owners, officers, or partners were "associated with" concerning your firm's work on a construction project been **filed in court or arbitration**?
 YES NO

7. At any time during the past five (5) years, has any surety company made any payments on your firm's behalf as a result of a default to satisfy any claims made against a performance or payment bond issued on your firm's behalf in connection with a construction project, either public or private?
 YES NO

8. In the last five (5) years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?
 YES NO

Name of Contractor: _____

9. During the last five (5) years, has your firm ever been denied bond coverage by a surety company, or has there been a period of time when your firm had no surety bond in place during a public construction project when one was required?
 YES NO
10. Has CAL OSHA cited and assessed penalties against your firm or any firm with which any of your company's owners, officers, or partners were "associated with" for any "serious," "willful" or "repeat" violations of its safety or health regulations in the past five (5) years?
 YES NO
11. Has the federal Occupational Safety and Health Administration cited and assessed penalties against your firm or any firm with which any of your company's owners, officers, or partners were "associated with" in the past five years?
 YES NO
12. Has the EPA or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or any firm with which any of your company's owners, officers, or partners were "associated with" or the owner of a project on which your firm was the contractor, in the past five (5) years?
 YES NO
13. Has there been more than one (1) occasion during the last five (5) in which your firm or any firm with which any of your company's owners, officers, or partners were "associated with" was required to pay either back wages or penalties for your own firm's failure to comply with the state's prevailing wage laws?
 YES NO
14. During the last five (5) years, has there been more than one (1) occasion in which your own firm or any firm with which any of your company's owners, officers, or partners were "associated with" has been penalized or required to pay back wages for failure to comply with the **Federal Davis-Bacon** prevailing wage requirements?
 YES NO
15. At any time during the last five (5) years, has your firm or any firm with which any of your company's owners, officers, or partners were "associated with" been found to violate any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?
 YES NO

ATTACHMENT B

CERTIFICATION OF CONTRACTOR'S EXPERIENCE AND QUALIFICATIONS

Name of Contractor: _____

ATTACHMENT B

**CERTIFICATION OF CONTRACTOR'S
EXPERIENCE AND QUALIFICATIONS**

A Contractor shall not be pre-qualified, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for the public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5.

Contractor shall possess a valid Class A Contractor's License issued by the State of California.

A. COMPANY EXPERIENCE

The Contractor has been engaged in the contracting business, under the present business name for _____ years and has experience in work of a nature similar to this project which extends over a period of _____ years (Contractor must show at least seven (7) years of related experience).

The Contractor, has never failed to satisfactorily complete a contract awarded to it, except as follows:

To be prequalified, the Contractor must list at least three (3), but no more than five (5) projects completed in the last five (5) years totaling at least \$300,000 by the Contractor of the following types of projects:

Water treatment plant or wastewater treatment plant improvements where the structural or mechanical improvements were part of the Contractor's contract.

All projects listed to comply with this section shall be deemed complete. Project(s) that have been awarded but not yet completed, or projects currently under construction, will not be evaluated. Therefore, for purposes of this section, all Projects that have not yet been completed and/or currently under construction will be excluded from applicable project experience count and total construction volume.

Name of Contractor: _____

1. Project Name: _____

Owner: _____

Total Construction Cost: \$ _____

Value of Work Performed by Contractor: \$ _____

Construction Time: _____ Calendar Days

Owner's Representative: _____

Owner's Telephone No.: _____

Date of Substantial Completion: _____

2. Project Name: _____

Owner: _____

Total Construction Cost: \$ _____

Value of Work Performed by Contractor: \$ _____

Construction Time: _____ Calendar Days

Owner's Representative: _____

Owner's Telephone No.: _____

Date of Substantial Completion: _____

3. Project Name: _____

Owner: _____

Total Construction Cost: \$ _____

Value of Work Performed by Contractor: \$ _____

Construction Time: _____ Calendar Days

Owner's Representative: _____

Owner's Telephone No.: _____

Date of Substantial Completion: _____

4. Project Name: _____

Owner: _____

Total Construction Cost: \$ _____

Name of Contractor: _____

Value of Work Performed by Contractor: \$ _____

Construction Time: _____ Calendar Days

Owner's Representative: _____

Owner's Telephone No.: _____

Date of Substantial Completion: _____

5. Project Name: _____

Owner: _____

Total Construction Cost: \$ _____

Value of Work Performed by Contractor: \$ _____

Construction Time: _____ Calendar Days

Owner's Representative: _____

Owner's Telephone No.: _____

Date of Substantial Completion: _____

C. SAFETY QUALIFICATION CRITERIA

The following information will be used in conjunction with other Contractor safety information to determine if the Contractor meets the minimum safety requirements to be prequalified. If the Contractor's current Workers' Compensation Experience Modification Rate (EMR) is equal to or less than 1.0 (100%), then the Contractor will be deemed to meet the minimum safety requirements, subject to post-qualification verification of the EMR as described below. If the Contractor's current Workers' Compensation Experience Modification Rate (EMR) is greater than 1.25 (125%), then the Contractor will not be prequalified.

However, if the Contractor's EMR is greater than 1.0 and less than or equal to 1.25, the Contractor will be requested to submit additional information related to his/her EMR and safety record, including but not limited to OSHA Form 300A "Summary of Work-Related Injuries and Illnesses" for the previous three (3) calendar years. Failure to submit the required information within two (2) working days after the District's request will result in the District not prequalifying the Contractor. Following review of the additional safety information submitted, the District reserves the right to either deem the Contractor as prequalified or not.

The Contractor shall list its current EMR (available from your insurance carrier).

Year

EMR

Name of Contractor: _____

The Owner will contact the Contractor's Workers' Compensation Insurance carrier to verify the EMR. The Contractor shall authorize its carrier to release this information. Failure to authorize the release of this information may result in the District not prequalifying the Contractor.

Worker's Compensation Insurance Company: _____

Contact Person for Insurance Company: _____

Telephone Number: _____

Signed this _____ day of _____, 2026.

Name of Contractor

Contractor's License No.

Expiration Date

Signature of Contractor

Title of Signatory

***** END OF SECTION *****