**Contractor/Vendor Qualification**

**Facilities & Planning Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Telephone Number  ( ) | | | Fax Number  ( ) | |
| Street Address | | | City/State/Zip | | | |
| Years in Business | | Contract Range (In dollars) | | | Subcontractor  Supplier | |
| Principal Contact | | Cell Phone | | | Email Address | |
| Estimator | | Cell Phone | | | Email Address | |
| Is your company a certified minority business enterprise? Yes No | | If yes, by whom? | | | Number of Permanent Employees | |
| **Insurance Coverage:**  I have read and understand CBU standard insurance requirements.  Yes No  Insurance Company Telephone No.  ( ) | | | Can you obtain bonding? Yes No  Bonding Company  City/State Telephone No.  ( ) | | | |
| **List three reference projects:** | | | | | | |
| **Project Name** | | | Project Location | | | |
| Approx Subcontract / PO Amount | | Start Date | | | Completion Date | |
| General Contractor | Contact | | | Contact Phone No. | | Contact Fax No. |
| Briefly describe work performed: | | | | | | |
| **Project Name** | | | Project Location | | | |
| Approx Subcontract / PO Amount | | Start Date | | | Completion Date | |
| General Contractor | Contact | | | Contact Phone No. | | Contact Fax No. |
| Briefly describe work performed: | | | | | | |
| **Project Name** | | | Project Location | | | |
| Approx Subcontract / PO Amount | | Start Date | | | Completion Date | |
| General Contractor | Contact | | | Contact Phone No. | | Contact Fax No. |
| Briefly describe work performed: | | | | | | |
| Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization?: Yes No  (If yes, please explain on a separate sheet and attach to the form) | | | | | | |
| *The undersigned certifies the information provided herein is a clear and accurate representation of this organization’s background.* | | | | | | |
| Submitted By (Name): | | | | **Notes:**  Please fill in all blanks / answer all questions. Incomplete forms will not be processed. | | |
| Title | Date | | |