

BIDDERS QUALIFICATION STATEMENT

The contents of this statement are **CONFIDENTIAL**.

Submitted by:

Name of Organization

Name of Individual

Title

Address

Telephone

Submitted to:

Name _____

Address _____

Telephone _____

Project Name and Description (if applicable)

Contractor's General Business Information

Check If:

☐ Corporation

☐ Partnership

☐ Joint Venture

☐ Sole Proprietorship

If Corporation:

a. Date and State of Incorporation

b. List of Executive Officers

Name

Title

If Partnership:

- a. Date and State of Organization

- b. Names of Current General Partners

- c. Type of Partnership

☐ General ☐ Publicly Traded
☐ Limited ☐ Other (describe): _____

If Joint Venture:

- a. Date and State of Organization

- b. Name, Address and Form of Organization of Joint Venture Partners: (Indicate managing partner by an asterisk*)

If Sole Proprietorship:

- a. Date and State of Organization

b. Name and Address of Owner or Owners

1. On Schedule A, attached, list major engineered construction projects completed by this organization in the past five (5) years. (If joint venture list each participant's projects separately).
2. On Schedule B, attached, list current projects under construction by this organization. (If joint venture, list each participant's projects separately).
3. Name of surety company and name, address, and phone number of agent.

4. Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563?

☐ Yes ☐ No

If yes, show names and addresses of affiliated companies.

5. Furnish on Schedule C, attached, details of the construction experience of the principal individuals of your organization directly involved in construction operations.

6. Has your organization ever failed to complete any construction contract awarded to it?

☐ Yes ☐ No

If yes, describe circumstances on attachment.

7. Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization?

☐ Yes ☐ No

If yes, describe circumstances on attachment.

8. In the last five years, has your organization ever failed to substantially complete a project in a timely manner?

☐ Yes ☐ No

If yes, describe circumstances on attachment.

9. Indicate general types of work performed with your own work force.

10. If required, can your organization provide a bid bond for this project? ☐ Yes ☐ No

11. What is your approximate total bonding capacity?

☐ \$500,000 to \$2,000,000

☐ \$2,000,000 to \$5,000,000

☐ \$5,000,000 to \$10,000,00

☐ \$10,000,000 or more

12. Describe the permanent safety program you maintain within your organization. Use attachment if necessary.

13. Furnish the following information with respect to an accredited banking institution familiar with your organization.

Name of Bank

Address

Account Manager

Telephone

I hereby certify that the information submitted herewith, including any attachment is true to the best of my knowledge and belief.

Name of Organization: _____

By: _____

Title: _____

Dated: _____

Notary Public Signature

Date Commission Expires

SCHEDULE A

PRIOR EXPERIENCE

Project	Owner	Design Professional	Date Completed	Contract Price
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:		
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:		
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:		
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:		
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Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:		
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:		

SCHEDULE B

CURRENT EXPERIENCE

Project	Owner	Design Professional	Contract Price	Amount Completed	Date of Scheduled Completion
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			

SCHEDULE C - PERSONNEL

Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
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