



Subcontractor Qualification Form

Form 74-02-02

Revision Level: A

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A completed Questionnaire (all Sections) must be submitted.

1. General Information

Name of Business: _____
 Street Address: _____
 City, State, Zip: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
 Website: _____
 Contact for Bidding: _____ E-mail: _____
 E-mail Address for bid invitations (if desired): _____

2. Licenses

Type of License or Number	Federal or State	Number
Federal Employer Identification Number	Federal EIN	
Other:		
Other:		
Other:		

3. Organization

C-Corporation S-Corporation LLC Partnership Joint Venture LLP Sole Proprietor

Where incorporated or formed? _____ Date founded? _____
 Previous business names and years operated? _____
 Name of parent company, if any, and headquarters location? _____
 Other businesses owned or controlled by your firm, its officers or principals? _____
 Owners, Officers and Principals:

Name and Title	Years with Company	Percent Ownership

Small Business Concern as defined by the SBA? Yes No
 (Visit www.sba.gov/size for Small Business Size Standards.)

Currently MBE, WBE, DBE, or ESB Certified? Yes No
 Certification number(s) and agency(ies)/other certifications?: _____

4. Legal Information

Has your firm, its officers or principals been involved in any bankruptcy or reorganization proceedings, failed to complete any work awarded to them, defaulted, or had a contract terminated for cause within the last five years?

If yes, explain: _____

Are there any judgments, claims, lawsuits, arbitration or mediation proceedings currently pending or outstanding against your firm, its officers or principals? If yes, explain: _____

Has your firm, its officers or principals filed any claims, lawsuits, arbitration or mediation proceedings with regard to construction contract within the last five years? If yes, explain: _____

5. Revenue

Projected revenue for this year and next year? 20__ \$ _____ 20__ \$ _____

Revenue for the last three years?

20 \$ _____ 20 \$ _____ 20 \$ _____

Largest individual contract completed in each of the last three years?

20 \$ _____ Contracted with/Description _____

20 \$ _____ Contracted with/Description _____

20 \$ _____ Contracted with/Description _____

Are key supervisory personnel on these projects still with your firm? [] Yes [] No – Attach explanation

Preferred contract size? \$ _____ Current Backlog? \$ _____

6. Experience

✓ **Attach a list of your Current (Work In Progress) major contracts.** Provide project name, location, owner, general contractor, contract amount, scope of work, start date and scheduled completion date. Include contact names and telephone numbers.

✓ **Attach a list of Completed (within last 5 years) major contracts.** Provide project name, location, owner, general contractor, contract amount, scope of work, start date and completion date. Include contact names and telephone numbers.

Contracts with CEEPCO within the last five years, if any? _____

Identify contract and building types your firm has worked with:

- Athletic Correctional Cultural/Museum Destination/Hotel Educational
- Government Healthcare High Tech/Labs Industrial Office
- Parking Facilities Renovation Residential Transportation
- Design Assist Design/Build Guaranties Maximum Price

Describe your firm's design and/or in-house engineering capabilities, if any: _____

7. Employees & Labor Relations

Number of Employees:

Current Year & 3 Year Average	Total	Field	Shop	Office
Current Year: 20				
Average of previous 3 Years				

Labor unions your firm is signatory with, if any? [] None [] Below

Union Name and Local Number	Expires

If non-union, describe your firm's labor acquisition methods and programs: _____

8. Bidding Interest

What work do you normally perform with your own forces? _____

What geographical regions are you interested in bidding? _____

North American Industrial Classification (NAICS), (e.g., 238210)
 (Visit www.census.gov/epcd/naics02/ for Classification)

What percent of your work do you normally subcontract to others? _____%

What work do you normally subcontract to others? _____

9. Safety

Workers' Compensation Experience Modification Rate (EMR) for the last five (5) years?

20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____

If any EMR above is **greater than 1.00**, explain cause and remedial action implemented: _____

Who is responsible for safety at your firm? _____
 Their title, qualifications and experience? _____

Do you have a written safety program? _____ Do you require yours subs to have a written safety program? _____
 What does senior management do to actively promote your safety program? _____

Any OSHA (Federal or State) Serious, Willful, and/or Repeat violations within last five (5) years? If yes, explain:

Any EPA (Federal or State) violations within last 5 years? If yes, explain: _____

Provide the following information (similar to OSHA Form 300A) for the last five (5) years:

Year	Average Number of Employees	Total Hours Worked	Number of Deaths (G)	Number of Cases			Number of Days	
				Days Away from Work (H)	Job Transfer or Restriction (I)	Other Recordables (J)	Days Away from Work (K)	Job Transfer or Restriction (L)

10. References

Banking – Bank Name & Branch _____ Since? _____
 City, State, Zip _____
 Contact Person _____ Telephone _____
 Credit Line Amount \$ _____ Amount Available \$ _____ Expiration Date _____
 UCC Filing? _____ How is credit secured? _____

Bonding – Bonding Company _____ Since? _____
 Surety Broker/Agent _____ Since? _____
 Contact Person _____ Telephone _____
 Bonding Capacity – Per Project \$ _____ Aggregate \$ _____
 Last Bond Issued – Date _____, Amount \$ _____, Type _____, Rate _____ %
 Persons or entities that provide indemnification to Surety _____

Contractors:

A. Contractor Name & Location _____

Contact Person _____ Telephone _____

B. Contractor Name & Location _____

Contact Person _____ Telephone _____

C. Contractor Name & Location _____

Contact Person _____ Telephone _____

11. Financial Information

****** IMPORTANT NOTE******

Provide COMPLETE copy of your firm's latest Audited or Reviewed year-end Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement, etc.) with Accountants' Report including all footnotes.

Prequalification and/or evaluation of your firm can not be completed without this information. Access to your firm's financial information will be restricted to CEEPCO's personnel directly involved with the prequalification and/or evaluation of your firm.

12. Additional Information

Provide any additional information that you feel will help us determine your qualifications: _____

What plan centers, publications, or other bid information sources does your firm utilize? _____

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects and explicitly authorizes the references identified herein to provide any additional information requested by Hoffman that it may require to complete its prequalification and/or evaluation process.

Company Name: _____

Prepared By: _____ **Title:** _____

(must be an officer or principal of the Company)

Signature: _____ **Date:** _____

Reminders!

- **Have you attached List of Current and Completed Projects?**
- **Have you provide all required Safety Information?**
- **Have you attached COMPLETE Financial Statement including Accountants' Report with footnotes?**
- **Required explanations, if any?**

Return to:

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