



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications and will not be disclosed to the project staff. Please direct any questions, and return this completed form by fax, or postal mail, to:

U.S. General Contracting
9479 Hawkins Drive First floor
Manassas, VA 20109
Office: 703-361-USGC (8742)
Fax: 703-361-8745

1. GENERAL INFORMATION.

- 1.1. Name of Business _____
Street Address _____
Post Office Address _____
City, State, Zip Code _____
- 1.2. Telephone Number _____ Fax Number _____
- 1.3. Person to Contact _____
- 1.4. Current Number of Employees:
Office _____ Field _____ Shop(s) _____
- 1.5. Website Address _____
- 1.6. Dunn and Bradstreet Number _____
- 1.7. Government Rated Security Contractor (Yes or No) Rating (S, or TS).
- 1.8. EMR Rating: 2004 Rating _____
2003 Rating _____
2002 Rating _____

The undersigned hereby also certifies that he/she is authorized to execute this document on behalf of the said firm and that the statements contained herein are true:

Printed Name _____ Signature _____ Date _____

2. LICENSE INFORMATION.

Please provide all trade and professional licenses required for you to perform your services:

Type of License/Name of License	State	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. ORGANIZATION. Please indicate your firm's legal structure:

3.1 This firm is a: () C Corporation () S Corporation () Partnership
() Sole Proprietor () Limited Liability Company

3.2 Date Founded _____ State of Formation _____

3.3 Federal Employer Identification Number: _____

3.4 Corporate Officers:

1) Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

1) Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

1) Name: _____
Title: _____
Phone: _____
Fax: _____
Email: _____

4. WORK CLASSIFICATION.

4.1 Please tell us what trade (s) your company specializes in: (drywall , electrical, etc.)

4.2 Wage Scale work (Check one)

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Perform Wage Scale work only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do not perform Wage Scale work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Both Wage Scale & Non Wage Scale work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4.3 Labor Affiliation (Check one)

- | | | |
|------------|------------------------------|-----------------------------|
| Union shop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Open shop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Both | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4.4 Geographic Preferences (check all that apply)

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Washington DC Metro | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Northern VA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Central / Southern VA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Southern MD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Western MD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delmarva Peninsula | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Baltimore Metro | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | | |

4.5 Market Preference(s) Check all that apply:

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Federal / Government | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Local / Civic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interiors / Tenant fit out | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Healthcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Educational | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Religious Institutions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restaurants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | | |

4.6 Disadvantaged, Minority, Women, Small, Veteran, Disabled Veteran and Hub Zone Business Enterprises.

USGC performs federal, state, city and local public work and fully supports legislation pertaining to the utilization of Disadvantaged, Minority, Women, Small, Veteran, Disabled Veteran and Hub Zone Business Enterprises in construction.

IDENTIFICATION OF THE TYPES OF BUSINESS

US General Contracting fully supports legislation pertaining to the employment of Disadvantaged, Women, Small, Disabled Veteran and Hub Zone Small Business Enterprises in construction.

Under Federal, State, City and Local requirements, we are required to know the classification of your company. Each classification is listed below with a brief explanation. **Please check \checkmark all the appropriate boxes that apply which identifies your company and return this form to us.**

- SMALL DISADVANTAGED BUSINESS ENTERPRISE** - A Small Business Concern as defined under Item 3 below and which is owned and controlled by socially and economically disadvantaged individuals. The term "Small Business Concern owned and controlled by socially and economically disadvantaged individuals" means a Small Business Concern

that is at least 51 percent unconditionally owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is unconditionally owned by one or more socially or economically disadvantaged individuals; and

whose management and daily business operations are controlled by one or more such individuals.

Subcontractor/Supplier shall presume that socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans (such as American Indians, Eskimos, Aluets, and Native Hawaiians), and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act. (Must be certified through SBA see website www.sba.gov)

- WOMEN SMALL BUSINESS ENTERPRISE** - Same as Small Business Enterprise (below), except a women owned and controlled business whose management and daily business operations are controlled by one or more women.

