

## Subcontractor Pre-qualification

Date Submitted

### I. General Information

Company

Federal ID Number

Address

Year Business Started



Main Contact

City

Contact Title

State

ZIP Code

Phone

Fax

E-mail

Web Site

#### Contractor's License(s), States and Numbers

State

Number

State

Number

State

Number

State

Number

Attach a list of any additional licences

Have you worked with IMPACT Strategies before?

Yes  No

Subcontractor

Vendor/Supplier

### II. Organization

#### Business Type

Corporation

Partnership

Limited Liability Company

Sole Proprietor

List the name, title, years with the company and percent of ownership of the company's principals

Name	Title	Years with Company	Percent Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your company owned or controlled by a parent company or any other organization?  Yes  No

If yes, brief explanation

Check applicable certification(s)

MBE

WBE

DBE

VBE

SBE

Native American

Provide number of

Office Personnel

Field Supervisors

Average Field Labor

Average Shop Labor

Attach a copy of your current organizational chart.

**Subcontractor Pre-qualification**

**III. Legal Information**

Are there any judgements, claims, arbitration proceedings or suits pending/outstanding against your firm or its officers or principals?

Yes  No

If yes, attach a complete explanation.

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?

Yes  No

If yes, attach a complete explanation.

Has your company or any other organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?

Yes  No

If yes, attach a complete explanation.

Has your company, or any other organization with your current officers, ever fail to complete a project?

Yes  No

**IV. Financial Information**

**Annual Volume**

What was the average annual revenue from work completed in the last three (3) years and, what is next year's forecasted revenue?

Year	<input type="text"/>	Year	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>
Revenue	<input type="text"/>	Revenue	<input type="text"/>	Revenue	<input type="text"/>	Forecasted revenue next year

**To pre-qualify for more than a \$50,000 contract, attach copies of your most recent annual financial statements (balance sheet, income statement and cash flow). If your annual statements are more than six months old, please also include current quarterly statements. IMPACT Strategies uses this information strictly for pre-qualification purposes and will not disclose your financial information to any third parties.**

**V. Safety**

**OSHA Record**

Has your firm had any OSHA citations, fines or jobsite fatalities within the most recent three (3) years?

Yes  No

If yes, please attach a detailed description of the incident and the steps taken to prevent a recurrence.

Lost workday cases for the last 3 years recorded on OSHA Form 200.

**Workers' Compensation**

Please list your firm's workers' compensation experience modification rate (EMR) for the last three (3) years.

Year	<input type="text"/>	Year	<input type="text"/>	Year	<input type="text"/>
Rate	<input type="text"/>	Rate	<input type="text"/>	Rate	<input type="text"/>

Do you have a written safety program?

Subcontractor Pre-qualification

**VI. Experience**

**Trade Categories**

Select the primary categories of work you would normally perform.


Has your company had experience with LEED-certified projects?  Yes  No

**Geographic Areas of Work**

Please check only locations in which you want to bid.

St. Louis/Metro East  
  Central Illinois  
  Midwest  
  Southern Illinois  
  St. Louis City  
  Missouri  
 Other

Attach a list of any other branch office locations.

**Project Types**

Please check the type of building projects your company has completed.

<input type="checkbox"/> Health Care	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Warehousing	<input type="checkbox"/> Other <input style="width: 150px; height: 15px;" type="text"/>
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Industrial	<input type="checkbox"/> Schools	<input type="checkbox"/> Other <input style="width: 150px; height: 15px;" type="text"/>
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Retail	<input type="checkbox"/> Custom Homes	<input type="checkbox"/> Other <input style="width: 150px; height: 15px;" type="text"/>
<input type="checkbox"/> Clubhouse/Spa	<input type="checkbox"/> Office	<input type="checkbox"/> Multihousing/Dorms	

**Contract Method**

Please indicate the percentage of your work load for each contract method.

% Competitive Bid      
 % Negotiated/Design Assist      
 % Design Build

Subcontractor Pre-qualification

**VII. Performance References**

Provide five references below. Each reference should be from a different general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to pre-qualify for now. One reference must be for your performance on your largest project within the last two years and two references must be on current projects.

**NOTE: The contact provided must have direct knowledge of your performance on that project. Leaving out any of the contact information including the email address will delay the processing of your application.**

1.

Project Name/Type	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Contact E-mail	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.

Project Name/Type	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Contact E-mail	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

3.

Project Name/Type	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Contact E-mail	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

4.

Project Name/Type	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Contact E-mail	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

5.

Project Name/Type	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Contact E-mail	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Subcontractor Pre-qualification**

**VIII. References**

**Banking**

Name and Branch	<input type="text"/>	Since	<input type="text"/>
City	<input type="text"/>	Contact	<input type="text"/>
State	<input type="text"/>	ZIP Code	<input type="text"/>
		Phone	<input type="text"/>

**Bonding**

Bonding Company	<input type="text"/>	Since	<input type="text"/>
Surety Broker/Agent	<input type="text"/>	Since	<input type="text"/>
Contact Person	<input type="text"/>	Phone	<input type="text"/>
Bonding Capacity per Project	<input type="text"/>	Aggregate	<input type="text"/>
Bonding Co. Rating	<input type="text"/>	\$ Currently Bonded	<input type="text"/>
Last Bond Issued	Date <input type="text"/>	Amount <input type="text"/>	Rate % <input type="text"/>

**Insurance**

General Liability Carrier	<input type="text"/>	Effective	<input type="text"/>
Insurance Broker/Agent	<input type="text"/>	Expiration	<input type="text"/>
Contact Person	<input type="text"/>	Limit	<input type="text"/>
Phone	<input type="text"/>		

Subcontractor Pre-qualification

**VIII. References (continued)**

**Supplier**

1.	Supplier Name	<input type="text"/>	Location	<input type="text"/>
	Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>

2.	Supplier Name	<input type="text"/>	Location	<input type="text"/>
	Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>

3.	Supplier Name	<input type="text"/>	Location	<input type="text"/>
	Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>

**IX. Union Affiliation**

Please list any/all labor unions your company is signatory to, along with a contact and phone number.

1.	Union	<input type="text"/>	Local	<input type="text"/>
	Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>

2.	Union	<input type="text"/>	Local	<input type="text"/>
	Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>

3.	Union	<input type="text"/>	Local	<input type="text"/>
	Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>

**X. Additional Information**

Please attach any additional information to help us determine your company's qualifications and expertise.

Subcontractor Pre-qualification

**XI. Signature**

By my signature below, I hereby provide my formal authorization for any Reference company above to discuss our business relationship with any executive of IMPACT Strategies, Inc. who may inquire from time to time.

This information may include but not be limited to: the length of our business relationship, our outstanding and available credit with the reference company, the maturity date of our loans and likeliness of renewal, our repayment record on loans or credit balances, and the average of our deposit balances, and record, if an, of overdraft activity or delinquencies.

Name

Title

Prepared By

Date

Phone