1. General Information
	1. Provide contact information for the Business:

|  |  |
| --- | --- |
| Legal Name of Business: |  |
| Corporate Office |
| Name: |  | Phone number: |  |
| Title: |  | Email address: |  |
| Business address of corporate office: |  |
|  |
|  |
| Local Office |
| Name: |  | Phone number: |  |
| Title: |  | Email address: |  |
| Business address of local office: |  |
|  |
|  |

* 1. Provide information on the Business’s organizational structure:

|  |  |
| --- | --- |
| Form of Business: | [ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation |
| [ ]  Limited Liability Company [ ]  Joint Venture comprised of the following companies: |
|  | 1. |
|  | 2. |
|  | 3. |
| Provide a separate Qualification Statement for each Joint Venturer. |
| Date Business was formed: |  | State in which Business was formed: |  |
| Is this Business authorized to operate in the Project location? | [ ]  Yes [ ]  No [ ]  Pending |

* 1. Identify all businesses that own Business in whole or in part (25% or greater), or that are wholly or partly (25% or greater) owned by Business:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of business: |  | Affiliation: |  |
| Address: |  |
| Name of business: |  | Affiliation: |  |
| Address: |  |
| Name of business: |  | Affiliation: |  |
| Address: |  |

* 1. Provide information regarding the Business’s officers, partners, and limits of authority.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Authorized to sign contracts: [ ]  Yes [ ]  No | Limit of Authority: | $ |
| Name: |  | Title: |  |
| Authorized to sign contracts: [ ]  Yes [ ]  No | Limit of Authority: | $ |
| Name: |  | Title: |  |
| Authorized to sign contracts: [ ]  Yes [ ]  No | Limit of Authority: | $ |
| Name: |  | Title: |  |

1. Licensing
	1. Provide information regarding licensure for Business:

|  |  |
| --- | --- |
| Name of License: |  |
| Licensing Agency: |  |
| License No: |  | Expiration Date: |  |
| Name of License: |  |
| Licensing Agency: |  |
| License No: |  | Expiration Date: |  |

1. Diverse Business Certifications
	1. Provide information regarding Business’s Diverse Business Certification, if any. Provide evidence of current certification.

|  |  |  |
| --- | --- | --- |
| Certification | Certifying Agency | Certification Date |
| [ ]  Disadvantaged Business Enterprise |  |  |
| [ ]  Minority Business Enterprise |  |  |
| [ ]  Woman-Owned Business Enterprise |  |  |
| [ ]  Small Business Enterprise |  |  |
| [ ]  Disabled Business Enterprise |  |  |
| [ ]  Veteran-Owned Business Enterprise |  |  |
| [ ]  Service-Disabled Veteran-Owned Business |  |  |
| [ ]  HUBZone Business (Historically Underutilized) Business |  |  |
| [ ]  Other |  |  |  |
| [ ]  None |

1. Safety
	1. Provide information regarding Business’s safety organization and safety performance.

|  |  |
| --- | --- |
| Name of Business’s Safety Officer: |  |
| Safety Certifications |
| Certification Name | Issuing Agency | Expiration |
|  |  |  |
|  |  |  |

* 1. Provide Worker’s Compensation Insurance Experience Modification Rate (EMR), Total Recordable Frequency Rate (TRFR) for incidents, and Total Number of Recorded Manhours (MH) for the last 3 years and the EMR, TRFR, and MH history for the last 3 years of any proposed Subcontractor(s) that will provide Work valued at 10% or more of the Contract Price. Provide documentation of the EMR history for Business and Subcontractor(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Year |  |  |  |
| Company | EMR | TRFR | MH | EMR | TRFR | MH | EMR | TRFR | MH |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. Financial
	1. Provide information regarding the Business’s financial stability. Provide the most recent audited financial statement, and if such audited financial statement is not current, also provide the most current financial statement.

|  |  |
| --- | --- |
| Financial Institution: |  |
| Business address: |  |
| Date of Business’s most recent financial statement: |  | [ ]  Attached |
| Date of Business’s most recent audited financial statement: |  | [ ]  Attached |
| Financial indicators from the most recent financial statement |
| Contractor’s Current Ratio (Current Assets ÷ Current Liabilities) |  |
| Contractor’s Quick Ratio ((Cash and Cash Equivalents + Accounts Receivable + Short Term Investments) ÷ Current Liabilities) |  |

