

**SUBCONTRACTOR'S QUALIFICATION SHEET**

The contents of this statement are CONFIDENTIAL.

Complete all sections as completely as possible.

Complete Schedule A (attached) if your organization is currently bidding a project.

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Name of Organization: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Trades that your organization provides: \_\_\_\_\_

\_\_\_\_\_

Choose One:  Union Shop       Open Shop       Union and Open Shop

If Union, Which Affiliations: \_\_\_\_\_

**1. GENERAL COMPANY INFORMATION**

Type of Organization

Corporation       Partnership       Sole Proprietorship

Date of Incorporation / Partnership: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State of Incorporation / Partnership: \_\_\_\_\_

Minority Owned ( specify ): \_\_\_\_\_

How many years has your organization been in business as a subcontractor? \_\_\_\_\_

Please list previous name of company, if applicable:

\_\_\_\_\_

If a previous name of company was applicable, how many years has your organization been in business under its present name? \_\_\_\_\_

Number of full time employees...

In Shop: \_\_\_\_\_ In Field: \_\_\_\_\_ In Office: \_\_\_\_\_

**2. EXPERIENCE**

Work Type / Category

List the categories of work that your organization normally performs with its own forces.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select the work types that your company will do:

Commercial  Institutional  Industrial  Restaurant  Retail

Multi-Family, Residential  Single-Family, Residential

Current Projects

Summarize current projects and provide, at least, the following information. If more writing space is needed, provide information as an addendum on a separate sheet.

1. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

2. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

3. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

4. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Past Projects

Summarize projects completed in the last five (5) years. Please provide, at least, the following information. If more writing space is needed, provide information as an addendum on a separate sheet.

1. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

2. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

3. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

4. Name of Project: \_\_\_\_\_

GC or Client: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**3. BANK / SALES / TRADE REFERENCES**

Federal Employer ID Number: \_\_\_\_\_

Bank Reference

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Bank Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Annual Sales Volume

2001: \_\_\_\_\_

2000: \_\_\_\_\_

1999: \_\_\_\_\_

Trade References (list five)

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. BONDING COMPANY**

Can your company provide a bond if necessary? [ ] Yes [ ] No

Bonding Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Single Project Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

**5. SAFETY**

Describe the permanent safety program you maintain within your organization.

\_\_\_\_\_

**6. SIGNATURE**

**I hereby certify the above to be the truth to the best of my knowledge.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

**SCHEDULE A**

Complete this schedule if your organization is currently bidding a project for Martins Construction.

Project Manager who will be assigned to this project

Name: \_\_\_\_\_ Years with company: \_\_\_\_\_ Years in construction: \_\_\_\_\_

Prior positions and experience:

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List this Project Manager's other commitments at this time.

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Who prepares and processes submittals?

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Who estimates change orders?

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What is the % markup on change orders?

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List hourly rates to be used to add or deduct work.

Foreman: \_\_\_\_\_ Mechanic: \_\_\_\_\_ Helper; \_\_\_\_\_

List equipment rates.

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