- SMALL BUSINESS ENTERPRISE** - A firm is generally considered such if its average annual receipts for its preceding 3 fiscal years do not exceed \$12 million for Special Trades Contractors and \$28.5 million for Heavy Construction, pursuant to the governing regulations of the Small Business Administration (13 CFR Part 121 and FAR Part 19). (Must be certified through SBA see website www.sba.gov/size)

- DISABLED VETERAN BUSINESS ENTERPRISE** - Must be at least 51% owned by one or more disabled veterans; your daily business operations must be managed and controlled by one or more disabled veterans (the disabled veteran(s) who manages and controls the business is not required to be the disabled veteran business owner(s); and your home office must be located in the U.S.
- HUBZONE SMALL BUSINESS ENTERPRISE** - A Small Business Concern that appears on the List of Qualified HUB Zone Small Business Concerns maintained by the Small Business Administration.
(Must be certified through SBA see website www.sba.gov)
- LOCAL, SMALL, DISADVANTAGED BUSINESS ENTERPRISE**
Certification through the Office of Local Business Development in the District of Columbia. (Business must be listed in the LSDBE Certified Contractors List). See website <http://olbd.dc.gov>
- VETERAN-OWNED SMALL BUSINESS ENTERPRISE** - A small business concern, not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101 (2) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and the management and daily business operations of which are controlled by one or more veterans.
- SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS ENTERPRISE**
A small business concern, not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned not less than 51 percent of the stock or which is owned by one or more service-disabled veterans; and the management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.
Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).
- MINORITY-OWNED LARGE BUSINESS ENTERPRISE** - A business concern at least 51 percent of which is owned by, and whose management and daily business operations are controlled by, one or more members of a socially and economically disadvantaged minority group, namely, U.S. citizens who are Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, or Asian-Indian Americans (“Native Americans” means American Indians, Eskimos, Aleuts, and Native Hawaiians. “Asian-Pacific Americans” means U.S. citizens whose origins are Japanese, Chinese, Filipino, Vietnamese, Korean, Samoan, Laotian, Kampuchean, Taiwanese or in the U.S. Trust Territories of the Pacific Islands. “Asian Indian Americans” means U.S. citizens whose origins are in the Indian Subcontinent. Exceeds the size standard of Small Business Concern (See Small Business Enterprise above)

- WOMEN-OWNED LARGE BUSINESS ENTERPRISE** - Women -owned and controlled business whose management and daily business operations are controlled by one or more women (not a small women-owned business). Exceeds the size standard of Small Business Concern (See Small Business Enterprise above).
- LARGE BUSINESS ENTERPRISE** - Any business that exceeds the Small Business Concerns criteria.

5. WORK EXPERIENCE.

- 5.1 What is your average job size: \$ _____
- 5.2 What is your largest job size: \$ _____
- 5.3 What is your backlog:
 - (i) as of last financial statement: \$ _____
 - (ii) as of today: \$ _____
 - (iii) as of 12 months ago: \$ _____

6. BONDING CAPACITY.

- 6.1 Is Bidder able to provide bid, payment and performance bonds? Yes No
- 6.2 Single Project Limit: \$ _____ Aggregate Limit: \$ _____
- 6.3 Bonding Company: _____
- 6.4 Address: _____
- 6.5 Agent Contact: _____ Phone: _____
- 6.6 Date, amount and type of last bond issued: _____
Bond rate: _____
- 6.7 When you return this form, please include a Financial Analysis of your company.

7. COMPANY REFERENCES.

1) Project Name _____
Contract Amount \$ _____
GC _____
GC Contact Name _____
GC Contact Phone _____

2) Project Name _____
Contract Amount \$ _____
GC _____
GC Contact Name _____
GC Contact Phone _____

3) Project Name _____
Contract Amount \$ _____
GC _____
GC Contact Name _____
GC Contact Phone _____

8. ADDITIONAL INFORMATION.

8.1 Current Projects:

<u>Project name</u>	<u>Value</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

8.2 Please list any additional information that you feel will help us determine your firm's qualifications and expertise: _____

8.3 Please complete the following W-9 form and return it with this package.