



UNIQUE HARMONY
CONSULTANTS LLC

SUBCONTRACTOR/SUPPLIER PROFILE SHEET

GENERAL INFORMATION		
Company Name:	Date:	Website :
Parent Company:	Phone:	Fax:
Street Address:	Mailing Address:	
City/State/Zip:	Scopes of Work Performed:	
Contractor License #:	UBI #:	
Contact Name(s):	Phone#:	E-Mail:
Owner's Name(s): (list all)	Phone#:	E-Mail:
Owner's Name(s):	Phone#:	E-Mail:
Owner's Name(s):	Phone#:	E-Mail:

COMPANY DESIGNATIONS (Please check all designations that apply to your company)	
State Designations:	Federal Designations:
<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)	<input type="checkbox"/> Small Business (SB)
<input type="checkbox"/> Women's Business Enterprise (WBE)	<input type="checkbox"/> Small Disadvantaged Business (SDB)
<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Historically Underutilized Business Zone (HUBZone)
<input type="checkbox"/> Veteran or Servicemember Owned Business (WDVA)	<input type="checkbox"/> Service-Disabled Veteran Owned Small Business (SD-VOSB)
<input type="checkbox"/> Small Business Entity	<input type="checkbox"/> Woman-Owned Small Business (WOSB)
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Small Disadvantaged Business 8(a) Certified [8(a)]
	<input type="checkbox"/> Veteran-Owned Small Business (VOSB)
	<input type="checkbox"/> Other (please list)

2. Is your company Section 3 Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list the approving agencies:	

COMPANY INFORMATION			
1. What year was your business founded?			
2. Have you or the other owners done business under any other name?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If #2 is yes, please provide previous name:			
3. Number of employees:	Office:	Field:	
4. Annual volume:	Last year:	Prior year:	Backlog:
5. Are you a union or merit shop company?	Union Merit		
6. Are your apprentices enrolled in a State-approved apprenticeship program?	Yes	No	No Apprentices

SUBCONTRACTOR/SUPPLIER PROFILE SHEET

Company Profile

1. Please a narrative about your company. Please include your mission, vision, values, and any other important information we may find in your executive summary and your capability statement.

BID INFORMATION

1. Do you want to bid prevailing wage projects?	Yes <input type="checkbox"/> No <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial Federal State Local K-12 & Higher Education
---	---

2. What type of project classifications are you interested in bidding? (please check all that apply or add others)

<input type="checkbox"/> Multi-family	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> Hospital/medical	<input type="checkbox"/> Department of Defense With Clearance Without Clearance
<input type="checkbox"/> Commercial/B2B	<input type="checkbox"/> Mixed-use buildings	<input type="checkbox"/> Retail facilities	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Education	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local

3. Preferred dollar size range (Min. and Max.):

SAFETY

What is your approximate annual L&I premium?

How many employees are currently working in your organization?

Number of lost time accidents in last three years:

Experience Mod. Factor	Current year:	Last Year:	Two Years Ago:
------------------------	---------------	------------	----------------

How many OSHA violation(s) has your Company received in the last three years: (List year and number of violations)

Year: # of Violations	Year: # of Violations	Year: # of Violations
--	--	--

INSURANCE, BOND, BANK INFORMATION

What is your general insurance liability limit?

--	--	--	--

Deductible:

Are you currently in a retro program? Yes No If yes, what program?

Are you bondable?	Yes No <input type="checkbox"/>	What is the largest project you can bond?
-------------------	--------------------------------------	---

Bonding agent:	Phone:	Contact:
----------------	--------	----------

Bank reference:	Phone:	Contact:
-----------------	--------	----------

Your net worth:

SUBCONTRACTOR/SUPPLIER PROFILE SHEET

REFERENCES

1. List your firm's largest five projects in the last three years:

Project Name/Location	Contract Amount	Contractor Name/Contact/Phone

2. List your firm's five most prevalent repeat clients:

Firm	Contact	Email	Phone

3. List your firm's three major suppliers:

Firm	Contact	Email	Phone

4. Have you had any disputes within the last three years with a client (owner or contractor) in which either arbitration or litigation were initiated?

Yes	No	If yes, please explain.
-----	----	-------------------------

5. Attach a list of any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.

6. Attach a list of current major projects giving name of project, address, owner, general contractor, contract amount, and scheduled completion.

SUBCONTRACTOR/SUPPLIER PROFILE SHEET

7. Provide a biography of the following members of your organization. Please edit titles as needed.

CEO/President	
----------------------	--

CFO/Vice President	
---------------------------	--

Human Resources	
------------------------	--

Financial/Accounting	
-----------------------------	--

Sales	
--------------	--

Other	
--------------	--

SUBCONTRACTOR/SUPPLIER PROFILE SHEET

7. Provide a description of and copies of the following items from your organization. Email copies of items to bweiss@uniqueharmonyconsultantsllc.com	
Licenses	
Certificate of Insurances	
Certifications	
Safety plan(s)	
MSDS	
OSHA Training	

SUBCONTRACTOR/SUPPLIER PROFILE SHEET

Product Spec Sheets (for standard products)	
Pricing	
Hourly/Annual Wages for Labor (provide positions as needed)	

Please complete and email to bweiss@uniqueharmonyconsultantsllc.com

All subcontractors/suppliers must be approved prior to being awarded a contract and to be on our bid list to be considered for upcoming work.