**Contractor/Vendor Qualification**

**Facilities & Planning Services**

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| --- | --- | --- |
| Company Name | Telephone Number ( ) | Fax Number( ) |
| Street Address | City/State/Zip  |
| Years in Business | Contract Range (In dollars) | SubcontractorSupplier  |
| 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 NoBonding CompanyCity/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  |