



SUBCONTRACTOR QUALIFICATION OUTLINE

Subcontractor's Project Manager: _____

Firm Name: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____ Facsimile: _____

Federal Employer Identification Number (FEIN): _____

Contractor's License Number: _____ State: _____ Class: _____

Is your firm address also residential address? Yes No

Firm Type: Corporation Partnership Sole Proprietorship Joint Venture Other

Does your firm have union affiliations? Yes No

Is your firm **SWAM or HUB** certified? Yes # _____ No DBE WBE MBE

Owners or Major Stockholders: _____

Name of President: _____ Years in Position: _____

Name of Vice President (s): _____ Years in Position: _____

Name of Treasurer: _____ Years in Position: _____

Date the firm was organized in its present form: _____

Have there been any recent changes in ownership or management? Yes No
(if yes, explain on a separate sheet)

Name of Bonding Company: _____

Name of Bonding Agent: _____ Telephone: _____

Address: _____

If required, can a payment and payment bond be received for this project? Yes No

Bond Premium Rate: _____

Maximum Bonding Capacity: \$ _____ Single Project Bonding Capacity: \$ _____

Largest Bond obtained in the last three (3) years: \$ _____

Dun & Bradstreet Rating: _____

Bank Reference: _____

Name of Contact: _____ Telephone: _____

Address: _____

Is the firm now, or has it ever been involved in bankruptcy proceedings? Yes No

Is the firm now, or has it ever been involved in reorganization proceedings? Yes No

Are there any pending or outstanding judgements, claims, or suits? Yes No

Has your firm ever failed to complete a contract? Yes No

(if the answer is yes to any of the above questions, please explain on a separate sheet)

Annual sales and work in place volume for last three (3) years:

Year Work in Place Sales

<u>Year</u>	<u>Work in Place</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Explain any limits on your firm's license: _____

Current Workers Compensation Experience Modification Rate Factor (EMR): _____

Current Number of Employees on Payroll (total): _____

_____ *Office Employees* _____ *Field Superintendents* _____ *Field Craftsmen*

Insurance:

Describe recent similar project experience (past 3 years) including contacts, addresses, and telephone numbers:

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

By signing this statement, I, _____, duly authorized as _____

(Name)

(Title)

of _____, affirm and certify that the information

(Company)

contained herein is accurate, and also entitle Branch & Associates, Inc. to contact references and names contained in this questionnaire.

Date

Signature

Branch & Associates, Inc.
Subcontractor Qualification Outline
Attachment A
(From State Form DGS-30-168)

Judgments

In the last ten years, has your organization, or any officer, director, partner or owner, had judgments entered against it or them for the breach of contracts for construction?

Yes No

If yes, please on a separate attachment, state the person or entity against whom the judgment was entered, give the location and date of the judgment, describe the project involved, and explain the circumstances relating to the judgment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

Convictions and Debarment

If you answer yes to any of the following, please on a separate attachment, state the person or entity against whom the conviction or debarment was entered, give the location and date of the conviction or debarment, describe the project involved, and explain the circumstances relating to the conviction or debarment, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. In the last ten years, has your organization or any officer, director, partner, owner, project manager, procurement manager or chief financial officer of your organization:

a. ever been fined or adjudicated of having failed to abate a citation for building code violations by a court or local building code appeals board?

Yes No

b. ever been found guilty on charges relating to conflicts of interest?

Yes No

c. ever been convicted on criminal charges relating to contracting, construction, bidding, bid rigging or bribery?

Yes No

d. ever been convicted: (i) under Va. Code Section 2.2-4367 et seq. (Ethics in Public Contracting); (ii) under Va. Code Section 18.2-498.1 et seq. (Va. Governmental Frauds Act); (iii) under Va. Code Section 59.1-68.6 et seq. (Conspiracy to Rig

Bids); (iv) of a criminal violation of Va. Code Section 40.1-49.4 (enforcement of occupational safety and health standards); or (v) of violating any substantially similar federal law or law of another state?

Yes No

2. Is your organization or any officer, director, partner or owner currently debarred from doing federal, state or local government work for any reason?

Yes No

Compliance

If you answer yes to any of the following, please on a separate attachment give the date of the termination order, or payment, describe the project involved, and explain the circumstances relating to same, including the names, addresses and phone numbers of persons who might be contacted for additional information.

1. Has your organization:

a. ever been terminated on a contract for cause?

Yes No

b. within the last five years, made payment of actual and/or liquidated damages for failure to complete a project by the contracted date?

Yes No

2. Has your organization, in the last three years, received a final order for willful and/or repeated violation(s) for failure to abate issued by the United States Occupational Safety and Health Administration or by the Virginia Department of Labor and Industry or any other government agency?

Yes No

3. Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization?

Yes No

Experience

1. Describe how your firm would staff this project:

2. Provide, as an attachment, a brief resume for the project manager and the superintendent most likely to be assigned to this project. Describe, for each, the background and experience that would qualify him or her to be a project manager or superintendent. Include in the resumes at least three (3) similar or comparable projects on which the proposed project manager and superintendent have served in that capacity or positions of similar or comparable responsibility within the last five years and the names, addresses and phone numbers of the Owner's and Architect's contact person for each.

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,