1. Surety Information
	1. Provide information regarding the surety company that will issue required bonds on behalf of the Business, including but not limited to performance and payment bonds.

|  |  |
| --- | --- |
| Surety Name: |  |
| Surety is a corporation organized and existing under the laws of the state of: |  |
| Is surety authorized to provide surety bonds in the Project location? | [ ]  Yes [ ]  No |
| Is surety listed in “Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies” published in Department Circular 570 (as amended) by the Bureau of the Fiscal Service, U.S. Department of the Treasury?[ ]  Yes [ ]  No |
| Mailing Address(principal place of business): |  |
|  |
|  |
| Physical Address(principal place of business): |  |
|  |
|  |
| Phone (main): |  | Phone (claims): |  |

1. Insurance
	1. Provide information regarding Business’s insurance company(s), including but not limited to its Commercial General Liability carrier. Provide information for each provider.

|  |  |
| --- | --- |
| Name of insurance provider, and type of policy (CLE, auto, etc.): |  |
| Insurance Provider | Type of Policy (Coverage Provided) |
|  |  |
|  |  |
|  |  |
|  |  |
| Are providers licensed or authorized to issue policies in the Project location? | [ ]  Yes [ ]  No |
| Does provider have an A.M. Best Rating of A‑VII or better? | [ ]  Yes [ ]  No |
| Mailing Address(principal place of business): |  |
|  |
|  |
| Physical Address(principal place of business): |  |
|  |
|  |
| Phone (main): |  | Phone (claims): |  |

1. Construction Experience
	1. Provide information that will identify the overall size and capacity of the Business.

|  |  |
| --- | --- |
| Average number of current full-time employees: |  |
| Estimate of revenue for the current year: |  |
| Estimate of revenue for the previous year: |  |

* 1. Provide information regarding the Business’s previous contracting experience.

|  |
| --- |
| Years of experience with projects like the proposed project: |
| As a general contractor: |  | As a joint venturer: |  |  |
| Has Business, or a predecessor in interest, or an affiliate identified in Paragraph 1.03: |
| Been disqualified as a bidder by any local, state, or federal agency within the last 5 years?[ ]  Yes [ ]  No |
| Been barred from contracting by any local, state, or federal agency within the last 5 years?[ ]  Yes [ ]  No |
| Been released from a bid in the past 5 years? [ ]  Yes [ ]  No  |
| Defaulted on a project or failed to complete any contract awarded to it? [ ]  Yes [ ]  No |
| Refused to construct or refused to provide materials defined in the contract documents or in a change order? [ ]  Yes [ ]  No  |
| Been a party to any currently pending litigation or arbitration? [ ]  Yes [ ]  No |
| Provide full details in a separate attachment if the response to any of these questions is Yes. |

* 1. List all projects currently under contract in Schedule A and provide indicated information.
	2. List a minimum of three and a maximum of six projects completed in the last 5 years in Schedule B and provide indicated information to demonstrate the Business’s experience with projects similar in type and cost of construction.
	3. In Schedule C, provide information on key individuals whom Business intends to assign to the Project. Provide resumes for those individuals included in Schedule C. Key individuals include the Project Manager, Project Superintendent, Quality Manager, and Safety Manager. Resumes may be provided for Business’s key leaders as well.
1. Required Attachments
	1. Provide the following information with the Statement of Qualifications:
		1. If Business is a Joint Venture, separate Qualifications Statements for each Joint Venturer, as required in Paragraph 1.02.
		2. Diverse Business Certifications if required by Paragraph 3.01.
		3. Certification of Business’s safety performance if required by Paragraph 4.02.
		4. Financial statements as required by Paragraph 5.01.
		5. Attachments providing additional information as required by Paragraph 8.02.
		6. Schedule A (Current Projects) as required by Paragraph 8.03.
		7. Schedule B (Previous Experience with Similar Projects) as required by Paragraph 8.04.
		8. Schedule C (Key Individuals) and resumes for the key individuals listed, as required by Paragraph 8.05.
		9. Additional items as pertinent.

This Statement of Qualifications is offered by:

|  |  |
| --- | --- |
| Business: |  |
|  | *(typed or printed name of organization)* |
| By: |  |
| *(individual’s signature)* |
| Name: |  |
| *(typed or printed)* |
| Title: |  |
| *(typed or printed)* |
| Date: |  |
| *(date signed)* |
| *(If Business is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.)* |
|  |
| Attest: |  |
| *(individual’s signature)* |
| Name: |  |
| *(typed or printed)* |
| Title: |  |
|  | *(typed or printed)* |
| Address for giving notices: |
|  |  |
|  |  |
|  |  |
| Designated Representative: |
| Name: |  |
| *(typed or printed)* |
| Title: |  |
| *(typed or printed)* |
| Address: |
|  |  |
|  |  |
|  |  |
| Phone: |  |
| Email: |  |

**Schedule A—Current Projects**

|  |  |
| --- | --- |
| Name of Organization |  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |
|  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |
|  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |

**Schedule B—Previous Experience with Similar Projects**

|  |  |
| --- | --- |
| Name of Organization |  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |
|  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |
|  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |

**Schedule B—Previous Experience with Similar Projects**

|  |  |
| --- | --- |
| Name of Organization |  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |
|  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |
|  |
| Project Owner |  | Project Name |  |
| General Description of Project |  |
| Project Cost |  | Date Project Completed |  |
| Key Project Personnel | Project Manager | Project Superintendent | Safety Manager | Quality Control Manager |
| Name |  |  |  |  |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) |
|  | Name | Title/Position | Organization | Telephone | Email |
| Owner |  |  |  |  |  |
| Designer |  |  |  |  |  |
| Construction Manager |  |  |  |  |  |

**Schedule C—Key Individuals**

|  |
| --- |
| **Project Manager** |
| Name of individual |  |
| Years of experience as project manager |  |
| Years of experience with this organization |  |
| Number of similar projects as project manager |  |
| Number of similar projects in other positions |  |
| Current Project Assignments |
| Name of assignment | Percent of time used for this project | Estimated project completion date |
|  |  |  |
|  |  |  |
|  |  |  |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) |
| Name |  | Name |  |
| Title/Position |  | Title/Position |  |
| Organization |  | Organization |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Project  |  | Project  |  |
| Candidate’s role on project |  | Candidate’s role on project |  |
| **Project Superintendent** |
| Name of individual |  |
| Years of experience as project superintendent |  |
| Years of experience with this organization |  |
| Number of similar projects as project superintendent |  |
| Number of similar projects in other positions |  |
| Current Project Assignments |
| Name of assignment | Percent of time used for this project | Estimated project completion date |
|  |  |  |
|  |  |  |
|  |  |  |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) |
| Name |  | Name |  |
| Title/Position |  | Title/Position |  |
| Organization |  | Organization |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Project  |  | Project  |  |
| Candidate’s role on project |  | Candidate’s role on project |  |

|  |
| --- |
| **Safety Manager** |
| Name of individual |  |
| Years of experience as project manager |  |
| Years of experience with this organization |  |
| Number of similar projects as project manager |  |
| Number of similar projects in other positions |  |
| Current Project Assignments |
| Name of assignment | Percent of time used for this project | Estimated project completion date |
|  |  |  |
|  |  |  |
|  |  |  |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) |
| Name |  | Name |  |
| Title/Position |  | Title/Position |  |
| Organization |  | Organization |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Project  |  | Project  |  |
| Candidate’s role on project |  | Candidate’s role on project |  |
| **Quality Control Manager** |
| Name of individual |  |
| Years of experience as project superintendent |  |
| Years of experience with this organization |  |
| Number of similar projects as project superintendent |  |
| Number of similar projects in other positions |  |
| Current Project Assignments |
| Name of assignment | Percent of time used for this project | Estimated project completion date |
|  |  |  |
|  |  |  |
|  |  |  |
| Reference Contact Information (listing names indicates approval to contact named individuals as a reference) |
| Name |  | Name |  |
| Title/Position |  | Title/Position |  |
| Organization |  | Organization |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Project  |  | Project  |  |
| Candidate’s role on project |  | Candidate’s role on project |  |